

# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2020

Name of Facility (as licensed) Bride Brook Health an Rehabilitation Center	
Address (No. & Street, City, State, Zip Code) 23 Liberty Way, Niantic, CR 06357	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2019	Report for Year Ending 9/30/2020

License Numbers:	CCNH 2082-C	RHNS	(Specify)	Medicare Provider 07-5375
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Medicaid Provider Numbers:	CCNH 2082-C	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) Bride Brook Health an Rehabilitation Center	License No. 2082-C	Report for Year Ended 9/30/2020	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 Bride Brook Health an Rehabilitation 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
Printed Name (Administrator) Lisa Mailloux			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires  / /	
Address of Notary Public					

(Notary Seal)

# Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Bride Brook Health an Rehabilitation Center	Period Covered:	From 10/1/2019	To 9/30/2020	
Address of Facility 23 Liberty Way, Niantic, CR 06357				
Report Prepared By Margaret Philen	Phone Number 832-467-6225	Date		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

## General Information and Questionnaire

### Type of Facility - Organization Structure

	Phone No. of Facility 860-739-4007	Report for Year Ended 9/30/2020	Page 2	of 37
Name of Facility (as shown on license) Bride Brook Health an Rehabilitation Center		Address (No. & Street, City, State, Zip ) 23 Liberty Way, Niantic, CR 06357		
License Numbers:	CCNH 2082-C	RHNS	(Specify)	Medicare Provider No. 07-5375
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.				
<b>Administrator</b>				
Name of Administrator Lisa Mailloux		Nursing Home Administrator's License No.:		
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		









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

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

Name of Facility Bride Brook Health an Rehabilitation Center	License No. 2082-C	Report for Year Ended 9/30/2020	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?     Yes     No    If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
SSC Administrative Svc, LLC	8601 Dunwoody Place, Ste. 775, Sandy Springs, GA 30350	<input type="radio"/>	<input checked="" type="radio"/>		Back Office Services	Page 16/C.1.m.12	318,463	318,463
SSC Consulting Svc, LLC	8601 Dunwoody Place, Ste. 775, Sandy Springs, GA 30350	<input type="radio"/>	<input checked="" type="radio"/>		Consulting Services	Page 16/C.1.m.12	629,974	629,974
		<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 Bride Brook Health an Rehabilitation Center	License No. 2082-C	Report for Year Ended 9/30/2020	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.

### 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
Bride Brook Health an Rehabilitation Center			2082-C	9/30/2020			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						
Pitney Bowes	<input type="radio"/>	<input checked="" type="radio"/>	Postage meter	01/30/06	Month to Month	1,353	1,353	
Artech Water Systems	<input type="radio"/>	<input checked="" type="radio"/>	Water Softner			190	190	
Canon Financial Services	<input type="radio"/>	<input checked="" type="radio"/>	Copier	12/15/16	48 months	9,684	9,684	
Ready Refresh by Nestle	<input type="radio"/>	<input checked="" type="radio"/>	Water Cooler			197	197	
	<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"/>						
<b>Is a Mileage Log Book Maintained for All Leased Vehicles ?</b>							<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>Total ***</b>							11,424	

\* 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 Bride Brook Health an Rehabilitati	License No. 2082-C	Report for Year Ended 9/30/2020	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:  
 Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm 1 2 3 4	Address (No. & Street, City, State, Zip Code)
---	---

Services Provided by This Firm (*describe fully*)

1	\$
2	\$
3	\$
4	\$
	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

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 Dechert LLP 2 Gordon & Rees 3 Ogletree Deakins Nash Smoak & Stewart 4 Polsinelli 5 Protittle USA	Telephone Number 510-463-8600 864-241-1900 816-753-1000
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Address (*No. & Street, City, State, Zip Code*)

1 1095 Avenue of the Americas, New York, NY 10036-6797
2 1111 Broadway, Ste 1700, Oakland, CA 94607
3 50 International Drive, Ste 200, Greenville, SC 29615
4 900 West 48th Place, Ste 900, Kansas City, MO 64112
5 P.O. Box 52328, Philadelphia, PA 19115

Services Provided by This Firm (*describe fully*)

1 Legal Svc related to COVID request with Landlord	\$	7,665
2 Mediation and Settlement	\$	184,740
3 Legal Services	\$	7,200
4 Consultation for Paycheck Protection Program	\$	565
5 Title Search	\$	96
	Charge for Services Provided	
	\$	200,266

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

### Schedule of Resident Statistics

Name of Facility Bride Brook Health an Rehabilitation Center			License No. 2082-C			Report for Year Ended 9/30/2020				Page 8	of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	130	130			130	130						
B. On last day of THIS report period	130	130							130	130		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	118	118			118	118						
B. As of midnight of THIS report period	100	100							100	100		
3. Total Number of Days Care Provided During Period												
A. Medicare	13,128	13,128			9,956	9,956			3,172	3,172		
B. Medicaid (Conn.)	20,127	20,127			16,104	16,104			4,023	4,023		
C. Medicaid (other states)												
D. Private Pay	3,715	3,715			2,517	2,517			1,198	1,198		
E. State SSI for RCH												
F. Other (Specify) VA/Hospice	3,301	3,301			2,731	2,731			570	570		
G. Total Care Days During Period (3A thru F)	40,271	40,271			31,308	31,308			8,963	8,963		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. <b>Total Resident Days (3G + 4A + 4B)</b>	40,271	40,271			31,308	31,308			8,963	8,963		

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

Name of Facility Bride Brook Health an Rehabilitation Center			License No. 2082-C			Report for Year Ended 9/30/2020			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span> 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)	(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	RHNS	CCNH	RHNS	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents													
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.													
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									18,899	18,899			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									28,945	28,945			
2. Restorative Treatments													
C. Other													
D. <b>Total Physical Therapy Treatments</b>									47,844	47,844			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									3,639	3,639			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									7,202	7,202			
2. Restorative Treatments													
C. Other													
D. <b>Total Speech Therapy Treatments</b>									10,841	10,841			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									34,173	34,173			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									31,399	31,399			
2. Restorative Treatments													
C. Other													
D. <b>Total Occupational Therapy Treatments</b>									65,572	65,572			

### Report of Expenditures - Salaries & Wages

Name of Facility Bride Brook Health an Rehabilitation Center	License No. 2082-C	Report for Year Ended 9/30/2020	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	179,121	2,048				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	357,436	15,329				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	354,309	23,291				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	63,969	2,096				
b. Other Maintenance Workers	43,350	2,119				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	224,231	4,200				
b. RN						
1. Direct Care	1,689,587	41,554				
2. Administrative**	248,063	5,838				
c. LPN						
1. Direct Care	740,062	23,105				
2. Administrative**	85,559	2,162				
d. Aides and Attendants	1,498,440	79,123				
e. Physical Therapists	625,982	15,587				
f. Speech Therapists	184,057	4,007				
g. Occupational Therapists	514,258	14,481				
h. Recreation Workers	141,810	7,084				
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	134,182	4,192				
n. Marketing						
o. Other (Specify) See Attached Schedule	72,142	2,413				
<i>A-13. Total Salary Expenditures</i>	<i>7,156,557</i>	<i>248,629</i>				

\* 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
Wheelchair Transport Driver	\$ 7,976	398				
Medical Records Supervisor	\$ 64,166	2,015				
<b>Total</b>	\$ 72,142	2,413	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

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



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

Name of Facility				License No.	Report for Year Ended				Page	of
Bride Brook Health an Rehabilitation Center				2082-C	9/30/2020				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

\* 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	
Bride Brook Health an Rehabilitation Center				2082-C	9/30/2020			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Lisa Mailloux	179,121			Standard package	Administrative Responsibilities for day to day operations	2,048	A.2			
<b>Section IV - Assistant Administrators</b>										

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Bride Brook Health an Rehabilitation Center	2082-C	9/30/2020	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist	5,200	Fee for Svc				
3. Pharmacist	14,671	Fee for Svc				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	(3,595)					
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	120,000	514				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	26,447	89/Fee Svc				
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	3,538	Fee for Svc				
2. Administrative***	791	Fee for Svc				
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>167,052</b>	<b>514</b>				

\* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.  
 \*\* This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.  
 \*\*\* Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.



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

Name of Facility	License No.	Report for Year Ended	Page	of
Bride Brook Health an Rehabilitation Center	2082-C	9/30/2020	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 280,217	280,217		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 54,178	54,178		
4. Social Security (F.I.C.A.)	\$ 519,687	519,687		
5. Health Insurance	\$ 262,539	262,539		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 2,707	2,707		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$ 6,022	6,022		
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 6,568	6,568		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 156,741	156,741		
d. Accounting and Auditing	\$			
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 200,266	200,266		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 29,012	29,012		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 29,634	29,634		
2. Cellular Phones	\$ 1,351	1,351		
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$			
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$ 550	550		
k. Other Taxes ( <i>Not related to property - See Page 22</i> )				
1. Income*	\$			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$ 62,183	62,183		
3. Resident Day User Fee	\$ 569,138	569,138		
<b>Subtotal</b>	<b>\$ 2,180,792</b>	<b>2,180,792</b>		

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

(Carry Subtotals forward to next page)



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

Name of Facility	License No.	Report for Year Ended		Page	of
Bride Brook Health an Rehabilitation Center	2082-C	9/30/2020		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>		2,180,792	2,180,792		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$	45,413	45,413		
4. Employee Travel	\$	2,866	2,866		
5. Education Expenses Related to Seminars and Conventions	\$	13,337	13,337		
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> )	\$	10,950	10,950		
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$	17,664	17,664		
4. Fund-Raising***	\$				
5. Medical Records	\$	625	625		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$	1,066	1,066		
7. Postage	\$	20,265	20,265		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$	14,470	14,470		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	1,059	1,059		
9. Subscriptions	\$	1,276	1,276		
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> )	\$	72,173	72,173		
12. Administrative Management Services**	\$	891,506	891,506		
13. Other ( <i>Specify</i> ) See Attached Schedule	\$	1,736,921	1,736,921		
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$	5,010,383	5,010,383		

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Marketing Supplies	\$ 7,089		
Contract Svcs - Periodic Maintenance - Marketing	\$ 2,244		
Advertising	\$ 8,332		
<b>Total Other Advertising</b>	\$ 17,664	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Dues Administrative	\$ 14,470		
<b>Total Dues</b>	\$ 14,470	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
<b>Total Contributions</b>	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Director and Trustee Fees	\$ 525		
Staff Meetings	\$ 8		
Employee Background Screening	\$ 8,878		
Licenses	\$ 4,266		
Bank Charges	\$ 26,544		
Surety Bonds	\$ 1,502		
Memoriam/Benevolence	\$ 956		
Lost Resident Property	\$ 1,114		
	\$ 1,693,129		
<b>Total Other Administrative and General</b>	\$ 1,736,921	\$ -	\$ -



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

Name of Facility Bride Brook Health an Rehabilitation Cen	License No. 2082-C	Report for Year Ended 9/30/2020	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #

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

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

Name of Facility Bride Brook Health an Rehabilitation Center		License No. 2082-C	Report for Year Ended 9/30/2020	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food \$	8,057	8,057		
2.	Non-Food Supplies \$	6,396	6,396		
3.	Other (Specify) _____ Lease Expense \$	1,192	1,192		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) \$		437,438	437,438		
c. Other (Specify) _____ \$					
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b> \$		<b>453,083</b>	<b>453,083</b>		
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
F.	Resident Meals: Total no. of meals served per day:*				
G.	Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				
H.	Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
K.	Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
N.	Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
O.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Bride Brook Health an Rehabilitation Center		2082-C	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. \$	809	809		
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. \$	20,503	20,503		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	240,458	240,458		
c. Other (Specify )		\$				
<b>3D. Total Laundry Expenditures (3a + b + c)</b>		\$	<b>261,770</b>	<b>261,770</b>		
3E. Laundry Questionnaire						
F.	Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Bride Brook Health an Rehabilitation Center		2082-C	9/30/2020		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	29,676	29,676		
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. \$	268,543	268,543		
	C. Other ( <i>Specify</i> )	\$				
<b>4D.</b>	<b>Total Housekeeping Expenditures (4a + b + c)</b>	\$	298,219	298,219		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Omnicare	\$	345,459	345,459		
b.	Medicine Cabinet Drugs	\$	22,193	22,193		
c.	Medical and Therapeutic Supplies	\$	132,166	132,166		
d.	Ambulance/Limousine***	\$	10,408	10,408		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	16,564	16,564		
f.	X-rays and Related Radiological Procedures***	\$	17,713	17,713		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$	10,583	10,583		
i.	Recreation	\$	5,618	5,618		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	347,503	347,503		
<b>5M.</b>	<b>Total Resident Care Expenditures (5a - 5j)</b>	\$	908,207	908,207		

\* 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.



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

Name of Facility Bride Brook Health an Rehabilitation Center			License No. 2082-C		Report for Year Ended 9/30/2020			Page of 21   37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
		<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"/>							

\* 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
Bride Brook Health an Rehabilitation Cente	2082-C	9/30/2020			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 172,887	172,887				
b. Heat	\$ 70,164	70,164				
c. Light & Power	\$ 150,084	150,084				
d. Water	\$ 60,421	60,421				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 11,424	11,424				
f. Other ( <i>itemize</i> )	\$ 111,639	111,639				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 576,619</b>	<b>576,619</b>				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 1,029,432	1,029,432				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 16,278	16,278				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 1,045,709</b>	<b>1,045,709</b>				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$</b>					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 184,796	184,796				
c. Personal property taxes	\$ 10,636	10,636				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 1,241,141</b>	<b>1,241,141</b>				

\* 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

Description	CCNH	RHNS	(Specify)
Supplies - Physical Plant	\$ 3,469		
Infectious Waste Disposal	\$ 2,801		
Garbage Service	\$ 23,842		
Contract Svc - Periodic Maintenance	\$ 38,642		
Lease Exp	\$ 771		
Offsite Storage Lease	\$ 14,042		
Minor Equipment Purchase	\$ 7,989		
TV Cable/Dish	\$ 15,373		
Network WAN	\$ 4,710		
<b>Total Other Repairs and Maintenance</b>	\$ 111,639	\$ -	\$ -



### Depreciation Schedule

Name of Facility Bride Brook Health an Rehabilitation Center			License No. 2082-C			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		
<b>A. Land Improvements</b>												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
<b>B. Building and Building Improvements</b>												
1. Acquired prior to this report period			1,873,321		1,873,321	626,433			1,024,997			
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)			67,776						4,434			
B-4. Subtotal										1,029,432		
<b>C. Non-Movable Equipment</b>												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal												
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
<b>D. Movable Equipment</b>												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period												
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)												
D-3. Subtotal												
<b>E. Total Depreciation</b>												

Schedule of Land Improvements Acquired during this report period

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
	see separate file with addition list	\$ 67,776		\$ 4,434
<b>Total additions for Building Improvement</b>		\$ 67,776		\$ 4,434 *
<b>Deletions:</b>				
<b>Total deletions for Building Improvement</b>		\$ -		\$ - **

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
See separate file with additions list		\$ 22,607		\$ 1,493
<b>Total additions for Movable Equipmen</b>		\$ 22,607		\$ 1,493 *
<b>Deletions:</b>				
		\$ (12,582)		
<b>Total deletions for Movable Equipmen</b>		\$ (12,582)		\$ - **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

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

CSP-24 Rev. 10/2006

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Bride Brook Health an Rehabilitation Center			2082-C		9/30/2020			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									

\* Straight-line method must be used.

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

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

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

Name of Facility Bride Brook Health an Rehabilitation	License No. 2082-C	Report for Year Ended 9/30/2020	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				
2. Date Structure Completed				
3. If <b>NOT</b> Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	130			
6. Square Footage				
7. Acquisition Cost				
a. Land				
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)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of _____				
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

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

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Bride Brook Health an Rehabilitation		2082-C	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. <b>Total Building Interest Expense</b> (A1 - A4 + B5)			\$			

*(Carry Subtotals forward to next page )*

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

Name of Facility		License No.		Report for Year Ended		Page	of
Bride Brook Health an Rehabilitat		2082-C		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)				\$			
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>				\$			
14. Insurance							
a. Insurance on Property (buildings only)				\$ 44,656	44,656		
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify) General & Professional Liability/Crime & Kidnap				\$ 36,570	36,570		
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$ 81,226	81,226		
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$ 16,154,256	16,154,256		

### D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Bride Brook Health an Rehabilitation Center			2082-C	9/30/2020	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$ 514,258	514,258		
4.			Other - See attached Schedule	\$ (20,244)	(20,244)		
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$ 26,447	26,447		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 156,741	156,741		
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	\$ 4,172	4,172		
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.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$ 17,664	17,664		
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$ 891,506	891,506		
22.			Barber and Beauty	\$ 1,066	1,066		
23.			Other - See attached Schedule	\$ (1,146,845)	(1,146,845)		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$ (889)	(889)		
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 443,876	443,876		

\* 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	A.12.d.	Record Bonus C.N.A.	\$ (11,097)		
10	A.12.e	Record Bonus Physical Therapist	\$ (1,707)		
10	A.12.f	Record Bonus Speech Therapist	\$ (244)		
10	A.12.g	Record Bonus Occupational Therapist	\$ (244)		
10	A.12.h	Record Bonus Activities	\$ (976)		
10	A.12.m	Record Bonus Social Services	\$ (488)		
10	A.5.c	Record Bonus Dietary Non Supervisor	\$ (1,585)		
10	A.12.a	Record Bonus - DON-RN	\$ (1,463)		
10	A.12.o	Record Bonus Medical Records	\$ (244)		
10	A.4	Record Bonus Administrative	\$ (1,707)		
10	A.7.a	Record Bonus Physical Plant	\$ (488)		
<b>Total Other Salaries Adjustment</b>			\$ (20,244)	\$ -	\$ -

## Schedule of Fees Adjustments

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

## Schedule of Other A&amp;G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	C.1.m.12	Adjust to Home Office CR Admin	\$ (318,463)		
16	C.1.m.12	Adjust to Home Office CR Consulting	\$ (629,974)		
15	C.1.a.5	Remove Self Insured Health Ins. General Ledger Expense	\$ 346,591		
15	C.1.a.5	Include Self Insured Health Ins. Paid Claims	\$ (564,142)		
15	C.1.j	Franchise Taxes in Excess of \$250	\$ 300		
16	C.1.m.8a	Civic Dues	\$ 1,059		
16	C.1.m.13	Cash Over/Short	\$ (1)		
16	C.1.m.13	Memoorium/Benevolence	\$ 956		
16	C.1.m.13	Lost Resident Property	\$ 1,114		
16	C.1.m.13	Director and Trustee Fees	\$ 525		
16	C.1.m.13	Interest Income	\$ 279		
16	C.1.m.13	Interest Expense	\$ 14,912		
<b>Total Other A&amp;G Adjustments</b>			\$ (1,146,845)	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Bride Brook Health an Rehabilitation Center			2082-C	9/30/2020	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 443,876	443,876		
<b>Page 20 - Resident Care Supplies***</b>							
27.			Prescription Drugs	\$ 345,459	345,459		
28.			Ambulance/Limousine	\$ 10,408	10,408		
29.			X-rays, etc	\$ 17,713	17,713		
30.			Laboratory	\$ 10,583	10,583		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$ 16,564	16,564		
33.			Occupational Therapy	\$ 216	216		
34.			Other - See Attached Schedule	\$ 114,945	114,945		
<b>Page 22 - Maintenance and Property</b>							
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	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$ 23,319	23,319		
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 983,082	983,082		

\*\*\* 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	C.5.c	Ancillary CGS - P.E.N. Therapy	\$ 2,522		
20	C.5.c	Respiratory Therapy	\$ 2,984		
20	C.5.c	Ancillary CGS - I.V. Therapy	\$ 32,915		
20	C.5.c	Ancillary CGS - Equipment Rental	\$ 49,078		
20	C.5.c	Oxygen Concentrators	\$ 1,130		
20	C.5.c	Adjust Medical Supplies to Proper Cost-to-Charge Ratio	\$ 26,316		
<b>Total Other Ancillary Costs</b>			\$ 114,945	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Excess Movable Equipment Depreciation</b>			\$ -	\$ -	\$ -

**Schedule of Other Property Adjustments**

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

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

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

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended			Page	of
Bride Brook Health an Rehabilitation Cent 2082-C		9/30/2020			30	37
Item	Total	CCNH	RHNS	(Specify)		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 16,070,396	16,070,396				
b. Medicaid Room and Board Contractual Allowance **	\$ (11,154,999)	(11,154,999)				
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents( <i>all inclusive</i> )	\$ 12,954,092	12,954,092				
b. Medicare Room and Board Contractual Allowance **	\$ (8,472,813)	(8,472,813)				
4. a. Private-Pay Residents and Other	\$ 6,723,713	6,723,713				
b. Private-Pay Room and Board Contractual Allowance **	\$ (3,067,096)	(3,067,096)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 337,688	337,688				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (334,058)	(334,058)				
c. Prescription Drugs - Non-Medicare	\$ 48,404	48,404				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (32,785)	(32,785)				
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 2,306,870	2,306,870				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (1,010,438)	(1,010,438)				
c. Physical Therapy - Non-Medicare	\$ 164,978	164,978				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (103,748)	(103,748)				
4. a. Speech Therapy - Medicare	\$ 959,876	959,876				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (341,857)	(341,857)				
c. Speech Therapy - Non-Medicare	\$ 51,926	51,926				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (27,704)	(27,704)				
5. a. Occupational Therapy - Medicare	\$ 2,527,535	2,527,535				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (1,126,754)	(1,126,754)				
c. Occupational Therapy - Non-Medicare	\$ 226,293	226,293				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (130,410)	(130,410)				
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 1,288,946	1,288,946				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ (27,946)	(27,946)				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 17,830,110	17,830,110				
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$ (889)	(889)				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income ( <i>Specify</i> )	\$ 279	279				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$					
<b>V. Total Other Revenue</b> (1 thru 8)	\$ (610)	(610)				
<b>VI. Total All Revenue</b> (III +V)	\$ 17,829,500	17,829,500				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30 II.6.a	Medicare Oxygen	\$ 2,109		
	Medicare IV Therapy	\$ 33,082		
	Medicare Laboratory	\$ 996		
	Medicare X-Ray	\$ 8,652		
	Medicare Acute Care Svcs	\$ 133		
	Medicare Ancillary General	\$ 1,290,058		
	Medicare Contra Adjustment	\$ (46,082)		
<b>Total Other Resident Revenue - Medicare</b>		<b>\$ 1,288,946</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30 II.6.b	Medicaid Oxygen Concentrator	\$ 2,933		
	Medicaid Acute Care Services	\$ 373		
	HMO/MGD and VA Oxygen Concentrator	\$ 86		
	Medicaid IV Therapy	\$ 232		
	HMO/MGD and VA IV Therapy	\$ 2,260		
	Medicaid Laboratory	\$ 73		
	VA Laboratory and X-Ray	\$ 118		
	Other Resident Revenue Contra Adjustment	\$ (34,021)		
<b>Total Other Resident Revenue</b>		<b>\$ (27,946)</b>	<b>\$ -</b>	<b>\$ -</b>

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV.5	Interest - Administrative		\$ 279		
<b>Total Interest Income</b>			<b>\$ 279</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Other Revenue

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

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Bride Brook Health an Rehabilitation Ce	2082-C	9/30/2020	31	37
Account			Amount	
<b>Assets</b>				
<b>A. Current Assets</b>				
1. Cash ( <i>on hand and in banks</i> )			\$	31,292
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,377,200
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	4,914
a. Ppd Insurance	1,208			
b. Ppd Licenses	59			
c. Ppd	1,431			
d. See Schedule	2,215			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
_____				
_____				
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	1,413,405
<b>B. Fixed Assets</b>				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost 1,941,097		\$	285,232
	Accum. Depreciation 1,655,865	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost 632,736		\$	79,095
	Accum. Depreciation 553,641	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	15,393,381
Capital Lease	15,393,381			
See Schedule				
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	15,757,708

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

(Carry Total forward to next page )





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

Name of Facility	License No.	Report for Year Ended	Page	of
Bride Brook Health an Rehabilitation Ce	2082-C	9/30/2020	32	37
Account			Amount	
Total Brought Forward:			\$	17,171,113
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____ Net	
			Accum. Depreciation _____	\$
3. Buildings			*Historical Cost _____ Net	
			Accum. Depreciation _____	\$
4. Non-Movable Equipment			*Historical Cost _____ Net	
			Accum. Depreciation _____	\$
5. Movable Equipment			*Historical Cost _____ Net	
			Accum. Depreciation _____	\$
6. Motor Vehicles			*Historical Cost _____ Net	
			Accum. Depreciation _____	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 <b>Total Leasehold or Like Properties</b> (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____ Net	
			Accum. Depreciation _____	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address		Amount	Loan Date	
_____		_____	_____	
_____		_____	_____	
7. Other Assets ( <i>itemize</i> )			\$	8,723
Refundable Deposits			8,723	
See Schedule				
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$ 8,723	
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$ 17,179,837	

\* 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 Bride Brook Health an Rehabilitation Center	License No. 2082-C	Report for Year Ended 9/30/2020	Page 34	of 37
Account			Amount	
Total Brought Forward:			4,770,416	
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$ (17,551,909)
Name and Address of Lender	Amount	Loan Date		
Interco. Revolver	(17,551,909)			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$ 19,755,227
L/T Benefits Reserve PLGL Post Petition Claims		593,057		
L/T Benefits Reserve Workers Comp Post Petition		(10,980)		
Capital Lease Obligation		19,570,153		
See Schedule		(397,002)		
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 2,203,318
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 6,973,734

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bride Brook Health an Rehabilitation C	2082-C	9/30/2020	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	8,530,858
6. Gain or Loss for Period			\$	1,675,245
	10/1/2019	thru 9/30/2020		
7. Total Net Worth			\$	10,206,103
<b>C. Total Reserves and Net Worth</b>			\$	10,206,103
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	17,179,837

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

CSP-36 Rev. 6/95

**H. Changes in Total Net Worth**

Name of Facility	License No.	Report for Year Ended	Page	of	
Bride Brook Health an Rehabilitation Ce	2082-C	9/30/2020	36	37	
Account			Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2019			\$		
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$		
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$		
D. Net Income or Deficit			\$		
E. Balance			\$		
F. Additions					
1. Additional Capital Contributed ( <i>itemize</i> )					
2. Other ( <i>itemize</i> )					
F-3. Total Additions			\$		
G. Deductions					
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )			\$		
Name and Address ( <i>No., City, State, Zip</i> )		Title	Amount		
2. Other Withdrawings ( <i>Specify</i> )			\$		
Purpose		Amount			
3. Total Deductions			\$		
H. <b>Balance at End of Period</b>		09/30/20	\$		

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

Name of Facility Bride Brook Health an Rehabilitation	License No. 2082-C	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)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Margaret Philen				
Address Address			Phone Number	
5300 W. Sam Houston Pkwy N			832-467-6225	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Margaret Philen			832-467-6225	
Contact Email Address				
MLPhilen@SavaSC.com				