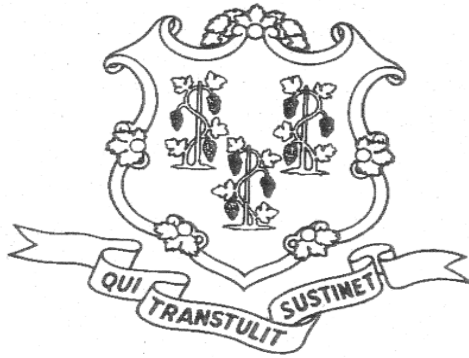


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2020

Name of Facility (as licensed) Chestelm Heath Care, Inc. d/b/a Chestelm Heath & Rehab Center	
Address (No. & Street, City, State, Zip Code) 534 Town St. Moodus, CT 06469	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input checked="" type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH) (RHNS)	
Report for Year Beginning 10/1/2019	Report for Year Ending 9/30/2020

License Numbers:	CCNH 1029-C	RHNS 179RH	(Specify)	Medicare Provider 07-5307
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Medicaid Provider Numbers:	CCNH	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

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General Information

Name of Facility (as licensed) Chestelm Heath Care, Inc. d/b/a Chestelm Heath & Rel	License No. 1029-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 Chestelm Heath Care, Inc. d/b/a Chestelm Heath & Rehab 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) Brenda Marinan			Printed Name (Owner) Brinton Epright		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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 Chestelm Heath Care, Inc. d/b/a Chestelm Heath & Rehab Center		Period Covered:	From 10/1/2019	To 9/30/2020
Address of Facility 534 Town St. Moodus, CT 06469				
Report Prepared By CJLC LLC		Phone Number 860-610-9009	Date 2/12/2021	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility		Report for Year Ended		Page	of
860-873-1455		9/30/2020		2	37
Name of Facility (as shown on license)			Address (No. & Street, City, State, Zip)		
Chestelm Heath Care, Inc. d/b/a Chestelm Heath & Rehab Cer			534 Town St. Moodus, CT 06469		
License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider No.	
	1029-C	179RH		07-5307	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?					
		<input type="radio"/> Yes <input checked="" type="radio"/> No		If "Yes," explain fully.	
Administrator					
Name of Administrator			Nursing Home Administrator's License No.:		
Brenda Marinaro				00932	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

**General Information and Questionnaire
Related Parties***

Name of Facility Chestelm Heath Care, Inc. d/b/a Chestelm Heath & Reh	License No. 1029-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	%**				
Heathcare Holding Incorporated, LLC	534 Town St. Moodus, CT 06469	<input type="radio"/>	<input checked="" type="radio"/>		Rent	22/9	600,000	600,000
Brenda Marinan	534 Town St. Moodus, CT 06469	<input type="radio"/>	<input checked="" type="radio"/>		Administrator	10/A2	100,000	100,000
Mark Epright	534 Town St. Moodus, CT 06469	<input type="radio"/>	<input checked="" type="radio"/>		Chief Financial Officer	10/A4	100,000	100,000
Chestelm Adult Day Services	524 Town St. Moodus, CT 06469	<input type="radio"/>	<input checked="" type="radio"/>		Snow Removal	22/6f	5,003	5,003
Chestelm Adult Day Services	524 Town St. Moodus, CT 06469	<input type="radio"/>	<input checked="" type="radio"/>		Chestelm Adult Day Services Purchased Fo	18/2a1	(22,000)	(22,000)
		<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 Chestelm Heath Care, Inc. d/b/a Chestelm Heat	License No. 1029-C	Report for Year Ended 9/30/2020	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> 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.)				
<input checked="" type="radio"/> Yes <input type="radio"/> 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 Chestelm Heath Care, Inc. d/b/a Chestelm Heath & Rehab C			License No. 1029-C	Report for Year Ended 9/30/2020			Page 6	of 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, LLC	<input type="radio"/>	<input checked="" type="radio"/>	Postage Meter			2,400	2,400	
LEAF	<input type="radio"/>	<input checked="" type="radio"/>	Telephone System	11/20/18	60 Months	12,226	12,226	
Canon	<input type="radio"/>	<input checked="" type="radio"/>	Canon C7570-II	12/05/18	36 months	7,217	7,217	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input checked="" type="radio"/> No	Total ***
							21,843	

* 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 Chestelm Heath Care, Inc. d/b/a Ch	License No. 1029-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 CJLC LLC 2 3 4	Address (No. & Street, City, State, Zip Code) 225 Pitkin Street, East Hartford, Ct 06108
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Services Provided by This Firm (*describe fully*)

1 Medicaid Cost Report/CT Corp Tax Returns	\$ 20,900
2	\$
3	\$
4	\$
	Charge for Services Provided \$ 20,900

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Pg 15/1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Murtha Cullina 2 CT Probate Court 3 4 5	Telephone Number
---	------------------

Address (*No. & Street, City, State, Zip Code*)
 1
 2
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 Visitor Restriction & IDR Issues	\$ 655
2 Conservatorship	\$ 332
3	\$
4	\$
5	\$
	Charge for Services Provided \$ 987

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Pg 15/1e

Schedule of Resident Statistics

Name of Facility			License No.		Report for Year Ended				Page		of	
Chestelm Heath Care, Inc. d/b/a Chestelm Heath & Rehab Center			1029-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	76	63	13		76	63	13		76	63	13	
B. On last day of THIS report period	76	63	13		76	63	13		76	63	13	
2. Number of Residents												
A. As of midnight of PREVIOUS report period	67	55	12		67	55	12		65	55	10	
B. As of midnight of THIS report period	68	56	12		65	55	10		68	56	12	
3. Total Number of Days Care Provided During Period												
A. Medicare	2,079	2,079			1,558	1,558			521	521		
B. Medicaid (Conn.)	15,944	12,038	3,906		11,656	8,688	2,968		4,288	3,350	938	
C. Medicaid (other states)												
D. Private Pay	5,911	5,622	289		4,654	4,408	246		1,257	1,214	43	
E. State SSI for RCH												
F. Other (Specify)	1,172	1,172			939	939			233	233		
G. Total Care Days During Period (3A thru F)	25,106	20,911	4,195		18,807	15,593	3,214		6,299	5,318	981	
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	98	98			67	67			31	31		
B. Other Bed Reserve Days	67	67			33	33			34	34		
5. Total Resident Days (3G + 4A + 4B)	25,271	21,076	4,195		18,907	15,693	3,214		6,364	5,383	981	

Schedule of Resident Statistics (Cont'd)

Name of Facility Chestelm Heath Care, Inc. d/b/a Chestelm He			License No. 1029-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? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare	Medicaid		Self-Pay			Other State Assisted						
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR					
No. of Residents	5	41	11	10	1								
Per Diem Rate													
a. One bed rm.				425.00	300.00								
b. Two bed rms.				375.00	275.00								
c. Three or more bed rms.					260.00								
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									4,393	4,393			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									5,982	5,982			
C. Other									957	957			
D. Total Physical Therapy Treatments									11,332	11,332			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									388	388			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									902	902			
2. Restorative Treatments													
C. Other									34	34			
D. Total Speech Therapy Treatments									1,324	1,324			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									3,111	3,111			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									6,129	6,129			
C. Other									168	168			
D. Total Occupational Therapy Treatments									9,408	9,408			

Report of Expenditures - Salaries & Wages

Name of Facility Chestelm Heath Care, Inc. d/b/a Chestelm Heath & Rehab C	License No. 1029-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
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	83,400	1,726	16,600	354		
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	280,672	9,305	55,865	1,906		
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	58,370	1,726	11,618	354		
c. Dietary Workers	258,287	14,069	51,410	2,882		
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	102,295	6,297	20,361	1,290		
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	56,787	1,776	11,303	364		
b. Other Maintenance Workers	94,986	4,619	18,906	946		
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	81,051	4,671	16,133	957		
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	151,925	1,860	13,755	162		
b. RN						
1. Direct Care	612,890	14,352	56,473	1,248		
2. Administrative**	86,216	1,929	7,806	168		
c. LPN						
1. Direct Care	389,643	11,999	35,277	1,043		
2. Administrative**						
d. Aides and Attendants	1,296,799	67,368	117,407	5,858		
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	133,391	6,157	26,550	1,261		
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	44,500	1,511	8,857	309		
n. Marketing						
o. Other (Specify) See Attached Schedule	38,326	1,704	7,628	349		
<i>A-13. Total Salary Expenditures</i>	<i>3,769,537</i>	<i>151,068</i>	<i>475,949</i>	<i>19,449</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
Wages - Medical Records	38,326	1,704	\$ 7,628	349		
Total	\$ 38,326	1,704	\$ 7,628	349	\$ -	-

Schedule of Other Fees (Page 13)

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

**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		
Chestelm Heath Care, Inc. d/b/a Chestelm Heath & Rehab Center			1029-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).										
Mark Epright (10/1/19-9/30/20)	83,400	16,600			Chief Financial Officer	1,440	A4			
Brinton Epright II	841	290			Groundskeeper	45				

* 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	
Chestelm Heath Care, Inc. d/b/a Chestelm Heath & Rehab Center				1029-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***										
Brenda Marinan (10/1/19-9/30/20)	83,400	16,600			Administrator	2,080	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.

Annual Report of Long-Term Care Facility

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Chestelm Heath Care, Inc. d/b/a Chestelm Heath &	1029-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	11,803	257	2,349	52		
2. Dentist	1,377	Contract	274	Contract		
3. Pharmacist	5,110	Contract	1,017	Contract		
4. Podiatrist	5,163	Contract	1,028	Contract		
5. Physical Therapy						
a. Resident Care	293,138	3,795				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	26,688	271	5,312	55		
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)						
Optometrist	465	7	93	1		
9. Speech Therapist						
a. Resident Care	62,800	1,061				
b. Other						
10. Occupational Therapist						
a. Resident Care	202,911	3,952				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	72,105	853	14,352	246		
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	681,560	10,195	24,424	355		

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

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

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

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

Name of Facility Chestelm Heath Care, Inc. d/b/a Chestelm Heath & Reha		License No. 1029-C		Report for Year Ended 9/30/2020	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers			Explanation of Relationship	
		Yes	No			
Elmo Villanueva, MD 506 Cromwell Ave # 201, Rocky Hill, CT 06067	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Khybery Kassem, M MD 514 Westchester Rd, Colchester, CT 06415	Medical Staff Meetings	<input type="radio"/>	<input checked="" type="radio"/>			
HealthDrive Medical 888 Worcester St, Wellesley, MA 02482	Dentist	<input type="radio"/>	<input checked="" type="radio"/>			
HealthDrive Podiatry Group 888 Worcester St, Wellesley, MA 02482	Podiatrist	<input type="radio"/>	<input checked="" type="radio"/>			
Preferred Therapy Solutions 850 Silas Deane Hwy #2, Wethersfield, CT 06109	PT, ST, OT	<input type="radio"/>	<input checked="" type="radio"/>			
Partners Pharmacy 6 Thompson Rd, East Windsor, CT 06088	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Chestelm Heath Care, Inc. d/b/a Chestelm Heath	1029-C	9/30/2020	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 145,524	129,088	16,437	
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 44,468	39,445	5,023	
4. Social Security (F.I.C.A.)	\$ 312,092	276,842	35,250	
5. Health Insurance	\$ 408,639	362,485	46,155	
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 33,345	29,578	3,766	
8. Uniform Allowance	\$ 9,229	8,187	1,042	
9. Other (<i>Specify</i>) See Attached Schedule	\$ 35,151	31,181	3,970	
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 1,161	968	193	
d. Accounting and Auditing	\$ 20,900	17,431	3,469	
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 987	823	164	
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 40,115	33,456	6,659	
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 6,846	5,709	1,136	
2. Cellular Phones	\$ 13,081	10,910	2,172	
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 5,102	4,255	847	
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 461,241	384,675	76,566	
Subtotal	\$ 1,537,881	1,335,033	202,848	

* 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
Chestelm Heath Care, Inc. d/b/a Chestelm Heath & Re	1029-C	9/30/2020		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		1,537,881	1,335,033	202,848	
i. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$ 8,444	7,043	1,402		
4. Employee Travel	\$ 6	5	1		
5. Education Expenses Related to Seminars and Conventions	\$ 7,982	6,657	1,325		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 5,984	4,991	993		
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 17,805	14,849	2,956		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$ 631	526	105		
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 29,351	24,479	4,872		
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)***	\$ 557	465	92		
7. Postage	\$ 3,745	3,124	622		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 10,545	8,795	1,750		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 22,994	19,177	3,817		
10. Contributions*** See Attached Schedule	\$ 5,625	4,691	934		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 125,144	104,370	20,774		
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$ 11,687	9,747	1,940		
C-14 Total Administrative & General Expenditures	\$ 1,788,383	1,543,952	244,431		

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising - Promo & Mktg	\$ 24,479	\$ 4,872	
Total Other Advertising	\$ 24,479	\$ 4,872	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Act Dues & Memberships	\$ 167	\$ 33	
Dues & Memberships - Nursing	\$ 206	\$ 41	
Dues & Memberships - Gener	\$ 8,314	\$ 1,655	
Dues & Memberships - Plant	\$ 108	\$ 21	
Total Dues	\$ 8,795	\$ 1,750	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Donations	\$ 4,691	\$ 934	
Total Contributions	\$ 4,691	\$ 934	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Licenses & Permits	\$ 1,036	\$ 206	
Service Charges - Bank	\$ 342	\$ 68	
Service Charges - Credit Card	\$ 9,045	\$ 1,800	
Bank Reconciliation Adjustmt	\$ (3)	\$ (1)	
Purchases Discount	\$ (233)	\$ (46)	
Prior Period Adjustments	\$ (440)	\$ (88)	
Total Other Administrative and General	\$ 9,747	\$ 1,940	\$ -

Schedule C-1 - Management Services*

Name of Facility Chestelm Heath Care, Inc. d/b/a Chestelm	License No. 1029-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		License No.	Report for Year Ended		Page	of
Chestelm Heath Care, Inc. d/b/a Chestelm Heath & Re		1029-C	9/30/2020		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 196,574	163,942	32,631		
2.	Non-Food Supplies	\$ 26,140	21,801	4,339		
3.	Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)						
		\$ 2,420	2,018	402		
c. Other (Specify) _____ Supplies						
		\$ 5,728	4,777	951		
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 230,861	192,538	38,323		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*						
H. Is cost of employee meals included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No						
I. Did you receive revenue from employees? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify amt. \$246						
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.						
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.						
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
P. 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
Chestelm Heath Care, Inc. d/b/a Chestelm Heath & Reha		1029-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. \$				
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. \$	4,772	3,980	792	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Other (Specify) Supplies		\$	10,606	8,845	1,761	
3D. Total Laundry Expenditures (3a + b + c)		\$	15,378	12,825	2,553	
3F. Laundry Questionnaire						
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
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 laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K. Did you receive revenue 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)				

* 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 3E.
 *** 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
Chestelm Heath Care, Inc. d/b/a Chestelm Heat		1029-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. \$	37,900	31,608	6,291	
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. \$	2,461	2,053	409	
C. Other (<i>Specify</i>)			\$			
4D. Total Housekeeping Expenditures (4a + b + c)			\$ 40,361	33,661	6,700	
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	107,897	89,986	17,911	
b.	Medicine Cabinet Drugs	\$				
c.	Medical and Therapeutic Supplies	\$	104,359	87,036	17,324	
d.	Ambulance/Limousine***	\$				
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	13,252	11,052	2,200	
f.	X-rays and Related Radiological Procedures***	\$	4,703	3,922	781	
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	17,471	14,571	2,900	
i.	Recreation	\$	9,404	7,843	1,561	
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	111,312	93,354	17,958	
5M. Total Resident Care Expenditures (5a - 5j)			\$ 368,397	307,763	60,634	

* 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 Purchase Service	\$ 5,130	\$ 1,021	
Nursing Equipment - Residents	\$ 2,912	\$ 580	
Nursing Station Supplies	\$ 9,830	\$ 1,957	
Resident Supplies	\$ 50,393	\$ 10,030	
Supplies (Non-Medical)	\$ 144	\$ 29	
Purchased Services - Nursing	\$ 7,203	\$ 1,434	
Equipment - PT	\$ 693	\$ -	
Supplies - PT	\$ 1,805	\$ -	
Equipment - OT	\$ 139	\$ -	
Supplies - OT	\$ 496	\$ -	
IV Therapy Expense	\$ 6,282	\$ 1,250	
Respiratory Therapist	\$ 404	\$ 81	
Consolidated Billed Expenses	\$ 7,922	\$ 1,577	
Total Other Resident Care	\$ 93,354	\$ 17,958	\$ -

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

Name of Facility Chestelm Heath Care, Inc. d/b/a Chestelm Heath & Rehab Center		License No. 1029-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
CWPM, LLC	25 Norton Pl, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal	16,266	3,238		22	6a
Point Click Care		<input type="radio"/>	<input checked="" type="radio"/>		MaintenanceSoftware - Nursing Admin	17,401	3,464		16	m11
Paylocity		<input type="radio"/>	<input checked="" type="radio"/>		Payroll Data Processing Fees	16,958	3,375		16	m11
IT Direct		<input type="radio"/>	<input checked="" type="radio"/>		Software Maintenance	41,742	8,308		16	m11
OnShift		<input type="radio"/>	<input checked="" type="radio"/>		Employee Scheduling Software	10,485	2,605		16	m11
		<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
Chestelm Heath Care, Inc. d/b/a Chestelm Hea	1029-C	9/30/2020			22	37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	81,986	68,376	13,610		
b. Heat	\$	51,147	42,656	8,490		
c. Light & Power	\$	55,514	46,299	9,215		
d. Water	\$	4,286	3,574	711		
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$	21,843	18,217	3,626		
f. Other (<i>itemize</i>)	\$	60,573	50,518	10,055		
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	275,348	229,640	45,708		
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$	664	554	110		
d. Movable Equipment	\$	88,038	73,423	14,614		
*7e. Total Depreciation Costs (7a + b + c + d)	\$	88,702	73,977	14,725		
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$	95,135	79,342	15,792		
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$	95,135	79,342	15,792		
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	600,000	500,400	99,600		
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	63,705	53,130	10,575		
c. Personal property taxes	\$	8,020	6,689	1,331		
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	855,561	713,538	142,024		

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

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/31/2019	Vital Care Cart (3)	\$ 14,890	7	\$ 2,127
7/15/2020	61" Turf Tiger II Lawn Mower	\$ 17,234	7	\$ 2,462
Total additions for Movable Equipment		\$ 32,124		\$ 4,589 *
Deletions:				
9/30/2020	Floor Machine - 2003	\$ 1,360		
9/30/2020	Electric Beds & Rails Sub-acute - 2003	\$ 14,299		
9/30/2020	Electric Beds - 2005	\$ 7,627		
9/30/2020	Beds - 2006	\$ 6,345		
9/30/2020	Chest of Drawers - 2008	\$ 845		
9/30/2020	Bariatric Lifts & Scale - 2009	\$ 4,696		
9/30/2020	IT Direct - Wifi / 4 computers - 2012	\$ 8,718		
9/30/2020	Lenovo - Thinkpads/laptops - 2013	\$ 4,188		
9/30/2020	Gano - saw - 20144	\$ 3,400		
9/30/2020	Dell Inspiron 15 7000 - 2016	\$ 978		
Total deletions for Movable Equipment		\$ (52,457)		\$ - **

*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:				
12/18/2019	Dell Optiplex 3070 (6)	\$ 6,700	5	\$ 1,340
7/13/2020	Dell Thinkpad (3)	\$ 3,289	5	\$ 658
9/9/2020	Hartman Co. 9000 BTU AC System	\$ 4,467	5	\$ 893
Total additions for Leasehold Improvement		\$ 14,455		\$ 2,891 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*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
Chestelm Heath Care, Inc. d/b/a Chestelm Heath & Rehab Ce			1029-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							
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	Var	Var	Var	2,894,238	2,100,220	SL		92,244	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				14,455		SL		2,891	
C-4. Subtotal									95,135
D. Total Amortization									95,135

* 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 Chestelm Health Care, Inc. d/b/a Chest	License No. 1029-C	Report for Year Ended 9/30/2020	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase	04/01/83				
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	76				
6. Square Footage	31,196				
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)	Fixed				
b. Date Mortgage Obtained	05/20/98				
c. Interest Rate for the Cost Year	7.65%				
d. Term of Mortgage (number of years)	30				
e. Amount of Principal Borrowed	4,365,200				
f. Principal balance outstanding as of					
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Chestelm Heath Care, Inc. d/b/a Ches	1029-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)

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

Name of Facility		License No.		Report for Year Ended			Page	of
Chestelm Heath Care, Inc. d/b/a Ch		1029-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)				\$	10,100	8,423	1,677	
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	10,100	8,423	1,677	
14. Insurance								
a. Insurance on Property (buildings only)				\$	77,409	64,559	12,850	
b. Insurance on Automobiles				\$	8,903	7,425	1,478	
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$				
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$				
14d. Total Insurance Expenditures (14a + b + c)				\$	86,312	71,984	14,328	
15. Total All Expenditures (A-13 thru C-14)				\$	8,622,173	7,565,422	1,056,751	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Chestelm Heath Care, Inc. d/b/a Chestelm Heath & Rehab Cent				1029-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.	13	b10a	Occupational Therapy	\$ 202,911	202,911		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 1,161	968	193	
10.			Accounting	\$			
10a.			Legal	\$ 332	276	56	
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 12,001	9,961	2,040	
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.	16	16	Automobile Expense (e.g. personal use)	\$ 5,984	4,991	993	
18.	16	m2 &	Unallowable Advertising *	\$ 29,982	25,005	4,977	
19.	15	lj	Income Tax / Corporate Business Tax	\$ 4,852	4,027	825	
20.	16	m10	Fund Raising / Contributions	\$ 5,625	4,691	934	
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$ 557	462	95	
23.			Other - See attached Schedule	\$ (528)	(438)	(90)	
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)				\$ 262,877	252,854	10,023	

* 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)
16	m13	Prior Period Adjustments	\$ (438)	\$ (90)	
Total Other A&G Adjustments			\$ (438)	\$ (90)	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Chestelm Heath Care, Inc. d/b/a Chestelm Heath & Rehab C				1029-C	9/30/2020	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 262,877	252,854	10,023	
Page 20 - Resident Care Supplies***							
27.	20	5a	Prescription Drugs	\$ 107,897	89,986	17,911	
28.			Ambulance/Limousine	\$			
29.	20	5f	X-rays, etc	\$ 4,703	3,922	781	
30.	20	5h	Laboratory	\$ 17,471	14,571	2,900	
31.			Medical Supplies	\$			
32.	20	e2	Oxygen (non emergency)	\$ 13,252	11,052	2,200	
33.	20	5j	Occupational Therapy	\$ 635	635		
34.			Other - See Attached Schedule	\$ 17,516	14,608	2,908	
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.	22	7d	Depreciation on Unallowable Motor Vehicles	\$ 41,266	34,416	6,850	
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 8,903	7,425	1,478	
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	\$ (3,001)	(2,503)	(498)	
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)				\$ 471,519	426,967	44,552	

*** 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.

Chestelm Heath Care, Inc. d/b/a Chestelm Heath & Rehab Center
9/30/2020

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Therpy Expense	\$ 6,282	\$ 1,250	
20	5j	Consolidated Billed Expenses	\$ 7,922	\$ 1,577	
20	5j	Respiratory Therapy	\$ 404	\$ 81	
Total Other Ancillary Costs			\$ 14,608	\$ 2,908	\$ -

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)
27	14b	Auto Insurance	\$ 7,425	\$ 1,478	
Total Other Property Adjustments			\$ 7,425	\$ 1,478	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	iv3	Telephone Revenue	\$ (2,503)	\$ (498)	
Total Other Adjustments			\$ (2,503)	\$ (498)	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Chestelm Heath Care, Inc. d/b/a Chestelm 1029-C		9/30/2020			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 5,399,601	4,314,156	1,085,445			
b. Medicaid Room and Board Contractual Allowance **	\$ (1,731,278)	(1,365,682)	(365,596)			
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,086,483	1,086,483				
b. Medicare Room and Board Contractual Allowance **	\$ (598,434)	(598,434)				
4. a. Private-Pay Residents and Other	\$ 107,558	36,886	70,672			
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 89,334	89,334				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 1,822	1,822				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
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	\$ 587,369	587,369				
b. Physical Therapy - Medicare Contractual Allowance **	\$ 11,411	11,411				
c. Physical Therapy - Non-Medicare	\$ 19,314	19,314				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 145,531	145,531				
b. Speech Therapy - Medicare Contractual Allowance **	\$ 19,987	19,987				
c. Speech Therapy - Non-Medicare	\$ 920	920				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 496,911	496,911				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (37,469)	(37,469)				
c. Occupational Therapy - Non-Medicare	\$ 7,435	7,435				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ 2,800,927	2,800,927				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 19,994	19,817	177			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 8,427,415	7,636,717	790,698			
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$ 3,001	2,503	498			
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 954	795	158			
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 8,619	7,188	1,431			
V. Total Other Revenue (1 thru 8)	\$ 12,574	10,487	2,087			
VI. Total All Revenue (III +V)	\$ 8,439,989	7,647,204	792,785			

* 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)
30/116a	Medicare A - NTA C/A	\$ (254,337)	\$ -	
30/116a	Medicare A - Nursing C/A	\$ (360,736)	\$ -	
30/116a	Medicare A - Oxygen	\$ (9,838)	\$ -	
30/116a	Medicare A - X-Ray	\$ (3,934)	\$ -	
30/116a	Medicare A - Lab	\$ (13,581)	\$ -	
30/116a	Medicare A - Contractual Adju	\$ 223,641	\$ -	
30/116a	Medicare A - Sequestration	\$ 16,490	\$ -	
30/116a	Medicare A - Grant	\$ (402,036)	\$ -	
30/116a	Medicare A - Prior Year Adjus	\$ (3,716)	\$ -	
30/116a	Private SNF - Room And Board	\$ (1,963,548)	\$ -	
30/116a	Managed Medicare - NTA C/A	\$ (82,689)	\$ -	
30/116a	Managed Medicare - Nursing C/A	\$ (92,413)	\$ -	
30/116a	Managed Medicare - Oxygen	\$ (480)	\$ -	
30/116a	Managed Medicare - X-Ray	\$ (839)	\$ -	
30/116a	Managed Medicare - Lab	\$ (4,872)	\$ -	
30/116a	Managed Medicare - Ancillary	\$ 242,839	\$ -	
30/116a	Managed Medicare - Prior Year	\$ (37,971)	\$ -	
30/116a	Medicare B - Physical Therapy	\$ (312,277)	\$ -	
30/116a	Medicare B - Contractual Adju	\$ 342,933	\$ -	
30/116a	Medicare B - Sequestration	\$ 2,346	\$ -	
30/116a	Managed Care B - Contractual	\$ 2,650	\$ -	
30/116a	Managed Care B - Prior Year A	\$ 1,080	\$ -	
30/116a	Outpatient - Physical Therapy	\$ (89,638)	\$ -	
Total Other Resident Revenue - Medicare		\$ 2,800,927	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30/116b	Private SNF - Prior Year Adju	\$ (56,113)	\$ -	
30/116b	Private ICF - Prior Year Adju	\$ -	\$ (177)	
30/116b	Managed Care - Lab	\$ (42)	\$ -	
30/116b	Managed Care - Contractual Ad	\$ 8,825	\$ -	
30/116b	Blue Cross Contractual Adj	\$ 762	\$ -	
30/116b	Hospice XIX - Prior Year Adju	\$ 29,463	\$ -	
30/116b	Outpatient - Occupational The	\$ (50,468)	\$ -	
30/116b	Outpatient - Speech Therapy	\$ (29,153)	\$ -	
30/116b	Outpatient - Contractual Adju	\$ 86,554	\$ -	
30/116b	Outpatient - Prior Year Adjus	\$ 406	\$ -	
30/116b	Outpatient Part B ? Physical	\$ (20,046)	\$ -	
30/116b	Outpatient Part B OT	\$ (2,978)	\$ -	
30/116b	Outpatient -Part B Cont Adj	\$ 12,971	\$ -	
30/116b				
30/116b				
30/116b				
30/116b				
30/116b				
30/116b				
30/116b				
30/116b				
30/116b				
Total Other Resident Revenue		\$ 19,817	\$ 177	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30/1V5	Interest income		\$ (795)	\$ (158)	
Total Interest Income			\$ 795	\$ 158	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30/1V8	Transportation	\$ (6,158)	\$ (1,226)	
30/1V8	Charitable Donations	\$ (63)	\$ (12)	
30/1V8	Misc. Income	\$ (968)	\$ (193)	
Total Other Revenue		\$ 7,188	\$ 1,431	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Chestelm Heath Care, Inc. d/b/a Chestel	1029-C	9/30/2020	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	1,026,501
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,236,662
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	2,400
5. Prepaid Expenses			\$	238,295
a. _____				
b. _____				
c. _____				
d. See Schedule		238,295		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,503,859
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>2,908,693</u>		\$	713,338
	Accum. Depreciation <u>2,195,355</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>60,962</u>		\$	1,274
	Accum. Depreciation <u>59,688</u>	Net		
6. Movable Equipment	*Historical Cost <u>1,379,148</u>		\$	126,882
	Accum. Depreciation <u>1,252,266</u>	Net		
7. Motor Vehicles	*Historical Cost <u>206,329</u>		\$	102,864
	Accum. Depreciation <u>103,465</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	81,766

See Schedule		81,766		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,026,124

* 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 Chestelm Heath Care, Inc. d/b/a Chestel	License No. 1029-C	Report for Year Ended 9/30/2020	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	3,529,983
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
3. Buildings		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
4. Non-Movable Equipment		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
5. Movable Equipment		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
6. Motor Vehicles		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<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>)			\$	276,337
_____			\$	
See Schedule _____			276,337	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	276,337
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	3,806,320

* 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 Chestelm Heath Care, Inc. d/b/a Chestelm Hea		License No. 1029-C	Report for Year Ended 9/30/2020	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,051,292
2. Notes Payable (<i>itemize</i>)				\$	970,047

See Schedule					970,047
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	170,292
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	37,587
7. Medicare Final Settlement Payable				\$	337,629
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	222,061

See Schedule					222,061
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	2,788,908

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Chestelm Heath Care, Inc. d/b/a Chestelm H	License No. 1029-C	Report for Year Ended 9/30/2020	Page 34	of 37
Account				Amount
Total Brought Forward:				2,788,908
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
Name of Lender	Purpose	Amount	Date Due	\$
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 251,982
Name and Address of Lender	Amount	Loan Date		
Due to Related Parties	251,982			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$

See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 251,982
C. Total All Liabilities (Lines A-13 + B-5)				\$ 3,040,890

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

Name of Facility	License No.	Report for Year Ended	Page	of
Chestelm Heath Care, Inc. d/b/a Chest	1029-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 (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	947,612
6. Gain or Loss for Period			\$	(182,183)
7. Total Net Worth			\$	765,429
C. Total Reserves and Net Worth			\$	765,429
D. Total Liabilities, Reserves, and Net Worth			\$	3,806,319

H. Changes in Total Net Worth

Name of Facility Chestelm Heath Care, Inc. d/b/a Chestelr	License No. 1029-C	Report for Year Ended 9/30/2020	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2019			\$	(933,010)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	8,439,989
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	8,622,173
D. Net Income or Deficit			\$	(182,183)
E. Balance			\$	(1,115,193)
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. Balance at End of Period			\$	(1,115,193)

I. Preparer's/Reviewer's Certification

Name of Facility Chestelm Heath Care, Inc. d/b/a Chestelm	License No. 1029-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 checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
CJLC LLC				
Address Address			Phone Number	
225 Pitkin St., East Hartford, CT 06108			860-610-9009	
Annual Report Contact			Phone Number	
CJLC			860-610-9009	
Annual Report Contact Email Address				
annualreports@cjlc.com				