State of Connecticut

Annual Report of Long-Term Care Facility

Cost Year 2020

Name of Facility (as licensed) Chelsea Place Care Center, LLC		
Address (No. & Street, City, State, Zip Code) 25 Lorraine Street, Hartford, CT 06105		
Type of Facility ☑ Chronic and Convalescent Nursing Home only (CCNH) ☐ Rest Home with Nursing Supervision only (RHNS) ☐ (Specify)		
Report for Year Beginning 10/1/2019	Report for Year Ending 9/30/2020	

License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider
	2220-C			07-5299

Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
	9761		

For Department Use Only

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-1 Rev.9/2002

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	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 IMPRISIONMENT 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 Chelsea Place Care Center, LLC [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) Judy Konow			Printed Name (Owner) Chris Wright	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public				

(Notary Seal)

Table of Contents

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-1A Rev. 6/95

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 Chelsea Place Care Center, LLC	Period Covered:		From 10/1/2019	To 9/30/2020
Address of Facility 25 Lorraine Street, Hartford, CT 06105				
Report Prepared By iCare Management, LLC	Phone Number 860-570-2140		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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-2 Rev. 10/2005

General Information and Questionnaire

Type of Facility - Organization Structure

Phone No. of Facility	Report for Year Ended	Page	of
860-233-8241	9/30/2020	2	37

Name of Facility (as shown on license)	Address (*No. & Street, City, State, Zip*)
Chelsea Place Care Center, LLC	25 Lorraine Street, Hartford, CT 06105

	CCNH	RHNS	(Specify)	Medicare Provider No.
License Numbers:	2220-C			07-5299

Type of Facility (Check appropriate box(es))

☑ Chronic and Convalescent Nursing Home only (CCNH) ☐ Rest Home with Nursing Supervision only (RHNS) ☐ (Specify)

Type of Ownership (Check appropriate box)

○ Proprietorship ◉ LLC ○ Partnership ○ Profit Corp. ○ Non-Profit Corp. ○ Government ○ 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? ○ Yes ◉ No If "Yes," explain fully.

Administrator

Name of Administrator	Nursing Home Administrator's License No.:
Judy Konow	1735

Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name	License No.:

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-3 Rev. 10/2005

General Information and Questionnaire
Partners/Members

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2020	3	37

Legal Name of Partnership/LLC	Business Address	State(s) and/or Town(s) in Which Registered
Chelsea Place Care Center, LLC	25 Lorraine Street, Hartford, CT 06105	CT

Name of Partners/Members	Business Address	Title	% Owned
V. Robert Salazar	2500 18th Street, Suite 200, Denver, CO 80211	Member	31.3
David Sebbag	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member	21.4
Ari Krausz	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member	21.3
Solomon Melamed	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member	1
Christopher Wright	341 Bidwell Street, Manchester, Ct 06040	Member	5
Premier First Investors	245 S. Benton Street, Lakewood, CO 80226	Member	10
Global World Investors	245 S. Benton Street, Lakewood, CO 80226	Member	10

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-3A Rev. 10/2005

General Information and Questionnaire
Corporate Owners

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2020	3A	37

If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
Names of Stockholders Owning at Least 10% of Shares			

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-3B Rev. 10/2005

General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2020	3B	37

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

Owner(s) of Facility

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-4 Rev. 10/2005

General Information and Questionnaire
Related Parties*

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2020	4	37

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	%**				
See Attached		○	⊙					
		○	⊙					
		○	⊙					
		○	⊙					
		○	⊙					
		○	⊙					
		○	⊙					
		○	⊙					
		○	⊙					

* Use additional sheets if necessary.
** Provide the percentage amount of revenue received from non-related parties.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-4 Rev. 10/2005

Related Parties*

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2020	4	37

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties: Yes	No	%**	Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
Bidwell Care Center, LLC	333 Bidwell St. Manchester, CT 06040				Shared Employees		6,552	(6,552)
Chelsea Place Care Center, LLC	25 Lorraine St. Hartford, CT 06105				Shared Employees		-	-
Chestnut Point Care Center, LLC	171 Main St. East Windsor, CT 06088				Shared Employees		-	-
Farmington Care Center, LLC	20 Scott Swamp Rd. Farmington, CT 06032				Shared Employees		(99)	99
Kettle Brook Care Center, LLC	96 Prospect Hill Rd. East Windsor, CT 06088				Shared Employees		2,793	(2,793)
Meriden Care Center, LLC (Silver Springs)	33 Roy St. Meriden, CT 06450				Shared Employees		3,969	(3,969)
Trinity Hill Care Center, LLC	151 Hillside Ave. Hartford, CT 06106				Shared Employees		13,184	(13,184)
Westside Care Center, LLC	349 Bidwell St. Manchester, CT 06040				Shared Employees		(4,639)	4,639
Wintonbury Care Center, LLC	140 Park Ave. Bloomfield, CT 06002				Shared Employees		451	(451)
Secure Care Center LLC	60 West Street, Rocky Hill, CT 06067				Shared Employees		12,161	(12,161)
Universal Healthcare Holdings, LLC	5 Greenwood Street, Hartford, CT 06106				Shared Employees		-	-
Touchpoints at Homecare LLC	1838 Silas Deane Hwy, Rocky Hill, CT 06067				Shared Employees		-	-
Elevate Counseling Services LLC	341 Bidwell St. Manchester, CT 06040				Shared Employees		-	-
Touchpoints Therapy LLC	341 Bidwell St. Manchester, CT 06040				OT/PT/ST	13 5,8,10	306,499	(306,499)
Touchpoints Therapy LLC	341 Bidwell St. Manchester, CT 06040				Workers Comp Direct Treatments	15 1a1		
Realty	N/A				Building Lease & Rent	22,22,27 10,9,14		-
iCare Management, LLC	341 Bidwell St. Manchester, CT 06040				iCare Helt-Legal, Postage, Emp Recruitment & Marketing, Eqipment Rental	16, 15, 22 M,E, 6f	12,928	(12,928)
iCare Health Management, LLC	341 Bidwell St. Manchester, CT 06040				Shared EEs not part of mgmt agmt		361,782	(361,782)
					Management Services, Direct	20 5j	255,621	(255,621)
					Management Services, Indirect	20 5j	50,659	(50,659)
					Management Services, Administrative	16 M12	601,696	(601,696)
All Care Centers, mgmt co, realty cos					Share Common 401k, Pension and Insurance plans, courier, legal and various other services			

* Use additional sheets if necessary.
** Provide the percentage amount of revenue received from non-related parties.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-5 Rev. 9/2002

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2020	5	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 (*See listing page 13*)
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.

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
Chelsea Place Care Center, LLC	2220-C	9/30/2020	6	37

Name and Address of Lessor	Related * to Owners, Operators, Officers Yes	Related * to Owners, Operators, Officers No	Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
Accelerated Care Plus Corp. 4850 Joule Street, Suite A-1 Reno, NV	○	⊙	Omnistim Electrotherapy and Omnisound Therapeutic Ultrasound Equipment	05/18/10	automatic annual	4,701	4,701
ADP, Inc., One ADP Drive MS-100, Augusta, GA 30909	○	⊙	Time Clocks and Payroll Punch Equip	06/01/10	automatic renewals	10,626	10,626
GE Capital C/O Wells Fargo, P.O.Box 41564, Philadelphai, PA 19101	○	⊙	Copier	03/05/14	automatic renewals	12,561	12,561
Pitney Bowes P.O. Box 856460	○	⊙	Postage Machine	07/29/13	automatic annual	638	638
CIT Technology Financial Servies, PO Box 93000, Chicago, IL 60673	○	⊙	Copier	08/29/14	Monthly	6,221	6,221
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					

Is a Mileage Log Book Maintained for All Leased Vehicles ? ○ Yes ⊙ No **Total ***** 34,747

* 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-7 Rev. 6/95

General Information and Questionnaire
Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2020	7	37

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	Address (No. & Street, City, State, Zip Code)
1 O'Connor, Davies LLP	100 Great Meadow Road, Ste 401, Wethersfield, CT 06109
2	
3	
4	

Services Provided by This Firm (*describe fully*)

1	Taxes, financial statements, accounting support	$ 8,379
2		$
3		$
4		$
		Charge for Services Provided $ 8,379

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

⊙ Yes ○ No 15D

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 iCare Health Management, LLC	860-570-2140
2 Starble and Harris	860-678-7775
3 Durant Nichols / Robinson & Cole, LLP	860-275-8200
4 Various others (American Arbitration , Various Arbitration, Murtha Cullina,Jackson Lewis))	
5 Starble and Harris, iCare Health Management LLC	860-678-7775 & 860-570-2140

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

1 341 Bidwell Street, Manchester CT
2 32 Main Street, Avon, CT
3 280 Trumbull St, Hartford, CT
4
5 32 Main Street, Avon, CT & 341 Bidwell Street, Manchester CT

Services Provided by This Firm (*describe fully*)

1	Lease and contract issues, general legal advice, Labor Law	$ 3,340
2	Lease and contract issues, general legal advice, union funds advice	$
3	Employment law, arbitrations, contract negotiations	$
4	Employment Arbitrations, healthcare law & Conservatorships	$ 1,967
5	Collections	$ (605)
		Charge for Services Provided $ 4,703

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

⊙ Yes ○ No 15E

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-8 Rev. 9/2002

Schedule of Resident Statistics

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2020	8	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	234	234			234	234						
B. On last day of THIS report period	234	234							234	234		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	222	222			222	222						
B. As of midnight of THIS report period	194	194							194	194		
3. Total Number of Days Care Provided During Period												
A. Medicare	2,197	2,197			1,676	1,676			521	521		
B. Medicaid (Conn.)	71,348	71,348			55,261	55,261			16,087	16,087		
C. Medicaid (other states)												
D. Private Pay	649	649			412	412			237	237		
E. State SSI for RCH												
F. Other (Specify) Insurance												
G. Total Care Days During Period (3A thru F)	74,194	74,194			57,349	57,349			16,845	16,845		
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. ***Total Resident Days*** **(3G + 4A + 4B)**	74,194	74,194			57,349	57,349			16,845	16,845		

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

Schedule of Resident Statistics (Cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2020	9	37

4. Were there any changes in the certified bed capacity during the report year? ○ Yes ⊙ No
If "YES", provide the following information:

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

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	5	187		2				
Per Diem Rate								
a. One bed rm.	534.00	259.00		327.00				
b. Two bed rms.								
c. Three or more bed rms.								

	TOTAL	CCNH	RHNS	(Specify)
7. Total Number of Physical Therapy Treatments				
A. Medicare - Part B	4,369	4,369		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	1,071	1,071		
2. Restorative Treatments	3,060	3,060		
C. Other	5,497	5,497		
D. ***Total Physical Therapy Treatments***	13,997	13,997		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	239	239		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	253	253		
2. Restorative Treatments	155	155		
C. Other	398	398		
D. ***Total Speech Therapy Treatments***	1,045	1,045		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	3,050	3,050		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	674	674		
2. Restorative Treatments	1,352	1,352		
C. Other	3,594	3,594		
D. ***Total Occupational Therapy Treatments***	8,670	8,670		

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2020	10	37

Are time records maintained by all individuals receiving compensation? ⊙ Yes ○ 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)	154,498	2,280				
3. Assistant Administrator (Complete also Sec. IV						
of Schedule A1)						
4. Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)	466,748	20,798				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	63,863	2,091				
c. Dietary Workers	827,219	41,288				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	605,554	31,351				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	250					
b. Other Maintenance Workers	42,802	2,241				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	247,606	13,353				
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	256,749	4,383				
b. RN						
1. Direct Care	887,441	18,039				
2. Administrative**	315,232	7,244				
c. LPN						
1. Direct Care	2,362,874	71,320				
2. Administrative**						
d. Aides and Attendants	3,581,818	180,335				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	195,464	9,571				
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	279,215	9,680				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	225,437	9,833				
A-13. Total Salary Expenditures	10,512,770	423,806				

* 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)

	CCNH		RHNS		(Specify)	
Position	**$**	**Hours**	**$**	**Hours**	**$**	**Hours**
UNIT SECRETARIES SALARIES	$ 35,324	1,699			$ -	-
MEDICAL RECORDS SALARIES	$ 69,617	3,074			$ -	-
CENTRAL SUPPLY SALARIES	$ -	-			$ -	-
RESPIRATORY THERAPY SALARIES	$ -	-			$ -	-
PLANT SECURITY SALARIES	$ 120,495	5,059			$ -	-
Total	$ 225,437	9,833	$ -	-	$ -	-

Schedule of Other Fees (Page 13)

	CCNH		RHNS		(Specify)	
Service	**$**	**Hours**	**$**	**Hours**	**$**	**Hours**
MEDICAL RECORDS CONTRACT SERVICE	$ 7,266	(26)			$ -	-
ADMISSIONS C/S LABOR	$ 76,501	1,631			$ -	-
CENTRAL SUPPLY CONTRACT SERVICE	$ 20,986	1,302			$ -	-
ADMINISTRATIVE CONTRACT SERVICE LABOR	$ 293,448	8,081			$ -	-
RESPIRATORY THERAPY CONTRACT SERVICES	$ 564	10			$ -	-
PHYSICAL THERAPY C/S MEDICIAD	$ -	-			$ -	-
SPEECH THERAPY C/S Medicaid	$ -	-			$ -	-
OCCUPATIONAL THERAPY C/S MEDICIAD	$ -	-			$ -	-
Total	$ 398,764	10,998	$ -	-	$ -	-

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
Chelsea Place Care Center, LLC	2220-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)							
Section I - Operators/Owners										
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).										

* 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-12 Rev. 10/2005

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
Chelsea Place Care Center, LLC	2220-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)							
Section III - Administrators* **										
Judy Konow	154,498			same as employees less union funds	Administrator	2,280	A2			
				same as employees less union funds	Administrator		A2			
				same as employees less union funds	Administrator		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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	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	62,800	1,264				
2. Dentist						
3. Pharmacist	41,048	397				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	161,061	3,085				
b. Other						
6. Social Worker	31,577	490				
7. Recreation Worker	13,764	35+Cable				35+Cable
8. Physicians						
a. Medical Director (entire facility)	55,800	264				
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)						
Physician Care Contract Services	18,643	23				
9. Speech Therapist						
a. Resident Care	21,531	412				
b. Other						
10. Occupational Therapist						
a. Resident Care	123,907	2,374				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	256,783	973				
2. Administrative***	15,152	303				
b. LPN						
1. Direct Care	64,817	625				
2. Administrative***						
c. Aides	98,626	1,054				
d. Other						
12. Other (Specify)						
See Attached Schedule	398,764	10,998				
B-13 Total Fees Paid in Lieu of Salaries	1,364,272	22,262				

* 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-14 Rev. 6/95

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
Chelsea Place Care Center, LLC	2220-C	9/30/2020	14	37

Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship
		Yes	No	
Tocuhpoints Therapy	Therapy	⊙	○	Common Ownership
Chelsea Place, Chestnut Point, Kettle Brook, Trinity Hill, Wintonbury, Farmington, Silver	Shared Employees	⊙	○	Common Ownership
Pharm Scripts	Pharmacy Contract	○	⊙	
Guardian Consulting Srv	Pharmacy Consulting	○	⊙	
Healthdrive Physician Services	Audiology, Dental and Podiatry	○	⊙	
Dr. Paulekas Wayne	Medical Director	○	⊙	
Claris Health	Medical Director	○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-15 Rev. 9/2018

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2020	15	37

Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	$	319,840	319,840		
2. Disability Insurance	$				
3. Unemployment Insurance	$				
4. Social Security (F.I.C.A.)	$	870,674	870,674		
5. Health Insurance	$	1,703,957	1,703,957		
6. Life Insurance (employees only)					
(not-owners and not-operators)	$				
7. Pensions (Non-Discriminatory)	$	650,272	650,272		
(not-owners and not-operators)					
8. Uniform Allowance	$				
9. Other (*Specify*)	$	80,665	80,665		
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	$				
c. Bad Debts*	$	103,452	103,452		
d. Accounting and Auditing	$	8,379	8,379		
e. Legal (*Services should be fully described on Page 7)*	$	4,703	4,703		
f. Insurance on Lives of Owners and Operators (*Specify*)*	$				
g. Office Supplies	$	27,232	27,232		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	$	14,447	14,447		
2. Cellular Phones	$	234	234		
i. Appraisal (*Specify purpose and attach copy*)*	$				
j. Corporation Business Taxes (*franchise tax*)	$				
k. Other Taxes (*Not related to property - See Page 22)*					
1. Income*	$				
2. Other (*Specify*)	$				
See Attached Schedule					
3. Resident Day User Fee	$	1,162,003	1,162,003		
Subtotal	$	4,945,859	4,945,859		

* 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)
UNION TRAINING	$ 80,665		$ -
Total	$ 80,665	$ -	$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
INTERNET EXPENSES	$ -		$ -
Total	$ -	$ -	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-16 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended		Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2020		16	37

Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		4,945,859	4,945,859		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	$				
2. Holiday Parties for Staff	$	3,132	3,132		
3. Gifts to Staff and Residents	$	1,691	1,691		
4. Employee Travel	$	3,253	3,253		
5. Education Expenses Related to Seminars and Conventions	$	864	864		
6. Automobile Expense (*not purchase or depreciation*)	$				
7. Other (*Specify*)	$	193	193		
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (*all such expenses*)	$	11,321	11,321		
2. Advertising Telephone Directory (*all such expenses*)***	$				
3. Advertising Other (*Specify*)***	$	16,147	16,147		
See Attached Schedule					
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	$	880	880		
* 8. Dues and Membership Fees to Professional Associations (*Specify*) See Attached Schedule	$	15,732	15,732		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	$				
9. Subscriptions	$	1,930	1,930		
10. Contributions*** See Attached Schedule	$	1,511	1,511		
11. Services Provided by Contract (*Specify and Complete Schedule C-2, Page 21 for each firm or individual)*	$	173,893	173,893		
12. Administrative Management Services**	$	601,696	601,696		
13. Other (*Specify*) See Attached Schedule	$	20,135	20,135		
C-14 Total Administrative & General Expenditures	$	5,798,237	5,798,237		

* Do not include Subscriptions, which should go in item 9.
** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.
*** Facility should self-disallow the expense on Page 28 of the Cost Report.

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
MEALS	$ 193		$ -
Total Other Travel and Entertainment	$ 193	$ -	$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
COMMUNICATIONS SPECIAL EVENTS	$ 16,147		$ -
Total Other Advertising	$ 16,147	$ -	$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
ALTCFM			
CAHCF Dues	$ 15,572		$ -
OTHER DUES	$ 160		$ -
Total Dues	$ 15,732	$ -	$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
CONTRIBUTIONS	$ 1,511		$ -
Total Contributions	$ 1,511	$ -	$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
SOCIAL SERVICE SUPPLIES	$ -		$ -
SOC SVC MINOR EQUIPMENT	$ -		$ -
ADMINISTRATIVE MINOR EQUIPMENT	$ 746		$ -
EMPLOYEE RELATIONS	$ 2,311		$ -
EMPLOYEE RELATIONS-OTHER	$ 431		$ -
PERMITS & LICENSES	$ 1,330		$ -
VOLUNTEER EXPENSE	$ -		$ -
BANK FEES	$ 3,998		$ -
CMS REVISIT USER FEES	$ -		$ -
PENALTIES	$ 9,270		$ -
LATE FEES	$ 431		$ -
INTERNET EXPENSES	$ 1,618		$ -
Rounding			
Total Other Administrative and General	$ 20,135	$ -	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility Chelsea Place Care Center, LLC	License No. 2220-C	Report for Year Ended 9/30/2020	Page 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 #
iCare Management, LLC/iCare Health Management, LLC	601,696	Management of financial statements, A/R, A/P, Payroll, Financial Accounting and Management, Clinical	Pg 16 M12
iCare Management, LLC/iCare Health Management, LLC	255,621	MANAGEMENT FEES- DIRECT CARE	Pg 20 j
iCare Management, LLC/iCare Health Management, LLC	50,659	MANAGEMENT FEES- INDIRECT CARE	Pg 20 k

*** 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.**

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-18 Rev. 9/2018

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
Chelsea Place Care Center, LLC	2220-C	9/30/2020	18 | 37

Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	$	506,417	506,417		
2. Non-Food Supplies	$	77,985	77,985		
3. Other (*Specify*) DIETARY SUPPLEMENTS	$	42,207	42,207		
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$	8,008	8,008		
c. Other (*Specify*) DIETARY MINOR EQUIPMENT	$	13,645	13,645		
2D. ***Total Dietary Expenditures*** (2a + b + c + d)	$	648,261	648,261		

		Total	CCNH	RHNS	(Specify)
2E.	Dietary Questionnaire				
F.	Resident Meals: Total no. of meals served per day:*	610	610		

G.	Is cost of employee meals included in 2D?	○ Yes	⊙ No	
H.	Did you receive revenue from employees?	○ Yes	⊙ 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?	○ Yes	⊙ No	If yes, specify cost.
K.	Is any revenue collected from these people?	○ Yes	⊙ 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?	○ Yes	⊙ No	If yes, specify cost.
N.	Is any revenue collected from employees?	○ Yes	⊙ 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-19 Rev. 9/2018

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
Chelsea Place Care Center, LLC	2220-C	9/30/2020	19 | 37

Item		Total	CCNH	RHNS	(Specify)
3. Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Lbs.				
	Amt. $	389	389		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. $				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. $				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. $				
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$	68,992	68,992		
c. Other (*Specify*) LAUNDRY MINOR EQUIPMENT	$	1,243	1,243		
3D. ***Total Laundry Expenditures*** (3a + b + c)	$	70,623	70,623		

3E.	Laundry Questionnaire			
F.	Is cost of employee laundry included in 3D?	○ Yes	⊙ No	If yes, specify cost.
G.	Did you receive revenue from employees?	○ Yes	⊙ 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?	○ Yes	⊙ No	If yes, specify cost.
J.	Did you receive revenue from these people?	○ Yes	⊙ 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-20 Rev. 9/2018

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
Chelsea Place Care Center, LLC	2220-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 (*Mops, pails, brooms, etc.*)	Amt.	$	51,838	51,838		
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21*)	Sq. Ft. Serviced by Personnel					
	Amt.	$	38,793	38,793		
C. Other (*Specify*) HOUSEKEEPING MINOR EQUIPMENT		$	206	206		
4D. ***Total Housekeeping Expenditures*** (4a + b + c)		$	90,836	90,836		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		$				
2. Purchased from PHARMACY		$	170,554	170,554		
b. Medicine Cabinet Drugs		$	6,148	6,148		
c. Medical and Therapeutic Supplies		$	159,257	159,257		
d. Ambulance/Limousine***		$				
e. Oxygen						
1. For Emergency Use		$	5,567	5,567		
2. Other***		$				
f. X-rays and Related Radiological Procedures***		$	3,823	3,823		
g. Dental (*Not dentists who should be included under salaries or fees)*		$				
h. Laboratory***		$	38,095	38,095		
i. Recreation		$				
j. Direct Management Services*		$	255,621	255,621		
k. Indirect Management Services*		$	50,659	50,659		
l. Other (Specify)**** See Attached Schedule		$	183,131	183,131		
5M. ***Total Resident Care Expenditures*** (5a - 5j)		$	872,854	872,854		

* 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)
NURSING ADMIN SUPPLIES	$ 90,822		$ -
NURSING MINOR EQUIP	$ 1,526		$ -
MEDICAL RECORDS SUPPLIES	$ -		$ -
MEDICAL RECORDS MINOR EQUIPMENT	$ -		$ -
			$ -
NON-COVERED PPS DR. VISITS	$ 766		$ -
RESIDENT CARE SUPPLIES	$ -		$ -
CENTRAL SUPPLY MINOR EQUIPMENT	$ 29,223		$ -
PERSONAL CARE SUPPLIES	$ 58		$ -
INCONTINENCY SUPPLIES	$ -		$ -
VACCINE RESIDENTS	$ 1,310		$ -
PATIENT SPECIAL NEEDS	$ 120		$ -
PHYSICAL THERAPY SUPPLIES	$ -		$ -
PHYSICAL THERAPY EQUIPMENT RENT	$ -		$ -
PHYSICAL THERAPY MINOR EQUIPMENT	$ -		$ -
OCCUPATIONAL THERAPY SUPPLIES	$ -		$ -
OCCUPATIONAL THERAPY EQUIP RENTAL	$ -		$ -
OCCUPATIONAL THERAPY MINOR EQUIP	$ -		$ -
SPEECH THERAPY SUPPLIES	$ -		$ -
SPEECH THERAPY EQUIPMENT RENT	$ -		$ -
SPEECH THERAPY MINOR EQUIPMENT	$ -		$ -
RENTALS FOR NURSING EQUIPMENT NON BILLABLE	$ 25,261		$ -
EQUIPMENT RENTAL: AIDS UNIT	$ -		$ -
PEN THERAPY SUPPLIES - NOT BILLABLE TO PART B	$ -		$ -
PEN THERAPY FOOD NOT BILLABLE TO PART B	$ -		$ -
HI LOW BED RENTAL & MATTRESSES	$ -		$ -
IV THERAPY SUPPLIES	$ 21,805		$ -
IV THERAPY CONTRACT SERVICE	$ -		$ -
MEDICAL WASTE CONTRACT SERVICE	$ 3,738		$ -
ACTIVITIES SUPPLIES	$ 6,394		$ -
ACTIVITIES MINOR EQUIPMENT	$ -		$ -
			$ -
ADMISSIONS SUPPLIES	$ -		$ -
MEDICAL COURIER SERVICES FOR SPECIAL PRESCRIPTIONS	$ 2,108		$ -
STRIKE COSTS NON REIMBURSABLE	$ -		$ -
COVID NON REIMBURSABLE	$ -		$ -
Total Other Resident Care	$ 183,131	$ -	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-21 Rev. 10/2001

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

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	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
Health Services Group	3220 Tillman Drive, Bensalem, PA 19020	○	⊙	VENDOR	Housekeeping Services	32,420			20	4b
Health Services Group/Unitex Textile Rental Services	3220 Tillman Drive, Bensalem, PA 19020	○	⊙	VENDOR	Laundry Services	68,992			19	3b
Eagle Elevator		○	⊙	VENDOR	Elevator Contract	12,827			22	6F
Bioserve, Inc.		○	⊙	VENDOR	Medical Waste	3,738			22	6F
Brightview Landscapes LLC/MLG Landscaping		○	⊙	VENDOR	Snow Removal/Landscaping	23,651			22	6F
USA Hauling & Recycling Inc		○	⊙	VENDOR	Trash removal	56,007			22	6F
American HealthTech		○	⊙	VENDOR	Software Maintenance Contract	13,423			16	M11
Automatic Data Processing	P.O. Box 9001006, Louisville, KY 40290	○	⊙	VENDOR	Payroll Services	74,086			16	M11
National Datacare Corp		○	⊙	VENDOR	Resident Trust Software	5,401			16	M11
Prime Care Technologuy services		○	⊙	VENDOR	Computer Consulting Services	34,011			16	M11
Priotiry Express		○	⊙	VENDOR	Courier Services	4,845			16	M11
Point Right Inc		○	⊙	VENDOR	Nursing Software	4,680			16	M11
Facility Complain		○	⊙	VENDOR	Plant Contract Services	202,912			22	6F
Pacholski Karen		○	⊙	VENDOR	Dietician CS	62,800				

* 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).

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-22 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page of
Chelsea Place Care Center, LLC	2220-C	9/30/2020	22 | 37

Item		Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	$	58,824	58,824		
b. Heat	$	64,755	64,755		
c. Light & Power	$	140,007	140,007		
d. Water	$	106,390	106,390		
e. Equipment Lease (*Provide detail on page 6*)	$	34,747	34,747		
f. Other (*itemize*)	$	375,302	375,302		
See Attached Schedule					
6g. ***Total Maint. & Operating Expense*** (6a - 6f)	$	780,026	780,026		
7. Depreciation (*complete schedule page 23**)					
a. Land Improvements	$				
b. Building & Building Improvements	$	34,701	34,701		
c. Non-Movable Equipment	$	550	550		
d. Movable Equipment	$	54,232	54,232		
*7e. ***Total Depreciation Costs*** (7a + b + c + d)	$	89,484	89,484		
8. Amortization (*Complete att. Schedule Page 24**)					
a. Organization Expense	$				
b. Mortgage Expense	$				
c. Leasehold Improvements	$	109,093	109,093		
d. Other (*Specify*)	$				
*8e. ***Total Amortization Costs*** (8a + b + c + d)	$	109,093	109,093		
9. Rental payments on leased real property less real estate taxes included in item 10b	$	1,015,871	1,015,871		
10. Property Taxes					
a. Real estate taxes paid by owner	$				
b. Real estate taxes paid by lessor	$	351,623	351,623		
c. Personal property taxes	$	47,124	47,124		
11. ***Total Property Expenses*** (7e + 8e + 9 + 10)	$	1,613,195	1,613,195		

* 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)
PLANT SUPPLIES	$ 15,253		$ -
PLANT CONTRACT SERVICE LABOR	$ (15,897)		$ -
ELEVATOR CONTRACT SERVICE	$ 12,827		$ -
FIRE/SPRINKLER CONTRACT SERVICE	$ 3,318		$ -
LANDSCAPING CONTRACT SERVICE	$ 7,073		$ -
SNOW REMOVAL CONTRACT SERVICE	$ 16,578		$ -
TRASH REMOVAL CONTRACT SERVICE	$ 56,007		$ -
HVAC CONTRACT SERVICE	$ -		$ -
SECURITY CONTRACT SERVICE	$ -		$ -
PLANT CONTRACT SERVICE OTHER	$ 258,835		$ -
PLANT MINOR EQUIPMENT	$ 15,033		$ -
RENT AUTO	$ -		$ -
RENT EQUIPMENT	$ 6,275		$ -
RENT OTHER	$ -		$ -
Total Other Repairs and Maintenance	$ 375,302	$ -	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-23 Rev. 10/2006

Depreciation Schedule

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2020	23	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								
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
A-4. Subtotal								
B. **Building and Building Improvements**								
1. Acquired prior to this report period	664,817		664,817	166,467			34,701	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
B-4. Subtotal								34,701
C. **Non-Movable Equipment**								
1. Acquired prior to this report period	43,932		43,932	42,826			550	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
C-4. Subtotal								550

	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								
D. **Movable Equipment**												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a. Van Repair: Hillside Automotive Ce					10,600		10,600	10,600				
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period					785,919		785,919	623,223			40,810	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)					143,241						13,422	
D-3. Subtotal												54,232
E. ***Total Depreciation***												89,484

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:					
11/18/2019	Chairs: Medline	$ 4,688	180	$ 260	
11/27/2019	Beds & Mattress: Medline	$ 16,973	60	$ 2,829	
1/24/2020	Digital Lift/Reliant Lift: Medline	$ 3,096	120	$ 206	
1/9/2020	Exercise Trainer: Medline	$ 8,208	120	$ 547	
1/7/2020	Diathermy, Electrotherapy Machine: Medline	$ 10,529	120	$ 702	
2/6/2020	Mattress: Direct Supply	$ 2,654	60	$ 310	
2/5/2020	Cabinets & Dressers: Direct Supply	$ 13,603	180	$ 529	
1/7/2020	Repaid Laundry Backflow: Saucier Mechanical	$ 9,147	120	$ 610	
2/27/2020	Beds: Medline	$ 15,283	60	$ 1,783	
2/13/2020	Blinds: Direct Supply	$ 6,466	60	$ 754	
3/25/2020	Wheelchairs: Medline	$ 2,977	60	$ 298	
3/24/2020	New Dryers: Daniels Equipment	$ 28,939	120	$ 1,447	
2/5/2020	Dining Chairs: Medline	$ 9,469	120	$ 552	
12/31/2019	Laptops & Displays: Primecare Tech	$ 7,464	36	$ 1,866	
2/29/2020	Laptops: Prime Care Tech	$ 3,747	36	$ 729	
Total additions for Movable Equipment		$ 143,241		$ 13,422	*
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:					
6/4/2018	Replace Flooring Nurse Station: Sahar, Shalom	$ (6,020)	120	$ (753)	
6/4/2018	Repair Floor Nurse Station: Sahar, Shalom	$ (6,280)	120	$ (785)	
8/27/2018	Replace Flooring: Sahar, Shalom	$ (7,764)	120	$ (841)	
9/25/2018	Replace Flooring in Multiple RMs: Sahar Shalom	$ (2,638)	120	$ (264)	
11/22/2019	Powerwash Exterior: CW Contracting	$ 5,307	60	$ 884	
9/12/2019	Wiring Upgrade: S&S Wired Systems	$ 2,781	240	$ 139	
10/10/2019	Repair Boiler: Saucier Mechanical	$ 3,338	120	$ 306	
3/26/2020	Upgrade Freezer: Saucier Mechanical	$ 9,191	180	$ 306	
12/6/2019	Repair Elevator: Eagle Elevator	$ 7,493	240	$ 281	
1/21/2020	Part 1:Replace Doors: Accurate Commercial Door	$ 3,548	180	$ 158	
6/22/2020	Part 2:Replace Doors: Accurate Commercial Door	$ 1,223	180	$ 20	
9/8/2020	Repaires to RTU: Saucier Mechanical Services	$ 3,352	120	$ -	
Total additions for Leasehold Improvement		$ 13,531		$ (547)	*
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	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2020	24	37

Item	Date of Acquisition: Month	Date of Acquisition: Year	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
A. **Organization Expense**									
1.									
2.									
3.									
A-4. Subtotal									
B. **Mortgage Expense**									
1.									
2.									
3.									
B-4. Subtotal									
C. **Leasehold Improvements and Other**									
1. Acquired prior to this report period				1,663,894	1,113,536			109,640	
2. Disposals (attach schedule)									
3. Acquired during this report period									
(attach schedule)				13,531				(547)	
C-4. Subtotal									109,093
D. ***Total Amortization***									109,093

* 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-25 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2020	25	37

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 **NOT** Original Owner, Date of Purchase	04/01/99
4. Date of Initial Licensure	04/01/99
5. Total Licensed Bed Capacity	234
6. Square Footage	75,258
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 _____				
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
Summit Hartford, LLC	25 Lorraine Street, Hartford, CT	08/09/17	15 years with	$1,035,000 yr 1
			year extensior	

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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-26 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page of
Chelsea Place Care Center, LLC	2220-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. ***Total Building Interest Expense*** (A1 - A4 + B5) $				

(*Carry Subtotals forward to next page*)

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-27 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page of
Chelsea Place Care Center, LLC	2220-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*) $ INTEREST			26,874	26,874		
13. ***Total All Interest Expense*** (12B7 + 12C3 + 12D) $			26,874	26,874		
14. Insurance						
a. Insurance on Property (buildings only) $			12,272	12,272		
b. Insurance on Automobiles $						
c. Insurance other than Property (as specified above)						
1. Umbrella (*Blanket Coverage*) $			103,295	103,295		
2. Fire and Extended Coverage $						
3. Other (*Specify*) $ Other insurance, crime			12,279	12,279		
14d. ***Total Insurance Expenditures (14a + b + c)*** $			127,847	127,847		
15. ***Total All Expenditures (A-13 thru C-14)*** $			21,905,797	21,905,797		

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-28 Rev. 9/2018

D. Adjustments to Statement of Expenditures

Name of Facility	License No.	Report for Year Ended	Page of
Chelsea Place Care Center, LLC	2220-C	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.			Occupational Therapy $				
4.			Other - See attached Schedule $				
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	c	Bad Debts $	103,452	103,452		
10.			Accounting $				
10a.			Legal $				
11.			Telephone $				
12.			Cellular Telephone $				
13.			Life insurance premiums on the life of Owners, Partners, Operators $				
14.			Gifts, flowers and coffee shops $				
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees $				
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative $				
17.			Automobile Expense (e.g. personal use) $				
18.	16	m3	Unallowable Advertising * $	16,147	16,147		
19.			Income Tax / Corporate Business Tax $				
20.			Fund Raising / Contributions $				
21.			Unallowable Management Fees $				
22.			Barber and Beauty $				
23.			Other - See attached Schedule $	9,701	9,701		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents $				
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) $	129,301	129,301		

* 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)
Total Other Salaries Adjustment			$ -	$ -	$ -

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)
16a		PENALTIES	$ 9,270		$ -
16a		LATE FEES	$ 431		$ -
16a		PRIOR PERIOD EXPENSES			
		rounding			
		Provider User Fee for Medicare days	$ -		$ -
Total Other A&G Adjustments			$ 9,701	$ -	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-29 Rev. 9/2018

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

Name of Facility	License No.	Report for Year Ended	Page of
Chelsea Place Care Center, LLC	2220-C	9/30/2020	29 | 37

Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward $	129,301	129,301		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs $				
28.	20	5d	Ambulance/Limousine $				
29.	20	5f	X-rays, etc $	3,823	3,823		
30.	20	5h	Laboratory $	38,095	38,095		
31.			Medical Supplies $				
32.			Oxygen (non emergency) $				
33.			Occupational Therapy $				
34.			Other - See Attached Schedule $	766	766		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule $				
36.			Depreciation on Unallowable Motor Vehicles $				
37.			Unallowable Property and Real Estate Taxes $				
38.			Rental of Building Space or Rooms $				
39.			Other - See Attached Schedule $				
Page 27 - Insurance							
40.			Mortgage Insurance $				
41.			Property Insurance $				
Other - Miscellaneous							
42.			Other - Indirect $				
43.			Interest Income on Account Rec. $				
44.			Other - Miscellaneous Administrative $				
45.			Management Fees Direct $				
46.			Management Fees Indirect $				
47.			Other - Direct $				
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule $				
49.	***Total Amount of Decrease (Items 1 - 48)***		$	171,985	171,985		

*** 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.

Attachment Page 29

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5J	Non Covered PPS Visits	765.90		-
13	B5A	PT-Resident Care (for outpatient therapy - see schedule)	-		
13	B9A	ST- Resident Care (for outpatent therapy - see schedule)	-		
13	B10A	OT-Resident Care (for outpatient therapy - see schedule)	-		
Total Other Ancillary Costs			$ 766	$ -	$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Excess Movable Equipment Depreciation			$ -	$ -	$ -

Schedule of Other Property Adjustments

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

Schedule of Other - Indirect Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	4A1	Houskeeping Supplies (for Outpatient Therapy - see schedule)	$ -		
20	4B	Housekeeping purchased services (for Outpatient Therapy see schedule)	$ -		
22	6B	Heat (for outpatient Therapy see schedule)	$ -		
22	6C	Light and Power (for outpatient therapy see schedule)	$ -		
22	6D	water (for outpatient therapy see schedule)	$ -		
22	6A	Repair&Maint (for outpatient therapy see schedule)	$ -		
Total Other Adjustments			$ -	$ -	$ -

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			$ -	$ -	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-30 Rev.10/2005

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended	Page of
Chelsea Place Care Center, LLC	2220-C	9/30/2020	30 | 37

Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (*CT only*)	$	18,602,891	18,602,891		
b. Medicaid Room and Board Contractual Allowance **	$				
2. a. Medicaid (*All other states*)	$				
b. Other States Room and Board Contractual Allowance **	$				
3. a. Medicare Residents *(all inclusive)*	$	1,270,355	1,270,355		
b. Medicare Room and Board Contractual Allowance **	$				
4. a. Private-Pay Residents and Other	$	205,537	205,537		
b. Private-Pay Room and Board Contractual Allowance **	$				
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	$	99,059	99,059		
b. Prescription Drugs - Medicare Contractual Allowance **	$	(99,059)	(99,059)		
c. Prescription Drugs - Non-Medicare	$	30,252	30,252		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	$	(30,252)	(30,252)		
2. a. Medical Supplies - Medicare	$	3,067	3,067		
b. Medical Supplies - Medicare Contractual Allowance **	$	(3,067)	(3,067)		
c. Medical Supplies - Non-Medicare	$	11,411	11,411		
d. Medical Supplies - Non-Medicare Contractual Allowance **	$	(11,411)	(11,411)		
3. a. Physical Therapy - Medicare	$	177,207	177,207		
b. Physical Therapy - Medicare Contractual Allowance **	$	(74,061)	(74,061)		
c. Physical Therapy - Non-Medicare	$	151,132	151,132		
d. Physical Therapy - Non-Medicare Contractual Allowance **	$	(151,132)	(151,132)		
4. a. Speech Therapy - Medicare	$	19,810	19,810		
b. Speech Therapy - Medicare Contractual Allowance **	$	(10,359)	(10,359)		
c. Speech Therapy - Non-Medicare	$	20,861	20,861		
d. Speech Therapy - Non-Medicare Contractual Allowance **	$	(20,861)	(20,861)		
5. a. Occupational Therapy - Medicare	$	156,766	156,766		
b. Occupational Therapy - Medicare Contractual Allowance **	$	(75,087)	(75,087)		
c. Occupational Therapy - Non-Medicare	$	77,568	77,568		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	$	(75,043)	(75,043)		
6. a. Other *(Specify)* - Medicare	$				
b. Other *(Specify)* - Non-Medicare	$	114,287	114,287		
III. *Total Resident Revenue* (Section I. thru Section II.)	$	20,389,869	20,389,869		
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 *(Specify)*	$				
6. Private Duty Nurses' Fees	$				
7. Barber, Coffee, Beauty and Gift shops	$				
8. Other (*Specify*)	$	1,190,776	1,190,776		
V. Total Other Revenue (1 thru 8)	$	1,190,776	1,190,776		
VI. Total All Revenue (III +V)	$	21,580,645	21,580,645		

* *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)
	Lab Medicare	$ 5,382		
	Lab Medicare CA	$ (5,382)		
	Oxygen Medicare	$ -		
	Oxygen Medicare CA	$ -		
	Equipment rental	$ 357		
	Equipment rental CA	$ (357)		
	Pen Therapy	$ -		
	Pen Therapy CA	$ -		
	Therapy Beds Medicare	$ -		
	Therapy Beds Medicare CA	$ -		
	Radiology Medicare	$ 823		
	Radiology Medicare CA	$ (823)		
	IV Therapy	$ 37,884		
	IV Therapy CA	$ (37,884)		
	Medical Transportation	$ -		
	Medical Transportation CA	$ -		
	Glucose testing	$ -		
	Glucose testing CA	$ -		
	Outpatient therapy Medicare	$ -		
Total Other Resident Revenue - Medicare		$ -	$ -	$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Lab	21,953		
	Lab CA	(21,953)		
	Oxygen	$ 372		$ -
	Oxygen CA	$ (372)		$ -
	Equipment rental	$ 11,284		
	Equipment rental CA	$ (11,284)		
	Pen Therapy	$ -		
	Pen Therapy CA	$ -		
	Therapy Beds	$ -		
	Therapy Beds CA	$ -		
	Radiology	$ 1,922		
	Radiology CA	$ (1,922)		
	Medical Transportation	$ -		
	Medical Transportation CA	$ -		
	Glucose Testing	$ -		
	Glucose Testing CA	$ -		
	IV therapy	$ 36,580		$ -
	IV therapy CA	$ (36,580)		$ -
	Flu shot revenue	$ -		
	Outpatient therapy	$ -		
	prior period revenue	$ (30,661)		
	Optum B	$ 239,483		
	Optum B CA	$ (77,683)		
	C/A VBP	$ (16,852)		
	rounding	$ (0)		
Total Other Resident Revenue		$ 114,287	$ -	$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	INTEREST INCOME		$ -		
Total Interest Income			$ -	$ -	$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	MEALS	$ -		
	TELEVISION INCOME	$ -		
	OTHER INCOME: DMHAS OPERATING REVENUE	$ -		
	OTHER INCOME: DMHAS ORGANIZATIONAL REV	$ -		
	OTHER INCOME: DEFERRED REVENUE	$ -		
	MEDICARE COVID STIMULUS REVENUE	$ -		
	MEDICAID COVID REVENUE	$ 1,152,446		
	CONCESSIONS / VENDING INCOME	$ -		
	RESIDENT LATE FEE REVENUE	$ -		
	RESIDENT ATTORNEY FEE REVENUE	$ -		
	TELEPHONE INCOME	$ -		
	OTHER INCOME	$ 1,095		
	OPTUM DIVIDENDS REVENUE	$ 37,235		
	OPTUM OUTLIERS	$ -		
Total Other Revenue		$ 1,190,776	$ -	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-31 Rev. 6/95

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2020	31	37

Account				Amount
Assets				
A. Current Assets				
1. Cash (*on hand and in banks*)				$ 3,745,933
2. Resident Accounts Receivable (Less Allowance for Bad Debts)				$ 5,221,131
3. Other Accounts Receivable (Excluding Owners or Related Parties)				$
4 Inventories				$ 58,648
5. Prepaid Expenses				$ 474,134
a.		371,265		
b.		99,009		
c.		3,860		
d. See Schedule				
6. Interest Receivable				$
7. Medicare Final Settlement Receivable				$
8. Other Current Assets (*itemize*)				$ (4,900,451)
		(1,551)		
		(4,898,900)		
See Schedule				
A-9. ***Total Current Assets*** (Lines A1 thru 8)				$ 4,599,395
B. Fixed Assets				
1. Land				$
2. Land Improvements	*Historical Cost			$
	Accum. Depreciation		Net	
3. Buildings	*Historical Cost	664,817		$ 463,648
	Accum. Depreciation	201,168	Net	
4. Leasehold Improvements	*Historical Cost	1,677,425		$ 454,797
	Accum. Depreciation	1,222,629	Net	
5. Non-Movable Equipment	*Historical Cost	43,932		$ 556
	Accum. Depreciation	43,377	Net	
6. Movable Equipment	*Historical Cost	929,161		$ 251,706
	Accum. Depreciation	677,455	Net	
7. Motor Vehicles	*Historical Cost	10,600		$
	Accum. Depreciation	10,600	Net	
8. Minor Equipment-Not Depreciable				$
9. Other Fixed Assets (*itemize*)				$ 2,530
Construction in Progress		2,530		
See Schedule				
B-10. ***Total Fixed Assets*** (Lines B1 thru 9)				$ 1,173,237

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

(*Carry Total forward to next page*)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			$ -

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			$ -

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

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

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

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-32 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2020	32	37

Account				Amount
			Total Brought Forward:	$ 5,772,632
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				$
2. Land Improvements	*Historical Cost			
	Accum. Depreciation		Net	$
3. Buildings	*Historical Cost			
	Accum. Depreciation		Net	$
4. Non-Movable Equipment	*Historical Cost			
	Accum. Depreciation		Net	$
5. Movable Equipment	*Historical Cost			
	Accum. Depreciation		Net	$
6. Motor Vehicles	*Historical Cost			
	Accum. Depreciation		Net	$
7. Minor Equipment-Not Depreciable				$
C-8 ***Total Leasehold or Like Properties*** (C1 thru 7)				$
D. Investment and Other Assets				
1. Deferred Deposits				$
2. Escrow Deposits				$ 812,764
3. Organization Expense	*Historical Cost			
	Accum. Depreciation		Net	$
4. Goodwill (Purchased Only)				$
5. Investments Related to Resident Care (*itemize*)				$ 201,351
Patient Trust Funds		198,796		
Long Term Deposit - primecare		2,555		
6. Loans to Owners or Related Parties (*itemize*)				$
Name and Address	Amount	Loan Date		
7. Other Assets (*itemize*)				$
See Schedule				
D-8. ***Total Investments and Other Assets*** (Lines D1 thru 7)				$ 1,014,115
D-9. ***Total All Assets*** (Lines A9 + B10 + C8 + D8)				$ 6,786,747

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-33 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2020	33	37

Account					Amount
Liabilities					
A.	Current Liabilities				
	1. Trade Accounts Payable				$ 587,379
	2. Notes Payable (*itemize*)				$
	Working Capital Line of Credit				
	See Schedule				
	3. Loans Payable for Equipment (*Current portion*) (*itemize*)				$
	Name of Lender	Purpose	Amount	Date Due	
	4. Accrued Payroll (*Exclusive of Owners and/or Stockholders only*)				$ 530,317
	5. Accrued Payroll (*Owners and/or Stockholders only*)				$
	6. Accrued Payroll Taxes Payable				$
	7. Medicare Final Settlement Payable				$
	8. Medicare Current Financing Payable				$
	9. Mortgage Payable (*Current Portion*)				$
	10. Interest Payable (*Exclusive of Owner and/or Related Parties*)				$
	11. Accrued Income Taxes*				$
	12. Other Current Liabilities (*itemize*)				$ 6,038,069
	Related Party Payables 2,287,997				
	Accrued Expenses 2,649,756				
	Accrued Resident User Fees 846,309				
	Accrued Workers Comp Expense 254,007 See Schedule				
A-13.	***Total Current Liabilities*** (Lines A1 thru 12)				$ 7,155,765

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

(Carry Total forward to next page)

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-34 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2020	34	37

Account	Amount
Total Brought Forward:	7,155,765
Liabilities (cont'd)	
B. Long-Term Liabilities	
1. Loans Payable-Equipment (*itemize*)	$

Name of Lender	Purpose	Amount	Date Due

2. Mortgages Payable	$
3. Loans from Owners or Related Parties (*itemize*)	$

Name and Address of Lender	Amount	Loan Date

4. Other Long-Term Liabilities (*itemize*)		$ 198,796
Patient Trust Funds	198,796	
See Schedule		
B-5. ***Total Long-Term Liabilities*** (Lines B1 thru 4)		$ 198,796
C. ***Total All Liabilities*** (Lines A-13 + B-5)		$ 7,354,561

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-35 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2020	35	37

Account		Amount
A.	**Reserves**	
	1. Reserve for value of leased land	$
	2. Reserve for depreciation value of leased buildings and appurtenances to be amortized	$
	3. Reserve for depreciation value of leased personal property (*Equity)*	$
	4. Reserve for leasehold real properties on which fair rental value is based	$
	5. Reserve for funds set aside as donor restricted	$
	6. Total Reserves	$
B.	**Net Worth**	
	1. Owner's Capital	$ 1,000
	2. Capital Stock	$
	3. Paid-in Surplus	$
	4. Treasury Stock	$
	5. Cumulated Earnings	$ (243,662)
	6. Gain or Loss for Period 10/1/2019 thru 9/30/2020	$ (325,152)
	7. Total Net Worth	$ (567,814)
C.	***Total Reserves and Net Worth***	$ (567,814)
D.	***Total Liabilities, Reserves, and Net Worth***	$ 6,786,747

State of Connecticut
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
Chelsea Place Care Center, LLC	2220-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 (*From Statement of Revenue Page 30*)			$ 21,580,645
C.	Total Expenditures (*From Statement of Expenditures Page 27*)			$ 21,905,797
D.	Net Income or Deficit			$ (325,152)
E.	Balance			$ (325,152)
F.	Additions			
	1. Additional Capital Contributed (*itemize*)			
	2. Other (*itemize*)			
F-3.	Total Additions			$
G.	Deductions			
	1. Drawings of Owners/Operators/Partners (*Specify*)			$
	Name and Address (*No., City, State, Zip*)	Title	Amount	
	2. Other Withdrawings *(Specify)*			$
	Purpose		Amount	
	3. Total Deductions			$
H.	***Balance at End of Period***	09/30/20		$ (325,152)

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-37 Rev. 9/2002

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2020	37	37

Check appropriate category

☑ Chronic and Convalescent Nursing Home only (CCNH)	☐ Rest Home with Nursing Supervision only (RHNS)	☐ (Specify)

Preparer/Reviewer Certification

I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.

Signature of Preparer	Title	Date Signed

Printed Name of Preparer
iCare Management, LLC

Addres Address	Phone Number
341 Bidwell Street, Manchester, CT 06040	860-570-2140

Contacted Person Regarding Additional Information Needed Regarding This Report	Phone Number
Kartik Patel	860-570-2140

Contact Email Address
kpatel@icarehn.com