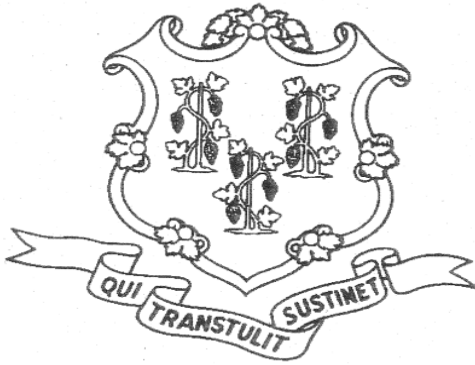


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2020

Name of Facility (as licensed) Greentree Manor & Nursing Rehabilitation Center	
Address (No. & Street, City, State, Zip Code) 4 Greentree Drive, Waterford, CT 06385	
Type of Facility <input 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 842C	RHNS	(Specify)	Medicare Provider 07-5113A
------------------	--------------	------	-----------	-------------------------------

Medicaid Provider Numbers:	CCNH 8425	RHNS	ICF-IID
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For Department Use Only

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

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Greentree Manor & Nursing Rehabilitation Center	842C	9/30/2020	1	37

Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Greentree Manor & Nursing Rehabilitation Center [facility name], for the cost report period beginning October 1, 2019 and ending September 30, 2020, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Rebecca Fraser			Printed Name (Owner) Martin Sbriglio		
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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Greentree Manor & Nursing Rehabilitation Center	Period Covered:	From 10/1/2019	To 9/30/2020	
Address of Facility 4 Greentree Drive, Waterford, CT 06385				
Report Prepared By Ryders Health Management	Phone Number 203-381-1327	Date 12/15/2020		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

		Phone No. of Facility 203-381-1327	Report for Year Ended 9/30/2020	Page 2	of 37
Name of Facility (as shown on license) Greentree Manor & Nursing Rehabilitation Center			Address (No. & Street, City, State, Zip) 4 Greentree Drive, Waterford, CT 06385		
License Numbers:	CCNH 842C	RHNS	(Specify)	Medicare Provider No. 07-5113A	
Type of Facility (Check appropriate box(es))					
<input 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.	
Administrator					
Name of Administrator Rebecca Fraser			Nursing Home Administrator's License No.:		
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		
N/A					

General Information and Questionnaire
Corporate Owners

Name of Facility Greentree Manor & Nursing Rehabilitation Center	License No. 842C	Report for Year Ended 9/30/2020	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Greentree Manor Nursing & Rehabilitation Center	4 Greentree Drive, Waterford, CT 06385	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Martin Sbriglio, RN, NHA	4 Greentree Drive, Waterford, CT 06385	Owner	50	
Robert Sbriglio, MD, MPH	4 Greentree Drive, Waterford, CT 06385	Owner	25	
Kenneth Kopchik	4 Greentree Drive, Waterford, CT 06385	Owner	25	
Names of Stockholders Owning at Least 10% of Shares				
Martin Sbriglio, RN, NHA	4 Greentree Drive, Waterford, CT 06385	Owner	50	
Robert Sbriglio, MD, MPH	4 Greentree Drive, Waterford, CT 06385	Owner	25	
Kenneth Kopchik	4 Greentree Drive, Waterford, CT 06385	Owner	25	

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Greentree Manor & Nursing Rehabilitation Center	842C	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

Annual Report of Long-Term Care Facility

**General Information and Questionnaire
Related Parties***

Name of Facility Greentree Manor & Nursing Rehabilitation Cente	License No. 842C	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	%**				
See Attached		<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 Greentree Manor & Nursing Rehabilitation Cent	License No. 842C	Report for Year Ended 9/30/2020	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist <i>(See listing page 13)</i>
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expense:	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes No If "No," explain fully why such allocation was not made.

General Information and Questionnaire Leases (Excluding Real Property)

Operating Leases - Include all long-term leases for motor vehicles and equipment that have not been capitalized. Short-term leases or as needed rentals should not be included in these amounts.

Name of Facility		License No.	Report for Year Ended			Page	of
Greentree Manor & Nursing Rehabilitation Center		842C	9/30/2020			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
Wells Fargo	<input type="radio"/>	<input checked="" type="radio"/>	Copiers				3,959
BBI Technologies	<input type="radio"/>	<input checked="" type="radio"/>	Copiers				3,030
LEAF	<input type="radio"/>	<input checked="" type="radio"/>					1,894
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
Is a Mileage Log Book Maintained for All Leased Vehicles ?						<input type="radio"/> Yes	<input checked="" type="radio"/> No
Total ***							8,883

* 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 Greentree Manor & Nursing Rehab	License No. 842C	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 Drive, New Haven, CT 06511
---	--

Services Provided by This Firm (*describe fully*)

1 Financial statements, tax returns	\$ 13,934
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 13,934

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

Legal Services Information

Name of Legal Firm or Independent Attorney 1 See Attached 2 3 4 5	Telephone Number
--	------------------

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

Services Provided by This Firm (*describe fully*)

1	\$
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$

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

Schedule of Resident Statistics

Name of Facility Greentree Manor & Nursing Rehabilitation Center			License No. 842C		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	90	90			90	90							
B. On last day of THIS report period	90	90							90	90			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	79	79			79	79							
B. As of midnight of THIS report period	79	79							79	79			
3. Total Number of Days Care Provided During Period													
A. Medicare	2,351	2,351			1,742	1,742			609	609			
B. Medicaid (Conn.)	19,352	19,352			14,572	14,572			4,780	4,780			
C. Medicaid (other states)													
D. Private Pay	3,457	3,457			2,695	2,695			762	762			
E. State SSI for RCH													
F. Other (Specify)	1,216	1,216			924	924			292	292			
G. Total Care Days During Period (3A thru F)	26,376	26,376			19,933	19,933			6,443	6,443			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	364	364			281	281			83	83			
B. Other Bed Reserve Days	30	30			22	22			8	8			
5. Total Resident Days (3G + 4A + 4B)	26,770	26,770			20,236	20,236			6,534	6,534			

Schedule of Resident Statistics (Cont'd)

Name of Facility Greentree Manor & Nursing Rehabilitation Ce	License No. 842C	Report for Year Ended 9/30/2020	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	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	6	62		11				
Per Diem Rate								
a. One bed rm.	Various			471 - 461				
b. Two bed rms.		234.42		455 - 426				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	3,680	3,680		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	5,373	5,373		
D. Total Physical Therapy Treatments	9,053	9,053		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	2,248	2,248		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	1,290	1,290		
D. Total Speech Therapy Treatments	3,538	3,538		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	3,224	3,224		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	5,350	5,350		
D. Total Occupational Therapy Treatments	8,574	8,574		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Greentree Manor & Nursing Rehabilitation Center	842C	9/30/2020	10	37		
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes <input type="radio"/> No				
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. of Schedule A1)						
2. Administrator(s) (Complete also Sec. II of Schedule A1)	112,523	2,293				
3. Assistant Administrator (Complete also Sec. I of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	131,769	7,481				
5. Dietary Service						
a. Head Dietitian	30,238	802				
b. Food Service Supervisor	63,375	2,274				
c. Dietary Workers	303,846	20,128				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	117,011	9,184				
7. Repairs & Maintenance Service:						
a. Engineer or Chief of Maintenance	52,932	2,247				
b. Other Maintenance Workers	39,165	2,385				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	34,039	2,353				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services:						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Resident						
a. Directors and Assistant Director of Nurses	117,251	2,026				
b. RN						
1. Direct Care	628,460	15,312				
2. Administrative**	190,928	4,860				
c. LPN						
1. Direct Care	581,245	19,731				
2. Administrative**						
d. Aides and Attendants	1,028,493	54,913				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	91,817	3,944				
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	130,341	4,053				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	3,653,435	153,985				

* 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 & 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 of private pay residents must be removed on Page 28

Schedule of Other Salaries and Wages (Page 10)

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

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Therapy Management Consultant	\$ (1,043)					
PDPM Consulting	\$ 11,776	79				
Infection Control Consulting	\$ 12,342	82				
Total	\$ 23,075	161	\$ -	-	\$ -	-

**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	
Greentree Manor & Nursing Rehabilitation Center			842C	9/30/2020				11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Martin Sbriglio, RN, NHA								Ryders Health Management, 88 Ryders Lane, Stratford, CT 06614	2,970	130,000
Robert Sbriglio, MD, MPH								Lord Chamberlain, 7003 Main St., Stratford, CT 06614	2,080	131,226
Kenneth Kopchik, MBA, NHA								Mystic Healthcare, 475 High St., Mystic, CT 06355	2,024	130,828
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).										
Mrs. Margaret Sbriglio, NHA								Ryders Health Management, 88 Ryders Lane, Stratford, CT 06614	1,040	26,000

* 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	
Greentree Manor & Nursing Rehabilitation Center				842C	9/30/2020			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Ted Vinci	112,523			Non Discriminatory	Administrative	2,293	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Greentree Manor & Nursing Rehabilitation Center	842C	9/30/2020	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	4,860	32				
3. Pharmacist	1,360	27				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	184,403	2,459				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	89,813	600				
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) Medical Staff	(200)					
9. Speech Therapist						
a. Resident Care	125,493	1,673				
b. Other						
10. Occupational Therapist						
a. Resident Care	173,235	2,310				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	222,895	2,229				
2. Administrative***						
b. LPN						
1. Direct Care	193,762	2,583				
2. Administrative***						
c. Aides	283,540	5,671				
d. Other						
12. Other (Specify) See Attached Schedule	23,075	161				
B-13 Total Fees Paid in Lieu of Salaries	1,302,235	17,745				

* 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 Greentree Manor & Nursing Rehabilitation Center		License No. 842C		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			
LTC Management	Dental Consultant	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. Lauren Doherty, IPC Hospitalist of New England, PO Box 92284, Los Angeles, CA 9009	Medical Director, Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>			
Career Staff Unlimited	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>			
AAA Nursing	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>			
The Nurse Network	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>			
ValueRx	Pharmacy	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
HealthPro, 307 International Circle, Suite 100, Hunt Valley, MD 21030	PT, ST, OT, Therapy Consultant	<input type="radio"/>	<input checked="" type="radio"/>			
Celtic Consulting	PDPM Consulting	<input type="radio"/>	<input checked="" type="radio"/>			
All American Healthcare Services, Inc	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>			
JP American Staffing & Health Services	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Norton and Associates, Inc	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Fastaff, LLC	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>			
MAS Medical Staffing Corp	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Dedicated Nursing Assoc, Inc	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Taylor Healthcare Assoc	Infection Control Consulting	<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
Greentree Manor & Nursing Rehabilitation Center	842C	9/30/2020		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 239,270	239,270			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$				
4. Social Security (F.I.C.A.)	\$ 315,118	315,118			
5. Health Insurance	\$ 243,775	243,775			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 3,949	3,949			
8. Uniform Allowance	\$ 12,427	12,427			
9. Other (Specify) See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 107,425	107,425			
d. Accounting and Auditing	\$ 13,934	13,934			
e. Legal (Services should be fully described on Page 7)	\$ 12,291	12,291			
f. Insurance on Lives of Owners and Operators (Specify)*	\$				
g. Office Supplies	\$ 11,764	11,764			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 10,464	10,464			
2. Cellular Phones	\$ 3,941	3,941			
i. Appraisal (Specify purpose and attach copy)*	\$				
j. Corporation Business Taxes (franchise tax)	\$ 250	250			
k. Other Taxes (Not related to property - See Page 22)					
1. Income*	\$				
2. Other (Specify) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 492,289	492,289			
Subtotal	\$ 1,466,897	1,466,897			

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

(Carry Subtotals forward to next page)

***** DO NOT Include Holiday Parties / Awards / Gifts to Staff**

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Greentree Manor & Nursing Rehabilitation Cente	842C	9/30/2020		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:					
	1,466,897	1,466,897			
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 4,187	4,187			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 9,478	9,478			
5. Education Expenses Related to Seminars and Conventions	\$ 3,434	3,434			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$ 9,496	9,496			
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 6,662	6,662			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 23,965	23,965			
4. Fund-Raising***	\$				
5. Medical Records	\$ 13,381	13,381			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 4,129	4,129			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 7,280	7,280			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 496	496			
9. Subscriptions	\$				
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>)	\$ 83,288	83,288			
12. Administrative Management Services**	\$ 327,942	327,942			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 27,849	27,849			
C-14 Total Administrative & General Expenditures	\$ 1,988,482	1,988,482			

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Meals & Entertainment	\$ 9,496		
Total Other Travel and Entertainment	\$ 9,496	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Adv & Pub Relations	\$ 23,965		
Total Other Advertising	\$ 23,965	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 6,287		
American Express	\$ 93		
AHCA	\$ 900		
Total Dues	\$ 7,280	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Physician Care - Employees	\$ 15,777		
Bank Charges	\$ 7,968		
Bank Charges - Lease	\$ 509		
Unemployment Tax Management	\$ 1,479		
Elevator Renewal	\$ 240		
Admin License	\$ 205		
CLIA Lab Program	\$ 180		
NGS, Inc	\$ (542)		
Zoom	\$ 46		
Food License	\$ 210		
CMS Application Fees	\$ 586		
Facility License Renewal	\$ 890		
Business Filing	\$ 300		
Total Other Administrative and General	\$ 27,849	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Greentree Manor & Nursing Rehabilitatio	License No. 842C	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 #
Ryders Health Management, 88 Ryders Lane, Suite 208, Stratofrd, CT 06614	327,942	Financial and Managerial Support	Page 16, Line m12

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

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

Name of Facility Greentree Manor & Nursing Rehabilitation Center		License No. 842C	Report for Year Ended 9/30/2020	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 178,397	178,397		
2.	Non-Food Supplies	\$ 32,999	32,999		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Other (Specify) _____		\$			
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 211,396	211,396		
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
F.	Resident Meals: Total no. of meals served per day:*				
G.	Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.
K.	Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.
N.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
O.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Greentree Manor & Nursing Rehabilitation Cente		842C	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 (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	76,145	76,145		
c. Other (Specify) Laundry Supplies		\$	1,045	1,045		
3D. Total Laundry Expenditures (3a + b + c)		\$	77,189	77,189		
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
Greentree Manor & Nursing Rehabilitation Center		842C	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. \$	36,922	36,922		
	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>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	36,922	36,922		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from ValueRx	\$	107,123	107,123		
	b. Medicine Cabinet Drugs	\$	78,361	78,361		
	c. Medical and Therapeutic Supplies	\$				
	d. Ambulance/Limousine***	\$	9,007	9,007		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	27,692	27,692		
	f. X-rays and Related Radiological Procedures***	\$	5,325	5,325		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory***	\$	10,114	10,114		
	i. Recreation	\$	17,307	17,307		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (Specify)**** See Attached Schedule	\$	244,215	244,215		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	499,143	499,143		

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

** Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

*** Facility should self-disallow the expense on Page 29 of the Cost Report.

**** ICFMR's should provide a detailed schedule of all Day Program Costs.

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Physician Care - Patients	\$ 1,170		
Medical Supplies	\$ 195,205		
Medical Supplements	\$ 21,112		
Medical Waste	\$ 176		
Medical Equipment	\$ 3,390		
Medical Equipment - Rental	\$ 9,761		
Medical Supplies - Medicare	\$ (1,290)		
PT Supplies	\$ 14,689		
Total Other Resident Care	\$ 244,215	\$ -	\$ -

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

Name of Facility Greentree Manor & Nursing Rehabilitation Center			License No. 842C		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
ADP	1 ADP Plaza, Milford, CT 06460	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing Services	25,695			16	m11
Point Click Care	PO Box 8500, Philadelphia, PA 19178	<input type="radio"/>	<input checked="" type="radio"/>		Computer Software Support Services	26,796			16	m11
Allwaste, Inc	PO Box 2472, Hartford, CT 06146	<input type="radio"/>	<input checked="" type="radio"/>		Disposal of Garbage	19,249			22	6a
United Textile Rental Services	Pkwy, My Vernon, NY 10550-1724	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services	76,145			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"/>							

* 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
Greentree Manor & Nursing Rehabilitation Ce	842C	9/30/2020			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 113,864	113,864				
b. Heat	\$ 35,669	35,669				
c. Light & Power	\$ 80,187	80,187				
d. Water	\$ 41,886	41,886				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 8,884	8,884				
f. Other (<i>itemize</i>)	\$					
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 280,489	280,489				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 193,044	193,044				
c. Non-Movable Equipment	\$ 15,000	15,000				
d. Movable Equipment	\$ 9,000	9,000				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 217,044	217,044				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 495,000	495,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 66,888	66,888				
c. Personal property taxes	\$ 7,277	7,277				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 786,209	786,209				

* 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)
Total Other Repairs and Maintenance	\$ -	\$ -	\$ -

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/31/2019	Duct Work	\$ 920		
10/31/2019	Duct Work	\$ 920		
10/31/2019	HVAC	2833.33		
11/30/2019	Compact Booster Heater	2015.66		
12/31/2019	Hot Water Booster	1933.44		
8/31/2020	Generator	1395.35		
9/30/2020	Rooftop Blower	4925		
3/31/2020	Water Booster Wiring	2520		
Total additions for Non-Movable Equipment		\$ 17,463		\$ - *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
1/31/2020	Computers	\$ 1,169		
1/31/2020	Dual Bedside Station	\$ 1,451		
6/30/2020	Bladder Scanner	6562.86		
6/30/2020	Ice Maker	2513.12		
Total additions for Movable Equipmen		\$ 11,697		\$ - *
Deletions:				
Total deletions for Movable Equipmen		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Greentree Manor & Nursing Rehabilitation Cente			842C		9/30/2020			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1. Goodwill	5	1998	15 Years	50,000	16,534				
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Greentree Manor & Nursing Rehabil	License No. 842C	Report for Year Ended 9/30/2020	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase	05/04/98				
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	90				
6. Square Footage	25,029				
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)	Variable				
b. Date Mortgage Obtained	05/01/11				
c. Interest Rate for the Cost Year	Variable				
d. Term of Mortgage (number of years)	10 Years				
e. Amount of Principal Borrowed	6,000,000				
f. Principal balance outstanding as of 9/30/2020	3,175,000				
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Greentree Manor & Nursing Rehabil		842C	9/30/2020		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended			Page	of
Greentree Manor & Nursing Reha		842C		9/30/2020			27	37
Item				Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:								
12. C. Movable Equipment								
1. Automotive Equipment				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
2. Other (Specify)				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
B. Item		Rate	Amount					
Lender								
Address of Lender								
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$				
12. D. Other Interest Expense (Specify) Interest Exp & Finance Charges				\$	173,237	173,237		
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	173,237	173,237		
14. Insurance								
a. Insurance on Property (buildings only)				\$	13,886	13,886		
b. Insurance on Automobiles				\$				
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$	56,738	56,738		
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$				
14d. Total Insurance Expenditures (14a + b + c)				\$	70,624	70,624		
15. Total All Expenditures (A-13 thru C-14)				\$	9,079,361	9,079,361		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Greentree Manor & Nursing Rehabilitation Center				842C	9/30/2020	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 173,235	173,235		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 107,425	107,425		
10.			Accounting	\$			
10a.			Legal	\$ 11,913	11,913		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.	16	L7	Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$ 9,496	9,496		
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ 23,965	23,965		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 496	496		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 326,530	326,530		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

** Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m8a	Chamber of Commerce	\$ 496		
Total Other A&G Adjustments			\$ 496	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Greentree Manor & Nursing Rehabilitation Center				842C	9/30/2020	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 326,530	326,530		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 107,123	107,123		
28.	20	5d	Ambulance/Limousine	\$ 9,007	9,007		
29.	20	5f	X-rays, etc	\$ 5,325	5,325		
30.	20	5h	Laboratory	\$ 10,114	10,114		
31.			Medical Supplies	\$			
32.	20	500	Oxygen (non emergency)	\$ 27,692	27,692		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 485,791	485,791		

*** 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)
Total Other Ancillary Costs			\$ -	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Greentree Manor & Nursing Rehabilitation	842C	9/30/2020			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 7,395,122	7,395,122				
b. Medicaid Room and Board Contractual Allowance **	\$ (3,452,873)	(3,452,873)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents(<i>all inclusive</i>)	\$ 1,044,359	1,044,359				
b. Medicare Room and Board Contractual Allowance **	\$ 421,653	421,653				
4. a. Private-Pay Residents and Other	\$ 2,738,577	2,738,577				
b. Private-Pay Room and Board Contractual Allowance **	\$ (329,356)	(329,356)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 112,258	112,258				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (112,258)	(112,258)				
c. Prescription Drugs - Non-Medicare	\$ 73,208	73,208				
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	\$ 135,744	135,744				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (135,744)	(135,744)				
c. Physical Therapy - Non-Medicare	\$ 194,119	194,119				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 80,721	80,721				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (80,721)	(80,721)				
c. Speech Therapy - Non-Medicare	\$ 152,659	152,659				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 144,754	144,754				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (144,754)	(144,754)				
c. Occupational Therapy - Non-Medicare	\$ 145,249	145,249				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ (0)	(0)				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 1,577	1,577				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 8,384,295	8,384,295				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 187	187				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$					
V. Total Other Revenue (1 thru 8)	\$ 187	187				
VI. Total All Revenue (III +V)	\$ 8,384,482	8,384,482				

* 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)
	Oxygen - Medicare	\$ 4,677		
	X-Ray - Medicare	\$ 4,965		
	Lab - Medicare	\$ 9,831		
	Contractuals - Medicare	\$ (19,474)		
	Total Other Resident Revenue - Medicare	\$ (0)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Oxygen - Managed Care	\$ 1,067		
	Lab - Managed Care	\$ 511		
	Total Other Resident Revenue	\$ 1,577	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest Income		\$ 187		
	Total Interest Income		\$ 187	\$ -	\$ -

Schedule of Other Revenue

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

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Greentree Manor & Nursing Rehabilitation	842C	9/30/2020	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	1,451,612
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,260,730
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	73,334
a. Prepaid Taxes	71,500			
b. Prepaid Insurance	1,834			
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	(1,007,375)
Medicaid Advances	(72,190)			
Loans & Exchanges	(935,185)			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,778,301
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	1,690	\$	1,606
	Accum. Depreciation	85	Net	
3. Buildings	*Historical Cost	7,255,165	\$	3,883,379
	Accum. Depreciation	3,371,786	Net	
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	506,499	\$	80,449
	Accum. Depreciation	426,050	Net	
6. Movable Equipment	*Historical Cost	563,220	\$	40,099
	Accum. Depreciation	523,121	Net	
7. Motor Vehicles	*Historical Cost	100,831	\$	1,457
	Accum. Depreciation	99,374	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	19,774
Computer Software	19,774			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	4,026,763

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		Due from Lighthouse Home Care	\$ (18,500)
		Due from Lighthouse Home Healthcare	\$ 1,112
Total Other Assets			\$ (17,388)

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

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

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

Page Ref	Line Ref	Description	
		Due to Bel-Air Manor	\$ 13,884
		Due to Chamberlain Manor	\$ 609,500
		Due to Cheshire House	\$ 138,594
		Due to Lord Chamberlain	\$ 184,682
		Due to Ryders Health	\$ 12,500
		Due to GT Realty	\$ 3,151,177
Total Other Current Liabilities (Itemize)			\$ 4,110,338

G. Balance Sheet (cont'd)

Name of Facility Greentree Manor & Nursing Rehabilitati	License No. 842C	Report for Year Ended 9/30/2020	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 5,805,064	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				
\$				
2. Land Improvements				
*Historical Cost _____				
Accum. Depreciation _____			Net	
\$				
3. Buildings				
*Historical Cost _____				
Accum. Depreciation _____			Net	
\$				
4. Non-Movable Equipment				
*Historical Cost _____				
Accum. Depreciation _____			Net	
\$				
5. Movable Equipment				
*Historical Cost _____				
Accum. Depreciation _____			Net	
\$				
6. Motor Vehicles				
*Historical Cost _____				
Accum. Depreciation _____			Net	
\$				
7. Minor Equipment-Not Depreciable				
\$				
C-8 Total Leasehold or Like Properties (C1 thru 7)				
\$				
D. Investment and Other Assets				
1. Deferred Deposits				
\$				
2. Escrow Deposits				
\$				
3. Organization Expense				
*Historical Cost			50,000	
Accum. Depreciation			16,534	
			Net	
\$ 33,466				
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>)				
Due from Mystic Healthcare			151,331	
Due from Ryders Health Management			103,880	
See Schedule			(17,388)	
\$ 237,824				
D-8. Total Investments and Other Assets (Lines D1 thru 7)				
\$ 271,290				
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				
\$ 6,076,354				

* 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
Greentree Manor & Nursing Rehabilitation Ce	842C	9/30/2020	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	749,394
2. Notes Payable (<i>itemize</i>)			\$	1,040,943
Note Payable - HealthPro			255,052	
Note Payable - AAA Nursing			40,891	
PPP Loan			745,000	
See Schedule				
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>)			\$	102,065
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>)			\$	675,238
Patients Fund			46,302	Accrued PTO 83,451
Accrued Expenses			9,696	
Accrued User Fee			530,490	
AFLAC - Individual			5,299	See Schedule
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	2,567,639

* 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 Greentree Manor & Nursing Rehabilitation C	License No. 842C	Report for Year Ended 9/30/2020	Page 34	of 37
Account				Amount
Total Brought Forward:				2,567,639
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 4,616,031
Due to Robert Sbriglio, MD		140,000		
Due to Martin Sbriglio		140,000		
Due to Aaron Manor		225,693		
See Schedule		4,110,338		
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 4,616,031
C. Total All Liabilities (Lines A-13 + B-5)				\$ 7,183,670

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

Name of Facility	License No.	Report for Year Ended	Page	of
Greentree Manor & Nursing Rehabilita	842C	9/30/2020	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(414,438)
6. Gain or Loss for Period	10/1/2019	thru 9/30/2020	\$	(694,879)
7. Total Net Worth			\$	(1,108,317)
C. Total Reserves and Net Worth			\$	(1,108,317)
D. Total Liabilities, Reserves, and Net Worth			\$	6,075,353

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H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Greentree Manor & Nursing Rehabilitati	842C	9/30/2020	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2019			\$	
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	
D. Net Income or Deficit			\$	
E. Balance			\$	
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period		09/30/20	\$	

I. Preparer's/Reviewer's Certification

Name of Facility Greentree Manor & Nursing Rehabilitation	License No. 842C	Report for Year Ended 9/30/2020	Page 37	of 37
<i>Check appropriate category</i>				
<input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Elizabeth Maglio				
Address Address			Phone Number	
88 Ryders Lane, Stratford, CT 06614			203-381-1327 ext 628	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Elizabeth Maglio			203-381-1327 ext 628	
Contact Email Address				
emaglio@rydershealth.com				