

# State of Connecticut



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

Name of Facility (as licensed) Cobalt Lodge Health & Rehabilitation Center	
Address (No. & Street, City, State, Zip Code) Route 151, Cobalt, CT 06414	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)
<input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2019	Report for Year Ending 9/30/2020

License Numbers:	CCNH 813-C	RHNS	(Specify)	Medicare Provider 07-5232
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Medicaid Provider Numbers:	CCNH 008136	RHNS	ICF-IID
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**For Department Use Only**

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

**General Information**

Name of Facility (as licensed) Cobalt Lodge Health & Rehabilitation Center	License No. 813-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 Cobalt Lodge Health & Rehabilitation Center [facility name], for the cost report period beginning October 1, 2019 and ending September 30, 2020, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

{a} Subject to Desk Audit

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Todd Zgorski			Printed Name (Owner) Marc Zgorski		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires  / /	
Address of Notary Public					

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Cobalt Lodge Health & Rehabilitation Center	Period Covered:	From 10/1/2019	To 9/30/2020	
Address of Facility Route 151, Cobalt, CT 06414				
Report Prepared By Marcum LLP	Phone Number 203-781-9600	Date 2/4/2021		
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. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

**General Information and Questionnaire**  
**Type of Facility - Organization Structure**

Phone No. of Facility 860-267-9034		Report for Year Ended 9/30/2020	Page 2	of 37
Name of Facility (as shown on license) Cobalt Lodge Health & Rehabilitation Center		Address (No. & Street, City, State, Zip ) Route 151, Cobalt, CT 06414		
License Numbers:	CCNH 813-C	RHNS (Specify)	Medicare Provider No. 07-5232	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input 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.				
<b>Administrator</b>				
Name of Administrator Todd Zgorski		Nursing Home Administrator's License No.:	001508	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		





### General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Cobalt Lodge Health & Rehabilitation Center	813-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

N/A



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

Name of Facility Cobalt Lodge Health & Rehabilitation Center	License No. 813-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	%**				
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

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

**General Information and Questionnaire**  
**Basis for Allocation of Costs**

Name of Facility Cobalt Lodge Health & Rehabilitation Center	License No. 813-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.				
N/A - One level of care.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
N/A - One level of care.				
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.				
N/A - One level of care.				

### 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 Cobalt Lodge Health & Rehabilitation Center		License No. 813-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					
N/A	<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"/>					
Is a Mileage Log Book Maintained for All Leased Vehicles ? <span style="float: right; margin-right: 50px;"><input type="radio"/> Yes</span> <span style="float: right; margin-right: 50px;"><input checked="" type="radio"/> No</span> <span style="float: right;"><b>Total ***</b></span>							

\* 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 Cobalt Lodge Health & Rehabilitati	License No. 813-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 Marcum LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 555 Long Wharf Dr, New Haven CT 06511
--	--

Services Provided by This Firm (*describe fully*)

1 Medicaid/Medicare cost reports, financial statements, tax returns, audits	\$ 93,448
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 93,448

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

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 Murtha Cullina 2 Isaac Law Firm 3 4 5	Telephone Number 860-240-6000 860-255-7188
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Address (*No. & Street, City, State, Zip Code*)  
 1 185 Asylum Street Hartford, CT  
 2 270 Farmington Exchange, Farmington , CT 06032  
 3  
 4  
 5

Services Provided by This Firm (*describe fully*)

1 Invoices Available Upon Audit	\$ 12,701
2	\$ 3,010
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 15,711

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

### Schedule of Resident Statistics

Name of Facility Cobalt Lodge Health & Rehabilitation Center			License No. 813-C		Report for Year Ended 9/30/2020				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	60	60			60	60						
B. On last day of THIS report period	60	60							60	60		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	40	40			40	40						
B. As of midnight of THIS report period	30	30							30	30		
3. Total Number of Days Care Provided During Period												
A. Medicare	633	633			491	491			142	142		
B. Medicaid (Conn.)	11,355	11,355			8,959	8,959			2,396	2,396		
C. Medicaid (other states)												
D. Private Pay	803	803			619	619			184	184		
E. State SSI for RCH												
F. Other (Specify)	140	140			140	140						
G. Total Care Days During Period (3A thru F)	12,931	12,931			10,209	10,209			2,722	2,722		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. <b>Total Resident Days (3G + 4A + 4B)</b>	12,931	12,931			10,209	10,209			2,722	2,722		

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

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

Name of Facility Cobalt Lodge Health & Rehabilitation Center			License No. 813-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	1	27		2									
Per Diem Rate													
a. One bed rm.	Var	210.00		380.00									
b. Two bed rms.	Var	210.00		360.00									
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								2,306	2,306				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								178	178				
2. Restorative Treatments													
C. Other								3	3				
D. <b>Total Physical Therapy Treatments</b>								2,487	2,487				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								220	220				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								76	76				
2. Restorative Treatments													
C. Other													
D. <b>Total Speech Therapy Treatments</b>								296	296				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								2,158	2,158				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								88	88				
2. Restorative Treatments													
C. Other													
D. <b>Total Occupational Therapy Treatments</b>								2,246	2,246				

## Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

## Report of Expenditures - Salaries &amp; Wages

Name of Facility Cobalt Lodge Health & Rehabilitation Center	License No. 813-C	Report for Year Ended 9/30/2020	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	75,419	2,160				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	285,186	7,691				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	84,034	2,122				
c. Dietary Workers	189,645	11,902				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	103,263	8,303				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	50,567	2,183				
b. Other Maintenance Workers	16,962	887				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	127,496	2,120				
b. RN						
1. Direct Care	354,361	7,613				
2. Administrative**	114,445	3,443				
c. LPN						
1. Direct Care	252,221	12,413				
2. Administrative**						
d. Aides and Attendants	443,966	39,800				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	64,446	3,234				
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	26,222	1,184				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	2,188,233	105,055				

\* 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
	0					
<b>Total</b>	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	0					
Medical Records	\$ 1,157	50				
<b>Total</b>	\$ 1,157	50	\$ -	-	\$ -	-



**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
Cobalt Lodge Health & Rehabilitation Center				813-C	9/30/2020				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
Joyce Zgorski, RTEE 151 Cobalt	84,034			Non-Discriminatory	Food Service Supervisor	2,122	A5b			
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										
Marc Zgorski, RTEE 151 Cobalt	60,559			Non-Discriminatory	VP Head of Amissions	2,080	A4			

\* 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	
Cobalt Lodge Health & Rehabilitation Center				813-C	9/30/2020			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Todd Zgorski	75,419			Non-Discriminatory	10/1/2019-9/30/2020	2,080	A2			
<b>Section IV - Assistant Administrators</b>										

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Cobalt Lodge Health & Rehabilitation Center	813-C	9/30/2020	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian	9,380	206				
2. Dentist	15,568	25				
3. Pharmacist	2,386	4				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	100,668	1,324				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	26,174	85				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	42,264	435				
b. Other						
10. Occupational Therapist						
a. Resident Care	94,501	1,599				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	143,230	1,434				
2. Administrative***						
b. LPN						
1. Direct Care	125,749	1,828				
2. Administrative***						
c. Aides	84,117	2,467				
d. Other						
12. Other (Specify) See Attached Schedule	1,157	50				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>645,194</b>	<b>9,457</b>				

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

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

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

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

Name of Facility Cobalt Lodge Health & Rehabilitation Center		License No. 813-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			
J Carey LaPorte, MD, Colchester, CT	Medical Directors	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Pralash Huded, 78 Marlborough St, Portland	Physician	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Caring Nurses, 273 Palisade Avenue, Windsor, CT	Medical Records	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Omnicare of CT, 523 Knotter Dr, Cheshire	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Preferred Therapy Solutions, Wethersfield CT	PT, ST, OT	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Fionnuala Browns MS, RD, Watertown CT	Dietician	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Celtic Consulting, 507 East Main St Torrington CT	MDS Quality Measurers	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
HealthDrive, 888 Worcester St, Worcester, MA 02482-3744	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Nurse Network, Plantsville, CT	Contracted RN/LPN and Aides	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
World Wide Staffing 175 Dwight Road Suite 202 Longmeadow, MA 01106	Contracted LPN/Aides	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
		<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
Cobalt Lodge Health & Rehabilitation Center	813-C	9/30/2020	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 79,988	79,988		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 40,154	40,154		
4. Social Security (F.I.C.A.)	\$ 163,710	163,710		
5. Health Insurance	\$ 75,939	75,939		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 29,000	29,000		
d. Accounting and Auditing	\$ 93,448	93,448		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 15,711	15,711		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 16,000	16,000		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 15,763	15,763		
2. Cellular Phones	\$ 6,394	6,394		
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$			
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$			
k. Other Taxes ( <i>Not related to property - See Page 22</i> )				
1. Income*	\$			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 257,840	257,840		
<b>Subtotal</b>	\$ 793,947	793,947		

\* 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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
	0		
<b>Total</b>	\$ -	\$ -	\$ -

---

**Schedule of Other Taxes**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
	0		
<b>Total</b>	\$ -	\$ -	\$ -

---

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

Name of Facility	License No.	Report for Year Ended		Page	of
Cobalt Lodge Health & Rehabilitation Center	813-C	9/30/2020		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b><i>Subtotals Brought Forward:</i></b>	793,947	793,947			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	2,586	2,586		
5. Education Expenses Related to Seminars and Conventions	\$	350	350		
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$				
7. Other ( <i>Specify</i> ) See Attached Schedule	\$	22,347	22,347		
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$				
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$	43,734	43,734		
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)***	\$	600	600		
7. Postage	\$	922	922		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$				
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	11,747	11,747		
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$	43,194	43,194		
12. Administrative Management Services**	\$				
13. Other ( <i>Specify</i> ) See Attached Schedule	\$	17,430	17,430		
<b><i>C-14 Total Administrative &amp; General Expenditures</i></b>	\$	936,857	936,857		

\* 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)
	0		
Travel & Entertainment(disallowed on Pg 28a)	\$ 22,347		
<b>Total Other Travel and Entertainment</b>	<b>\$ 22,347</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	0		
Advertising	\$ 26,828		
Public Relations	\$ 414		
COVID Advertising	\$ 16,492		
<b>Total Other Advertising</b>	<b>\$ 43,734</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Dues

Description	CCNH	RHNS	(Specify)
	0		
<b>Total Dues</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	0		
<b>Total Contributions</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	0		
Non-Routine Bank fees(Disallowed on Pg 28a)	\$ 543		
Bank Service Fee	\$ 5,631		
Licenses	\$ 4,418		
Fines & Penalties(disallowed on Pg 28a)	\$ 212		
July 2019 Fire Expense(Reimbursed through insurance disallow)	\$ 2,292		
COVID 19 Expense	\$ 4,334		
<b>Total Other Administrative and General</b>	<b>\$ 17,430</b>	<b>\$ -</b>	<b>\$ -</b>



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

Name of Facility Cobalt Lodge Health & Rehabilitation Ce	License No. 813-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
Cobalt Lodge Health & Rehabilitation Center		813-C	9/30/2020	18	37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 115,435	115,435		
2.	Non-Food Supplies	\$ 49	49		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)					
c. Other (Specify) _____ Other Dietary Supplies					
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>		\$ 115,484	115,484		
2E. Dietary Questionnaire					
F.	Resident Meals: Total no. of meals served per day:*				
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No					
H. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
K. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Cobalt Lodge Health & Rehabilitation Center		813-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. \$				
b. Purchased Services ( <i>by contract other than through Management Services</i> ) (Complete Schedule C-2 att. Page 21)		\$	55,315	55,315		
c. Other ( <i>Specify</i> )		\$				
<b>3D. Total Laundry Expenditures (3a + b + c)</b>		\$	55,315	55,315		
3E. Laundry Questionnaire						
F. Is cost of employee laundry included in 3D?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				

\* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3D.

\*\*\* Pounds of Laundry only required for multi-level facilities.

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

Name of Facility		License No.	Report for Year Ended		Page	of
Cobalt Lodge Health & Rehabilitation Center		813-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. \$				
	b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
		Amt. \$				
	C. Other ( <i>Specify</i> )		\$ 27	27		
<b>4D.</b>	<b>Total Housekeeping Expenditures (4a + b + c)</b>		\$ 27	27		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	51,975	51,975		
	b. Medicine Cabinet Drugs	\$	138,514	138,514		
	c. Medical and Therapeutic Supplies	\$				
	d. Ambulance/Limousine***	\$	9,640	9,640		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	6,773	6,773		
	f. X-rays and Related Radiological Procedures***	\$	1,026	1,026		
	g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
	h. Laboratory***	\$	11,139	11,139		
	i. Recreation	\$	179,633	179,633		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (Specify)**** See Attached Schedule	\$	8,537	8,537		
<b>5M.</b>	<b>Total Resident Care Expenditures (5a - 5j)</b>		\$ 407,237	407,237		

\* 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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
	0		
Physical Therapy Supplies	\$ 457		
COVID Nursing Supplies	\$ 8,080		
<b>Total Other Resident Care</b>	<b>\$ 8,537</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility Cobalt Lodge Health & Rehabilitation Center			License No. 813-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
United Laundry	Longmeadow, MA 01106	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Laundry Services	66,825			19	3b
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

\* List all contracted services over \$10,000. Use additional sheets if necessary.  
 \*\* Refer to Page 4 for definition of related.  
 \*\*\* Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended			Page	of
Cobalt Lodge Health & Rehabilitation Center	813-C	9/30/2020			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 36,632	36,632				
b. Heat	\$ 34,819	34,819				
c. Light & Power	\$ 40,722	40,722				
d. Water	\$ 20,359	20,359				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$					
f. Other ( <i>itemize</i> )	\$ 9,369	9,369				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$ 141,901	141,901				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 12,786	12,786				
b. Building & Building Improvements	\$ 19,331	19,331				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 17,811	17,811				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	\$ 49,928	49,928				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 50,946	50,946				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 2,769	2,769				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	\$ 103,643	103,643				

\* 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)
	0		
Hazardous Waste	\$ 1,614		
Outdoor Services	\$ 5,725		
Kitchen Equipment Rental	\$ 2,030		
<b>Total Other Repairs and Maintenance</b>	\$ 9,369	\$ -	\$ -

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### Depreciation Schedule

Name of Facility Cobalt Lodge Health & Rehabilitation Center			License No. 813-C		Report for Year Ended 9/30/2020			Page 23	of 37				
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
<b>A. Land Improvements</b>													
1. Acquired prior to this report period			302,713		302,713	95,359	S/L	Var	12,786				
2. Disposals (attach schedule)			(2,659)		(2,659)	(2,659)	S/L	Var					
3. Acquired during this report period (attach schedule)													
A-4. Subtotal										12,786			
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period			1,432,222		1,432,222	1,291,769	S/L	Var	19,331				
2. Disposals (attach schedule)			(8,679)		(8,679)	(8,679)	S/L	Var					
3. Acquired during this report period (attach schedule)													
B-4. Subtotal										19,331			
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period			24,773		24,773	24,773	S/L	Var					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal													
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
<b>D. Movable Equipment</b>													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. 2017 Ford F350				3	2017	64,346		64,346	38,607	S/L	5	12,869	
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period				Var	Var	321,208		321,208	279,448	S/L	Var	4,942	
b. Disposals (attach schedule)				Var	Var	(23,506)		(23,506)	(23,506)	S/L	Var		
c. Acquired during this report period (attach schedule)				Var	Var	110		110	110	S/L	Var		
D-3. Subtotal													17,811
<b>E. Total Depreciation</b>													49,928

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Land Improvement</b>		\$ -		\$ - *
<b>Deletions:</b>				
Var	Info. Will be available upon audit	\$ (2,659)		
<b>Total deletions for Land Improvement</b>		\$ (2,659)		\$ - **

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Building Improvement</b>		\$ -		\$ - *
<b>Deletions:</b>				
	Info. Will be available upon audit	\$ (8,679)		
<b>Total deletions for Building Improvement</b>		\$ (8,679)		\$ - **

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
	Info. Will be available upon audit	\$ 110		
<b>Total additions for Movable Equipmen</b>		\$ 110		\$ - *
<b>Deletions:</b>				
	Info. Will be available upon audit	\$ (23,506)		
<b>Total deletions for Movable Equipmen</b>		\$ (23,506)		\$ - **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

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

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Cobalt Lodge Health & Rehabilitation Center			813-C		9/30/2020			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1. Refinancing	9	2001	15	5,538	5,538	S/L	7		
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									

\* Straight-line method must be used.

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

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

Cobalt Lodge Health & Rehabilitation Center  
 Depreciation Schedule  
 FYE September 30, 2020

	<u>Date Acquired</u>	<u>Hist. Costs</u>	<u>Cost to Be Deprec</u>	<u>Method</u>	<u>Life***</u>	<u>2018 Accum</u>	<u>2019 Deprec</u>	<u>2019 Accum</u>	<u>2020 Deprec.</u>	<u>2020 Accum.</u>	<u>NBV</u>
<b><u>Building and Building Improvements</u></b>											
<b>Acquired prior</b>		\$ 1,105,552	\$ 1,105,552	SL	Var	1,105,552	-	1,105,552	-	1,105,552	-
<b>2005 Acquisition</b>		9,372	9,372	SL	7	9,372	-	9,372	-	9,372	-
<b>2007 Garage Door Installation</b>	2/2/2006	1,670	-	N/A	N/A	-	-	-	-	-	1,670
<b>2007 Garage Door Installation</b>	1/25/2006	1,500	-	N/A	N/A	-	-	-	-	-	1,500
Windows (Disposed)	4/7/2008	125	-	N/A	N/A	-	-	-	-	-	125
Windows (Disposed)	4/21/2008	36	-	N/A	N/A	-	-	-	-	-	36
Windows (Disposed)	7/15/2008	258	-	N/A	N/A	-	-	-	-	-	258
Windows (Disposed)	3/31/2008	400	-	N/A	N/A	-	-	-	-	-	400
Patio	10/18/2007	10,427	10,427	SL	10	10,426	-	10,426	-	10,426	0
<b>2009 Acquisition</b>											
Water Heaters (2)	5/1/2009	11,162	11,162	SL	7	11,162	-	11,162	-	11,162	-
Wallboards	5/30/2009	1,786	-	N/A	N/A	-	-	-	-	-	1,786
Wood Flooring	8/31/2009	31,196	31,196	SL	15	20,797	2,080	22,877	2,080	24,957	6,239
<b>2010 Acquisition</b>											
Flooring	8/1/2010	3,299	3,299	SL	15	1,759	220	1,979	220	2,199	1,100
Wallboards	10/21/2009	2,076	-	N/A	N/A	-	-	-	-	-	2,076
<b>2011 Acquisition</b>											
Wallpaper	10/5/2010	3,551	3,551	SL	5	3,551	-	3,551	-	3,551	-
Windows	8/22/2011	-	-	-	-	-	-	-	-	-	-
Molding and Wainscot	6/9/2011	524	-	N/A	N/A	-	-	-	-	-	524
Boiler Replacement	8/12/2011	-	-	-	-	-	-	-	-	-	-
<b>2012 Acquisition</b>											
Building Renovation	10/1/2011	127,236	127,236	S/L	15	59,377	8,482	67,859	8,482	76,342	50,895
Generator	5/23/2012	73,547	73,547	S/L	15	34,322	4,903	39,225	4,903	44,128	29,419
Nursing Station	10/6/2011	13,150	13,150	S/L	15	6,137	877	7,014	877	7,890	5,260
Wallpaper	2/14/2012	4,011	4,011	S/L	7	4,011	-	4,011	-	4,011	-
<b>2013 Acquisitions</b>											
Expensed Assets		(819)	-	N/A	N/A	-	-	-	-	-	(819)
<b>2014 Acquisitions</b>											
Front Porch - Material	10/8/2013	8,555	8,555	SL	15	2,851	570	3,422	570	3,992	4,563
Interior Fire Door	1/9/2014	3,733	3,733	SL	15	1,244	249	1,493	249	1,742	1,991
<b>2017 Acquisitions</b>											
Fire Protection Systems	12/31/2016	4,688	4,688	SL	5	1,875	938	2,813	938	3,750	938
<b>2019 Additions</b>											
Various	Var	15,187	15,187	SL	15	-	1,012	1,012	1,012	2,024	13,163
<b>2020 Disposals/Additions</b>											
Various	Var	(8,679)	(8,679)	SL	-	-	-	-	-	(8,679)	-
<b>Total</b>		<b>\$ 1,423,543</b>	<b>\$ 1,514,433</b>			<b>\$ 1,272,438</b>	<b>\$ 19,331</b>	<b>\$ 1,291,768</b>	<b>\$ 19,331</b>	<b>\$ 1,302,420</b>	<b>\$ 121,123</b>
<b><u>Non-Movable Equipment</u></b>											
<b>Acquired prior</b>		\$ 24,773	\$ 24,773	SL	Var	24,773	-	24,773	-	24,773	-
Boiler Replacement	8/12/2011										
<b>Total</b>		<b>\$ 24,773</b>	<b>\$ 24,773</b>			<b>24,773</b>	<b>-</b>	<b>24,773</b>	<b>-</b>	<b>24,773</b>	<b>-</b>
<b><u>Movable Equipment</u></b>											
<b>Acquired prior</b>		\$ 185,762	\$ 185,762	SL	Var	185,762	-	185,762	-	185,762	-
<b>2006 Acquisitions</b>											
Electric Bed	1/31/2006	2,064	-	N/A	N/A	-	-	-	-	-	2,064
Electric Bed	2/7/2006	2,063	-	N/A	N/A	-	-	-	-	-	2,063

Head Boards	3/31/2006	602	-	N/A	N/A	-	-	-	-	-	602
Dell Laptop Computer	8/12/2006	1,344	-	N/A	N/A	-	-	-	-	-	1,344
Dell Desktop Computer	2/15/2006	1,317	-	N/A	N/A	-	-	-	-	-	1,317
Accounting Software System	9/1/2006	13,916	13,916	SL	5	13,916	-	13,916	-	13,916	-
<b>2007 Acquisitions</b>											
Electric Beds	11/13/2006	4,392	4,392	SL	5	4,392	-	4,392	-	4,392	-
Head Boards	12/24/2006	517	-	N/A	N/A	-	-	-	-	-	517
Head Boards	2/27/2007	551	-	N/A	N/A	-	-	-	-	-	551
Furniture Covered Tables (Disposed)	6/1/2007	120	-	N/A	N/A	-	-	-	-	-	120
<b>2008 Acquisitions</b>											
Refrigerator	10/9/2007	2,782	2,782	SL	7	2,782	-	2,782	-	2,782	-
Head Deck (Disposed)	10/17/2007	319	-	N/A	N/A	-	-	-	-	-	319
Overbed Tables (Disposed)	10/30/2007	288	-	N/A	N/A	-	-	-	-	-	288
Head Deck (Disposed)	5/31/2008	147	-	N/A	N/A	-	-	-	-	-	147
Gas Grill (Disposed)	7/1/2008	468	-	N/A	N/A	-	-	-	-	-	468
Patio Furniture (Disposed)	6/3/2008	600	-	N/A	N/A	-	-	-	-	-	600
Dell Lisa's Laptop (Disposed)	5/13/2008	581	-	N/A	N/A	-	-	-	-	-	581
Dell Mark's Laptop (Disposed)	10/23/2007	561	-	N/A	N/A	-	-	-	-	-	561
Shredder (Disposed)	4/8/2008	113	-	N/A	N/A	-	-	-	-	-	113
Deskjet D4260 Printer (Disposed)	6/5/2008	84	-	N/A	N/A	-	-	-	-	-	84
Patio Equipment	10/1/2007	2,955	2,955	SL	5	2,955	-	2,955	-	2,955	-
<b>2009 Acquisitions</b>											
Snowblower	12/31/2008	1,908	-	N/A	N/A	-	-	-	-	-	1,908
Beds	5/31/2009	10,341	10,341	SL	10	10,341	-	10,341	-	10,341	0
Patio Furniture	5/31/2009	509	-	N/A	N/A	-	-	-	-	-	509
Refrigerators	8/26/2009	1,459	-	N/A	N/A	-	-	-	-	-	1,459
<b>2010 Acquisitions</b>											
2009 Ford F-250 (Disposed)	11/19/2009	49,835	49,835	SL	5	49,835	-	49,835	-	49,835	-
Bariatric Bed	8/15/2010	3,728	3,728	SL	7	3,728	-	3,728	-	3,728	-
Beds	11/2/2009	7,690	7,690	SL	7	7,690	-	7,690	-	7,690	-
<b>2011 Acquisitions</b>											
Satellite	4/4/2011	2,849	2,849	S/L	5	2,849	-	2,849	-	2,849	-
Hand Controls	5/12/2011	372	-	N/A	N/A	-	-	-	-	-	372
Delivery Carts	10/28/2010	1,025	-	N/A	N/A	-	-	-	-	-	1,025
Satellite TV Install	5/31/2011	8,295	8,295	SL	5	8,295	-	8,295	-	8,295	-
Bariatric Bed	10/27/2010	674	-	N/A	N/A	-	-	-	-	-	674
5 Electric Beds	10/29/2010	1,611	-	N/A	N/A	-	-	-	-	-	1,611
Snowblower	10/8/2010	709	-	N/A	N/A	-	-	-	-	-	709
Computer equipment	11/8/2010	992	-	N/A	N/A	-	-	-	-	-	992
Electric Beds	9/30/2011	3,796	3,796	SL	5	3,796	-	3,796	-	3,796	-
<b>2012 Acquisition</b>											
2011 Ford F-350 (like kind) (disposed)	10/19/2011	63,599	63,599	S/L	5	63,599	-	63,599	-	63,599	-
Laptops	2/14/2012	1,487	-	N/A	N/A	-	-	-	-	-	1,487
Freezers	9/30/2012	1,223	-	N/A	N/A	-	-	-	-	-	1,223
Oxygen Equipment	7/18/2012	3,047	3,047	S/L	5	3,047	-	3,047	-	3,047	-
Wanderguard Security System	1/25/2012	1,640	-	N/A	N/A	-	-	-	-	-	1,640
<b>2013 Acquisition</b>											
Air Conditioners	7/18/2013	915	915	S/L	5	915	-	915	-	915	(0)
Air Conditioners	7/4/2013	679	679	S/L	5	678	-	678	-	678	0
Security Cameras	5/21/2013	1,495	1,495	S/L	7	1,139	214	1,352	142	1,495	(0.00)
<b>2013 Corrections to Depreciation Sched</b>											
Disposal Furniture Covered Tables	10/1/2008	(120)	-	N/A	N/A	-	-	-	-	-	(120)
Expensed Items (From 2008)		(3,161)	-	N/A	N/A	-	-	-	-	-	(3,161)
Beds (Missing from 2008)	8/30/2008	2,414	2,414	S/L	10	2,414	-	2,414	-	2,414	-
Patio Furniture (Missing from 2008)	7/31/2008	5,040	5,040	S/L	5	5,040	-	5,040	-	5,040	-
Disposal 2009 Ford F-250 (Missing '12)		(49,835)	(49,835)	S/L	5	(49,835)	-	(49,835)	-	(49,835)	-
<b>2015 Acquisition</b>											
2015 Ford F-350 (like kind) (disposed)	10/1/2014	57,536	57,536	S/L	5	46,029	11,507	57,536	-	57,536	-
Steam Table	11/21/2014	5,300	5,300	S/L	5	4,240	1,060	5,300	-	5,300	-
Air Conditioners	6/12/2015	3,610	3,610	S/L	5	2,888	722	3,610	-	3,610	-
<b>2015 Dispositions</b>											
2011 Ford F-350 (like kind)	10/19/2011	(63,599)	(63,599)	S/L	5	(63,599)	-	(63,599)	-	(63,599)	-

**2017 Acquisition**

Various Furniture/Equipment	3/30/2017	19,015	19,015	S/L	7	5,433	2,716	8,149	2,716	10,866	8,149.15
2017 Ford F350 (like-kind)	3/30/2017	64,346	64,346	S/L	5	25,738	12,869	38,608	12,869	51,477	12,869.18

**2017 Dispositions**

2015 Ford F-350 (like kind)	10/1/2014	(57,536)	(57,536)	S/L	5	(46,029)	(11,507)	(57,536)	-	(57,536)	-
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**2018 Additions**

Various Furniture/Equipment	6/30/2018	2,460	2,460	S/L	7	351	351	703	351	1,054	1,405.71
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**2019 Additions**

Various	9/30/2019	8,660	8,660	SL	5		1,732	1,732	1,732	3,464	5,196
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**2020 Additions/Disposals**

Various		(23,396)	(23,396)							(23,396)	
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<b>Total</b>		<b>\$ 362,158</b>	<b>\$ 340,090</b>			<b>\$ 298,391</b>	<b>\$ 19,665</b>	<b>\$ 318,056</b>	<b>\$ 17,811</b>	<b>\$ 312,471</b>	<b>\$ 49,687</b>
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**Land Improvements**

<b>Acquired prior</b>	Various	\$ 51,975	\$ 51,975	SL	Var	51,975	-	51,975	-	51,975	-
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<b>2011 Acquisitions</b>											
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Sign	3/11/2011	\$ 2,041	\$ 2,041	SL	5	-	-	-	-	-	2,041
landscaping	6/1/2011	\$ 6,658	\$ 6,658	SL	5	6,658	-	6,658	-	6,658	-

**2017 Acquisitions**

Septic System	6/30/2017	\$ 219,346	\$ 219,346	SL	20	21,935	10,967	32,902	10,967	43,869	175,477
Back Parking Lot Expansion	6/30/2017	\$ 14,344	\$ 14,344	SL	20	1,434	717	2,152	717	2,869	11,475

**2018 Additions**

Stone Walkway	6/15/2018	\$ 5,690	\$ 5,690	SL	10	569	569	1,138	569	1,707	3,983
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**2019 Additions**

Various	9/30/2019	\$ 2,659	\$ 2,659	SL	5		532	532	532	1,064	1,595
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**2020 Additions**

Various	9/30/2019	\$ (2,659)	\$ (2,659)	SL	5					(2,659)	
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<b>Total</b>		<b>\$ 300,054</b>	<b>\$ 300,054</b>			<b>82,571</b>	<b>12,786</b>	<b>95,357</b>	<b>12,786</b>	<b>105,483</b>	<b>194,570</b>
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**Amortization of Mortgage Expense**

Refinancing		\$ 5,538	\$ 5,538	SL	15	5,538	-	5,538	-	5,538	-
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		<b>\$ 5,538</b>	<b>\$ 5,538</b>			<b>5,538</b>	<b>-</b>	<b>5,538</b>	<b>-</b>	<b>5,538</b>	<b>-</b>
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<b>Grand Total</b>		<b>2,116,066</b>	<b>\$ 2,184,889</b>			<b>1,683,711</b>	<b>51,781</b>	<b>1,735,492</b>	<b>49,927</b>	<b>1,750,685</b>	<b>365,380</b>
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	Accum. Depreciation	2019 Depreciation	Accum. Depreciation	2020 Depreciation	Accum. Depreciation	NBV
Assets according to TB (Minus WIP)	1,807,212	25,975	1,807,212	25,975	1,807,212	398,662
Assets according to CR (Plus Land minus amort)	1,678,173	51,781	1,729,954	49,927	1,745,147	390,381
Variance for FS vs. CR	129,039	(25,806)	77,258	(23,952)	62,065	8,281

B

A

Removed due to 2011 Amendment	27,925					
Removed due to 2011 Amendment	42,500					
Removed due to 2011 Amendment	2,220					
Audit Adj. from 2012	(6,742)					
Variance	1					
<b>Total TB vs. Assets Variance</b>	<b>4,442</b>					

FS Amortization Exp	0
CR Amortization Exp	-
<b>FS vs CR Amort</b>	<b>0</b>

<b>A</b> Total Per Page 31, Line B9 FS vs CR NBV	\$	8,282
<b>B</b> Total Per Page 36, Line F1 Fs vs CR Dep	\$	(23,952)
<b>C</b> Assets not placed into service at 9/30/2019		



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

Name of Facility Cobalt Lodge Health & Rehabilitation	License No. 813-C	Report for Year Ended 9/30/2020	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*			<input type="radio"/> Yes	<input checked="" type="radio"/> No
			If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If <b>NOT</b> Original Owner, Date of Purchase		07/01/68		
4. Date of Initial Licensure		07/01/68		
5. Total Licensed Bed Capacity		60		
6. Square Footage		26,047		
7. Acquisition Cost				
a. Land		25,000		
b. Building		60,000		
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Fixed		
b. Date Mortgage Obtained		09/22/11		
c. Interest Rate for the Cost Year		4.50%		
d. Term of Mortgage (number of years)		10		
e. Amount of Principal Borrowed		550,000		
f. Principal balance outstanding as of 9/30/2020				
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
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
Cobalt Lodge Health & Rehabilitation		813-C	9/30/2020			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 9675	9,675				
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)		\$ 9,675	9,675				

(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	
Cobalt Lodge Health & Rehabilitati	813-C	9/30/2020	27	37	
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		9,675	9,675		
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)		\$	8,618	8,618	
Various Interest Expenses					
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>		\$	18,293	18,293	
14. Insurance					
a. Insurance on Property (buildings only)		\$	45,198	45,198	
b. Insurance on Automobiles		\$	5,585	5,585	
c. Insurance other than Property (as specified above)					
1. Umbrella (Blanket Coverage)		\$			
2. Fire and Extended Coverage		\$			
3. Other (Specify)		\$			
Insurance Claim					
14d. <b>Total Insurance Expenditures (14a + b + c)</b>		\$	50,783	50,783	
15. <b>Total All Expenditures (A-13 thru C-14)</b>		\$	4,662,967	4,662,967	

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Cobalt Lodge Health & Rehabilitation Center				813-C	9/30/2020	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 94,501	94,501		
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 29,000	29,000		
10.	15	1e	Accounting	\$			
10a.			Legal	\$			
11.	15	h1	Telephone	\$ 11,822	11,822		
12.	15	h2	Cellular Telephone	\$ 5,314	5,314		
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	m2/3	Unallowable Advertising *	\$ 43,734	43,734		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.	16	m6	Barber and Beauty	\$ 600	600		
23.			Other - See attached Schedule	\$ 36,994	36,994		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
<b>Subtotal (Items 1 - 26)</b>				\$ 221,965	221,965		

\* 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)
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ -

**Schedule of Fees Adjustments**

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

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	L7	Travel & Entertainment(disallowed on Pg 28a)	\$ 22,347		
16	m13	Fines & Penalties(disallowed on Pg 28a)	\$ 212		
16	m13	July 2019 Fire Expense(Reimbursed through insurance disallow)	\$ 2,292		
15	Var	Benefits Associated with Marketing(See Attachment)	\$ 11,600		
16	m13	Non-Routine Bank fees(Disallowed on Pg 28a)	\$ 543		
<b>Total Other A&amp;G Adjustments</b>			\$ 36,994	\$ -	\$ -

**Cobalt Lodge Health & Rehabilitation Center**  
**Marketing Benefits Disallowance**  
**9/30/2020**

**To disallow fringe benefits associated with the Marketing person**

**Fringe Benefit %**

Total Payroll	2,188,233	TB Linked
Total Fringes	<u>359,791</u>	TB Linked
Fringe %	16%	

Asst. Admin/ Marketing Salary	70,548	TB Linked
Fringe %	<u>16%</u>	
Fringe Disallowance	<u><u>11,600</u></u>	Pg 28a

**Cobalt Lodge Health & Rehabilitation Center**  
**Telephone Disallowance**  
**9/30/2020**

**To disallow telephone expenses associated with resident rooms**

Total Telephone Expense	15,763	<a href="#">TB Linked</a>
Number of Resident Phones	60	
Total Phones in Facility	80	
Disallowance %	75%	
<b>Telephone Disallowance</b>	<b>11,822</b>	Pg 28, Line 11

**Cobalt Lodge 2020 Cost Report**  
**Calculation of Allowable Cell Phone Expense**  
**September 30, 2020**

<b>Beds</b>	<b># of Allowable Cell Phones</b>
1-100	3
101-200	4
201-300	5
301-400	6

Total Bed Capacity	60
# of Allowable Cell Phones	3

<u>Allowable Cell Phone Expense (per cell phone):</u>	
per month	\$ 30
per year	\$ 360

<b>Page 15 Line 1h2</b>	<u><b>Amount</b></u>
Cell Phone expense per TB	\$ 6,394
Allowable Cell Phone expense	\$ 1,080
<b>Disallowed Cell Phone expense</b>	<u><u><b>\$ 5,314</b></u></u> <b>Page 28 Line 12</b>



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

Name of Facility				License No.	Report for Year Ended	Page	of
Cobalt Lodge Health & Rehabilitation Center				813-C	9/30/2020	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 221,965	221,965		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 51,975	51,975		
28.	20	5d	Ambulance/Limousine	\$ 9,640	9,640		
29.	20	5f	X-rays, etc	\$ 1,026	1,026		
30.	20	5h	Laboratory	\$ 11,139	11,139		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 6,773	6,773		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 8,589	8,589		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 14,203	14,203		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10c	Unallowable Property and Real Estate Taxes	\$ 2,769	2,769		
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 328,079	328,079		

\*\*\* Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

## Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5i	Cable Disallowance	\$ 8,589		
<b>Total Other Ancillary Costs</b>			\$ 8,589	\$ -	\$ -

## Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14b	Auto Insurance	\$ 5,585		
27	12d	Interest on Line of Credit	\$ 8,618		
<b>Total Excess Movable Equipment Depreciation</b>			\$ 14,203	\$ -	\$ -

## Schedule of Other Property Adjustments

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

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

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

**Cobalt Lodge Health & Rehabilitation Center**  
**Cable TV Disallowance**  
**September 30, 2020**

Total Monthly Fee Allowed	\$	300	
Total Months		<u>12</u>	
Total Allowable Expense	\$	3,600	
Total Cable TV Expense	\$	12,189	<a href="#">TB Linked</a>
Allowable Expense		<u>3,600</u>	
<b>Disallowed Expense</b>	<b>\$</b>	<b><u>8,589</u></b>	

## F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Cobalt Lodge Health & Rehabilitation Ce	813-C	9/30/2020			30	37
Item	Total	CCNH	RHNS	(Specify)		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 2,396,400	2,396,400				
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 478,206	478,206				
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ 365,415	365,415				
b. Private-Pay Room and Board Contractual Allowance **	\$					
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$					
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$					
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	\$					
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$					
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$					
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other ( <i>Specify</i> ) - Medicare	\$					
b. Other ( <i>Specify</i> ) - Non-Medicare	\$					
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 3,240,021	3,240,021				
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income ( <i>Specify</i> )	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 750,000	750,000				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 750,000	750,000				
<b>VI. Total All Revenue</b> (III +V)	\$ 3,990,021	3,990,021				

\* 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)
		0		
<b>Total Other Resident Revenue - Medicare</b>		\$ -	\$ -	\$ -

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

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
<b>Total Other Resident Revenue</b>		\$ -	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			0		
<b>Total Interest Income</b>			\$ -	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
30 IV 8	Business Interruption	\$ 750,000		
<b>Total Other Revenue</b>		\$ 750,000	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Cobalt Lodge Health & Rehabilitation C	813-C	9/30/2020	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	896,454
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	(408,768)
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	11,482
a. Property Insurance	9,041			
b. Liability Insurance	2,441			
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
_____				
_____				
See Schedule				
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			\$	499,168
B. Fixed Assets				
1. Land			\$	25,000
2. Land Improvements	*Historical Cost	300,054	\$	194,568
	Accum. Depreciation	105,486		Net
3. Buildings	*Historical Cost	1,423,543	\$	121,122
	Accum. Depreciation	1,302,421		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	24,773	\$	
	Accum. Depreciation	24,773		Net
6. Movable Equipment	*Historical Cost	297,812	\$	36,818
	Accum. Depreciation	260,994		Net
7. Motor Vehicles	*Historical Cost	64,346	\$	12,870
	Accum. Depreciation	51,476		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	88,790
F/S vs C/R NBV	8,282			
See Schedule	80,508			
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			\$	479,168

\* 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	
<b>Total Prepaid Expenses</b>			\$ -

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

Page Ref	Line Ref	Description	
<b>Total Other Current Assets (Itemize)</b>			\$ -

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

Page Ref	Line Ref	Description	
31	B9	Work in Progress	\$ 80,506
		Rounding	\$ 2
<b>Total Other Other Fixed Assets (Itemize)</b>			\$ 80,508

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
<b>Total Other Assets</b>			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
33	A2	Notes & loans	\$ (9,910)
33	A2	2017 Ford F350	\$ 25,340
33	A2	Due from Affiliates	\$ (26,560)
33	A2	SBA Loan	\$ 500,869
33	A2	PPP Loan	\$ 740,567
<b>Total Notes Payable</b>			\$ 1,230,306

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

Page Ref	Line Ref	Description	
<b>Total Other Current Liabilities (Itemize)</b>			\$ -

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

Page Ref	Line Ref	Description	
<b>Total Other Current Liabilities (Itemize)</b>			\$ -



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

Name of Facility	License No.	Report for Year Ended	Page	of
Cobalt Lodge Health & Rehabilitation C	813-C	9/30/2020	32	37
Account			Amount	
Total Brought Forward:			\$	978,336
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			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
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> )			\$	2,364
	Refinancing Closing Cost	2,364		
_____				
See Schedule				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	2,364
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	980,700

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Cobalt Lodge Health & Rehabilitation Center		813-C	9/30/2020	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	572,445
2. Notes Payable ( <i>itemize</i> )				\$	1,230,306
_____					
_____					
See Schedule					1,230,306
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> )				\$	84,174
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	74,117
State Excise or B&O Tax		74,117			
_____					
_____					
See Schedule					
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	1,961,042

\* 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 Cobalt Lodge Health & Rehabilitation Center	License No. 813-C	Report for Year Ended 9/30/2020	Page 34	of 37
Account			Amount	
Total Brought Forward:			1,961,042	
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				
Name of Lender	Purpose	Amount	Date Due	\$
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$
Name and Address of Lender	Amount	Loan Date	\$	
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$
Exchange - Patient Personal		(278)	(278)	
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ (278)
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 1,960,764

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

Name of Facility	License No.	Report for Year Ended	Page	of
Cobalt Lodge Health & Rehabilitation	813-C	9/30/2020	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	5,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(336,071)
6. Gain or Loss for Period	10/1/2019	thru 9/30/2020	\$	(648,993)
7. Total Net Worth			\$	(980,064)
<b>C. Total Reserves and Net Worth</b>			\$	(980,064)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	980,700

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Cobalt Lodge Health & Rehabilitation C	813-C	9/30/2020	36	37		
Account			Amount			
A. Balance at End of Prior Period as shown on Report of 09/30/2019			\$	106,340		
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	3,990,021		
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	4,639,014		
D. Net Income or Deficit			\$	(648,993)		
E. Balance			\$	(542,653)		
F. Additions						
1. Additional Capital Contributed <i>(itemize)</i>						
Expenses Per 27	\$4,662,967					
F/S vs C/R Dep.	\$(23,952)					
Total Expenditures	\$4,639,015					
Rounding	(1)					
2. Other <i>(itemize)</i>						
Prior Period Adjustment		404,187				
F-3. Total Additions					\$	404,187
G. Deductions						
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	(44,962)		
Name and Address <i>(No., City, State, Zip)</i>	Title	Amount				
	Owner Drawings	(44,962)				
2. Other Withdrawings <i>(Specify)</i>			\$	886,560		
Purpose						
	Amount					
Distributions TPZ, MPZ	789,156					
Distributions JZ	97,404					
3. Total Deductions			\$	841,598		
H. <b>Balance at End of Period</b>			\$	(980,064)		
				09/30/20		

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

Name of Facility Cobalt Lodge Health & Rehabilitation	License No. 813-C	Report for Year Ended 9/30/2020	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer <i>Matthew S Bavolack</i>	Title Principal	Date Signed 02/15/2021		
Printed Name of Preparer Matthew S. Bavolack				
Address Address 555 Long Wharf Drive, New Haven, CT 06511		Phone Number 203-781-9600		
Contacted Person Regarding Additional Information Needed Regarding This Report Lorry Cornelio		Phone Number 860-267-9034		
Contact Email Address Lcornelio17@gmail.com				

## ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for **Cobalt Lodge Health & Rehabilitation Center** for the year ended **September 30, 2020**, included in the accompanying prescribed form. We have prepared the Cost Report in accordance with the American Institute of Certified Public Accountants' Statements on Standards for Consulting Services. The Cost Report was prepared in conformity with regulations prescribed by The State of CT Department of Social Services (DSS) from data provided to us by the management of **Cobalt Lodge Health & Rehabilitation Center**. We did not audit or review the Cost Report included in the accompanying prescribed form, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the Cost Report included in the accompanying prescribed form.

Management is responsible for maintaining its records in accordance with accounting principles generally accepted in the United States of America and in accordance with reimbursement regulations set forth by DSS. Management is also responsible for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial data and supplemental information included in the Cost Report.

This report is intended solely for the information and use of the management of **Cobalt Lodge Health & Rehabilitation Center** and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

**MARCUM LLP**

New Haven, CT  
February 15, 2021

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

This checklist is not required to be submitted with the Annual Report

**Facility Name** Cobalt Lodge Health and Rehabilitation Center

Complete the following check list. **Provide an explanation for any "No" answers.** Attach additional sheets to explain further, if necessary.

- Yes No  
  1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?

**Explanation:** \_\_\_\_\_  
\_\_\_\_\_

- Yes No  
  2. Are the methods of allocating costs consistent with prior year? If not, explain the reporting change.

**Explanation:** \_\_\_\_\_  
\_\_\_\_\_

- Yes No  
  3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation.

**Explanation:** \_\_\_\_\_  
\_\_\_\_\_

- Yes No  
  4. Do equipment leases listed on Page 6 agree with equipment leases reported on Page 22, Line 6e? If not, state where these costs are included in the Annual Report.

**Explanation:** \_\_\_\_\_  
\_\_\_\_\_



Yes  No

5. Do accounting and legal fees reported on Page 7 agree with Page 15, Lines 1d and 1e, respectively?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes  No

6. During cost year, did you report all certified bed changes on Page 9? Do the bed change dates agree to the license issued by the Department of Health?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes  No

7. If there has been a change in Administrators, have the dates of employment and applicable hours for each Administrator been reported on Page 12?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes  No

8. Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes  No

9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes  No

10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from the prior cost year?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

14. Does the net book value of all assets reported on Pages 23 and 24 agree with the net book value reported on Pages 31 and 32?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

15. Has asset useful life been reported in accordance with the 2018 edition of the American Hospital Association guidelines?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

16. Have all assets been categorized between movable and fixed in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

17. Have all contractual allowances been properly reported on Page 30?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

18. Were all discrepancies on the Error Page addressed?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

19. Have Pages 1 and 37 been signed? *Cost reports without a signed Page 1 and 37 will not be accepted.*

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

20. Have detailed schedules been provided for all "other" line items, fixed asset and movable equipment additions? *If detail is not provided, appropriate disallowances will be made.*

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on Pages 28 and/or 29 of the Annual Report?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

22. Has all required documentation been submitted to the Annual Report review and audit contractor?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Client: **Cobalt Lodge**  
 Engagement: **Medicaid - Cobalt Lodge 2020 Cost Report**  
 Period Ending: **9/30/2020**  
 Trial Balance: **A.01 - TB-CCNH**

Account	Description	ADJ 9/30/2020	JE Ref #	RJE	FINAL 9/30/2020	1st PP-FINAL 9/30/2019
10.100	Cash - Petty Cash	1,271.00			1,271.00	26,271.00
10.105	Bank - Recreation	75.00			75.00	75.00
10.110	Bank - Operating	383,184.00			383,184.00	(118,441.00)
10.140	Bank - Payroll	(2,937.00)			(2,937.00)	36,198.00
10.160	Capital One	(27,451.00)			(27,451.00)	0.00
10.170	Liberty Account 6577127442	542,312.00			542,312.00	83,557.00
11.100	Private	101,935.00			101,935.00	203,622.00
11.120	Medicare	47,324.00			47,324.00	121,546.00
11.130	Medicaid	(1,105,615.00)			(1,105,615.00)	548,949.00
11.160	Commercial	38,115.00			38,115.00	67,599.00
11.170	Allowance For Bad Debt	(65,500.00)			(65,500.00)	(30,500.00)
11.180	Insurance Claim	(118,000.00)			(118,000.00)	0.00
11.190	Government Stimulas	(143,377.00)			(143,377.00)	0.00
11.200	A/R - Other	200,000.00			200,000.00	0.00
11.484	A/R Refund Clearing	68,086.00			68,086.00	40,848.00
11.486	Due From Affiliates	568,264.00			568,264.00	424,885.00
14.310	Insurance - Property	9,041.00			9,041.00	5,514.00
14.320	Insurance - Liability	2,441.00			2,441.00	2,441.00
15.000	Land	25,000.00			25,000.00	25,000.00
15.050	Land Improvements	342,559.00			342,559.00	345,218.00
15.100	Buildings	61,013.00			61,013.00	61,013.00
15.110	Building Improvements	610,154.00			610,154.00	618,833.00
15.120	Building Addition	774,191.00			774,191.00	774,191.00
15.125	Work In Progrss	80,506.00			80,506.00	0.00
15.250	Furniture & Equipment	75,810.00			75,810.00	99,316.00
15.253	Office Equipment	75,021.00			75,021.00	74,911.00
15.254	Kitchen Equipment	34,488.00			34,488.00	34,488.00
15.255	Laundry Equipment	3,738.00			3,738.00	3,738.00
15.256	Nursing Equipment	112,923.00			112,923.00	112,923.00
15.257	Housekeeping	4,608.00			4,608.00	4,608.00
15.261	Vehicles	64,346.00			64,346.00	64,346.00
15.280	Minor Equipment	22,023.00			22,023.00	22,023.00
16.050	Land Improvements	(93,848.00)			(93,848.00)	(75,469.00)
16.100	Buildings	(1,290,019.00)			(1,290,019.00)	(1,267,398.00)
16.256	Nursing Equipment	(423,345.00)			(423,345.00)	(386,321.00)
16.404	Refinancing Closing Cost	2,364.00			2,364.00	2,364.00
21.000	Trade Accounts	(723,860.00)			(723,860.00)	(1,110,894.00)
21.100	AP Accrued	155,286.00			155,286.00	83,056.00
21.311	PayRoll Payable	(3,871.00)			(3,871.00)	0.00
21.331	Payroll Accrued	(79,277.00)			(79,277.00)	(79,277.00)
21.333	Payroll Clearing & Pension	(1,253.00)			(1,253.00)	0.00
21.531	State Income Tax	(1,719.00)			(1,719.00)	0.00
21.552	Garnishment	(1,925.00)			(1,925.00)	0.00
21.921	State Excise Or B&O Tax	(74,117.00)			(74,117.00)	(74,117.00)
22.511	Notes & Loans	9,910.00			9,910.00	(301,034.00)
22.530	2017 Ford F350	(25,340.00)			(25,340.00)	(38,701.00)
22.700	Due From Affiliates	26,560.00			26,560.00	0.00
22.730	Renovation Loan Citizens Bank	0.00			0.00	(387,415.00)
22.740	Septic Loan Citizens Bank	0.00			0.00	(45,942.00)
22.750	SBA Loan	(500,869.00)			(500,869.00)	0.00
22.800	PPP Loan	(740,567.00)			(740,567.00)	0.00
29.102	Exchange - Patient Personal	278.00			278.00	0.00
29.501	Distribution TPZ, MPZ	1,141,540.00			1,141,540.00	367,384.00
29.502	Distribution JZ	132,854.00			132,854.00	35,550.00
35.101	Common Stock	(5,000.00)			(5,000.00)	(5,000.00)
35.301	Retained Earnings	(893,361.00)			(893,361.00)	(322,468.00)
41.101	Private	(300,068.00)			(300,068.00)	(991,863.00)
41.208	Medicare	(478,206.00)			(478,206.00)	(1,167,263.00)
41.301	Medicaid	(2,396,400.00)			(2,396,400.00)	(2,696,021.00)
41.392	ADJ REV-OTHER	0.00			0.00	7,262.00
41.401	Commercial	(65,347.00)			(65,347.00)	(270,870.00)
59.000	Business Interruption	(750,000.00)			(750,000.00)	0.00
60.030	Lab - Purchased Services	11,139.00			11,139.00	12,097.00

Account	Description	ADJ	JE Ref #	RJE	FINAL	1st PP-FINAL
		9/30/2020			9/30/2020	9/30/2019
60.040	Xray - Purchased Services	1,026.00			1,026.00	0.00
61.010	Drugs	51,975.00			51,975.00	117,338.00
62.020	Oxygen Supplies	6,773.00			6,773.00	12,218.00
63.113	Barber & Hair Dresser	600.00			600.00	511.00
71.100	Salaries - DNS	127,496.00			127,496.00	107,564.00
71.101	SNF NURSING EXP-SALARY	0.00			0.00	591.00
71.103	Salaries - RN	354,361.00			354,361.00	275,622.00
71.105	Salaries - LPN	252,221.00			252,221.00	318,011.00
71.111	Salaries - Aides	443,966.00			443,966.00	625,658.00
71.115	Salaries - Nurseing Admin	114,445.00			114,445.00	125,746.00
71.135	Supplies - Nursing	138,514.00			138,514.00	181,289.00
71.141	Contracted Labor - RN	143,230.00			143,230.00	133,099.00
71.142	Contracted Labor - LPN	125,749.00			125,749.00	161,395.00
71.143	Contracted Labor - Aides	84,117.00			84,117.00	89,433.00
71.155	Purchased Services - Education	0.00			0.00	65.00
71.177	Patient Transportation	9,640.00			9,640.00	16,522.00
72.093	Salaries - Physical Therapist	100,668.00			100,668.00	166,694.00
72.095	Physical Therapy - Supplies	457.00			457.00	1,138.00
75.093	Salaries - Occupational Thera	94,501.00			94,501.00	141,820.00
76.597	Salaries - Speech Therapy	42,264.00			42,264.00	33,958.00
82.100	Salaries - Maintenance Superv	50,567.00			50,567.00	51,744.00
82.101	PLANT OPER & MAINT	0.00			0.00	(105.00)
82.102	Salaries - Maintenance	16,962.00			16,962.00	27,589.00
82.122	Fuel - Gas	9,001.00			9,001.00	11,266.00
82.123	Electricity	40,722.00			40,722.00	49,384.00
82.125	Water, Sewer, Trash	20,359.00			20,359.00	14,025.00
82.126	Hazardous Waste	1,614.00			1,614.00	1,843.00
82.127	Fuel - Heating Oil	25,818.00			25,818.00	32,456.00
82.131	Supplies - Maintenance	11,265.00			11,265.00	13,568.00
82.144	Outdoor Services	5,725.00			5,725.00	1,478.00
82.145	Building Services - Repair &	760.00			760.00	21,640.00
82.146	Equip Services - Repair & Mai	24,607.00			24,607.00	29,485.00
82.149	Cable/Satelite TV	12,189.00			12,189.00	6,274.00
83.100	Salaries - Dietary Supervisor	84,034.00			84,034.00	124,800.00
83.101	DIET SALARIES-SUPERVISOR	0.00			0.00	343.00
83.102	Salaries - Dietary	189,645.00			189,645.00	186,316.00
83.106	Dietician	9,380.00			9,380.00	11,240.00
83.121	Food	115,435.00			115,435.00	108,304.00
83.130	Dishes & Utensils	447.00			447.00	313.00
83.131	Dietary Supplies	(398.00)			(398.00)	11,227.00
83.161	Kitchen Equipment Rental	2,030.00			2,030.00	0.00
			RJE - 2	0.00		
84.140	Contracted Laundry Service	55,315.00			55,315.00	66,825.00
85.102	Salaries - Housekeeping	103,263.00			103,263.00	128,377.00
85.131	Housekeeping Supplies	27.00			27.00	8,598.00
85.175	Auto Mileage	2,586.00			2,586.00	0.00
86.148	Medical Records	1,157.00			1,157.00	1,126.00
86.150	Purchased Services - Medical	26,174.00			26,174.00	122,179.00
86.152	Dentist	15,568.00			15,568.00	6,578.00
86.501	Salaries Social Services	26,222.00			26,222.00	27,247.00
86.521	Purchased Services	2,386.00			2,386.00	4,333.00
87.102	Salaries - Recreation	64,446.00			64,446.00	60,483.00
87.131	Supplies - Recreation	1,226.00			1,226.00	11,775.00
88.100	Salaries - Administrator	75,419.00			75,419.00	73,996.00
88.101	SALARIES - ASSISTANT ADMINISTRATOR	0.00			0.00	203.00
88.102	Salaries -Assistant Administr	70,548.00			70,548.00	47,110.00
88.104	Salaries - Office	154,069.00			154,069.00	132,334.00
88.111	Owner / Vice President	60,569.00			60,569.00	33,789.00
88.131	Office Supplies	16,000.00			16,000.00	14,808.00
88.154	Computer Purchased Services	27,313.00			27,313.00	26,642.00
88.176	Owner's Drawing Account	(44,962.00)			(44,962.00)	41,585.00
88.178	Travel & Entertainment	22,347.00			22,347.00	15,383.00
88.179	Seminar Expense	350.00			350.00	190.00
88.182	Payroll Service Fee	13,047.00			13,047.00	11,782.00
88.185	Professional Fees - Legal	15,711.00			15,711.00	13,433.00
88.186	Professional Fees - Accounting	93,448.00			93,448.00	44,054.00
			RJE - 3	0.00		

Account	Description	ADJ 9/30/2020	JE Ref #	RJE	FINAL 9/30/2020	1st PP-FINAL 9/30/2019
88.190	Credit Card Usage Fee	543.00			543.00	966.00
88.191	Bank Service Fee	5,631.00			5,631.00	3,196.00
88.198	PENSION CONTRIBUTION	0.00			0.00	(10,000.00)
88.313	Postage	922.00			922.00	856.00
88.590	Payroll Tax - FICA	163,710.00			163,710.00	175,345.00
88.591	Payroll Tax - FUI	3,740.00			3,740.00	4,005.00
88.592	Payroll Tax - SUI	36,414.00			36,414.00	40,298.00
88.593	Business Insurance	79,988.00			79,988.00	76,295.00
88.594	Group Insurance	75,939.00			75,939.00	79,175.00
89.115	Advertising	26,828.00			26,828.00	30,819.00
89.125	DUES & SUBSCRIPTIONS	0.00		4,997.00	4,997.00	0.00
			RJE - 1	4,997.00		
89.128	Dues & Subscriptions	11,747.00		(4,997.00)	6,750.00	9,850.00
			RJE - 1	(4,997.00)		
89.129	Licenses	4,418.00			4,418.00	1,294.00
89.163	Business Taxes - B&O Tax	257,840.00			257,840.00	327,644.00
89.165	Fines & Penalties	212.00			212.00	784.00
89.171	Telephone	15,763.00			15,763.00	16,620.00
			RJE - 2	0.00		
89.172	Internet	2,834.00			2,834.00	3,042.00
89.173	Non-Allowable Cellphone	6,394.00			6,394.00	3,015.00
89.183	Public Relations	414.00			414.00	6,486.00
89.200	July 2019 Fire Expense	2,292.00			2,292.00	57,759.00
89.250	COVID 19 Expense	4,334.00			4,334.00	0.00
89.251	Covid Advertising	16,492.00			16,492.00	0.00
89.252	Covid Nursing Supplies	8,080.00			8,080.00	0.00
89.253	Covid Pool Bills	166,218.00			166,218.00	0.00
92.232	Real Property Tax	50,946.00			50,946.00	52,362.00
92.233	Personal Property Tax	2,769.00			2,769.00	2,884.00
92.242	Insurance - Liability	45,198.00			45,198.00	27,512.00
92.243	Insurance - Auto	5,585.00			5,585.00	5,245.00
93.050	Deprec - Land Improvements	6,125.00			6,125.00	0.00
93.110	Deprec - Building Improvements	7,500.00			7,500.00	0.00
93.253	Deprec - Office Equipment	12,350.00			12,350.00	0.00
93.501	AMORT EXPENSE-ORGANI	0.00			0.00	1,182.00
94.211	Interest On Building	9,675.00			9,675.00	23,509.00
94.231	Interest On Credit Loan	8,618.00			8,618.00	14,333.00
95.160	Bad Debt - Miscellaneous	29,000.00			29,000.00	0.00
<b>Total</b>		<b>0.00</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Net (Income) Loss</b>		<b>0.00</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

Client: **Cobalt Lodge**  
 Engagement: **Medicaid - Cobalt Lodge 2020 Cost Report**  
 Period Ending: **9/30/2020**  
 Trial Balance: **A.01 - TB-CCNH**  
 Workpaper: **A.03 - TB-CCNH Combined Detail LS**

Account	Description	FINAL 9/30/2020
<b>Group : [10-A]</b>	<b>Salaries and Wages</b>	
<b>Subgroup : [2]</b>	<b>Administrators</b>	
88.100	Salaries - Administrator	75,419.00
<b>Subtotal [2]</b>	<b>Administrators</b>	<b>75,419.00</b>
<b>Subgroup : [4]</b>	<b>Other Administrative Salaries</b>	
88.102	Salaries -Assistant Administr	70,548.00
88.104	Salaries - Office	154,069.00
88.111	Owner / Vice President	60,569.00
<b>Subtotal [4]</b>	<b>Other Administrative Salaries</b>	<b>285,186.00</b>
<b>Subgroup : [5B]</b>	<b>Food Service Supervisor</b>	
83.100	Salaries - Dietary Supervisor	84,034.00
<b>Subtotal [5B]</b>	<b>Food Service Supervisor</b>	<b>84,034.00</b>
<b>Subgroup : [5C]</b>	<b>Dietary Workers</b>	
83.102	Salaries - Dietary	189,645.00
<b>Subtotal [5C]</b>	<b>Dietary Workers</b>	<b>189,645.00</b>
<b>Subgroup : [6B]</b>	<b>Other Housekeeping Workers</b>	
85.102	Salaries - Housekeeping	103,263.00
<b>Subtotal [6B]</b>	<b>Other Housekeeping Workers</b>	<b>103,263.00</b>
<b>Subgroup : [7A]</b>	<b>Engineer or Chief of Maintenance</b>	
82.100	Salaries - Maintenance Superv	50,567.00
<b>Subtotal [7A]</b>	<b>Engineer or Chief of Maintenance</b>	<b>50,567.00</b>
<b>Subgroup : [7B]</b>	<b>Other Maintenance Workers</b>	
82.102	Salaries - Maintenance	16,962.00
<b>Subtotal [7B]</b>	<b>Other Maintenance Workers</b>	<b>16,962.00</b>
<b>Subgroup : [12A]</b>	<b>Director of Nurses/Assistant Director</b>	
71.100	Salaries - DNS	127,496.00
<b>Subtotal [12A]</b>	<b>Director of Nurses/Assistant Director</b>	<b>127,496.00</b>
<b>Subgroup : [12B1]</b>	<b>RNs - Direct Care</b>	
71.103	Salaries - RN	354,361.00
<b>Subtotal [12B1]</b>	<b>RNs - Direct Care</b>	<b>354,361.00</b>
<b>Subgroup : [12B2]</b>	<b>RNs - Administrative</b>	
71.115	Salaries - Nurseing Admin	114,445.00
<b>Subtotal [12B2]</b>	<b>RNs - Administrative</b>	<b>114,445.00</b>
<b>Subgroup : [12C1]</b>	<b>LPNs - Direct Care</b>	

71.105	Salaries - LPN	252,221.00
<b>Subtotal [12C1]</b>	<b>LPNs - Direct Care</b>	<b><u>252,221.00</u></b>
<b>Subgroup : [12D]</b>	<b>Aides and Attendants</b>	
71.111	Salaries - Aides	443,966.00
<b>Subtotal [12D]</b>	<b>Aides and Attendants</b>	<b><u>443,966.00</u></b>
<b>Subgroup : [12H]</b>	<b>Recreation Workers</b>	
87.102	Salaries - Recreation	64,446.00
<b>Subtotal [12H]</b>	<b>Recreation Workers</b>	<b><u>64,446.00</u></b>
<b>Subgroup : [12M]</b>	<b>Social Workers/Case Management</b>	
86.501	Salaries Social Services	26,222.00
<b>Subtotal [12M]</b>	<b>Social Workers/Case Management</b>	<b><u>26,222.00</u></b>
<b>Total [10-A]</b>	<b>Salaries and Wages</b>	<b><u>2,188,233.00</u></b>
<b>Group : [13-B]</b>	<b>Professional Fees</b>	
<b>Subgroup : [1]</b>	<b>Dietitian</b>	
83.106	Dietician	9,380.00
<b>Subtotal [1]</b>	<b>Dietitian</b>	<b><u>9,380.00</u></b>
<b>Subgroup : [2]</b>	<b>Dentist</b>	
86.152	Dentist	15,568.00
<b>Subtotal [2]</b>	<b>Dentist</b>	<b><u>15,568.00</u></b>
<b>Subgroup : [3]</b>	<b>Pharmacist</b>	
86.521	Purchased Services	2,386.00
<b>Subtotal [3]</b>	<b>Pharmacist</b>	<b><u>2,386.00</u></b>
<b>Subgroup : [5A]</b>	<b>PT - Resident Care</b>	
72.093	Salaries - Physical Therapist	100,668.00
<b>Subtotal [5A]</b>	<b>PT - Resident Care</b>	<b><u>100,668.00</u></b>
<b>Subgroup : [8A]</b>	<b>Medical Director</b>	
86.150	Purchased Services - Medical	26,174.00
<b>Subtotal [8A]</b>	<b>Medical Director</b>	<b><u>26,174.00</u></b>
<b>Subgroup : [9A]</b>	<b>ST - Resident Care</b>	
76.597	Salaries - Speech Therapy	42,264.00
<b>Subtotal [9A]</b>	<b>ST - Resident Care</b>	<b><u>42,264.00</u></b>
<b>Subgroup : [10A]</b>	<b>OT - Resident Care</b>	
75.093	Salaries - Occupational Thera	94,501.00
<b>Subtotal [10A]</b>	<b>OT - Resident Care</b>	<b><u>94,501.00</u></b>
<b>Subgroup : [11A1]</b>	<b>RN's - Direct Care</b>	
71.141	Contracted Labor - RN	143,230.00
<b>Subtotal [11A1]</b>	<b>RN's - Direct Care</b>	<b><u>143,230.00</u></b>
<b>Subgroup : [11B1]</b>	<b>LPN's - Direct Care</b>	
71.142	Contracted Labor - LPN	125,749.00



<b>Subtotal [11B1]</b>	<b>LPN's - Direct Care</b>	<b>125,749.00</b>
<b>Subgroup : [11C]</b>	<b>Aides</b>	
71.143	Contracted Labor - Aides	84,117.00
<b>Subtotal [11C]</b>	<b>Aides</b>	<b>84,117.00</b>
<b>Subgroup : [12]</b>	<b>Other</b>	
86.148	Medical Records	1,157.00
<b>Subtotal [12]</b>	<b>Other</b>	<b>1,157.00</b>
<b>Total [13-B]</b>	<b>Professional Fees</b>	<b>645,194.00</b>
<b>Group : [15]</b>	<b>Expenditures Other than Salaries</b>	
<b>Subgroup : [1A1]</b>	<b>Workmen's Compensation</b>	
88.593	Business Insurance	79,988.00
<b>Subtotal [1A1]</b>	<b>Workmen's Compensation</b>	<b>79,988.00</b>
<b>Subgroup : [1A3]</b>	<b>Unemployment Insurance</b>	
88.591	Payroll Tax - FUI	3,740.00
88.592	Payroll Tax - SUI	36,414.00
<b>Subtotal [1A3]</b>	<b>Unemployment Insurance</b>	<b>40,154.00</b>
<b>Subgroup : [1A4]</b>	<b>Social Security (FICA)</b>	
88.590	Payroll Tax - FICA	163,710.00
<b>Subtotal [1A4]</b>	<b>Social Security (FICA)</b>	<b>163,710.00</b>
<b>Subgroup : [1A5]</b>	<b>Health Insurance</b>	
88.594	Group Insurance	75,939.00
<b>Subtotal [1A5]</b>	<b>Health Insurance</b>	<b>75,939.00</b>
<b>Subgroup : [1C]</b>	<b>Bad Debts</b>	
95.160	Bad Debt - Miscellaneous	29,000.00
<b>Subtotal [1C]</b>	<b>Bad Debts</b>	<b>29,000.00</b>
<b>Subgroup : [1D]</b>	<b>Accounting and Auditing</b>	
88.186	Professional Fees - Accounting	93,448.00
<b>Subtotal [1D]</b>	<b>Accounting and Auditing</b>	<b>93,448.00</b>
<b>Subgroup : [1E]</b>	<b>Legal</b>	
88.185	Professional Fees - Legal	15,711.00
<b>Subtotal [1E]</b>	<b>Legal</b>	<b>15,711.00</b>
<b>Subgroup : [1G]</b>	<b>Office Supplies</b>	
88.131	Office Supplies	16,000.00
<b>Subtotal [1G]</b>	<b>Office Supplies</b>	<b>16,000.00</b>
<b>Subgroup : [1H1]</b>	<b>Telephone and Telegraph</b>	
89.171	Telephone	15,763.00
<b>Subtotal [1H1]</b>	<b>Telephone and Telegraph</b>	<b>15,763.00</b>
<b>Subgroup : [1H2]</b>	<b>Cellular Phones and Beepers</b>	
89.173	Non-Allowable Cellphone	6,394.00

<b>Subtotal [1H2]</b>	<b>Cellular Phones and Beepers</b>	<b>6,394.00</b>
<b>Subgroup : [1K3]</b>	<b>Resident Day User Fee</b>	
89.163	Business Taxes - B&O Tax	257,840.00
<b>Subtotal [1K3]</b>	<b>Resident Day User Fee</b>	<b>257,840.00</b>
<b>Total [15]</b>	<b>Expenditures Other than Salaries</b>	<b>793,947.00</b>
<b>Group : [16]</b>	<b>Expenditures Other than Salaries (cont'd) - Admin. and General</b>	
<b>Subgroup : [4]</b>	<b>Employee Travel</b>	
85.175	Auto Mileage	2,586.00
<b>Subtotal [4]</b>	<b>Employee Travel</b>	<b>2,586.00</b>
<b>Subgroup : [5]</b>	<b>Education Expense</b>	
88.179	Seminar Expense	350.00
<b>Subtotal [5]</b>	<b>Education Expense</b>	<b>350.00</b>
<b>Subgroup : [7]</b>	<b>Other</b>	
88.178	Travel & Entertainment	22,347.00
<b>Subtotal [7]</b>	<b>Other</b>	<b>22,347.00</b>
<b>Subgroup : [M3]</b>	<b>Advertising Other</b>	
89.115	Advertising	26,828.00
89.183	Public Relations	414.00
89.251	Covid Advertising	16,492.00
<b>Subtotal [M3]</b>	<b>Advertising Other</b>	<b>43,734.00</b>
<b>Subgroup : [M6]</b>	<b>Barber and Beauty Supplies</b>	
63.113	Barber & Hair Dresser	600.00
<b>Subtotal [M6]</b>	<b>Barber and Beauty Supplies</b>	<b>600.00</b>
<b>Subgroup : [M7]</b>	<b>Postage</b>	
88.313	Postage	922.00
<b>Subtotal [M7]</b>	<b>Postage</b>	<b>922.00</b>
<b>Subgroup : [M9]</b>	<b>Subscriptions</b>	
89.125	DUES & SUBSCRIPTIONS	4,997.00
89.128	Dues & Subscriptions	6,750.00
<b>Subtotal [M9]</b>	<b>Subscriptions</b>	<b>11,747.00</b>
<b>Subgroup : [M11]</b>	<b>Services Provided by Contract</b>	
88.154	Computer Purchased Services	27,313.00
88.182	Payroll Service Fee	13,047.00
89.172	Internet	2,834.00
<b>Subtotal [M11]</b>	<b>Services Provided by Contract</b>	<b>43,194.00</b>
<b>Subgroup : [M13]</b>	<b>Other</b>	
88.190	Credit Card Usage Fee	543.00
88.191	Bank Service Fee	5,631.00
89.129	Licenses	4,418.00
89.165	Fines & Penalties	212.00
89.200	July 2019 Fire Expense	2,292.00

89.250	COVID 19 Expense	4,334.00
<b>Subtotal [M13]</b>	<b>Other</b>	<b>17,430.00</b>
<b>Total [16]</b>	<b>Expenditures Other than Salaries (cont'd) - Admin. and General</b>	<b>142,910.00</b>
<b>Group : [18]</b>	<b>Dietary Basis for Allocation of Costs</b>	
<b>Subgroup : [2A1]</b>	<b>Raw Food</b>	
83.121	Food	115,435.00
<b>Subtotal [2A1]</b>	<b>Raw Food</b>	<b>115,435.00</b>
<b>Subgroup : [2A2]</b>	<b>Non-Food Supplies</b>	
83.130	Dishes & Utensils	447.00
83.131	Dietary Supplies	(398.00)
<b>Subtotal [2A2]</b>	<b>Non-Food Supplies</b>	<b>49.00</b>
<b>Total [18]</b>	<b>Dietary Basis for Allocation of Costs</b>	<b>115,484.00</b>
<b>Group : [19]</b>	<b>Laundry-Basis for Allocation of Costs</b>	
<b>Subgroup : [3B]</b>	<b>Purchased Services</b>	
84.140	Contracted Laundry Service	55,315.00
<b>Subtotal [3B]</b>	<b>Purchased Services</b>	<b>55,315.00</b>
<b>Total [19]</b>	<b>Laundry-Basis for Allocation of Costs</b>	<b>55,315.00</b>
<b>Group : [20]</b>	<b>Housekeeping and Resident Care Basis for Allocation of Costs</b>	
<b>Subgroup : [4C]</b>	<b>Other</b>	
85.131	Housekeeping Supplies	27.00
<b>Subtotal [4C]</b>	<b>Other</b>	<b>27.00</b>
<b>Subgroup : [5A2]</b>	<b>Purchased from</b>	
61.010	Drugs	51,975.00
<b>Subtotal [5A2]</b>	<b>Purchased from</b>	<b>51,975.00</b>
<b>Subgroup : [5B]</b>	<b>Medicine Cabinet Drugs</b>	
71.135	Supplies - Nursing	138,514.00
<b>Subtotal [5B]</b>	<b>Medicine Cabinet Drugs</b>	<b>138,514.00</b>
<b>Subgroup : [5D]</b>	<b>Ambulance/Limousine</b>	
71.177	Patient Transportation	9,640.00
<b>Subtotal [5D]</b>	<b>Ambulance/Limousine</b>	<b>9,640.00</b>
<b>Subgroup : [5E2]</b>	<b>Oxygen - Other</b>	
62.020	Oxygen Supplies	6,773.00
<b>Subtotal [5E2]</b>	<b>Oxygen - Other</b>	<b>6,773.00</b>
<b>Subgroup : [5F]</b>	<b>X-Rays and related radiological</b>	
60.040	Xray - Purchased Services	1,026.00
<b>Subtotal [5F]</b>	<b>X-Rays and related radiological</b>	<b>1,026.00</b>
<b>Subgroup : [5H]</b>	<b>Laboratory</b>	
60.030	Lab - Purchased Services	11,139.00
<b>Subtotal [5H]</b>	<b>Laboratory</b>	<b>11,139.00</b>

<b>Subgroup : [5I]</b>	<b>Recreation</b>	
82.149	Cable/Satelite TV	12,189.00
87.131	Supplies - Recreation	1,226.00
89.253	Covid Pool Bills	166,218.00
<b>Subtotal [5I]</b>	<b>Recreation</b>	<b>179,633.00</b>
<b>Subgroup : [5L]</b>	<b>Other</b>	
72.095	Physical Therapy - Supplies	457.00
89.252	Covid Nursing Supplies	8,080.00
<b>Subtotal [5L]</b>	<b>Other</b>	<b>8,537.00</b>
<b>Total [20]</b>	<b>Housekeeping and Resident Care Basis for Allocation of Costs</b>	<b>407,264.00</b>
<b>Group : [22]</b>	<b>Maintenance and Property</b>	
<b>Subgroup : [6A]</b>	<b>Repairs and Maintenance</b>	
82.131	Supplies - Maintenance	11,265.00
82.145	Building Services - Repair &	760.00
82.146	Equip Services - Repair & Mai	24,607.00
<b>Subtotal [6A]</b>	<b>Repairs and Maintenance</b>	<b>36,632.00</b>
<b>Subgroup : [6B]</b>	<b>Heat</b>	
82.122	Fuel - Gas	9,001.00
82.127	Fuel - Heating Oil	25,818.00
<b>Subtotal [6B]</b>	<b>Heat</b>	<b>34,819.00</b>
<b>Subgroup : [6C]</b>	<b>Light &amp; Power</b>	
82.123	Electricity	40,722.00
<b>Subtotal [6C]</b>	<b>Light &amp; Power</b>	<b>40,722.00</b>
<b>Subgroup : [6D]</b>	<b>Water</b>	
82.125	Water, Sewer, Trash	20,359.00
<b>Subtotal [6D]</b>	<b>Water</b>	<b>20,359.00</b>
<b>Subgroup : [6F]</b>	<b>Other</b>	
82.126	Hazardous Waste	1,614.00
82.144	Outdoor Services	5,725.00
83.161	Kitchen Equipment Rental	2,030.00
<b>Subtotal [6F]</b>	<b>Other</b>	<b>9,369.00</b>
<b>Subgroup : [7A]</b>	<b>Land Improvements</b>	
93.050	Deprec - Land Improvements	6,125.00
<b>Subtotal [7A]</b>	<b>Land Improvements</b>	<b>6,125.00</b>
<b>Subgroup : [7B]</b>	<b>Building &amp; Building Improvements</b>	
93.110	Deprec - Building Improvements	7,500.00
<b>Subtotal [7B]</b>	<b>Building &amp; Building Improvements</b>	<b>7,500.00</b>
<b>Subgroup : [7C]</b>	<b>Non-movable Equipment</b>	
93.253	Deprec - Office Equipment	12,350.00
<b>Subtotal [7C]</b>	<b>Non-movable Equipment</b>	<b>12,350.00</b>

<b>Subgroup : [10A]</b>	<b>Real estate taxes paid by owner</b>	
92.232	Real Property Tax	50,946.00
<b>Subtotal [10A]</b>	<b>Real estate taxes paid by owner</b>	<u><b>50,946.00</b></u>
<b>Subgroup : [10C]</b>	<b>Personal property taxes</b>	
92.233	Personal Property Tax	2,769.00
<b>Subtotal [10C]</b>	<b>Personal property taxes</b>	<u><b>2,769.00</b></u>
<b>Total [22]</b>	<b>Maintenance and Property</b>	<u><u><b>221,591.00</b></u></u>
<b>Group : [26]</b>	<b>Interest</b>	
<b>Subgroup : [12A1]</b>	<b>First Mortgage</b>	
94.211	Interest On Building	9,675.00
<b>Subtotal [12A1]</b>	<b>First Mortgage</b>	<u><b>9,675.00</b></u>
<b>Total [26]</b>	<b>Interest</b>	<u><u><b>9,675.00</b></u></u>
<b>Group : [27]</b>	<b>Interest and Insurance</b>	
<b>Subgroup : [12D]</b>	<b>Other Interest Expense</b>	
94.231	Interest On Credit Loan	8,618.00
<b>Subtotal [12D]</b>	<b>Other Interest Expense</b>	<u><b>8,618.00</b></u>
<b>Subgroup : [14A]</b>	<b>Insurance on Property</b>	
92.242	Insurance - Liability	45,198.00
<b>Subtotal [14A]</b>	<b>Insurance on Property</b>	<u><b>45,198.00</b></u>
<b>Subgroup : [14B]</b>	<b>Insurance of Automobiles</b>	
92.243	Insurance - Auto	5,585.00
<b>Subtotal [14B]</b>	<b>Insurance of Automobiles</b>	<u><b>5,585.00</b></u>
<b>Total [27]</b>	<b>Interest and Insurance</b>	<u><u><b>59,401.00</b></u></u>
<b>Group : [30]</b>	<b>Statement of Revenue</b>	
<b>Subgroup : [1A]</b>	<b>Medicaid Residents (CT only)</b>	
41.301	Medicaid	(2,396,400.00)
<b>Subtotal [1A]</b>	<b>Medicaid Residents (CT only)</b>	<u><b>(2,396,400.00)</b></u>
<b>Subgroup : [3A]</b>	<b>Medicare Residents (All inclusive)</b>	
41.208	Medicare	(478,206.00)
<b>Subtotal [3A]</b>	<b>Medicare Residents (All inclusive)</b>	<u><b>(478,206.00)</b></u>
<b>Subgroup : [4A]</b>	<b>Private-pay residents and other</b>	
41.101	Private	(300,068.00)
41.401	Commercial	(65,347.00)
<b>Subtotal [4A]</b>	<b>Private-pay residents and other</b>	<u><b>(365,415.00)</b></u>
<b>Subgroup : [18]</b>	<b>Other Revenue</b>	
59.000	Business Interruption	(750,000.00)
<b>Subtotal [18]</b>	<b>Other Revenue</b>	<u><b>(750,000.00)</b></u>
<b>Total [30]</b>	<b>Statement of Revenue</b>	<u><u><b>(3,990,021.00)</b></u></u>

<b>Group : [31]</b>	<b>Current Assets</b>	
<b>Subgroup : [A1]</b>	<b>Cash</b>	
10.100	Cash - Petty Cash	1,271.00
10.105	Bank - Recreation	75.00
10.110	Bank - Operating	383,184.00
10.140	Bank - Payroll	(2,937.00)
10.160	Capital One	(27,451.00)
10.170	Liberty Account 6577127442	542,312.00
<b>Subtotal [A1]</b>	<b>Cash</b>	<b><u>896,454.00</u></b>
<b>Subgroup : [A2]</b>	<b>Accounts Receivable</b>	
11.100	Private	101,935.00
11.120	Medicare	47,324.00
11.130	Medicaid	(1,105,615.00)
11.160	Commercial	38,115.00
11.170	Allowance For Bad Debt	(65,500.00)
11.180	Insurance Claim	(118,000.00)
11.190	Government Stimulas	(143,377.00)
11.200	A/R - Other	200,000.00
11.484	A/R Refund Clearing	68,086.00
11.486	Due From Affiliates	568,264.00
<b>Subtotal [A2]</b>	<b>Accounts Receivable</b>	<b><u>(408,768.00)</u></b>
<b>Subgroup : [A5]</b>	<b>Prepaid Expenses</b>	
14.310	Insurance - Property	9,041.00
14.320	Insurance - Liability	2,441.00
<b>Subtotal [A5]</b>	<b>Prepaid Expenses</b>	<b><u>11,482.00</u></b>
<b>Subgroup : [B1]</b>	<b>Land</b>	
15.000	Land	25,000.00
<b>Subtotal [B1]</b>	<b>Land</b>	<b><u>25,000.00</u></b>
<b>Subgroup : [B2]</b>	<b>Land Improvements</b>	
15.050	Land Improvements	342,559.00
16.050	Land Improvements	(93,848.00)
<b>Subtotal [B2]</b>	<b>Land Improvements</b>	<b><u>248,711.00</u></b>
<b>Subgroup : [B3]</b>	<b>Buildings</b>	
15.100	Buildings	61,013.00
15.110	Building Improvements	610,154.00
15.120	Building Addition	774,191.00
16.100	Buildings	(1,290,019.00)
<b>Subtotal [B3]</b>	<b>Buildings</b>	<b><u>155,339.00</u></b>
<b>Subgroup : [B6]</b>	<b>Movable Equipment</b>	
15.250	Furniture & Equipment	75,810.00
15.253	Office Equipment	75,021.00
15.254	Kitchen Equipment	34,488.00
15.255	Laundry Equipment	3,738.00
15.256	Nursing Equipment	112,923.00
15.257	Housekeeping	4,608.00

15.280	Minor Equipment	22,023.00
16.256	Nursing Equipment	(423,345.00)
<b>Subtotal [B6]</b>	<b>Movable Equipment</b>	<b>(94,734.00)</b>
<b>Subgroup : [B7]</b>	<b>Motor Vehicles</b>	
15.261	Vehicles	64,346.00
<b>Subtotal [B7]</b>	<b>Motor Vehicles</b>	<b>64,346.00</b>
<b>Subgroup : [B9]</b>	<b>Other Fixed Assets</b>	
15.125	Work In Progrss	80,506.00
<b>Subtotal [B9]</b>	<b>Other Fixed Assets</b>	<b>80,506.00</b>
<b>Total [31]</b>	<b>Current Assets</b>	<b>978,336.00</b>
<b>Group : [31-32]</b>	<b>Non-Current Assets</b>	
<b>Subgroup : [D7]</b>	<b>Other Assets</b>	
16.404	Refinancing Closing Cost	2,364.00
<b>Subtotal [D7]</b>	<b>Other Assets</b>	<b>2,364.00</b>
<b>Total [31-32]</b>	<b>Non-Current Assets</b>	<b>2,364.00</b>
<b>Group : [33]</b>	<b>Current Liabilities</b>	
<b>Subgroup : [A1]</b>	<b>Accounts Payable</b>	
21.000	Trade Accounts	(723,860.00)
21.100	AP Accrued	155,286.00
21.311	PayRoll Payable	(3,871.00)
<b>Subtotal [A1]</b>	<b>Accounts Payable</b>	<b>(572,445.00)</b>
<b>Subgroup : [A2]</b>	<b>Notes Payable</b>	
22.511	Notes & Loans	9,910.00
22.530	2017 Ford F350	(25,340.00)
22.700	Due From Affiliates	26,560.00
22.750	SBA Loan	(500,869.00)
22.800	PPP Loan	(740,567.00)
<b>Subtotal [A2]</b>	<b>Notes Payable</b>	<b>(1,230,306.00)</b>
<b>Subgroup : [A4]</b>	<b>Accrued Payroll</b>	
21.331	Payroll Accrued	(79,277.00)
21.333	Payroll Clearing & Pension	(1,253.00)
21.531	State Income Tax	(1,719.00)
21.552	Garnishment	(1,925.00)
<b>Subtotal [A4]</b>	<b>Accrued Payroll</b>	<b>(84,174.00)</b>
<b>Subgroup : [A12]</b>	<b>Other Current Liabilities</b>	
21.921	State Excise Or B&O Tax	(74,117.00)
<b>Subtotal [A12]</b>	<b>Other Current Liabilities</b>	<b>(74,117.00)</b>
<b>Total [33]</b>	<b>Current Liabilities</b>	<b>(1,961,042.00)</b>
<b>Group : [34]</b>	<b>Non-Current Liabilities</b>	
<b>Subgroup : [B4]</b>	<b>Other Long-Term Liabilities</b>	
29.102	Exchange - Patient Personal	278.00

<b>Subtotal [B4]</b>	<b>Other Long-Term Liabilities</b>	<u><u>278.00</u></u>
<b>Total [34]</b>	<b>Non-Current Liabilities</b>	<u><u>278.00</u></u>
<b>Group : [35]</b>	<b>Equity</b>	
<b>Subgroup : [B2]</b>	<b>Capital Stock</b>	
35.101	Common Stock	(5,000.00)
<b>Subtotal [B2]</b>	<b>Capital Stock</b>	<u><u>(5,000.00)</u></u>
<b>Subgroup : [B5]</b>	<b>Cummulated Earnings</b>	
29.501	Distribution TPZ, MPZ	1,141,540.00
29.502	Distribution JZ	132,854.00
35.301	Retained Earnings	(893,361.00)
88.176	Owner's Drawing Account	(44,962.00)
<b>Subtotal [B5]</b>	<b>Cummulated Earnings</b>	<u><u>336,071.00</u></u>
<b>Total [35]</b>	<b>Equity</b>	<u><u>331,071.00</u></u>
	<b>NET (INCOME) LOSS</b>	<u><u>0.00</u></u>
	<b>Sum of Account Groups</b>	<b>0.00</b>



Client: **Cobalt Lodge**  
 Engagement: **Medicaid - Cobalt Lodge 2020 Cost Report**  
 Period Ending: **9/30/2020**  
 Trial Balance: **A.01 - TB-CCNH**  
 Workpaper: **H.01 - Reclassifying Journal Entries Report**

Account	Description	W/P Ref	Debit	Credit
<b>Reclassifying Journal Entries JE # 1</b>		<b>N.01a</b>		
To reclass Subscriptions to the correct account				
89.125	DUES & SUBSCRIPTIONS		4,997.00	
89.128	Dues & Subscriptions			4,997.00
<b>Total</b>			<b><u>4,997.00</u></b>	<b><u>4,997.00</u></b>
<b>Reclassifying Journal Entries JE # 2</b>		<b>N.01a</b>		
To reclass phone systems lease				
83.161	Kitchen Equipment Rental			
89.171	Telephone			
<b>Total</b>			<b><u>0.00</u></b>	<b><u>0.00</u></b>
<b>Reclassifying Journal Entries JE # 3</b>		<b>E.03</b>		
To reclass professional fees out of accounting fees				
88.186	Professional Fees - Accounting			
<b>Total</b>			<b><u>0.00</u></b>	<b><u>0.00</u></b>



Provider Name: Cobalt Lodge Health & Rehabilitation Center  
Provider Number: 8136  
Period Ended: 9/30/20

Name of Workpaper: VHCL CKLST

**VEHICLE COMPLIANCE CHECKLIST**

**PURPOSE:** To determine that vehicles comply with the published February 15, 2000 guidelines developed to assist providers in understanding what transportation costs are allowable and how the costs must be documented.

		Yes	No	Support Filed at?	Finding Issued?
1	Are all vehicles registered and insured in the facility's name? <i>Request insurance cards and current vehicle registration.</i>				
2	Are all purchase and lease agreements made in the facility's name?				
3	Were mileage logs obtained for facility vehicles claimed for reimbursement				
4	Were the number of vehicles allowed for reimbursement determined?				
5	Was personal use of the facility vehicles determined?				
6	Has the maximum cost allowed for depreciation purposes or the maximum allowable monthly lease expense been determined?				
7	Were all newly acquired vehicle additions for the cost years specified to supporting invoices and cancelled checks verified?				
8	Were all motor vehicle additions physically inspected?				

**Conclusion:**