

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Lord Chamberlain Nursing & Rehabilitation Center	
Address (No. & Street, City, State, Zip Code) 7003 Main Street, Stratford, CT 06614	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 968C	RHNS	(Specify)	Medicare Provider 07-5339
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Medicaid Provider Numbers:	CCNH 9688	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) Lord Chamberlain Nursing & Rehabilitation Center	License No. 968C	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 Lord Chamberlain Nursing & Rehabilitation Center [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) James Bergers			Printed Name (Owner) Martin Sbriglio	
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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Lord Chamberlain Nursing & Rehabilitation Center	Period Covered:		From 10/1/2018	To 9/30/2019
Address of Facility 7003 Main Street, Stratford, CT 06614				
Report Prepared By Ryders Health Management	Phone Number 203-381-1327	Date 2/10/2019		
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. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (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 203-318-1327	Report for Year Ended 9/30/2019	Page 2
Name of Facility (as shown on license) Lord Chamberlain Nursing & Rehabilitation Center		Address (No. & Street, City, State, Zip) 7003 Main Street, Stratford, CT 06614	
License Numbers:	CCNH 968C	RHNS	(Specify)
Medicare Provider No. 07-5339			
Type of Facility (Check appropriate box(es))			
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> 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.
Administrator			
Name of Administrator James Bergers		Nursing Home Administrator's License No.:	578
Other Operators/Owners who are assistant administrators (full or part time) of this facility.			
Name N/A		License No.:	

General Information and Questionnaire Partners/Members

General Information and Questionnaire

Corporate Owners

Name of Facility Lord Chamberlain Nursing & Rehabilitation C	License No. 968C	Report for Year Ended 9/30/2019	Page of 3A 37
If this facility is owned or operated as a corporation, provide the following information:			
Legal Name of Corporation Lord Chamberlain, Inc		Business Address 7003 Main St., Stratford, CT 06614	State(s) in Which Incorporated CT
Name of Directors, Officers Robert Sbriglio, MD, MPH, NHA		Business Address 7003 Main St., Stratford, CT 06614	Title Secretary No. Shares Held by Each 25
Martin Sbriglio, RN, NHA		7003 Main St., Stratford, CT 06614	Treasurer 25
The Dr. Robert Sbriglio 2009 Trust		7003 Main St., Stratford, CT 06614	25
The Martin Sbriglio 2009 Trust		7003 Main St., Stratford, CT 06614	25
Names of Stockholders Owning at Least 10% of Shares Robert Sbriglio, MD, MPH, NHA		7003 Main St., Stratford, CT 06614	Secretary 25
Martin Sbriglio, RN, NHA		7003 Main St., Stratford, CT 06614	Treasurer 25
The Dr. Robert Sbriglio 2009 Trust		7003 Main St., Stratford, CT 06614	25
The Martin Sbriglio 2009 Trust		7003 Main St., Stratford, CT 06614	25

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CSP-3B Rev. 10/2005

General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Lord Chamberlain Nursing & Rehabilitation Center	968C	9/30/2019	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

General Information and Questionnaire

Related Parties*

Name of Facility Lord Chamberlain Nursing & Rehabilitation Center		License No. 968C	Report for Year Ended 9/30/2019			Page 4	of 37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?				<input type="radio"/> Yes <input checked="" type="radio"/> 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?				<input checked="" type="radio"/> Yes <input type="radio"/> 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	%**				
See Attached		<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.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Lord Chamberlain Nursing & Rehabilitation Cen	License No. 968C	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.

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

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.

Lord Chamberlain
Cost Report 9/30/2019
List of Related Parties
Page 4 Attachment

Name of Related Individual or Company	Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Services Provided	Indicate Where Costs are Included in Annual Report Page #/Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%				
Ryders Health Management (RHM)	88 Ryders Lane, Suite 208, Stratford, CT 06614	X			Financial and Managerial Support	16/m12	648,968.08	622,695.00
Due from Cheshire House	3396 East Main St., Waterbury, CT 06705	X			Loan to Facility	32/D7, 34/B4	204,044	204,044
Due from Greentree Manor	4 Greentree Drive, Waterford, CT 06385	X			Loan to Facility	32/D7, 34/B4	230,539	230,539
Due from Mystic Healthcare	475 High St., Mystic, CT 06355	X			Loan to Facility	32/D7, 34/B4	696,548	696,548
Due from Ryders Health	88 Ryders Lane, Suite 208, Stratford, CT 06614	X			Loan to Facility	32/D7, 34/B4	110,811	110,811
Due from Lighthouse	88 Ryders Lane, Stratford, CT 06614	X			Loan to Facility	32/D7, 34/B4	445,997	445,997
Due from Ryders Rehab	88 Ryders Lane, Stratford, CT 06614						104,025	104,025
ValueRx	54 Tuttle Place, Middletown, CT	X			Pharmacy Expenses	20/5a2	348,848	Disallowed
ValueRx	54 Tuttle Place, Middletown, CT	X			House Drugs	20/5b	93,593	93,593
Due to Aaron Manor	3 South Wig Hill Road, Chester, CT 06412	X			Loan from Facility	34/B4	106,215	106,215
Due to Bel-Air Manor	254 New Britain Ave., Newington CT	X			Loan from Facility	34/B4	40,936	40,936
Due to Douglas Manor	104 North Rd., Windham, CT	X			Loan from Facility	34/B4	210,102	210,102
Due to LC Realty	7003 Main St., Stratford, CT 06614	X			Loan from Facility	34/B4	2,279,915	2,279,915

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**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 Lord Chamberlain Nursing & Rehabilitation Center		License No. 968C		Report for Year Ended 9/30/2019			Page 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					
Wells Fargo	<input type="radio"/>	<input checked="" type="radio"/>	Copier				19,588
BBI Technologies	<input type="radio"/>	<input checked="" type="radio"/>	Copier				11,780
LEAF	<input type="radio"/>	<input checked="" type="radio"/>	Copier				614
	<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"/>					
Is a Mileage Log Book Maintained for All Leased Vehicles ?		<input type="radio"/> Yes		<input checked="" type="radio"/> No		Total ***	31,982

* 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 Lord Chamberlain Nursing & Rehab	License No. 968C	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 Yes If "No," explain.
previous period? No

Independent Accounting Firm

Name of Accounting Firm 1 Marcum LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 555 Long Wharf Drive, New Haven, CT 06511
---	--

Services Provided by This Firm (*describe fully*)

1 Preparation of Financial Statements & Tax Returns	\$ 21,939
2	\$
3	\$
4	\$
	Charge for Services Provided \$ 21,939

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

Yes No |15, 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 See Attached 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 |15, 1e

Schedule of Resident Statistics

Name of Facility Lord Chamberlain Nursing & Rehabilitation Center			License No. 968C				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					190	190			190	190		
A. On last day of PREVIOUS report period	190	190							190	190		
B. On last day of THIS report period	190	190			190	190			190	190		
2. Number of Residents					190	190			178	178		
A. As of midnight of PREVIOUS report period	190	190							178	178		
B. As of midnight of THIS report period	178	178			178	178			178	178		
3. Total Number of Days Care Provided During Period					2,926	2,926			810	810		
A. Medicare	3,736	3,736										
B. Medicaid (Conn.)	48,575	48,575			37,231	37,231			11,344	11,344		
C. Medicaid (other states)												
D. Private Pay	10,644	10,644			7,165	7,165			3,479	3,479		
E. State SSI for RCH	1,266	1,266							1,266	1,266		
F. Other (Specify)	3,152	3,152			3,152	3,152						
G. Total Care Days During Period (3A thru F)	67,373	67,373			50,474	50,474			16,899	16,899		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds					498	498			113	113		
A. Medicaid Bed Reserve Days	611	611										
B. Other Bed Reserve Days	202	202			85	85			117	117		
5. Total Resident Days (3G + 4A + 4B)	68,186	68,186			51,057	51,057			17,129	17,129		

Schedule of Resident Statistics (Cont'd)

Name of Facility Lord Chamberlain Nursing & Rehabilitation C	License No. 968C	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	RHNS	(Specify)	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.

1st change	Change in Resident Days			CCNH	RHNS	(Specify)
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	11	126		41				
Per Diem Rate								
a. One bed rm.	RUGS	239.29		527 - 535				
b. Two bed rms.				464 - 485				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B	4,673	4,673	(Specify)
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments			
2. Restorative Treatments			
C. Other	20,041	20,041	
D. Total Physical Therapy Treatments	24,714	24,714	

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	342	342	
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments			
2. Restorative Treatments			
C. Other	1,152	1,152	
D. Total Speech Therapy Treatments	1,494	1,494	

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	2,023	2,023	
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments			
2. Restorative Treatments			
C. Other	17,490	17,490	
D. Total Occupational Therapy Treatments	19,513	19,513	

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		968C	9/30/2019		10
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
A. Salaries and Wages*					
1. Operators/Owners (Complete also Sec. I of Schedule A1)					
2. Administrator(s) (Complete also Sec. III of Schedule A1)	122,908	2,117			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	135,202	2,081			
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	455,015	23,358			
5. Dietary Service					
a. Head Dietitian	85,741	4,090			
b. Food Service Supervisor	55,383	2,295			
c. Dietary Workers	799,843	70,351			
6. Housekeeping Service					
a. Head Housekeeper	79,805	4,203			
b. Other Housekeeping Workers	408,903	34,620			
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	46,945	2,082			
b. Other Maintenance Workers	68,667	3,865			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	75,191	5,961			
9. Barber and Beautician Services					
10. Protective Services	31,110	2,905			
11. Accounting Services					
a. Head Accountant					
b. Other Accountants					
12. Professional Care of Residents					
a. Directors and Assistant Director of Nurses	214,535	4,236			
b. RN					
1. Direct Care	1,553,864	51,212			
2. Administrative**	73,143	2,176			
c. LPN					
1. Direct Care	2,817,870	151,632			
2. Administrative**					
d. Aides and Attendants	3,480,277	271,283			
e. Physical Therapists	480,942	17,846			
f. Speech Therapists	88,808	1,671			
g. Occupational Therapists	299,786	8,573			
h. Recreation Workers	141,910	10,530			
i. Physicians					
1. Medical Director					
2. Utilization Review					
3. Resident Care***					
4. Other (Specify)					
j. Dentists	19,217	1,219			
k. Pharmacists					
l. Podiatrists					
m. Social Workers/Case Management	289,890	18,118			
n. Marketing					
o. Other (Specify)					
See Attached Schedule	53,187	2,381			
A-13. Total Salary Expenditures	11,878,140	698,803			

* 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)

Schedule of Other Fees (Page 13)

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-11 Rev. 10/2005

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

Name of Facility Lord Chamberlain Nursing & Rehabilitation Center			License No. 968C		Report for Year Ended 9/30/2019			Page 11	of 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)							
Section I - Operators/Owners										
Martin Sbriglio								Ryders Health Management	2,284	130,000
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).										
Mrs. Margaret Sbriglio, NHA								Ryders Health Management	1,052	26,000

* 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
Lord Chamberlain Nursing & Rehabilitation Center				968C		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)							
Section III - Administrators***										
James Bergers	122,908			Non Discriminatory	Administrative	2,117	A2			
Section IV - Assistant Administrators										
Dr. Robert Sbriglio, MD, MPH, NHA										
	135,202			Non Discriminatory	Administrative	2,081	A3			

*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.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended		Page	of
	968C	9/30/2019		13	37
	Total Cost and Hours				
Item	CCNH	Hours	RHNS	Hours	(Specify) Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)					
1. Dietitian					
2. Dentist	8,816				
3. Pharmacist	8,914				
4. Podiatrist					
5. Physical Therapy					
a. Resident Care					
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	57,931				
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) Medical Staff	3,300				
9. Speech Therapist					
a. Resident Care	345				
b. Other					
10. Occupational Therapist					
a. Resident Care					
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care					
2. Administrative***					
b. LPN					
1. Direct Care					
2. Administrative***					
c. Aides					
d. Other					
12. Other (Specify) See Attached Schedule	61,399				
B-13 Total Fees Paid in Lieu of Salaries	140,705				

* 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 Lord Chamberlain Nursing & Rehabilitation Center	License No. 968C	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		
Dr. Scifo, Trumbull CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. F. Alcedo, Stratford, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. D. Das, Fairfield, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Douglas Duchen, Bridgeport, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. J.B. Bharucha, Trumbull, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Leonard Karkanista, Milford, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Charles Kochan, Stratford, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Anthony Arslan, Stratford, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Mogelof, Stratford, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Robert Prewitt, Stratford, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Carlos Schweitzer, Derby, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Phillip Simkovitz, Trubull, CT	Pulmonary Services	<input type="radio"/>	<input checked="" type="radio"/>		
Wound Care Consultants	Wound Care Services	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Brijesh Chandwani, Fairfield, CT	Dental Services	<input type="radio"/>	<input checked="" type="radio"/>		
ValueRx	Pharmacy Consultant	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Ranno Goldfarb & Assoc	Medical Director	<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
Lord Chamberlain Nursing & Rehabilitation Cen	968C	9/30/2019	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 454,400	454,400		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 997,135	997,135		
5. Health Insurance	\$ 1,191,018	1,191,018		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 31,650	31,650		
8. Uniform Allowance	\$ 27,726	27,726		
9. Other (Specify) See Attached Schedule	\$ 18,043	18,043		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 215,998	215,998		
d. Accounting and Auditing	\$ 21,939	21,939		
e. Legal (Services should be fully described on Page 7)	\$ 18,710	18,710		
f. Insurance on Lives of Owners and Operators (Specify)*	\$			
g. Office Supplies	\$ 28,046	28,046		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 18,091	18,091		
2. Cellular Phones	\$ 5,306	5,306		
i. Appraisal (Specify purpose and attach copy)*	\$			
j. Corporation Business Taxes (franchise tax)	\$			
k. Other Taxes (Not related to property - See Page 22)				
1. Income*	\$			
2. Other (Specify) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 1,251,860	1,251,860		
Subtotal	\$ 4,279,921	4,279,921		

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

(Carry Subtotals forward to next page)

***** DO NOT Include Holiday Parties / Awards / Gifts to Staff**

Attachment Page 15

Schedule of Other Employee Benefits

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Total	\$ -	\$ -	\$ -

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

Name of Facility Lord Chamberlain Nursing & Rehabilitation Center	License No. 968C	Report for Year Ended 9/30/2019		Page 16	of 37
Item		Total	CCNH	RHNS	(Specify)
<i>Subtotals Brought Forward:</i>		4,279,921	4,279,921		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 5,803	5,803			
2. Holiday Parties for Staff	\$ 10,582	10,582			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 2,482	2,482			
5. Education Expenses Related to Seminars and Conventions	\$ 7,748	7,748			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 1,666	1,666			
7. Other (<i>Specify</i>) See Attached Schedule	\$ 1,828	1,828			
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 12,502	12,502			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 85,933	85,933			
4. Fund-Raising***	\$				
5. Medical Records	\$ 27,360	27,360			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 6,611	6,611			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 15,010	15,010			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 1,689	1,689			
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 197,947	197,947			
12. Administrative Management Services**	\$ 648,968	648,968			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 87,617	87,617			
<i>C-14 Total Administrative & General Expenditures</i>	\$ 5,393,665	5,393,665			

* 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)
Meals & Entertainment	\$ 1,828		
Total Other Travel and Entertainment	\$ 1,828	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Adv & Pub Rel Donations	\$ 85,894		
Charitable Donations	\$ 39		
Total Other Advertising	\$ 85,933	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
American Express	\$ 44		
Bridgeport Regional Business Council	\$ 861		
Chamber of Commerce	\$ 378		
Fairfield County ICNC	\$ 84		
CAHCF	\$ 12,071		
GBMA	\$ 88		
GVCC	\$ 210		
Fairfield County Medical Assoc	\$ 347		
CSMS	\$ 434		
AMDA	\$ 266		
Stratford Rotary Club	\$ 228		
Total Dues	\$ 15,010	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Fees & License Expense	\$ 11,854		
Bank Charges	\$ 15,971		
Bank Charges - Lease	\$ 25,001		
A/R Support - Not Collections - Allowable	\$ 9,855		
Unemployment Tax Management	\$ 1,862		
HR Consultants	\$ 23,074		
Total Other Administrative and General	\$ 87,617	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Lord Chamberlain Nursing & Rehabilitati	License No. 968C	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 #
Ryders Health Management	648,968	Financials and Managerial Support Services	Page 16, m12

*** 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	License No.	Report for Year Ended		Page of
		9/30/2019		18 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 444,369	444,369		
2. Non-Food Supplies	\$ 88,403	88,403		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (by contract other than through Management Services) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ (29,058)	(29,058)		
c. Other (Specify) _____ Dietary Equipment	\$ 590	590		
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 504,304	504,304		
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 Lord Chamberlain Nursing & Rehabilitation Center	License No. 968C	Report for Year Ended 9/30/2019		Page of 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. \$	733	733	
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 (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$	206,493	206,493	
c. Other (Specify) Laundry Supplies	\$	3,599	3,599	
3D. Total Laundry Expenditures (3a + b + c)	\$	210,825	210,825	
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
		9/30/2019		20	37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt.	\$ 72,996	72,996		
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)					
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	Sq. Ft. Serviced by Personnel				
	Amt.	\$			
C. Other (<i>Specify</i>)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	72,996	72,996		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	348,848	348,848		
b. Medicine Cabinet Drugs	\$	93,593	93,593		
c. Medical and Therapeutic Supplies	\$				
d. Ambulance/Limousine***	\$	16,789	16,789		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	37,544	37,544		
f. X-rays and Related Radiological Procedures***	\$	15,078	15,078		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$	190	190		
h. Laboratory***	\$	33,862	33,862		
i. Recreation	\$	23,166	23,166		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (<i>Specify</i>)**** <i>See Attached Schedule</i>	\$	591,448	591,448		
5M. Total Resident Care Expenditures (5a - 5j)	\$	1,160,519	1,160,519		

* 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

Description	CCNH	RHNS	(Specify)
Medical Supplies	\$ 451,471		
Medical Supplements	\$ 36,756		
Medical Waste	\$ 4,354		
Medical Equipment	\$ 4,107		
Medical Equipment - Rental	\$ 60,772		
Medical Supplies - Medicare	\$ (4,096)		
Physician Care - Patients	\$ 1,534		
PT Supplies	\$ 29,558		
OT - Part A	\$ 6,990		
Total Other Resident Care	\$ 591,448	\$ -	\$ -

Report of Expenditures

* 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 9/30/2019			Page 22	of 37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	179,650	179,650			
b. Heat	\$	82,448	82,448			
c. Light & Power	\$	136,385	136,385			
d. Water	\$	43,067	43,067			
e. Equipment Lease <i>(Provide detail on page 6)</i>	\$	31,982	31,982			
f. Other <i>(itemize)</i>	\$					
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	473,533	473,533			
7. Depreciation <i>(complete schedule page 23*)</i>						
a. Land Improvements	\$					
b. Building & Building Improvements	\$	276,119	276,119			
c. Non-Movable Equipment	\$	39,116	39,116			
d. Movable Equipment	\$	101,759	101,759			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	416,993	416,993			
8. Amortization <i>(Complete att. Schedule Page 24*)</i>						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other <i>(Specify)</i>	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	390,000	390,000			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	361,701	361,701			
c. Personal property taxes	\$	34,253	34,253			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	1,202,947	1,202,947			

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

Schedule of Other Repairs and Maintenance

Depreciation Schedule

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/1/2018	Paving	\$ 18,512		
12/1/2018	Pavement Painting	\$ 1,542		
6/1/2019	Parking Lot Lighting	\$ 2,527		
Total additions for Land Improvement		\$ 22,581		\$ - *
Deletions:				
Total deletions for Land Improvement		\$ -		\$ - **

*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
Additions:				
10/1/2018	Flooring	\$ 20,548		
11/1/2018	Paving	\$ 2,340		
4/1/2019	Painting	\$ 1,702		
4/1/2019	Painting	\$ 2,127		
4/1/2019	Painting	\$ 2,233		
5/1/2019	Restroom Renovations	\$ 17,548		
5/1/2019	Restroom Renovations	\$ 20,339		
7/1/2019	Exterior Sliding Door	\$ 1,285		
Total additions for Building Improvement		\$ 68,122		\$ - *
Deletions:				
Total deletions for Building Improvement		\$ -		\$ - **

*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
Additions:				
10/1/2018	Maglock Installation	\$ 2,951		
11/1/2018	Hot Water Tank	\$ 10,422		
11/1/2018	Storage Tank	\$ 1,680		
1/1/2019	Backflow Preventer	\$ 1,777		
1/1/2019	Backflow Preventer	\$ 1,853		
4/1/2019	Kitchen AC Unit	\$ 27,581		
8/1/2019	A/c	8803.98		
9/1/2019	A/c	1243.24		
Total additions for Non-Movable Equipment		\$ 56,311		\$ - *
Deletions:				

					ttachment Pages 23 24
Total deletions for Non-Movable Equipment		\$ -		\$ -	**

*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
Additions:				
10/1/2018	Bedroom Furniture	\$ 10,109		
10/1/2018	Steam Table	\$ 1,413		
10/1/2018	TV's	\$ 2,048		
11/1/2018	Monitor Vital Temp w/ Stand	\$ 3,957		
12/1/2018	Bedroom Furniture	\$ 10,109		
12/1/2018	Bed Rails & Controls	\$ 1,437		
12/1/2018	Chair Lift	\$ 1,256		
1/1/2019	Tv's	\$ 2,048		
1/1/2019	Chair Lift	\$ 7,791		
2/1/2019	Bed Control Box	\$ 1,645		
2/1/2019	Pressure Guard Air mattress	\$ 16,522		
1/1/2019	Bedside Station	\$ 1,526		
2/1/2019	Pillow Speaker	\$ 1,436		
1/1/2019	Single Dual Bedside Station	\$ 1,245		
3/1/2019	Tv's	\$ 2,014		
2/1/2019	Ultracare Bed	\$ 7,151		
4/1/2019	Pillow Speaker	\$ 1,366		
5/1/2019	Patient Lift	\$ 3,127		
5/1/2019	Dual Bedside Station	\$ 1,475		
6/1/2019	TV's	\$ 1,943		
7/1/2019	Dual Bedside Station	\$ 1,263		
7/1/2019	TV's	\$ 1,932		
7/1/2019	Dual Bedside Station	1252.26		
5/1/2019	Beds	4708.58		
8/1/2019	Dual Bedside Station	1450.79		
8/1/2019	Recliner Purchase Reimbursement	-1050		
8/1/2019	Chair Lift	2657.58		
9/1/2019	TV's	1885.36		
9/1/2019	Floor Machine	998.3		
Total additions for Movable Equipment		\$ 94,716	\$ -	*
Deletions:				
Total deletions for Movable Equipment		\$ -	\$ -	**

*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
Additions:				
Total additions for Leasehold Improvemen		\$ -	\$ -	*
Deletions:				
Total deletions for Leasehold Improvemen		\$ -	\$ -	**

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Lord Chamberlain Nursing & Rehabilitation Center			License No. 968C		Report for Year Ended 9/30/2019			Page 24	of 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							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* 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 Lord Chamberlain Nursing & Rehabili	License No. 968C	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	05/21/05			
2. Date Structure Completed	1968/1976/1994			
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	190			
6. Square Footage				
7. Acquisition Cost				
a. Land	71,118			
b. Building				

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Variable	Variable		
b. Date Mortgage Obtained	02/01/15	11/20/11		
c. Interest Rate for the Cost Year	3.56%	3.64%		
d. Term of Mortgage (number of years)	7			
e. Amount of Principal Borrowed		2,000,000		
f. Principal balance outstanding as of _____				

Complete if Mortgage was Refinanced

During Current Cost Year

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 Lord Chamberlain Nursing & Rehabil	License No. 968C	Report for Year Ended 9/30/2019			Page 26	of 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. Total Building Interest Expense (A1 - A4 + B5)		\$				

(Carry Subtotals forward to next page)

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

Name of Facility Lord Chamberlain Nursing & Rehab	License No. 968C	Report for Year Ended 9/30/2019			Page 27	of 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)		\$	220,158	220,158		
Interest Expense						
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$	220,158	220,158		
14. Insurance						
a. Insurance on Property (buildings only)		\$	24,112	24,112		
b. Insurance on Automobiles		\$	6,667	6,667		
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)		\$	122,081	122,081		
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$				
14d. Total Insurance Expenditures (14a + b + c)		\$	152,860	152,860		
15. Total All Expenditures (A-13 thru C-14)		\$	21,410,651	21,410,651		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended		Page of	
Item No.	Page No.	Line No.		968C	9/30/2019	28 37	
			Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<i>Page 10 - Salaries and Wages</i>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 299,786	299,786		
4.			Other - See attached Schedule	\$ 19,217	19,217		
<i>Page 13 - Professional Fees</i>							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<i>Pages 15 & 16 - Administrative and General</i>							
8.			Discriminatory Benefits	\$			
9.	151c		Bad Debts	\$ 215,998	215,998		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
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.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ 85,933	85,933		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 1,828	1,828		
<i>Page 18 - Dietary Expenditures</i>							
24.			Meals to employees, guests and others who are not residents	\$			
<i>Page 19 - Laundry Expenditures</i>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<i>Page 20 - Housekeeping Expenditures</i>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)			\$ 622,762	\$ 622,762			

* 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)
10	A12j	Dental	\$ 19,217		
Total Other Salaries Adjustment			\$ 19,217	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	17	Meals & Entertainment	\$ 1,828		
Total Other A&G Adjustments			\$ 1,828	\$ -	\$ -

State of Connecticut

Annual Report of Long-Term Care Facility

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

Name of Facility			License No.	Report for Year Ended		Page of	
Lord Chamberlain Nursing & Rehabilitation Center			968C	9/30/2019		29 37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	\$ 622,762	622,762		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 348,848	348,848		
28.	20	5d	Ambulance/Limousine	\$ 16,789	16,789		
29.	20	5f	X-rays, etc	\$ 15,078	15,078		
30.	20	5h	Laboratory	\$ 33,862	33,862		
31.			Medical Supplies	\$			
32.	20	500	Oxygen (non emergency)	\$ 37,544	37,544		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 190	190		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation				
			See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation				
			Unallowable Building Interest -				
			See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)			\$ 1,075,073	1,075,073			

*** 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.

Schedule of Other Ancillary Costs

Schedule of Excess Movable Equipment Depreciation

Schedule of Other Property Adjustments

Schedule of Other - Indirect Adjustments

Total Other Adjustments	\$ -	\$ -	\$ -
--------------------------------	------	------	------

Schedule of Other - Miscellaneous Administrative Adjustments

Schedule of Other - Direct Adjustments

Attachment Page 29

Schedule of Unallowable Building Interest

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended 9/30/2019			Page 30	of 37
		Item	Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 20,905,153	20,905,153				
b. Medicaid Room and Board Contractual Allowance **	\$ (10,652,020)	(10,652,020)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,605,060	1,605,060				
b. Medicare Room and Board Contractual Allowance **	\$ 339,948	339,948				
4. a. Private-Pay Residents and Other	\$ 7,287,329	7,287,329				
b. Private-Pay Room and Board Contractual Allowance **	\$ (436,415)	(436,415)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 337,231	337,231				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (337,231)	(337,231)				
c. Prescription Drugs - Non-Medicare	\$ 67,819	67,819				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$ 7,431	7,431				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (7,431)	(7,431)				
c. Medical Supplies - Non-Medicare	\$ 56,899	56,899				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 500,928	500,928				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (500,928)	(500,928)				
c. Physical Therapy - Non-Medicare	\$ 434,370	434,370				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 77,952	77,952				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (77,952)	(77,952)				
c. Speech Therapy - Non-Medicare	\$ 45,261	45,261				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 504,613	504,613				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (504,613)	(504,613)				
c. Occupational Therapy - Non-Medicare	\$ 119,869	119,869				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ 0	0				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 236,876	236,876				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 20,010,149	20,010,149				
IV. Other Revenue*						
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>)	\$ 28	28				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$ 841	841				
8. Other (<i>Specify</i>)	\$ 28,065	28,065				
V. Total Other Revenue (1 thru 8)	\$ 28,934	28,934				
VI. Total All Revenue (III +V)	\$ 20,039,083	20,039,083				

* 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)
	Oxygen	\$ 32,220		
	Respiratory Therapy	\$ 4,680		
	X-Ray	\$ 8,864		
	Lab	\$ 29,901		
	Contractuals	\$ (75,664)		
Total Other Resident Revenue - Medicare		\$ 0	\$ -	\$ -

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

Page Ref	Description	CCNH	RHNS	(Specify)
	Optum Care Stipend	\$ 187,907		
	Remedy Shared Savings	\$ 50,000		
	X-Ray - Managed Care	\$ 135		
	Respiratory Care - Private	\$ (4,995)		
	Respiratory Care - Managed Care	\$ 405		
	Lab - Private Pay	\$ (19)		
	Lab - Private Insurance	\$ 37		
	Lab - Managed Care	\$ 447		
	Oxygen - Private	\$ 2,374		
	Oxygen - Managed Care	\$ 585		
Total Other Resident Revenue		\$ 236,876	\$ -	\$ -

Interest Income**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest Income	\$ 28			
Total Interest Income		\$ 28	\$ -	\$ -	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Handivan	\$ 21,665		
	Misc Income	\$ 6,400		
Total Other Revenue		\$ 28,065	\$ -	\$ -

G. Balance Sheet

Name of Facility Lord Chamberlain Nursing & Rehabilita	License No. 968C	Report for Year Ended 9/30/2019	Page 31	of 37
Account		Amount		
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)		\$ 111,160		
2. Resident Accounts Receivable (Less Allowance for Bad Debts)		\$ 3,687,240		
3. Other Accounts Receivable (Excluding Owners or Related Parties)		\$		
4. Inventories		\$ 11,000		
5. Prepaid Expenses		\$ 168,034		
a. _____				
b. _____				
c. _____				
d. See Schedule		168,034		
6. Interest Receivable		\$		
7. Medicare Final Settlement Receivable		\$		
8. Other Current Assets (<i>itemize</i>)		\$ 25,183		
Refunds		25,183		

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)		\$ 4,002,618		
B. Fixed Assets				
1. Land		\$		
2. Land Improvements	*Historical Cost 50,531	\$ 45,218		
	Accum. Depreciation 5,313	Net		
3. Buildings	*Historical Cost 5,712,411	\$ 2,277,278		
	Accum. Depreciation 3,435,133	Net		
4. Leasehold Improvements	*Historical Cost _____	\$		
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost 1,444,807	\$ 159,488		
	Accum. Depreciation 1,285,319	Net		
6. Movable Equipment	*Historical Cost 2,499,429	\$ 243,773		
	Accum. Depreciation 2,255,656	Net		
7. Motor Vehicles	*Historical Cost 258,882	\$ 53,177		
	Accum. Depreciation 205,705	Net		
8. Minor Equipment-Not Depreciable		\$		
9. Other Fixed Assets (<i>itemize</i>)		\$ 6,000		
Work in Progress 6,000				
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)		\$ 2,784,933		

* 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	
		Prepaid Corporate Taxes	\$ 7,968
		Exchange	\$ 37,248
		Prepaid Insurance	\$ 3,133
		Prepaid Expenses	\$ 119,686
		Total Prepaid Expenses	\$ 168,034

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

Page Ref	Line Ref	Description	
		Total Other Current Assets (Itemize)	\$ -

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

Page Ref	Line Ref	Description	
		Total Other Other Fixed Assets (Itemize)	\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		Due from Cheshire House	\$ 204,044
		Due from Greentree Manor	\$ 230,539
		Due from Mystic Healthcare	\$ 696,548
		Due from Ryders Health Management	\$ 110,811
		Due from Lighthouse Home Care	\$ 135,600
		Due from Lighthouse Home Healthcare	\$ 310,397
		Invest ment in Subsidiary	\$ 1,000
		Due to/from Subsidiary	\$ (931,476)
		Due from Ryders Rehab	\$ 104,025
		Total Other Assets	\$ 861,488

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
		Total Notes Payable	\$ -

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

Page Ref	Line Ref	Description	
		Total Other Current Liabilities (Itemize)	\$ -

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

Page Ref	Line Ref	Description	
		Due to LC Realty	\$ 2,279,915
		Due to Aaron Manor	\$ 106,215
		Due to Bel-Air Manor	\$ 40,936
		Due to Douglas Manor	210101.74
		Total Other Current Liabilities (Itemize)	\$ 2,637,168

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page of
Lord Chamberlain Nursing & Rehabilitation	968C	9/30/2019	32 37
Account			Amount
Total Brought Forward:			\$ 6,787,551
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 Total Leasehold or Like Properties (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 (itemize)			\$
6. Loans to Owners or Related Parties (itemize)			\$
Name and Address	Amount	Loan Date	
7. Other Assets (itemize)			\$ 861,488
See Schedule		861,488	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 861,488
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 7,649,039

* 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 Lord Chamberlain Nursing & Rehabilitation C	License No. 968C	Report for Year Ended 9/30/2019	Page 33	of 37										
Account				Amount										
Liabilities														
A. Current Liabilities														
1. Trade Accounts Payable				\$ 1,859,615										
2. Notes Payable (<i>itemize</i>)				\$ 2,427,833										
Peoples Bank - LOC				2,400,000										
Notes Payable - Auto				27,833										
See Schedule														
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">Name of Lender</th> <th style="text-align: left; padding: 2px;">Purpose</th> <th style="text-align: left; padding: 2px;">Amount</th> <th style="text-align: left; padding: 2px;">Date Due</th> <th style="text-align: left; padding: 2px;"></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					Name of Lender	Purpose	Amount	Date Due						
Name of Lender	Purpose	Amount	Date Due											
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$ 483,659										
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$										
6. Accrued Payroll Taxes Payable				\$										
7. Medicare Final Settlement Payable				\$										
8. Medicare Current Financing Payable				\$										
9. Mortgage Payable (<i>Current Portion</i>)				\$ 802,803										
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$										
11. Accrued Income Taxes*				\$										
12. Other Current Liabilities (<i>itemize</i>)				\$ 1,012,173										
Construction Loan - Peoples				166,548 Accrued User Fee 266,520										
AFLAC - Individual				40,488 Accrued PTO 387,723										
Patient Fund				80,091										
Accrued Expenses				70,804 See Schedule										
A-13. Total Current Liabilities (Lines A1 thru 12)				\$ 6,586,083										

* 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 Lord Chamberlain Nursing & Rehabilitation	License No. 968C	Report for Year Ended 9/30/2019	Page 34	of 37
Account			Amount	
Total Brought Forward:			6,586,083	
Liabilities (cont'd)				
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>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 2,637,168
See Schedule	2,637,168			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 2,637,168
C. Total All Liabilities (Lines A-13 + B-5)				\$ 9,223,251

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

Name of Facility	License No.	Report for Year Ended	Page	of
Lord Chamberlain Nursing & Rehabilit	968C	9/30/2019	35	37
Account				Amount
A. Reserves				
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. Net Worth				
1. Owner's Capital				\$
2. Capital Stock				\$ 10,000
3. Paid-in Surplus				\$
4. Treasury Stock				\$
5. Cumulated Earnings				\$ (212,643)
6. Gain or Loss for Period 10/1/2018 thru 9/30/2019				\$ (1,371,568)
7. Total Net Worth				\$ (1,574,211)
C. Total Reserves and Net Worth				\$ (1,574,211)
D. Total Liabilities, Reserves, and Net Worth				\$ 7,649,039

H. Changes in Total Net Worth

I. Preparer's/Reviewer's Certification

Name of Facility Lord Chamberlain Nursing &	License No. 968C	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)		

Preparer/Reviewer Certification

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.

Signature of Preparer	Title	Date Signed
Printed Name of Preparer		
Ryders Health Management		
Address	Phone Number	
88 Ryders Lane, Stratford, CT 06614	203-381-1327	
Contacted Person Regarding Additional Information Needed Regarding This Report	Phone Number	
Elizabeth Maglio	203-381-1327	
Contact Email Address		
emaglio@rydershealth.com		