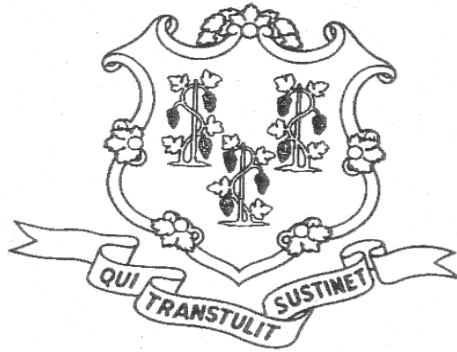


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Grove Manor Nursing Home, Incorporated	
Address (No. & Street, City, State, Zip Code) 145 Grove Street, Waterbury, CT 06710	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 494-c	RHNS	(Specify)	Medicare Provider 075096
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Medicaid Provider Numbers:	CCNH 4945	RHNS	ICF-IID
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**For Department Use Only**

Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received

**General Information**

Name of Facility (as licensed) Grove Manor Nursing Home, Incorporated	License No. 494-c	Report for Year Ended 9/30/2019	Page 1	of 37
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**Administrator's/Owner's Certification**

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Grove Manor Nursing Home, Incorporated [facility name], for the cost report period beginning October 1, 2018 and ending September 30, 2019, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Janet Aliciene			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires  / /	
Address of Notary Public					

(Notary Seal)

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State of Connecticut  
**Department of Social Services**  
 55 Farmington Avenue, Hartford, Connecticut 06105

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Grove Manor Nursing Home, Incorporated	Period Covered:	From 10/1/2018	To 9/30/2019	
Address of Facility 145 Grove Street, Waterbury, CT 06710				
Report Prepared By Raymond E. Rossi, Jr.	Phone Number 203-754-3134	Date 1/20/2020		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

Salaries - Compensation computed on a weekly or other basis which does not generally vary, based on the number of hours worked.

**DO NOT include Fringe Benefit Costs.**

## General Information and Questionnaire

### Type of Facility - Organization Structure

	Phone No. of Facility 203-753-7205	Report for Year Ended 9/30/2019	Page 2	of 37
Name of Facility (as shown on license) Grove Manor Nursing Home, Incorporated		Address (No. & Street, City, State, Zip ) 145 Grove Street, Waterbury, CT 06710		
License Numbers:	CCNH 494-c	RHNS	(Specify)	Medicare Provider No. 075096
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
<input type="radio"/> Yes <input checked="" type="radio"/> No           If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator Janet Aliciene		Nursing Home Administrator's License No.:	000760	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		



**General Information and Questionnaire  
 Corporate Owners**

Name of Facility Grove Manor Nursing Home, Incorporated	License No. 494-c	Report for Year Ended 9/30/2019	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Grove Manor Nursing Home, Incorporated	145 Grove Street, Waterbury, CT 06710	Connecticut		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Rose Schaefer	145 Grove Street, Waterbury, CT 06710	Pres/Treas	1,486 49.54%	
Janet Aliciene	145 Grove Street, Waterbury, CT 06710	VP/Sec	1,128 37.60%	
Ryan Aliciene	145 Grove Street, Waterbury, CT 06710	VP/Asst Treas	386 12.86%	
Names of Stockholders Owning at Least 10% of Shares				
Rose Schaefer	145 Grove Street, Waterbury, CT 06710	Pres/Treas	1,486 49.54%	
Janet Aliciene	145 Grove Street, Waterbury, CT 06710	VP/Sec	1,128 37.60%	
Ryan Aliciene	145 Grove Street, Waterbury, CT 06710	VP/Asst Treas	386 12.86%	





**Annual Report of Long-Term Care Facility**

**General Information and Questionnaire  
Related Parties\***

Name of Facility Grove Manor Nursing Home, Incorporated	License No. 494-c	Report for Year Ended 9/30/2019	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?     Yes     No    If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?     Yes     No    If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Rose Schaefer	145 Grove Street, Waterbury, CT 06710	<input type="radio"/>	<input checked="" type="radio"/>		Working Capital Loan Interest	27/12D	7,409	7,409
Rose Schaefer	145 Grove Street, Waterbury, CT 06710	<input type="radio"/>	<input checked="" type="radio"/>		Working Capital Loan Current Portion	33/A12	19,220	19,220
Rose Schaefer	145 Grove Street, Waterbury, CT 06710	<input type="radio"/>	<input checked="" type="radio"/>		Working Capital Loan Long-Term Portion	34/B3	220,918	220,918
Janet Aliciene	145 Grove Street, Waterbury, CT 06710	<input type="radio"/>	<input checked="" type="radio"/>		Salary	10/A2	97,301	97,301
Ryan Aliciene	145 Grove Street, Waterbury, CT 06710	<input type="radio"/>	<input checked="" type="radio"/>		Salary	10/A4	122,165	122,165
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

\* Use additional sheets if necessary.

\*\* Provide the percentage amount of revenue received from non-related parties.

**General Information and Questionnaire**  
**Basis for Allocation of Costs**

Name of Facility Grove Manor Nursing Home, Incorporated	License No. 494-c	Report for Year Ended 9/30/2019	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist ( <i>See listing page 13</i> )
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required?       Yes       No      If "No," explain fully why such allocation was not made.

N/A Only one level of service

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

N/A Only one level of service

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes       No      If "No," explain fully why such allocation was not made.

### General Information and Questionnaire Leases (Excluding Real Property)

**Operating Leases** - Include all long-term leases for motor vehicles and equipment that have not been capitalized. Short-term leases or as needed rentals should not be included in these amounts.

Name of Facility			License No.	Report for Year Ended			Page	of	
Grove Manor Nursing Home, Incorporated			494-c	9/30/2019			6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed		
	Yes	No							
Al's Beverage Service, 3 Revay Rd, Windsor, CT 06088	<input type="radio"/>	<input checked="" type="radio"/>	Ice Machine	09/01/14	Open Ended	1,531	1,530		
Great American Financial Services, PO Box 609 Cedar Rapids, IA 52406	<input type="radio"/>	<input checked="" type="radio"/>	Copier/ Printer	11/16/18	63 Months	6,381	4,786		
Krystal Kleer, 598 Pomeroy Ave, Meridne, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>	Water Cooler	10/01/14	Open Ended	893	893		
Life Systems, Inc, 7320 Central Ave, Savannah, GA 31406	<input type="radio"/>	<input checked="" type="radio"/>	Patient Alarm System	11/01/16	36 Months	3,672	3,672		
Audi of Wallingford, 800 S Colony Rd, Wallingford, CT 06492	<input type="radio"/>	<input checked="" type="radio"/>	2017 Audi	05/31/16	36 Months	10,152	6,744		
Euro Performance Cars, 800 S Colony Rd, Wallingford, CT 06492	<input type="radio"/>	<input checked="" type="radio"/>	2017 Audi	11/15/16	36 Months	9,313	8,397		
Euro Performance Cars, 800 S Colony Rd, Wallingford, CT 06492	<input type="radio"/>	<input checked="" type="radio"/>	2019 Audi	09/19/19	39 Months	9,478	2,662		
Euro Performance Cars, 800 S Colony Rd, Wallingford, CT 06492	<input type="radio"/>	<input checked="" type="radio"/>	2019 Audi	03/22/19	36 Months	10,200	7,753		
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Total ***</b>	36,437

\* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.  
 \*\* Attach copies of newly acquired leases.  
 \*\*\* Amount should agree to Page 22, Line 6e.

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility Grove Manor Nursing Home, Incon	License No. 494-c	Report for Year Ended 9/30/2019	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual     Cash     Modified Cash

Is the accounting basis for this period the same as for the previous period?     Yes     No    If "No," explain.

**Independent Accounting Firm**

Name of Accounting Firm 1 Dibble & Rossi, CPA's, PC 2 H.A. Business Services 3 4	Address (No. & Street, City, State, Zip Code) 515 Watertown Ave, Waterbury, CT 06708 PO Box 291, Thomaston, CT 06787
--	--

Services Provided by This Firm (*describe fully*)

1	Preparation of Financial Statements, Income Tax Returns and Ct and Medicare Cost Reports	\$	18,000
2	Bookkeeping Services	\$	30,768
3		\$	
4		\$	
			Charge for Services Provided
			\$ 48,768

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.

- Yes     No    Accounting and Auditing Page 15, Line 1d

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 2 3 4 5	Telephone Number
---	------------------

Address (*No. & Street, City, State, Zip Code*)

1	
2	
3	
4	
5	

Services Provided by This Firm (*describe fully*)

1		\$
2		\$
3		\$
4		\$
5		\$
		Charge for Services Provided
		\$

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.

- Yes     No

### Schedule of Resident Statistics

Name of Facility Grove Manor Nursing Home, Incorporated			License No. 494-c		Report for Year Ended 9/30/2019				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	60	60			60	60			60	60		
B. On last day of THIS report period	60	60			60	60			60	60		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	48	48			48	48			45	45		
B. As of midnight of THIS report period	45	45			45	45			45	45		
3. Total Number of Days Care Provided During Period												
A. Medicare	711	711			518	518			193	193		
B. Medicaid (Conn.)	15,939	15,939			12,040	12,040			3,899	3,899		
C. Medicaid (other states)												
D. Private Pay	37	37			37	37						
E. State SSI for RCH												
F. Other (Specify) Managed Medicare/Hospice	112	112			57	57			55	55		
G. Total Care Days During Period (3A thru F)	16,799	16,799			12,652	12,652			4,147	4,147		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	327	327			233	233			94	94		
B. Other Bed Reserve Days												
5. <b>Total Resident Days (3G + 4A + 4B)</b>	17,126	17,126			12,885	12,885			4,241	4,241		

### Schedule of Resident Statistics (Cont'd)

Name of Facility Grove Manor Nursing Home, Incorporated	License No. 494-c	Report for Year Ended 9/30/2019	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?       Yes       No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(1)	(2)	(3)	(1)	(2)	(3)				

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

Change in Resident Days	CCNH	RHNS	(Specify)
1st change			
2nd change			
3rd change			
4th change			

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents		45						
Per Diem Rate								
a. One bed rm.								
b. Two bed rms.	Var	204.08						
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	770	770		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	248	248		
2. Restorative Treatments				
C. Other	767	767		
D. <b>Total Physical Therapy Treatments</b>	1,785	1,785		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	89	89		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	21	21		
2. Restorative Treatments				
C. Other	102	102		
D. <b>Total Speech Therapy Treatments</b>	212	212		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	378	378		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	64	64		
2. Restorative Treatments				
C. Other	765	765		
D. <b>Total Occupational Therapy Treatments</b>	1,207	1,207		

### Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Grove Manor Nursing Home, Incorporated	494-c	9/30/2019	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	97,301	2,158				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	122,165	2,435				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers						
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	25,385	1,569				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	96,289	2,173				
b. RN						
1. Direct Care	87,318	2,374				
2. Administrative**	309,784	8,586				
c. LPN						
1. Direct Care	377,096	13,419				
2. Administrative**						
d. Aides and Attendants	485,376	37,432				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	37,987	1,965				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	65,989	2,067				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	1,704,690	74,178				

\* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

\*\* Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

\*\*\* This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
<b>Total</b>	\$ -	-	\$ -	-	\$ -	-

---

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
<b>Total</b>	\$ -	-	\$ -	-	\$ -	-



**Schedule A1 - Salary Information for Operators/Owners; Administrators,  
Assistant Administrators and Other Related Parties\***

Name of Facility				License No.	Report for Year Ended				Page	of
Grove Manor Nursing Home, Incorporated				494-c	9/30/2019				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										
Ryan Aliciene	122,165				Director of Operations	2,435				

\* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

\*\* Include all employment worked during the cost year.

**Schedule A1 - Salary Information for Operators/Owners; Administrators,  
Assistant Administrators and Other Related Parties\***

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Grove Manor Nursing Home, Incorporated				494-c	9/30/2019			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Janet Aliciene	97,301				Administrator	2,158				
<b>Section IV - Assistant Administrators</b>										

\*No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

\*\* Include **all** other employment worked during the cost year.

\*\*\* If more than one Administrator is reported, include dates of employment for each.

**Annual Report of Long-Term Care Facility**

**B. Report of Expenditures - Professional Fees**

Name of Facility	License No.	Report for Year Ended	Page	of		
Grove Manor Nursing Home, Incorporated	494-c	9/30/2019	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist						
3. Pharmacist	5,120	113				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	48,571	627				
b. Other						
6. Social Worker	150	8				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	14,400	212				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	12,774	161				
b. Other						
10. Occupational Therapist						
a. Resident Care	31,521	499				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	30,014	411				
2. Administrative***						
b. LPN						
1. Direct Care	2,612	53				
2. Administrative***						
c. Aides	18,907	666				
d. Other						
12. Other (Specify)						
See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>164,069</b>	<b>2,750</b>				

\* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

\*\* This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

\*\*\* Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

**Report of Expenditures**  
**Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis\***

Name of Facility Grove Manor Nursing Home, Incorporated		License No. 494-c		Report for Year Ended 9/30/2019	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Joseph Futschik, Ansonia, Ct	MSW	<input type="radio"/>	<input checked="" type="radio"/>			
IPC The Hospitalist, Los Angeles, Ca	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Synertx Rehab, Phoenix, AZ	PT,OT,ST	<input type="radio"/>	<input checked="" type="radio"/>			
Omnicare, Detroit, MI	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>			
All-American Healthcare Services, Newark, NJ	Pool Nurses, Aides	<input type="radio"/>	<input checked="" type="radio"/>			
Careerstaff Unlimited, Ready Nurse, Dallas TX	Pool Nurses	<input type="radio"/>	<input checked="" type="radio"/>			
Key Personnel, North Haven CT	Pool Nurses, Aides	<input type="radio"/>	<input checked="" type="radio"/>			
Nurse Network, Plantsville, CT	Pool Nurses	<input type="radio"/>	<input checked="" type="radio"/>			
Swallowing Diagnostics, Avon CT	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			

\* Use additional sheets if necessary.  
 \*\* Refer to Page 4 for definition of related.

### C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Grove Manor Nursing Home, Incorporated	494-c	9/30/2019	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 44,584	44,584		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 21,315	21,315		
4. Social Security (F.I.C.A.)	\$ 128,795	128,795		
5. Health Insurance	\$ 70,681	70,681		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 4,440	4,440		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 4,891	4,891		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 36,000	36,000		
d. Accounting and Auditing	\$ 48,768	48,768		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$			
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 8,008	8,008		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 9,504	9,504		
2. Cellular Phones	\$ 8,484	8,484		
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$			
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$			
k. Other Taxes ( <i>Not related to property - See Page 22</i> )				
1. Income*	\$			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$ 56	56		
3. Resident Day User Fee	\$ 337,497	337,497		
<b>Subtotal</b>	<b>\$ 723,023</b>	<b>723,023</b>		

\* Facility should self-disallow the expense on Page 28 of the Cost Report.

(Carry Subtotals forward to next page)



**C. Expenditures Other Than Salaries (cont'd) - Administrative and General**

Name of Facility	License No.	Report for Year Ended	Page	of
Grove Manor Nursing Home, Incorporated	494-c	9/30/2019	16	37
Item	Total	CCNH	RHNS	(Specify)
<b>Subtotals Brought Forward:</b>	723,023	723,023		
l. Travel and Entertainment				
1. Resident Travel and Entertainment \$				
2. Holiday Parties for Staff \$				
3. Gifts to Staff and Residents \$				
4. Employee Travel \$				
5. Education Expenses Related to Seminars and Conventions \$	638	638		
6. Automobile Expense ( <i>not purchase or depreciation</i> ) \$	10,688	10,688		
7. Other ( <i>Specify</i> ) See Attached Schedule \$				
m. Other Administrative and General Expenses				
1. Advertising Help Wanted ( <i>all such expenses</i> ) \$	6,743	6,743		
2. Advertising Telephone Directory ( <i>all such expenses</i> )*** \$	1,164	1,164		
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule \$	2,483	2,483		
4. Fund-Raising*** \$				
5. Medical Records \$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** \$				
7. Postage \$				
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule \$	784	784		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$				
9. Subscriptions \$				
10. Contributions*** See Attached Schedule \$	1,100	1,100		
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> ) \$	50,016	50,016		
12. Administrative Management Services** \$				
13. Other ( <i>Specify</i> ) See Attached Schedule \$	7,506	7,506		
<b>C-14 Total Administrative &amp; General Expenditures</b>	<b>\$ 804,145</b>	<b>804,145</b>		

\* Do not include Subscriptions, which should go in item 9.

\*\* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

\*\*\* Facility should self-disallow the expense on Page 28 of the Cost Report.

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Other Advertising	\$ 2,100		
Public Relations	\$ 383		
<b>Total Other Advertising</b>	\$ 2,483	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Better Business Bureau	\$ 784		
<b>Total Dues</b>	\$ 784	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Osterman Community Foundation	\$ 1,100		
<b>Total Contributions</b>	\$ 1,100	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Resident Supplies	\$ 381		
Licenses	\$ 680		
Late Charges	\$ 2,029		
Bank Charges	\$ 367		
Cable Disallowed page 28	\$ 3,784		
Miscellaneous Expense	\$ 265		
<b>Total Other Administrative and General</b>	\$ 7,506	\$ -	\$ -



**Schedule C-1 - Management Services\***

Name of Facility Grove Manor Nursing Home, Incorporated	License No. 494-c	Report for Year Ended 9/30/2019	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #

**\* In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.**

**C. Expenditures Other Than Salaries (cont'd) - Dietary Basis for Allocation of Costs (See Note on Page 5)**

Name of Facility Grove Manor Nursing Home, Incorporated		License No. 494-c	Report for Year Ended 9/30/2019	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food \$	5,777	5,777		
2.	Non-Food Supplies \$	2,115	2,115		
3.	Other (Specify) _____ \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) \$		444,777	444,777		
c. Other (Specify) _____ \$					
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b> \$		<b>452,669</b>	<b>452,669</b>		
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
F.	Resident Meals: Total no. of meals served per day:*				
G.	Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				
H.	Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
K.	Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
N.	Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
O.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				

\* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.

**C. Expenditures Other Than Salaries (cont'd) - Laundry Basis for Allocation of Costs**  
**(See Note on Page 5)**

Name of Facility		License No.	Report for Year Ended		Page	of
Grove Manor Nursing Home, Incorporated		494-c	9/30/2019		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	56,289	56,289		
c. Other (Specify) Laundry Supplies		\$	167	167		
<b>3D. Total Laundry Expenditures (3a + b + c)</b>		\$	<b>56,456</b>	<b>56,456</b>		
3E. Laundry Questionnaire						
F.	Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

\* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.  
 All allocations should add to total recorded in 3D.  
 \*\*\* Pounds of Laundry only required for multi-level facilities.

**C. Expenditures Other Than Salaries (cont'd) - Housekeeping and Resident Care  
 Basis for Allocation of Costs (See Note on Page 5)**

Name of Facility	License No.	Report for Year Ended	Page	of	
Grove Manor Nursing Home, Incorporated	494-c	9/30/2019	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced	23,837	23,837		
a. In-House Care	by Personnel				
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	1,999	1,999		
b. Purchased Services ( <i>by contract other than through Management Services</i> )	Sq. Ft. Serviced	23,837	23,837		
( <i>Complete Schedule C-2 att. Page 21</i> )	by Personnel				
c. Other ( <i>Specify</i> )	Amt. \$	94,323	94,323		
		\$			
<b>4D. Total Housekeeping Expenditures (4a + b + c)</b>		\$ 96,322	96,322		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Omnicare	\$	41,377	41,377		
b. Medicine Cabinet Drugs	\$	56,528	56,528		
c. Medical and Therapeutic Supplies	\$	1,967	1,967		
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	18,739	18,739		
f. X-rays and Related Radiological Procedures***	\$	994	994		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	4,513	4,513		
i. Recreation	\$	6,439	6,439		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	109	109		
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>		\$ 130,666	130,666		

\* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

\*\* Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

\*\*\* Facility should self-disallow the expense on Page 29 of the Cost Report.

\*\*\*\* ICFMR's should provide a detailed schedule of all Day Program Costs.

**Schedule of Other Resident Care**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Other Medical Consulting	\$ 109		
<b>Total Other Resident Care</b>	\$ 109	\$ -	\$ -

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**Report of Expenditures**  
**Schedule C-2 - Individuals or Firms Providing Services by Contract \***

Name of Facility Grove Manor Nursing Home, Incorporated			License No. 494-c		Report for Year Ended 9/30/2019				Page of 21   37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Healthcare Services	Philadelphia, PA	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Services	444,777			18	2b
Healthcare Services	Philadelphia, PA	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping Services	94,323			20	4b
Med-Apparel Services	Perth Amboy, NJ	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Service	14,011			19	4b
Unitex Textile	Mount Vernon, NY	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Service	42,278			19	4b
Pointclickcare	Detroit, MI	<input type="radio"/>	<input checked="" type="radio"/>		Computer Service	18,006			16	11
USA Hauling	East Windsor, CT	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	17,711			22	6f
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

\* List all contracted services over \$10,000. Use additional sheets if necessary.  
 \*\* Refer to Page 4 for definition of related.  
 \*\*\* Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

### C. Expenditures Other Than Salaries (cont'd) - Maintenance and Property

Name of Facility	License No.	Report for Year Ended			Page	of
Grove Manor Nursing Home, Incorporated	494-c	9/30/2019			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 22,102	22,102				
b. Heat	\$ 20,443	20,443				
c. Light & Power	\$ 43,600	43,600				
d. Water	\$ 13,768	13,768				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 36,437	36,437				
f. Other ( <i>itemize</i> )	\$ 52,854	52,854				
See Attached Schedule						
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$ 189,204	189,204				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 6,858	6,858				
b. Building & Building Improvements	\$ 75,360	75,360				
c. Non-Movable Equipment	\$ 404	404				
d. Movable Equipment	\$ 18,960	18,960				
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$ 101,582	101,582				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 58,641	58,641				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 8,362	8,362				
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$ 168,585	168,585				

\* Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.





### Depreciation Schedule

Name of Facility Grove Manor Nursing Home, Incorporated		License No. 494-c			Report for Year Ended 9/30/2019			Page 23	of 37	
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals	
<b>A. Land Improvements</b>										
1. Acquired prior to this report period		98,711		98,711	72,952	SL	Various	6,858		
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
A-4. Subtotal									6,858	
<b>B. Building and Building Improvements</b>										
1. Acquired prior to this report period		2,003,726		2,003,726	1,373,966	SL	Various	74,101		
2. Disposals (attach schedule)		(7,308)		(7,308)	(1,173)	SL	Various	487		
3. Acquired during this report period (attach schedule)		16,135		16,135		SL	Various	772		
B-4. Subtotal									75,360	
<b>C. Non-Movable Equipment</b>										
1. Acquired prior to this report period		103,367		103,367	100,942	SL	Various	404		
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
C-4. Subtotal									404	
	Is a mileage logbook maintained?	Date of Acquisition	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
<b>D. Movable Equipment</b>										
1. Motor Vehicles (Specify name, model and year of each vehicle)										
a.										
b.										
c.										
d.										
2. Movable Equipment										
a. Acquired prior to this report period				276,094	276,094	135,185	SL	Various	18,465	
b. Disposals (attach schedule)				(6,011)	(6,011)	(2,923)	SI	Various	495	
c. Acquired during this report period (attach schedule)										
D-3. Subtotal										18,960
<b>E. Total Depreciation</b>										101,582

## Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Land Improvement</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Land Improvement</b>		\$ -		\$ - **

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

## Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
11/8/2018	Wood Fire Doors	\$ 6,003	15	\$ 367
1/28/2019	Garbage Disposal	\$ 3,769	10	\$ 168
11/1/2018	Circulator Pump	\$ 2,343	15	\$ 215
9/1/2019	Wood Fire Doors	\$ 4,020	15	\$ 22
<b>Total additions for Building Improvement</b>		\$ 16,135		\$ 772 *
<b>Deletions:</b>				
9/30/2013	Wood Tile Floor	\$ (1,110)	15	\$ 74
3/1/2016	Wood Fire Door	\$ (1,340)	15	\$ 89
12/29/2016	6 Resident Fire Doors	\$ (4,858)	15	\$ 324
<b>Total deletions for Building Improvement</b>		\$ (7,308)		\$ 487 **

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

## Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Non-Movable Equipment</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Movable Equipmen</b>		\$ -		\$ - *
<b>Deletions:</b>				
3/12/2012	Stand Lift	\$ (2,837)	10	\$ 284
6/5/2013	6 Bedside Cabinets, 10 Tables	\$ (1,684)	15	\$ 112
5/5/2015	Bedside Cabinet	-1490	15	99
<b>Total deletions for Movable Equipmen</b>		\$ (6,011)		\$ 495 **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Leasehold Improvemen</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvemen</b>		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Grove Manor Nursing Home, Incorporated			494-c		9/30/2019			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

**C. Expenditures Other Than Salaries (cont'd) - Property Questionnaire**

Name of Facility Grove Manor Nursing Home, Incorporated	License No. 494-c	Report for Year Ended 9/30/2019	Page 25	of 37
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11. Property Questionnaire

**Part A**

Is the property either owned by the Facility or leased from a Related Party?\*

Yes
  No

If "Yes," complete Part B.  
 If "No," complete Part C.

\*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total
1. Date Land Purchased	1956/1969
2. Date Structure Completed	01/01/69
3. If <b>NOT</b> Original Owner, Date of Purchase	01/01/56
4. Date of Initial Licensure	Unavailable
5. Total Licensed Bed Capacity	60
6. Square Footage	23,837
7. Acquisition Cost	
a. Land	43,809
b. Building	755,334

**Part B - Owner and Related Parties**

1st Mortgage    2nd Mortgage    3rd Mortgage    4th Mortgage

1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of _____				
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

**Part C - Arms-Length Leases for Real Property Improvements Only**

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

**Note:** Be sure required copies of leases are attached to Page 25 and real estate taxes paid by lessor are included on Page 22, Item 10b.

**C. Expenditures Other Than Salaries (cont'd) - Interest**

Name of Facility		License No.	Report for Year Ended		Page	of
Grove Manor Nursing Home, Incorpo		494-c	9/30/2019		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)			\$			

*(Carry Subtotals forward to next page )*

**C. Expenditures Other Than Salaries (cont'd) - Interest and Insurance**

Name of Facility		License No.		Report for Year Ended		Page	of
Grove Manor Nursing Home, Inco		494-c		9/30/2019		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify) Working Capital, Line of Credit, Capital Leases				\$ 27,604	27,604		
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>				\$ 27,604	27,604		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 44,849	44,849		
b. Insurance on Automobiles				\$ 5,300	5,300		
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$ 50,149	50,149		
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$ 3,844,559	3,844,559		

### D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Grove Manor Nursing Home, Incorporated			494-c	9/30/2019	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 31,521	31,521		
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 36,000	36,000		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 8,484	8,484		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.	16	L6	Automobile Expense (e.g. personal use)	\$ 10,688	10,688		
18.	16	M2/3	Unallowable Advertising *	\$ 3,647	3,647		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 1,100	1,100		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 5,869	5,869		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 97,309	97,309		

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

\*\* Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.



Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Fees Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	k2	Business Use Tax	\$ 56		
16	m13	Late Charges	\$ 2,029		
16	m13	Cable	\$ 3,784		
<b>Total Other A&amp;G Adjustments</b>			\$ 5,869	\$ -	\$ -

**D. Adjustments to Statement of Expenditures (cont'd)**

Name of Facility				License No.	Report for Year Ended	Page	of
Grove Manor Nursing Home, Incorporated				494-c	9/30/2019	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 97,309	97,309		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 41,377	41,377		
28.			Ambulance/Limousine	\$			
29.	20	5f	X-rays, etc	\$ 994	994		
30.	20	5h	Laboratory	\$ 4,513	4,513		
31.			Medical Supplies	\$			
32.	20	5 e 2	Oxygen (non emergency)	\$ 18,739	18,739		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 109	109		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10c	Unallowable Property and Real Estate Taxes	\$ 1,451	1,451		
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 25,557	25,557		
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.	27	14b	Property Insurance	\$ 5,300	5,300		
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 195,349	195,349		

\*\*\* Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.



<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Unallowable Building Interest</b>			\$ -	\$ -	\$ -

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended		Page	of
Grove Manor Nursing Home, Incorporated	494-c	9/30/2019		30	37
Item	Total	CCNH	RHNS	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 5,214,410	5,214,410			
b. Medicaid Room and Board Contractual Allowance **	\$ (1,996,762)	(1,996,762)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents( <i>all inclusive</i> )	\$ 235,214	235,214			
b. Medicare Room and Board Contractual Allowance **	\$ 47,932	47,932			
4. a. Private-Pay Residents and Other	\$ 33,120	33,120			
b. Private-Pay Room and Board Contractual Allowance **	\$				
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 34,830	34,830			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (25,316)	(25,316)			
c. Prescription Drugs - Non-Medicare	\$ 2,899	2,899			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (2,848)	(2,848)			
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 69,101	69,101			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (50,225)	(50,225)			
c. Physical Therapy - Non-Medicare	\$ 20,374	20,374			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (19,426)	(19,426)			
4. a. Speech Therapy - Medicare	\$ 18,600	18,600			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (13,519)	(13,519)			
c. Speech Therapy - Non-Medicare	\$ 4,450	4,450			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (4,258)	(4,258)			
5. a. Occupational Therapy - Medicare	\$ 52,462	52,462			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (38,131)	(38,131)			
c. Occupational Therapy - Non-Medicare	\$ 10,350	10,350			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (9,455)	(9,455)			
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 1,720	1,720			
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 61	61			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 3,585,583	3,585,583			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income ( <i>Specify</i> )	\$				
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ (7,797)	(7,797)			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ (7,797)	(7,797)			
<b>VI. Total All Revenue</b> (III +V)	\$ 3,577,786	3,577,786			

\* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

\*\* Facility should report all contractual allowances and/or payer discounts.

**Schedule of Other Resident Revenue - Medicare**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
30	Lab	\$ 3,393		
30	Lab Allowance	\$ (2,466)		
30	X-Ray	\$ 777		
30	X-Ray Allowance	\$ (565)		
30	Med B Retro Ancillaries	\$ 2,126		
30	Med B Retro Ancillaries Allowance	\$ (1,545)		
<b>Total Other Resident Revenue - Medicare</b>		\$ 1,720	\$ -	\$ -

**Schedule of Other Non-Medicare Resident Revenue**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
30	Lab	\$ 516		
30	Lab Allowance	\$ (455)		
<b>Total Other Resident Revenue</b>		\$ 61	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
<b>Total Interest Income</b>			\$ -	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
30	Healthdrive Refund	\$ 561		
30	Loss on Assets Scrapped Per Books	\$ (8,358)		
<b>Total Other Revenue</b>		\$ (7,797)	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Grove Manor Nursing Home, Incorporated	494-c	9/30/2019	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	105,678
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	393,738
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	14,815
a. Insurance	14,815			
b. _____				
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	19,782
Due From Shareholder	19,782			
_____				
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	534,013
B. Fixed Assets				
1. Land			\$	43,809
2. Land Improvements	*Historical Cost	98,711	\$	18,901
	Accum. Depreciation	79,810		Net
3. Buildings	*Historical Cost	2,012,553	\$	563,227
	Accum. Depreciation	1,449,326		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	103,367	\$	2,021
	Accum. Depreciation	101,346		Net
6. Movable Equipment	*Historical Cost	270,083	\$	115,938
	Accum. Depreciation	154,145		Net
7. Motor Vehicles	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	8,959
F/S vs C/R Adjustment to Fixed Assets	8,959			
See Schedule				
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	752,855

\* Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).

(Carry Total forward to next page )



Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
<b>Total Prepaid Expenses</b>			\$ -

Schedule of Other Current Assets (Itemized) Page 31 Line A8

Page Ref	Line Ref	Description	
<b>Total Other Current Assets (Itemize)</b>			\$ -

Schedule of Other Fixed Assets (Itemize) Page 31 Line B9

Page Ref	Line Ref	Description	
<b>Total Other Other Fixed Assets (Itemize)</b>			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
<b>Total Other Assets</b>			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
<b>Total Notes Payable</b>			\$ -

Schedule of Other Current Liabilities (Itemize) Page 33 Line A12

Page Ref	Line Ref	Description	
<b>Total Other Current Liabilities (Itemize)</b>			\$ -

Schedule of Other Long-Term Liabilities (Itemize) Page 34 Line B4

Page Ref	Line Ref	Description	
<b>Total Other Current Liabilities (Itemize)</b>			\$ -

### G. Balance Sheet (cont'd)

Name of Facility Grove Manor Nursing Home, Incorporated	License No. 494-c	Report for Year Ended 9/30/2019	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 1,286,868	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			\$	
*Historical Cost _____ Accum. Depreciation _____ Net			\$	
3. Buildings			\$	
*Historical Cost _____ Accum. Depreciation _____ Net			\$	
4. Non-Movable Equipment			\$	
*Historical Cost _____ Accum. Depreciation _____ Net			\$	
5. Movable Equipment			\$	
*Historical Cost _____ Accum. Depreciation _____ Net			\$	
6. Motor Vehicles			\$	
*Historical Cost _____ Accum. Depreciation _____ Net			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 <b>Total Leasehold or Like Properties</b> (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			\$	
*Historical Cost _____ Accum. Depreciation _____ Net			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address	Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )			\$	
_____				
See Schedule				
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$	
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$ 1,286,868	

\* Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).

### G. Balance Sheet (cont'd)

Name of Facility Grove Manor Nursing Home, Incorporated	License No. 494-c	Report for Year Ended 9/30/2019	Page 33	of 37
Account			Amount	
<b>Liabilities</b>				
A. Current Liabilities				
1. Trade Accounts Payable			\$	219,931
2. Notes Payable ( <i>itemize</i> )			\$	174,995
Line of Credit ion Bank		174,995		
_____ _____ _____ See Schedule				
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )			\$	
Name of Lender	Purpose	Amount	Date Due	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )			\$	66,918
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )			\$	9,885
6. Accrued Payroll Taxes Payable			\$	6,125
7. Medicare Final Settlement Payable			\$	
8. Medicare Current Financing Payable			\$	
9. Mortgage Payable ( <i>Current Portion</i> )			\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )			\$	
11. Accrued Income Taxes*			\$	
12. Other Current Liabilities ( <i>itemize</i> )			\$	816,219
Exchange Resident Funds		4,930	Accrued Expenses 8,814	
Note Payable - Rose Schaefer		19,220	Accrued Property Taxes 32,516	
Capital Leases		21,713		
Accrued User Fee		729,026	See Schedule	
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>			<b>\$</b>	<b>1,294,073</b>

\* Business Income Tax (not that withheld from employees). Attach copy of owner's Federal Income Tax Return.

(Carry Total forward to next page)

### G. Balance Sheet (cont'd)

Name of Facility Grove Manor Nursing Home, Incorporated	License No. 494-c	Report for Year Ended 9/30/2019	Page 34	of 37
Account			Amount	
Total Brought Forward:			1,294,073	
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				
\$				
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$ 220,918
Name and Address of Lender	Amount	Loan Date		
Rose Schaefer	220,918			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$ 9,485
Capital Leases		9,485		
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 230,403
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 1,524,476

**G. Balance Sheet (cont'd)**  
**Reserves and Net Worth**

Name of Facility	License No.	Report for Year Ended	Page	of
Grove Manor Nursing Home, Incorporated	494-c	9/30/2019	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	3,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	49,634
6. Gain or Loss for Period			\$	(290,242)
	10/1/2018	thru 9/30/2019		
7. Total Net Worth			\$	(237,608)
<b>C. Total Reserves and Net Worth</b>			\$	(237,608)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	1,286,868

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of	
Grove Manor Nursing Home, Incorporated	494-c	9/30/2019	36	37	
Account			Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$	49,634	
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	3,577,786	
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	3,844,559	
D. Net Income or Deficit			\$	(266,773)	
E. Balance			\$	(217,139)	
F. Additions					
1. Additional Capital Contributed <i>(itemize)</i>					
2. Other <i>(itemize)</i>					
F-3. Total Additions			\$		
G. Deductions					
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>					
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount		
2. Other Withdrawings <i>(Specify)</i>			\$	23,469	
Purpose		Amount			
Difference in Depreciation		23,469			
3. Total Deductions			\$	23,469	
H. <b>Balance at End of Period</b>		09/30/19	\$	(240,608)	

### I. Preparer's/Reviewer's Certification

Name of Facility Grove Manor Nursing Home, Incorporated	License No. 494-c	Report for Year Ended 9/30/2019	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Raymond E. Rossi, Jr.				
Address Address			Phone Number	
515 Watertown Avenue, Waterbury, CT 06708			203-754-3137	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Janet Aliciene			203-753-7205	
Contact Email Address				
gmconv@comcast.net				