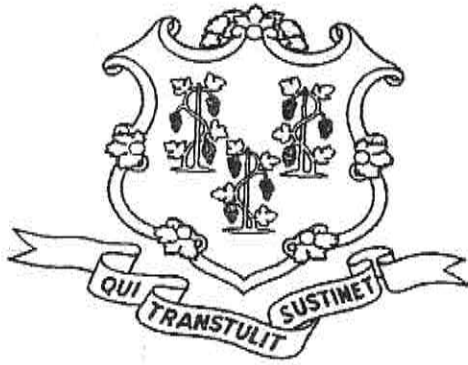


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2020

Name of Facility (as licensed) 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	
Address (No. & Street, City, State, Zip Code) 301 Rope Ferry Rd, Waterford, CT 06385	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2019	Report for Year Ending 9/30/2020

License Numbers:	CCNH 2318	RHNS	(Specify)	Medicare Provider 07-5324
------------------	--------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 2318	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)	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care	2318	9/30/2020	1	37

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 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center [facility name], for the cost report period beginning October 1, 2019 and ending September 30, 2020, 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
<i>Kimberly Carlson</i>		<i>2/12/2021</i>	<i>[Signature]</i>		<i>2/12/2021</i>
Printed Name (Administrator)			Printed Name (Owner)		
Kimberly Carlson			Lawrence Santilli		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires	
<i>Karol Montagna</i>	<i>Connecticut</i>	<i>2/12/2021</i>	<i>[Signature]</i>	<i>4/30/2022</i>	
Address of Notary Public					
<i>74 Ruela Drive Naugatuck, CT 06770</i>					

(Notary Seal)

KAROL MONTAGNA
NOTARY PUBLIC
 MY COMMISSION EXPIRES APR. 30, 2022

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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 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	Period Covered:	From 10/1/2019	To 9/30/2020	
Address of Facility 301 Rope Ferry Rd, Waterford, CT 06385				
Report Prepared By Athena Health Care Associates, Inc	Phone Number (860) 751-3900	Date 2/15/2021		
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 860-444-1175		Report for Year Ended 9/30/2020	Page 2	of 37
Name of Facility (as shown on license) 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center		Address (No. & Street, City, State, Zip) 301 Rope Ferry Rd, Waterford, CT 06385		
License Numbers:	CCNH 2318	RHNS (Specify)	Medicare Provider No. 07-5324	
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 checked="" type="radio"/> LLC <input type="radio"/> Partnership <input 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 Kimberly Carlson		Nursing Home Administrator's License No.:	2318	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name Not Applicable		License No.:		

General Information and Questionnaire Related Parties*

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care	License No. 2318	Report for Year Ended 9/30/2020	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								
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 Name/Address and complete the information on Page 11 of the report.								
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					%**
Procare LTC	1492 Highland Ave, Cheshire, CT 06410	<input checked="" type="radio"/>	<input type="radio"/>	<50%	Pharmacy	Pg 20, 5a2	307,486	307,486
Miscellaneous Facilities	Various	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Interfacility Loans	Pg 33, A2		
Laurel Ridge Health Care	642 Danbury Road, Ridgefield, CT 06877	<input checked="" type="radio"/>	<input type="radio"/>	<98%	Bank Fees	Pg 16, m13	4,872	4,872
Athena Health Care Systems	135 South Rd, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	<50%	Participates in Health Insurance Plan	Pg 15, 1ae	921,054	921,054
Bayview Health Care Landlord	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Lease of Facility	Pg 22, L9 and 10b, pg.	828,771	828,771
Athena Health Care Systems	135 South Rd, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	<50%	See attached			
Athena Captive LLC	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Worker's Compensation Captive	Pg 15 1a1	451,906	451,906
Athena Health Care Systems	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Facility participates in a multi-facility 401K			

* Use additional sheets if necessary.

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

Bayview
RELATED PARTIES QUESTIONNAIRE
PAGE 4

FACILITY NAME	ADDRESS	Also Provided Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Costs Reported	Actual Cost to the Related Party
		Yes	No				
Almira Health Care Associates	135 South Road Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Management Fees	Pg 15, 1g	\$672,312	\$282,202
		<input type="checkbox"/>	<input type="checkbox"/>	Business Promotion	Pg 16, m13	\$455	\$455
		<input type="checkbox"/>	<input type="checkbox"/>	Postage	Pg 16, m7	\$778	\$778
		<input type="checkbox"/>	<input type="checkbox"/>	Payroll Processing	Pg 16, m13	\$5,194	\$5,194
		<input type="checkbox"/>	<input type="checkbox"/>	Data processing	Pg 16, m13	\$1,980	\$1,980
		<input type="checkbox"/>	<input type="checkbox"/>	Employee Monitoring	Pg 16, m13	\$6,256	\$6,256
				Maintenance & Repairs	Pg 22, 2a	\$5,435	\$5,435
				Nursing	Pg 20, 5c	\$2,778	\$2,778

>50%

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Hea	License No. 2318	Report for Year Ended 9/30/2020	Page 5	of 37
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? <input type="radio"/> Yes <input checked="" type="radio"/> No If "No," explain fully why such allocation was not made.				
Not Applicable				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
Not Applicable				
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.)				
<input type="radio"/> Yes <input checked="" type="radio"/> No If "No," explain fully why such allocation was not made.				
Not Applicable				

State of Connecticut
Annual Report of Long-Term Care Facility
 CSP-6 Rev. 9/2002

**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		
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Cen		2318	9/30/2020	6 37		
Name and Address of Lessor	Related * to Owners, Operators, Officers		Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No				
Pitney Bowes Credit - P.O.Box 856460, Louisville, KY	<input type="radio"/>	<input checked="" type="radio"/>	12/28/10	66 months	1,211	1,211
Leaf 1720A Crest St Moberly Mo 65270	<input type="radio"/>	<input checked="" type="radio"/>	03/01/17	50 months	11,894	11,894
CSC Leasing Company, 6806 Paragon Place, Suite 170, Richmond, VA 23230	<input type="radio"/>	<input checked="" type="radio"/>	02/02/15	60 months	7,263	7,263
CSC Leasing Company, 6806 Paragon Place, Suite 170, Richmond, VA 23230	<input type="radio"/>	<input checked="" type="radio"/>	03/02/15	60 months	13,528	13,528
Leaf 1720A Crest St Moberly Mo 65270	<input type="radio"/>	<input checked="" type="radio"/>	01/29/18	39 months	795	795
Wells Fargo Financial Leasing, Inc - P.O.Box 10306 Des Moines, IA 50306-0306	<input type="radio"/>	<input checked="" type="radio"/>	06/01/20	60 months	4,390	4,390
	<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 ***	
						39,081

* 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 301 Rope Ferry Road, LLC d/b/a B	License No. 2318	Report for Year Ended 9/30/2020	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain.				
Independent Accounting Firm				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1 Dworkin, Hillman, Lamorte & Stercza		4 Corporate Dr., Suite 488, Shelton, CT 06484		
2 Marcum LLP		555 Long Wharf Drive, New Haven, CT 06511		
3 HFG				
4				
Services Provided by This Firm (<i>describe fully</i>)				
1 Audit & Tax Return Fees 2019				\$ 10,100
2 Medicare Cost Report				\$ 2,700
3 Line of Credit Audit: Disallowed				\$ 3,275
4				\$
				Charge for Services Provided
				\$ 16,075
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No Pg 15, Line 1d				
Legal Services Information				
Name of Legal Firm or Independent Attorney			Telephone Number	
1 Midcap Financial Services			301-760-7600	
2 Goldman, Gruder & Woods			203-899-8900	
3 Murtha Cullina			203-772-7700	
4 Pilicy & Ryan, PC			860-444-1175	
5 Treasurer, State of CT			860-443-7121	
Address (No. & Street, City, State, Zip Code)				
1 7255 Woodmont Ave, Bethesda, MD				
2 200 Connecticut Ave, Norwalk, CT 06854				
3 265 Church St, New Haven, CT 06510				
4 365 Main St. PO Box 760, Watertown, CT 06795				
5 181 State St, Room 2m PO Box 148 New London, CT 06320				
Services Provided by This Firm (<i>describe fully</i>)				
1 Banking fees-Disallowed				\$ 3,172
2 Collections - Disallowed				\$ 16,128
3 General matters - Disallowed				\$ 792
4 Collections - Disallowed/Conservatorship-Disallowed				\$ 1,103
5 Conservatorship-Disallowed				\$ 1,039
				Charge for Services Provided
				\$ 22,234
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No Pg 15, Line 1e				

Schedule of Resident Statistics

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	License No. 2318		Report for Year Ended 9/30/2020				Page 8	of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Period 10/1 Thru 6/30		Period 7/1 Thru 9/30			
				Total	CCNH	RHNS			Total
1. Certified Bed Capacity									
A. On last day of PREVIOUS report period	127	127		127					
B. On last day of THIS report period	127	127				127	127		
2. Number of Residents									
A. As of midnight of PREVIOUS report period	119	119		119					
B. As of midnight of THIS report period	120	120				120	120		
3. Total Number of Days Care Provided During Period									
A. Medicare	4,311	4,311		3,484		827	827		
B. Medicaid (Conn.)	29,915	29,915		22,499		7,416	7,416		
C. Medicaid (other states)									
D. Private Pay	3,989	3,989		2,881		1,108	1,108		
E. State SSI for RCH									
F. Other (Specify) Managed Care Other	2,077	2,077		1,609		468	468		
G. Total Care Days During Period (3A thru F)	40,292	40,292		30,473		9,819	9,819		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds									
A. Medicaid Bed Reserve Days	60	60		52		8	8		
B. Other Bed Reserve Days									
5. Total Resident Days (3G + 4A + 4B)	40,352	40,352		30,525		9,827	9,827		

Schedule of Resident Statistics (Cont'd)

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Hc	License No. 2318	Report for Year Ended 9/30/2020	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	10	95		12		3		
Per Diem Rate								
a. One bed rm.	638.00	250.79		535.00		496.66		
b. Two bed rms.	638.00	250.79		525.00		496.66		
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	4,539	4,539		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	745	745		
2. Restorative Treatments				
C. Other	9,320	9,320		
D. Total Physical Therapy Treatments	14,604	14,604		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	776	776		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	131	131		
2. Restorative Treatments				
C. Other	902	902		
D. Total Speech Therapy Treatments	1,809	1,809		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	5,137	5,137		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	857	857		
2. Restorative Treatments				
C. Other	9,216	9,216		
D. Total Occupational Therapy Treatments	15,210	15,210		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Cent	2318	9/30/2020	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
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	157,959	2,179				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	283,503	10,927				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	43,562	1,478				
c. Dietary Workers	534,740	28,717				
6. Housekeeping Service						
a. Head Housekeeper	64,221	2,241				
b. Other Housekeeping Workers	319,382	18,615				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	69,823	2,222				
b. Other Maintenance Workers	63,801	2,499				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	106,545	5,816				
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	229,677	4,068				
b. RN						
1. Direct Care	761,419	17,352				
2. Administrative**	449,928	15,477				
c. LPN						
1. Direct Care	1,170,269	34,949				
2. Administrative**						
d. Aides and Attendants	2,122,974	101,904				
e. Physical Therapists	583,419	15,827				
f. Speech Therapists	93,208	1,986				
g. Occupational Therapists	318,222	7,984				
h. Recreation Workers	199,057	8,832				
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	276,745	9,230				
n. Marketing						
o. Other (Specify)						
See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	7,848,454	292,303				

* 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
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

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	License No.		Report for Year Ended	Page	of			
	301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318						
Name	Salary Paid		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								
Not Applicable								
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).								
Not Applicable								

* 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) 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center		License No. 2318	Report for Year Ended 9/30/2020		Page 12	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 III - Administrators***									
Kimberly Carlson (10/1/19-9/30/20)	157,959		Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	2,179	A2			
Section IV - Assistant Administrators									

*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		
301 Rope Ferry Road, LLC d/b/a Bayview Health C	2318	9/30/2020	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	44,871	997				
2. Dentist	12,852	20				
3. Pharmacist	12,527	12				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	91,500	228				
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						
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						
B-13 Total Fees Paid in Lieu of Salaries	161,750	1,257				

* 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		License No.	Report for Year Ended		Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care		2318	9/30/2020		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Joseph Alessandro, 63 Canterbury Road, Brooklyn, CT 06234	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Andrea Gutierrez, D.O., 272 Allen Hill Rd., Brooklyn, CT 06234	Assistant Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Kathleen LaBella, 12 Wadsworth Lane, Waterford, CT 06385	Dietician	<input type="radio"/>	<input checked="" type="radio"/>			
Procure, LTC, 111 Executive Blvd., Farmingdale, NY 11735	Pharmacy Services	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners, Minority Interest		
Healthdrive Dental And Medical Group, 25 Needham St, Newtown, Ct	Dentist /Podiatry	<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"/>			
		<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
301 Rope Ferry Road, LLC d/b/a Bayview Health	2318	9/30/2020	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 451,906	451,906		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 79,735	79,735		
4. Social Security (F.I.C.A.)	\$ 558,124	558,124		
5. Health Insurance	\$ 819,490	819,490		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 38,467	38,467		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 61,089	61,089		
d. Accounting and Auditing	\$ 16,075	16,075		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 22,234	22,234		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 45,517	45,517		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 19,958	19,958		
2. Cellular Phones	\$ 1,923	1,923		
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*	\$ 14,153	14,153		
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 720,145	720,145		
Subtotal	\$ 2,848,816	2,848,816		

* 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**

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care	2318	9/30/2020		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		2,848,816	2,848,816		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 3,120	3,120			
3. Gifts to Staff and Residents	\$ 25,815	25,815			
4. Employee Travel	\$ 2,442	2,442			
5. Education Expenses Related to Seminars and Conventions	\$ 4,617	4,617			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 29,992	29,992			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$ 262	262			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 12,031	12,031			
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	\$ 4,523	4,523			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 8,166	8,166			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 1,250	1,250			
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>)	\$				
12. Administrative Management Services**	\$ 454,877	454,877			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 163,017	163,017			
C-14 Total Administrative & General Expenditures	\$ 3,558,928	3,558,928			

* 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)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotional	\$ 12,031		
Total Other Advertising	\$ 12,031	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CT Assoc of Health Care Facilities	\$ 8,166		
Total Dues	\$ 8,166	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Licenses	\$ 3,380		
Bank Charges	\$ 48,520		
Payroll Processing Fees	\$ 23,009		
Employee Physicals & Background Checks	\$ 10,424		
Energy Audit	\$ 16,720		
Data Processing	\$ 60,964		
Total Other Administrative and General	\$ 163,017	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
301 Rope Ferry Road, LLC d/b/a Bayview	2318	9/30/2020	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 #
Athena Health Care Assoc., Inc 135 South Road, Farmington, CT 06032	639,516	Contract Attached to a Prior Year	See Below
Allocation of Above	422,081	Admin/Gen 66%	Pg 16 Line 12
	102,323	Indirect 16%	Pg 18 Line 2c
	115,112	Direct 18%	Pg 20 Line 5j
Athena Health Care Assoc., Inc 135 South Road, Farmington, CT 06032	32,796	Admin/Gen- Other Expense	Pg 16, Line 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
301 Rope Ferry Road, LLC d/b/a Bayview Health Care		2318	9/30/2020		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 292,199	292,199			
2.	Non-Food Supplies	\$ 29,324	29,324			
3.	Other (Specify) _____ Dishes & Utensils	\$ 3,347	3,347			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Other (Specify) _____ Management Services Temp Staffing		\$ 103,307	103,307			
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 428,177	428,177			
2E. Dietary Questionnaire						
F.	Resident Meals: Total no. of meals served per day:*	330	330			
G.	Is cost of employee meals included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No			
H.	Did you receive revenue from employees?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.	\$1,858	
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)	18,2.a.1				
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.	\$64	
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
301 Rope Ferry Road, LLC d/b/a Bayview Health Care C		2318	9/30/2020	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. \$	22,591	22,591	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Other (Specify) Supplies		\$	7,585	7,585	
3D. Total Laundry Expenditures (3a + b + c)		\$	30,176	30,176	
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
301 Rope Ferry Road, LLC d/b/a Bayview Hea		2318	9/30/2020		20	37
Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced					
a. In-House Care	by Personnel					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt.	\$	47,482	47,482		
b. Purchased Services (<i>by contract other than through Management Services</i>)	Sq. Ft. Serviced					
(<i>Complete Schedule C-2 att. Page 21</i>)	by Personnel					
	Amt.	\$				
C. Other (<i>Specify</i>)		\$				
4D. Total Housekeeping Expenditures (4a + b + c)		\$	47,482	47,482		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		\$				
2. Purchased from Procure, LTC		\$	269,418	269,418		
b. Medicine Cabinet Drugs		\$	23,755	23,755		
c. Medical and Therapeutic Supplies		\$	319,614	319,614		
d. Ambulance/Limousine***		\$	15,908	15,908		
e. Oxygen						
1. For Emergency Use		\$				
2. Other***		\$	14,550	14,550		
f. X-rays and Related Radiological Procedures***		\$	17,689	17,689		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$				
h. Laboratory***		\$	13,470	13,470		
i. Recreation		\$	10,158	10,158		
j. Direct Management Services*		\$				
k. Indirect Management Services*		\$				
l. Other (Specify)**** See Attached Schedule		\$	194,353	194,353		
5M. Total Resident Care Expenditures (5a - 5j)		\$	878,915	878,915		

* 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)
Management Fee Direct	\$ 115,112		
Medical Equip Rentals-Medicaid	\$ 23,923		
Physical Therapy Supplies	\$ 7,938		
OT Supplies	\$ 285		
Oxygen Concentrator Rentals	\$ 17,876		
Cable TV Fees	\$ 21,116		
Medical Equip Rentals-Other	\$ 7,743		
Speech Therapy Supplies	\$ 360		
Total Other Resident Care	\$ 194,353	\$ -	\$ -

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

Name of Facility		License No.	Report for Year Ended	Page of							
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center		2318	9/30/2020	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	
ADP	100 Corporate Drive, South Windsor, CT	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing	17,815				16	m13
CWPM	415, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	22,386				22	6f
Allied Snow Removal	42 Washington St, Mystic, CT 06355	<input type="radio"/>	<input checked="" type="radio"/>		Snow Removal	18,080				22	16
Procure LTC	111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners; Primary Interest	Pharmacy	307,486				16	m13
Winterberry Group	2070 West St, Southington, CT 06489	<input type="radio"/>	<input checked="" type="radio"/>		Groundskeeping	23,813				22	16
PointClickCare	P.O. Box 674802, Detroit, MI 48267	<input type="radio"/>	<input checked="" type="radio"/>		Data Processing	26,357				16	m13
		<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
301 Rope Ferry Road, LLC d/b/a Bayview He	2318	9/30/2020		22	37
Item	Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 74,821	74,821			
b. Heat	\$ 157,047	157,047			
c. Light & Power	\$ 116,378	116,378			
d. Water	\$ 31,341	31,341			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 39,081	39,081			
f. Other (<i>itemize</i>)	\$ 81,119	81,119			
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 499,787	499,787			
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements	\$ 584	584			
b. Building & Building Improvements	\$ 29,669	29,669			
c. Non-Movable Equipment	\$ 5,693	5,693			
d. Movable Equipment	\$ 42,994	42,994			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 78,940	78,940			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)					
a. Organization Expense	\$				
b. Mortgage Expense	\$ 1,651	1,651			
c. Leasehold Improvements	\$ 34,798	34,798			
d. Other (<i>Specify</i>)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$ 36,449	36,449			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 647,977	647,977			
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$ 114,454	114,454			
c. Personal property taxes	\$ 17,482	17,482			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 895,302	895,302			

* 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 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center		License No. 2318		Report for Year Ended 9/30/2020				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
A. Land Improvements									
1. Acquired prior to this report period		47,027		47,027	44,720	S/L	5 years	584	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
A-4. Subtotal									584
B. Building and Building Improvements									
1. Acquired prior to this report period		837,227		837,227	664,087	S/L	Various	29,669	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
B-4. Subtotal									29,669
C. Non-Movable Equipment									
1. Acquired prior to this report period		338,953		338,953	307,549	S/L	Various	5,693	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									5,693
D. Movable Equipment									
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									
b. Disposals (attach schedule)									
c. Acquired during this report period (attach schedule)									
D-3. Subtotal									42,994
E. Total Depreciation									78,940

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Land Improvements		\$ -		\$ - *
Deletions:				
Total deletions for Land Improvements		\$ -		\$ - **

*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:				
Total additions for Building Improvements		\$ -		\$ - *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*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:				
Total additions for Non-Movable Equipment		\$ -		\$ - *
Deletions:				
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:				
11/19/2021	Dishwasher Motor	3,104	10	155
3/20/2021	Thermal Printer	1,057	10	53
5/20/2021	Laptops	1,533	3	256
6/20/2021	Ice and Water Dispenser	5,706	10	285
7/20/2021	Tablets	1,563	5	156
8/20/2021	Washer	16,075	15	536
Total additions for Movable Equipment		\$ 29,038		\$ 1,441 *
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:				
11/19/2021	Fire Service Exit Signage	1,515	5	152
11/19/2021	Handicap Ramps	4,000	8	250
1/20/2021	Boiler Improvements	4,186	15	139
1/20/2021	Outdoor Lamps and Wiring	1,230	10	61
2/20/2021	Boiler Replacement	19,510	20	488
7/20/2021	Garage Door	1,637	10	82
Total additions for Leasehold Improvement		\$ 32,078		\$ 1,172 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

State of Connecticut
Annual Report of Long-Term Care Facility
 CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	License No. 2318		Report for Year Ended 9/30/2020		Page 24	of 37		
	Item	Date of Acquisition Month Year	Length of Amortization	Cost to Be Amortized			Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**
A. Organization Expense								
1.								
2.								
3.								
A-4. Subtotal								
B. Mortgage Expense								
1.								
2. Deferred Finance Fees-Refinance/H	Var		5	286,028	231,697		1,651	
3.								
B-4. Subtotal								1,651
C. Leasehold Improvements and Other								
1. Acquired prior to this report period								
2. Disposals (attach schedule)		2019	Various	3,555,188	65,834	S/L	33,626	
3. Acquired during this report period (attach schedule)								
		2020	Various	32,078			1,172	
C-4. Subtotal								
D. Total Amortization								34,798
								36,449

* 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 301 Rope Ferry Road, LLC d/b/a Bay	License No. 2318	Report for Year Ended 9/30/2020	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> 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					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase	07/12/06				
4. Date of Initial Licensure	06/09/86				
5. Total Licensed Bed Capacity	127				
6. Square Footage					
7. Acquisition Cost					
a. Land	217,747				
b. Building	5,032,701				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)		HUD/KeyBank			
b. Date Mortgage Obtained		03/29/12			
c. Interest Rate for the Cost Year		3.22%/6.91%			
d. Term of Mortgage (number of years)		35			
e. Amount of Principal Borrowed		9,944,000			
f. Principal balance outstanding as of		8,459,270			
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		License No.	Report for Year Ended		Page	of
301 Rope Ferry Road, LLC d/b/a Bay		2318	9/30/2020		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. 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		License No.		Report for Year Ended		Page	of
301 Rope Ferry Road, LLC d/b/a B		2318		9/30/2020		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)				\$	25,206	25,206	
Vendor Interest							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	25,206	25,206	
14. Insurance							
a. Insurance on Property (buildings only)				\$	74,233	74,233	
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$	74,233	74,233	
15. Total All Expenditures (A-13 thru C-14)				\$	14,448,410	14,448,410	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center				2318	9/30/2020	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 318,222	318,222		
4.			Other - See attached Schedule	\$ 114,466	114,466		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 61,089	61,089		
10.	15	1d	Accounting	\$ 3,275	3,275		
10a.			Legal	\$ 22,234	22,234		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 1,563	1,563		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	13	Gifts, flowers and coffee shops	\$ 25,815	25,815		
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	m2&k	Unallowable Advertising *	\$ 12,293	12,293		
19.	15	lj&k	Income Tax / Corporate Business Tax	\$ 14,153	14,153		
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$ 257,472	257,472		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 48,520	48,520		
Page 18 - Dietary Expenditures							
24.	18	2a1	Meals to employees, guests and others who are not residents	\$ 64	64		
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 879,166	879,166		

* 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	12M	Community Coordinator & Marketing Salaries and Benefits	\$ 114,466		
Total Other Salaries Adjustment			\$ 114,466	\$ -	\$ -

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	M13	Bank Charges	\$ 48,520		
Total Other A&G Adjustments			\$ 48,520	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Cent				2318	9/30/2020	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 879,166	879,166		
Page 20 - Resident Care Supplies***							
27.	20	5a1&	Prescription Drugs	\$ 269,418	269,418		
28.	20	5d	Ambulance/Limousine	\$ 15,908	15,908		
29.	20	5f	X-rays, etc	\$ 17,689	17,689		
30.	20	5h	Laboratory	\$ 13,470	13,470		
31.	20	5c	Medical Supplies	\$ 19,194	19,194		
32.	20	500	Oxygen (non emergency)	\$ 14,550	14,550		
33.	20	5j	Occupational Therapy	\$ 285	285		
34.			Other - See Attached Schedule	\$ 22,014	22,014		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 8,195	8,195		
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	\$ 17,516	17,516		
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$ 70,220	70,220		
46.			Management Fees Indirect	\$ 62,418	62,418		
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)				\$ 1,410,043	1,410,043		

*** 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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Medical Equipment Rental -Other	\$ 7,743		
20	52b	E-Box	\$ 14,271		
Total Other Ancillary Costs			\$ 22,014	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Moveable Equipment Dep carryforward	\$ 8,195		
Total Excess Movable Equipment Depreciation			\$ 8,195	\$ -	\$ -

Schedule of Other Property Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Radio and Television Revenue	\$ 17,516		
Total Other Adjustments			\$ 17,516	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview 2318		License No.		Report for Year Ended 9/30/2020		Page 30	of 37
Item				Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue							
1.	a. Medicaid Residents (<i>CT only</i>)	\$	15,525,985	15,525,985			
	b. Medicaid Room and Board Contractual Allowance **	\$	(7,899,689)	(7,899,689)			
2.	a. Medicaid (<i>All other states</i>)	\$					
	b. Other States Room and Board Contractual Allowance **	\$					
3.	a. Medicare Residents (<i>all inclusive</i>)	\$	2,239,865	2,239,865			
	b. Medicare Room and Board Contractual Allowance **	\$	482,243	482,243			
4.	a. Private-Pay Residents and Other	\$	3,194,125	3,194,125			
	b. Private-Pay Room and Board Contractual Allowance **	\$	(217,864)	(217,864)			
II. Other Resident Revenue							
1.	a. Prescription Drugs - Medicare	\$	205,846	205,846			
	b. Prescription Drugs - Medicare Contractual Allowance **	\$	(205,846)	(205,846)			
	c. Prescription Drugs - Non-Medicare	\$	152,294	152,294			
	d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$	(152,194)	(152,194)			
2.	a. Medical Supplies - Medicare	\$	7,568	7,568			
	b. Medical Supplies - Medicare Contractual Allowance **	\$	(906)	(906)			
	c. Medical Supplies - Non-Medicare	\$					
	d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3.	a. Physical Therapy - Medicare	\$	600,955	600,955			
	b. Physical Therapy - Medicare Contractual Allowance **	\$	(331,850)	(331,850)			
	c. Physical Therapy - Non-Medicare	\$	252,390	252,390			
	d. Physical Therapy - Non-Medicare Contractual Allowance **	\$	(252,390)	(252,390)			
4.	a. Speech Therapy - Medicare	\$	157,930	157,930			
	b. Speech Therapy - Medicare Contractual Allowance **	\$	(67,595)	(67,595)			
	c. Speech Therapy - Non-Medicare	\$	72,140	72,140			
	d. Speech Therapy - Non-Medicare Contractual Allowance **	\$	(72,140)	(72,140)			
5.	a. Occupational Therapy - Medicare	\$	630,310	630,310			
	b. Occupational Therapy - Medicare Contractual Allowance **	\$	(343,500)	(343,500)			
	c. Occupational Therapy - Non-Medicare	\$	242,250	242,250			
	d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$	(242,250)	(242,250)			
6.	a. Other (<i>Specify</i>) - Medicare	\$					
	b. Other (<i>Specify</i>) - Non-Medicare	\$	173,142	173,142			
III. Total Resident Revenue (Section I. thru Section II.)		\$	14,150,819	14,150,819			
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>)	\$	483	483			
6.	Private Duty Nurses' Fees	\$					
7.	Barber, Coffee, Beauty and Gift shops	\$					
8.	Other (<i>Specify</i>)	\$	10,848	10,848			
V. Total Other Revenue (1 thru 8)		\$	11,331	11,331			
VI. Total All Revenue (III +V)		\$	14,162,150	14,162,150			

* 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)
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
pg 31, a3	Misc Revenue from CRF Funds	\$ 172,641		
	OXYGEN-PRIVATE SNF	\$ 501		
Total Other Resident Revenue		\$ 173,142	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
pg 31, LA2	Interest on A/R	N/A	\$ 483		
Total Interest Income			\$ 483	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
NA	Bad Debt Recoveries	\$ 6,930		
NA	Nursing Supplies Rebate	\$ 3,918		
Total Other Revenue		\$ 10,848	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayvi	2318	9/30/2020	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	552,635
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,012,376
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(849,762)
4. Inventories			\$	21,138
5. Prepaid Expenses			\$	134,234
a. Prepaid Insurance	121,837			
b. Prepaid Expense/Lease, Medical Director and Ac	4,953			
c. Prepaid Interest	7,444			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	(529,140)
8. Other Current Assets (<i>itemize</i>)			\$	33,500
Medicaid Cost settlement	10,550			
Due From Related Party	22,950			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	374,981
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	47,027	\$	1,723
	Accum. Depreciation	45,304		Net
3. Buildings	*Historical Cost	837,227	\$	143,472
	Accum. Depreciation	693,755		Net
4. Leasehold Improvements	*Historical Cost	398,563	\$	297,932
	Accum. Depreciation	100,631		Net
5. Non-Movable Equipment	*Historical Cost	338,953	\$	25,711
	Accum. Depreciation	313,242		Net
6. Movable Equipment	*Historical Cost	2,085,843	\$	179,872
	Accum. Depreciation	1,905,971		Net
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation			Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	(1,533)
Excluded Movable Equipment Carryforward	14,416			
See Schedule	(15,949)			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	647,177

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

(Carry Total forward to next page)

**Bayview
Prepaid Expenses
Act #1580**

DESCRIPTION	BALANCE
Software	140.28
Software	353.50
Software	1,329.42
Software	3,025.14
Software	104.15
	-
	4,952.49

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
		Total Prepaid Expenses	\$ -

Schedule of Other Current Assets (Itemize) 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	
		Fixed Asset Difference to Books	\$ (15,949)
		Total Other Fixed Assets (Itemize)	\$ (15,949)

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		Deposits-Security Deposits Leased Equip	\$ 6,930
		Project Development	\$ 40,065
		Defferred Finance Fees net of amort	\$ 84,144
		Total Other Assets	\$ 131,139

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
		Notes Payable, Related Party	\$ (856,880)
		Line of Credit	\$ (3,481,001)
		Total Notes Payable	\$ (4,337,881)

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

Page Ref	Line Ref	Description	
		Acc'd Expenses Sales Tax	\$ 912
		Acc'd Health Insurance	\$ (2,035)
		Acc'd Operating Expenses	\$ 74,160
		Provider Taxes Due	520245
		Acc'd Expense Property Taxes	-253
		Total Other Current Liabilities (Itemize)	\$ 593,029

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

Page Ref	Line Ref	Description	
		Due to Related Landlord	\$ (1,175,078)
		Due to Affiliates	\$ 3,326
		Notes Pay-Mckesson	\$ (61,848)
		Total Other Long-Term Liabilities (Itemize)	\$ (1,233,600)

Bayview
ACCRUED OPERATING EXP - 2170
September 30, 2020

DESCRIPTION	BALANCE
SJE	\$14,926.80
Health Insurance	\$13,686.80
Lease	(\$1,732.51)
X-Ray	\$1,276.75
LAB	\$1,301.45
Ambulance	(\$739.28)
Lease Credit	(\$2,404.00)
Wellness	(\$5,164.62)
401K	(\$5,470.38)
Record Storage	\$631.56
Deposits	\$7,727.00
Promotion	\$510.47
Electricity	\$1,736.49
Supplies	\$3,442.00
Cable	(\$1,785.97)
Supplies Void	(\$586.88)
Insurance Credit	(\$1,149.35)
Engagement Letter	\$10,100.00
Management Fee	\$37,854.11
	\$74,160.44

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayvi	2318	9/30/2020	32	37
Account			Amount	
Total Brought Forward:			\$	1,022,158
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	390,340
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	7,019,660		
	Accum. Depreciation	2,456,881	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)			\$	4,953,119
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	3,360,483
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	(3,802,307)
Name and Address		Amount	Loan Date	
Related Party		(3,802,307)	3/29/12	
7. Other Assets (<i>itemize</i>)			\$	131,139

See Schedule			131,139	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	(310,685)
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	5,664,592

* 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		License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview He		2318	9/30/2020	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	964,047
2. Notes Payable (<i>itemize</i>)				\$	(4,337,881)

See Schedule				(4,337,881)	
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>)				\$	278,814
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	257,223
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>)				\$	593,029

See Schedule				593,029	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	(2,244,768)

* 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 301 Rope Ferry Road, LLC d/b/a Bayview	License No. 2318	Report for Year Ended 9/30/2020	Page 34	of 37
Account			Amount	
Total Brought Forward:			(2,244,768)	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$ 573,952
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>)				\$ (1,233,600)
See Schedule				(1,233,600)
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ (659,648)
C. Total All Liabilities (Lines A-13 + B-5)				\$ (2,904,416)

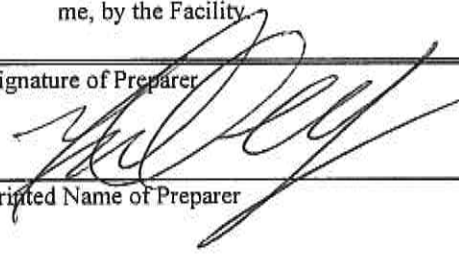
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bay	2318	9/30/2020	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	390,340
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	4,562,779
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			\$	4,953,119
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	(1,571,468)
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	5,473,617
6. Gain or Loss for Period				
	10/1/2019	thru	9/30/2020	
			\$	(286,260)
7. Total Net Worth			\$	3,615,889
C. Total Reserves and Net Worth			\$	8,569,008
D. Total Liabilities, Reserves, and Net Worth			\$	5,664,592

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayvie	2318	9/30/2020	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2019			\$	4,098,032
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	14,162,150
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	14,448,410
D. Net Income or Deficit			\$	(286,260)
E. Balance			\$	3,811,772
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Health Insurance Expense				(155,630)
2019 State Income Taxes				(39,900)
Lease Expense				(353)
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	(195,883)
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>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	3,615,889
				09/30/20

I. Preparer's/Reviewer's Certification

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview	License No. 2318	Report for Year Ended 9/30/2020	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				
<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 CFO	Date Signed 2-15-21		
Printed Name of Preparer Athena Health Care Associates, Inc				
Address Address 135 South Road, Farmington CT 06032		Phone Number 860-751-3900		
Contacted Person Regarding Additional Information Needed Regarding This Report Paulina Myslinski		Phone Number 860-751-3900		
Contact Email Address Pmyslinski@Athenahealthcare.com				