State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2020

Name of Facility (as licensed)							
JACC Healthcare Center of Danielson							
Address (No. & Street, City, State, Zip Code)							
111 Westcott Road, Danielson, CT 06239							
Type of Facility							
Chronic and Convalescent Nursing Home only (CCNH)		Rest Home with Nursing Supervision only (RHNS)	□ (Specify)				
Report for Year Beginning]	Report for Year Ending					
10/1/2019		9/30/2020					

	License Numbers:	CCNH 383940364	RHNS	(Specify)	Medicare Provider 07-5423
--	------------------	-------------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
	20454		

For Department Use Only

Sequence Number	Signed and	Date	Sequence Number	Signed and Notarized	Date Received
Assigned	Notarized	Received	Assigned	8	

Name of Facility (as licensed)					
		License N		Report for Year Ended	l Page
ACC Healthcare Center of Dar	nielson	3839403	364	9/30/2020	
	TION OR FALSI	FICATION OF		tion FION CONTAINED IN SIONMENT UNDER S	
Cost Report and support for the cost report pe	porting schedules riod beginning Oc d belief, it is a true	prepared for JA tober 1, 2019 a e, correct, and c	CC Healthcare Ce nd ending Septem omplete statement	ve examined the accomenter of Danielson [facil ber 30, 2020, and that to prepared from the book	lity name], to the best
Schedule of Resident S	Statistics, Statemen Facility in accordan	ts of Reported Ex	kpenditures, Statem	formation and Questionna ents of Revenues and the of the State of Connectic	related
my knowledge under presented in this Rep	the penalty of per- port as a basis for s red to provide resid	rjury. I also cen securing reimbu dent care in this	tify that all salary rsement for Title 2 Facility. All supp	is true and correct to th and non-salary expense XIX and/or other State a porting records for the e made available to audit	es assisted expenses
recorded have been r request.		Date	Signed (Owne	<u>э</u> г)	Date
recorded have been r request. Signed (Administrator) Printed Name (Administrator)		Date	Signed (Owne Printed Name		Date
recorded have been r	State of	Date Date		(Owner)	Date Comm. Expire

General Information

(Notary Seal)

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State of Connecticut Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	stm	ent		Page	of
		1Ă	37		
Name of Facility		Period Cov	ered:	From	То
JACC Healthcare Center of Danielson				10/1/2019	9/30/2020
Address of Facility 111 Westcott Road, Danielson, CT 06239					
Report Prepared By		Phone Num	ıber	Date	
Marcum LLP		203-781-96	00	2/11/2021	-
Item		Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$				
5. All other wages paid	\$				
6. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire Type of Facility - Organization Structure

		Pho	ne No. of Fac	ility	Report for Yea	ar Ended	Page	of	
		(860)) 774-9540		9/30/2020		2	37	
Name of Facility (as shown on license)			Address (No). & S	Street, City, Sta	te, Zip)			
JACC Healthcare Center of Danielson			111 Westco	tt Ro	ad, Danielson,	CT 0623	9		
	CCNH		RHNS		(Specify)		Medicare I	rovider l	No.
License Numbers:	383940364						07-5423		
Type of Facility (Check appropriate box(es))								
Chronic and Convalescent Nursing Home only (CCNH)			t Home with l ervision only			(Specify))		
Type of Ownership (Check appropriate box))								
O Proprietorship O LLC O I	Partnership	0	Profit Corp.	0	Non-Profit Cor	p. O	Government	O Tru	ıst
If this facility opened or closed during report	t year provide	e:		Date	Opened	Date Clo	sed		
Has there been any change in ownership									
or operation during this report year? N/A		0	Yes	\odot	No	If "Yes,"	explain full	у.	
Administrator					1				
Name of Administrator					Nursing Ho				
Stephen Barrett					Administrate		00141		
					License N	lo.:			
Other Operators/Owners who are assistant a	dministrators	(full	or part time)	of th	•	- 1			
Name N/A					License N	lo.:			

General Information and Questionnaire Partners/Members

Name of Facility		License No.	Report for	Year Ended	Page	of
JACC Healthcare Center of Da	nielson	383940364				37
Legal Name of Part		Business A			d/or Town(s) in Registered	
JACC Healthcare Center of Da	nielson	111 Westcott Ro Danielson, CT (СТ		
Name of Partners/Members	Business A	ddress		Title	% Owne	ed
JACC Healthcare Group LLC	130 Main Street, Thon	naston, CT 06787	/ Member		0.25	
Shimshon Fisher	111 Westcott Road, Da 06239	anielson, CT	Member		0.75	

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year	r Ended	Page of
JACC Healthcare Center of Danielson	383940364 9/30/2020			3A 37
If this facility is owned or operated as a corpo				· · · -
Legal Name of Corporation	Busines	ss Address	State(s) in WI	nich Incorporated
N/A				
Name of Directors, Officers	Busine	ss Address	Title	No. Shares Held by Each
N/A				
Names of Stockholders Owning at Least 10% of Shares				
N/A				

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General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of
JACC Healthcare Center of Danielson	383940364	9/30/2020	3B 37
If this facility is owned or operated as an individua	l proprietorship, p	provide the following informat	tion:
Ow	ner(s) of Facility		
NT/A			
N/A			

General Information and Questionnaire Related Parties*

Name of Facility		License	e No.		Report for Year Ended		Page	of
JACC Healthcare Cente	r of Danielson	38	8394030	54	9/30/2020		4	37
-	eiving compensation from the fa	•		•		If "Yes," provide th		
marriage, ability to cont	rol, ownership, family or busin	ess asso	ciation?	0	Yes O No	complete the inform	nation on Pa	ge 11 of the report.
	companies which provide goods							
	roperty or the loaning of funds							
	ssociation, common ownership				• Yes O No			
association to any of the	e owners, operators, or officials	of this f	facility?			If "Yes," provide th	ne following	information:
	1				1	1	1	1
			so Provi			Indicate Where		
			ls/Servi			Costs are Included		
Name of Related	Business		Related		Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No	%**	Provided	Page # / Line #	Reported	Related Party
Shimshon Fisher	111 Westcott Road, Danielson, CT 06239	0	۲		Loan	Page 34, Line B3	490,500	490,500
		0	۲					
		0	۲					
		0	۲					
		0	۲					
		0	۲					
		0	۲					
		0	۲					
		0	٥					

* 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	License No	•	Report for Year Ended	Page	of
JACC Healthcare Center of Danielson	38394030	54	9/30/2020	5	37
If the facility is licensed as CDH and/or RCH or	provides AI	DS or TBI	services with special Medicaid r	ates, cos	ts
must be allocated to CCNH and RHNS as follow	-		I.	,	
Item			Method of Allocation		
Dietary		Number of	meals served to residents		
Laundry		Number of	pounds processed		
Housekeeping		Number of	square feet serviced		
		Number of	hours of routine care provided b	by EACH	I
Nursing		employee c	elassification, i.e., Director (or C	harge Ni	urse),
		Registered	Nurses, Licensed Practical Nurs	ses, Aide	s and
		Attendants			
Direct Resident Care Consultants		Number of	hours of resident care provided	by EAC	Н
		specialist (See listing page 13)		
Maintenance and operation of plant		Square feet	-		
Property costs (depreciation)		Square feet			
Employee health and welfare		Gross salar	ies		
Management services		Appropriat	e cost center involved		
All other General Administrative expenses		Total of Di	rect and Allocated Costs		
The preparer of this report must answer the follo	wing question	ons applicat	ble to the cost information provide	ded.	
1. In the preparation of this Report, were all	• Yes	O No	If "No," explain fully why such	allocatio	on was r
costs allocated as required?	0 168	O NO	made.		
N/A					
2. Explain the allocation of related company exp	penses and a	ttach copy o	of appropriate supporting data.		
N/A					
3. Did the Facility appropriately allocate and sel			-	e cost cei	nters?
(e.g., Assisted Living, Home Health, Outpatie	ent Services,	Adult Day	Care Services, etc.)		
	• Yes	O No	If "No," explain fully why such made.	allocatio	on was r
N/A					

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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 Y	ear Ended		Page	of
JACC Healthcare Center of Danielson			383940364	9/30/2020			6	37
	Relate	ed * to						
	Own	ners,						
	-	ators,				Annual		
		icers	-	Date of	Term of	Amount		ount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Clai	med
ECOLAB, Inc. 370 N. Wabasha Street, St. Paul, MN 55102/Greatamerica Financial/Pitney Bowes	0	۲	Dishmachine/Copier/Postage Meter	Rountine Leases	Rountine Leases	8,172	8,172	
	0	۲						
	0	۲						
	0	۲						
	0	۲						
	0	۲						
	0	۲						
	0	۲						
	0	۲						
	0	۲						
Is a Mileage Log Book Maintained for All I	Leased V	ehicles	? O Yes	•	No	Total ***	8,172	

* 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

Nome of Facility License No				
Name of Facility License No.	Report for Year Ended		Page	of
JACC Healthcare Center of Daniels 383940364	9/30/2020		7	37
The records of this facility for the period covered by this report	t were maintained on the following basis:			
Accrual O Cash O Modified Cash				
Is the accounting basis for this				
period the same as for the • Yes	If "No," explain.			
previous period? O No				
N/A				
Independent Accounting Firm				
Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)			
1 Marcum LLP	555 Long Wharf Drive, New Haven, CT	06511		
2 Saul N. Friedman & Co.	1333 60th St, Brooklyn, NY 11219			
3				
Services Provided by This Firm (<i>describe fully</i>)				
1 Cost Reports / Medicaid Rate Consulting		\$	12,112	
2 Monthly Financials / Bookkeeping		\$	19,750	
3		\$		
4		\$		
		Charge for S	ervices Pro	vided
		\$	31,862	
Are These Charges Reflected in the Expenditure Portion of This Report? If	Yes, Specify Expense Classification and Line No.			
• Yes O No Page 15 Line 1d				
Legal Services Information				
Name of Legal Firm or Independent Attorney		Telephone N	umber	
1 See Attached Page 7a		See Attached	l Page 7a	
2				
2				
2 3				
3 4 5				
3 4 5 Address (No. & Street, City, State, Zip Code)				
3 4 5 Address (<i>No. & Street, City, State, Zip Code</i>) 1 See Attached Page 7a				
3 4 5 Address (No. & Street, City, State, Zip Code)				
3 4 5 Address (No. & Street, City, State, Zip Code) 1 See Attached Page 7a 2 3				
3 4 5 Address (No. & Street, City, State, Zip Code) 1 See Attached Page 7a 2 3 4				
3 4 5 Address (<i>No. & Street, City, State, Zip Code</i>) 1 See Attached Page 7a 2 3 4 5				
3 4 5 Address (No. & Street, City, State, Zip Code) 1 See Attached Page 7a 2 3 4				
3 4 5 Address (<i>No. & Street, City, State, Zip Code</i>) 1 See Attached Page 7a 2 3 4 5		\$	47,945	
3 4 5 Address (No. & Street, City, State, Zip Code) 1 See Attached Page 7a 2 3 4 5 Services Provided by This Firm (describe fully)		\$ \$	47,945	
3 4 5 Address (<i>No. & Street, City, State, Zip Code</i>) 1 See Attached Page 7a 2 3 4 5 Services Provided by This Firm (<i>describe fully</i>) 1 See Attached Page 7a			47,945	
3 4 5 Address (<i>No. & Street, City, State, Zip Code</i>) 1 See Attached Page 7a 2 3 4 5 Services Provided by This Firm (<i>describe fully</i>) 1 See Attached Page 7a 2		\$	47,945	
3 4 5 Address (<i>No. & Street, City, State, Zip Code</i>) 1 See Attached Page 7a 2 3 4 5 Services Provided by This Firm (<i>describe fully</i>) 1 See Attached Page 7a 2 3		\$ \$	47,945	
3 4 5 Address (No. & Street, City, State, Zip Code) 1 See Attached Page 7a 2 3 4 5 Services Provided by This Firm (describe fully) 1 See Attached Page 7a 2 3 4 4		\$ \$ \$		vided
3 4 5 Address (No. & Street, City, State, Zip Code) 1 See Attached Page 7a 2 3 4 5 Services Provided by This Firm (describe fully) 1 See Attached Page 7a 2 3 4 4		\$ \$ \$		vided
3 4 5 Address (No. & Street, City, State, Zip Code) 1 See Attached Page 7a 2 3 4 5 Services Provided by This Firm (describe fully) 1 See Attached Page 7a 2 3 4 5 Are These Charges Reflected in the Expenditure Portion of This Report? If Yes	Yes, Specify Expense Classification and Line No.	\$ \$ \$ Charge for S	ervices Pro	vided
3 4 5 Address (<i>No. & Street, City, State, Zip Code</i>) 1 See Attached Page 7a 2 3 4 5 Services Provided by This Firm (<i>describe fully</i>) 1 See Attached Page 7a 2 3 4 5	Yes, Specify Expense Classification and Line No.	\$ \$ \$ Charge for S	ervices Pro	vided

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General Information and Questionnaire Accounting Basis

Legal Servi Name of Leg Name of Leg H K	Acces Information gal Firm or Independent Attorney Iall Booth Smith, P.C. Cathleen Doherty, St Marshall Cevin Wakely, St. Marshall Monetary Halachic Guidence Preasurer, St. of Ct Vindham-Colchester Probate Murtha Cullina, LLP Davis Malm & D'Agostine Ford Harrison Goldman, Gruder & Woods	383940364	9/30/2018	Telephone I 404-954-69 860-702-30 860-465-30 203-772-77 617-367-25	21 00 49 00	37
Name of Leg H K <td< td=""><td>gal Firm or Independent Attorney Iall Booth Smith, P.C. Cathleen Doherty, St Marshall Cevin Wakely, St. Marshall Monetary Halachic Guidence Greasurer, St. of Ct Vindham-Colchester Probate Murtha Cullina, LLP Davis Malm & D'Agostine Ford Harrison Goldman, Gruder & Woods</td><td></td><td></td><td>404-954-69 860-702-30 860-465-30 203-772-77 617-367-25</td><td>21 00 49 00</td><td></td></td<>	gal Firm or Independent Attorney Iall Booth Smith, P.C. Cathleen Doherty, St Marshall Cevin Wakely, St. Marshall Monetary Halachic Guidence Greasurer, St. of Ct Vindham-Colchester Probate Murtha Cullina, LLP Davis Malm & D'Agostine Ford Harrison Goldman, Gruder & Woods			404-954-69 860-702-30 860-465-30 203-772-77 617-367-25	21 00 49 00	
4 H 2 K 3 K 4 M 5 T 5 W 7 M 8 D 9 F 10 G Address (<i>No</i>	Iall Booth Smith, P.C. Cathleen Doherty, St Marshall Cevin Wakely, St. Marshall Monetary Halachic Guidence Treasurer, St. of Ct Windham-Colchester Probate Murtha Cullina, LLP Davis Malm & D'Agostine Ford Harrison Goldman, Gruder & Woods			404-954-69 860-702-30 860-465-30 203-772-77 617-367-25	21 00 49 00	
2 K 3 K 4 N 5 T 5 W 7 N 8 D 9 F 10 G Address (No	Cathleen Doherty, St Marshall Cevin Wakely, St. Marshall Monetary Halachic Guidence Preasurer, St. of Ct Windham-Colchester Probate Murtha Cullina, LLP Davis Malm & D'Agostine Ford Harrison Goldman, Gruder & Woods			860-702-30 860-465-30 203-772-77 617-367-25	00 49 00	
3 K 4 M 5 T 5 W 5 W 7 M 8 D 9 Fe 10 G Address (National Contents) Matrix	Cevin Wakely, St. Marshall Monetary Halachic Guidence Preasurer, St. of Ct Vindham-Colchester Probate Murtha Cullina, LLP Davis Malm & D'Agostine Ford Harrison Goldman, Gruder & Woods			860-465-30 203-772-77 617-367-25	49 00	
4 M. 5 T. 5 W. 7 M. 8 D 9 F. 10 G	Aonetary Halachic Guidence Greasurer, St. of Ct Windham-Colchester Probate Aurtha Cullina, LLP Davis Malm & D'Agostine Ford Harrison Goldman, Gruder & Woods			860-465-30 203-772-77 617-367-25	49 00	
5 T. 5 W 7 M 8 D 9 Fe 10 G	reasurer, St. of Ct Vindham-Colchester Probate Aurtha Cullina, LLP Davis Malm & D'Agostine ord Harrison Goldman, Gruder & Woods			860-465-30 203-772-77 617-367-25	49 00	
5 W 7 N 8 D 9 F 10 G Address (No	Vindham-Colchester Probate Aurtha Cullina, LLP Davis Malm & D'Agostine Ford Harrison Goldman, Gruder & Woods			860-465-30 203-772-77 617-367-25	49 00	
7 M 8 D 9 Fe 10 G Address (<i>Na</i>	Aurtha Cullina, LLP Davis Malm & D'Agostine Ford Harrison Goldman, Gruder & Woods			203-772-77 617-367-25	00	
B D F F 10 G Address (<i>No</i>	Davis Malm & D'Agostine ord Harrison Goldman, Gruder & Woods			617-367-25		
Address (<i>No</i>	ord Harrison oldman, Gruder & Woods					
Address (<i>No</i>	oldman, Gruder & Woods			0 0 7 40 12	00	
Address (<i>No</i>				860-740-13	55	
	o. & Street, City, State, Zip Code)			203-899-89	00	
10						
	91 Peachtree St, 2900, Atlanta, GA 3030	3				
2 5:	5 Elm Street, Hartford, CT 06106					
3 5:	5 Elm Street, Hartford, CT 06106					
ļ						
5 5:	5 Elm Street, Hartford, CT 06106					
5 9'	79 Main St 2nd floor, Willimantic, CT 0	6226				
2 2	Whitney Ave, New Haven, CT 06510					
3 1	Boston Place 37th Floor, Boston, MA 02	2108				
) C	CityPlace II, 185 Asylum Street, Suite 610)				
10 20	00 Connecticut Ave, Norwalk, CT 06854	Ļ				
Services Pro	ovided by This Firm (describe fully)					
G	eneral Legal Fees			\$	950	
Le	egal Fees (Disallow)			\$	119	
Le	egal Fees (Disallow)			\$	571	
G	eneral Legal Fees			\$	500	
Le	egal Fees (Disallow)			\$	4,000	
i G	eneral Legal Fees			\$	5,000	
G G	eneral Legal Fees			\$	5,136	
G	eneral Legal Fees			\$	240	
G	eneral Legal Fees			\$	4,480	
0 Le	egal Fees (Disallow)			\$	26,949	
				Charge for	Services P	rovide
				\$	47,945	

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Schedule of Resident Statistics

		License N	License No. Report for Year Ended							Page	of
		3839	940364			9/30/202	0			8	37
					Period 10/	'1 Thru 6/	30		Period 7/	1 Thru 9/3	30
Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
190	190			190	190						
190	190							190	190		
168	168			168	168						
156	156							156	156		
	5 174			3 850	3 850			1 324	1 324		
47,451	47,451			35,581	35,581			11,870	11,870		
3,351	3,351			2,899	2,899			452	452		
5,288	5,288			4,329	4,329			959	959		
61,264	61,264			46,659	46,659			14,605	14,605		
10	10			10	10						
(1.07.1	(1.07.1			16.650	16.660			14.605	14.607		
	Levels 190 190 168 156 1 5,174 47,451 3,351 5,288 61,264 1 1 1 1 1 1 1 1 1	Total All Levels CCNH Level 190 190 190 190 190 190 168 168 156 156 1 - 5,174 5,174 47,451 47,451 3,351 3,351 5,288 5,288 61,264 61,264 10 10	3839 Total All Levels Total CCNH Level Total RHNS Level 190 190 190 190 190 190 168 168 156 156 1 5,174 47,451 47,451 3,351 3,351 3,351 3,351 5,288 5,288 61,264 61,264 10 10	Total All Levels CCNH Level RHNS Level Total (Specify) 190 190 -	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$

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			Scl	hed	ule of	Re	side	nt S	tatis	stics ((Cont'd)		
Name of Faci	lity			Licer	ise No.				Report	t for Year	Ended		Page	of
JACC Health	care Cer	nter of D	anielson	383	940364					9/30/202	0		9	37
	•	0	in the certified b llowing informat	-	pacity du	ring tł	ne repoi	t year	?	0	Yes	٥	No	
	<u> </u>		f Change		Cł	nange	in Bed	s		Ca	pacity Afte	er Change		
Date of		RHNS	-		Lost	lange		s Gaine	d	Ca	pacity And			
Date of	CUNH	книз	(Specify)		LOSI		,	Jame	u					
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason f	or Change
	(-)	(-)	(-)	(-)	(-)	(-)	(-)	(-/	(-)			(~)		
	-	-	in certified bed c 90 days followin	-		the re	eport ye	ar (as	reporte	ed in item	4 above) p	provide the num	ber of	
			Change in Re	esiden	t Days					CC	CNH	RHNS	(Spe	ecify)
1st chang														
2nd char	0													
3rd chan														
4th chan 6. Number		lents an	d Rates on Septe	mber	30 of Cos	st Yea	r							
0. Itumber	of ftesh	un an	Medicare		Medi					Se	elf-Pay		Other Sta	te Assisted
			-								5			
	Item		CCNH	CCNH RHNS CCNH RHNS					INS	(Specify)	R.C.H.	ICF-MR		
No. of R	esidents		14		123				19)				
Per Dien														
a. One b			Various		279.80				375.00					
b. Two l			Various		254.36				375.00					
c. Three bed r		e												
bed I	ms.													
7. Total Nu	mber of	Physica	al Therapy Treat	ments						ТО	TAL	CCNH	RHNS	(Specify)
		are - Par									1,028	1,028		
B.			lusive of Part B)											
			e Treatments								1,141	1,141		
C	2. Rest Other	torative	Treatments								717	717		
		Physical	Therapy Treatm	ients							717 2,886	2,886		
			Therapy Treatm								2,000	2,000		
		are - Par									418	418		
B.	Medica	id (Exc	lusive of Part B)											
			e Treatments								232	232		
		torative	Treatments											
	Other	nooch 7	Therapy Treatme	nte							173 823	173 823		
			ational Therapy		nents						823	825		
		re - Par		reath	lents						1,224	1,224		
			lusive of Part B)								.,			
			e Treatments								1,092	1,092		
		torative	Treatments							<u> </u>				
	Other)			4						714	714		
D.	Total C	ccupati	ional Therapy T	reatm	ents						3,030	3,030		

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

Report of Expenditures - Salaries & Wages

Name of Facility	License No.		Report for Yea		Page	of
JACC Healthcare Center of Danielson	383940364		9/30/2020		10	37
Are time records maintained by all individuals receiving con	mpensation?	۲	Yes	0	No	
			Total Cost a	and Hours		
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I						
of Schedule A1) 2. Administrator(s) (Complete also Sec. III						
of Schedule A1)	165,647	2,136				
3. Assistant Administrator (Complete also Sec. IV	105,047	2,130				
of Schedule A1)						
4. Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)	437,007	25,514				
5. Dietary Service						
a. Head Dietitian	73,977	2,114				
b. Food Service Supervisor	66,533	2,136				
c. Dietary Workers 6. Housekeeping Service	667,008	33,485				
a. Head Housekeeper						
b. Other Housekeeping Workers	442,385	20,794				
7. Repairs & Maintenance Services		·				
a. Engineer or Chief of Maintenance	79,481	2,120				
b. Other Maintenance Workers	108,640	5,520				
8. Laundry Service						
a. Supervisor b. Other Laundry Workers	210,270	11,114				
9. Barber and Beautician Services	210,270	11,114				
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants		_				
12. Professional Care of Residents	206.002	2 700				
a. Directors and Assistant Director of Nurses	206,893	3,780				
b. RN 1. Direct Care	1,189,464	12,641				
2. Administrative**	223,098	15,185				
c. LPN		,				
1. Direct Care	1,707,662	54,433				
2. Administrative**	82,480	2,660				
d. Aides and Attendants	2,967,126	153,530				
e. Physical Therapists f. Speech Therapists	346,774 101,376	13,857 2,382				
g. Occupational Therapists	388,075	13,016				
h. Recreation Workers	183,511	9,438				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care*** 4. Other (Specify)						
4. Other (Specify)						
j. Dentists	1				1	
k. Pharmacists						
1. Podiatrists						
m. Social Workers/Case Management	100,841	4,095				
n. Marketing						
o. Other (Specify) See Attached Schedule	546	20				
A-13. Total Salary Expenditures	9,748,794	389,970			<u> </u>	

* 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)

Hours 20	\$ INS Hours	cify) Hours
20		
20		
		20 \$ \$ -

Schedule of Other Fees (Page 13)

	CC	NH	RH	INS	(Specify)		
Service	\$	Hours	\$	Hours	\$	Hours	
MDS Consultant	\$ 41,417	195					
Swallowing Evals	\$ 3,562	16					
Respiratory Services (Disallowed)	\$ 26,492	109					
Total	\$ 71,471	320	\$-	-	\$ -	-	

Attachment Page 10/13

State of Connecticut Annual Report of Long-Term Care Facility CSP-11 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties*

						1			_	
Name of Facility				License No.		_	Year Ended		Page	of
JACC Healthcare Center of Daniels	son			383940364		9/30/2020			11	37
		Salary Paid	d	Fringe Benefits and/or Other Payments	Full Description of	Total Hours	Line Where Claimed on	Name and Address of All	Total Hours	Compensation
Name	CCNH	RHNS	(Specify)	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										
* 1 1 6 1				ļ		I	I		<u> </u>	

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

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

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

Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties*

Name of Facility (as licensed)				License No.		Report for Y	ear Ended		Page	of
JACC Healthcare Center of Daniels	son			383940364		9/30/2020			12	37
		Salary Pai	d	Fringe Benefits and/or Other			Line Where		Total	
Name	CCNH	RHNS	(Specify)	Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Claimed on Page 10	Name and Address of All Other Employment**	Hours Worked	Compensation Received
Section III - Administrators***										
Stephen Barrett	165,647			Non Discrim	Administrator	2,136	A2			
Section IV - Assistant Administrators										

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

** Include <u>all</u> other employment worked during the cost year.

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

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

B. Report of Expenditures - Professional Fees

D. Report of E2	License No.				Daga	of
Name of Facility JACC Healthcare Center of Danielson	11cense No. 38394	0264	Report for Y 9/30/2020	ear Ended	Page 13	37
JACC Heatincare Center of Dameison	30394	0304		1.11	15	57
			Total Cost	and Hours		
I 4	CONIL	TT	DIDIC	TT		TT
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	16 224	89				
3. Pharmacist	16,224					
4. Podiatrist	31,560	288				
 Physical Therapy a. Resident Care 	22.025	501				
	33,235	521				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians	66.000	10.6				
a. Medical Director (entire facility)	66,000	196				
b. Utilization Review						
(Title 18 and 19 only) monthly meeting	0.000					
c. Resident Care**	8,000	22				
d. Administrative Services facility 1. Infection Control Committee						
(Quarterly meetings)						
2. Pharmaceutical Committee						
(Quarterly meetings)						
3. Staff Development Committee						
(Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule	71,471	320				
B-13 Total Fees Paid in Lieu of Salaries	226,490	1,436				

* 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	License No.	Report for `	Year Ended	Page	of		
JACC Healthcare Center of Danielson	383940364	9/30/2020		14	37		
Name & Address of Individual	Full Explanation of Service OI		Related** to Owners,Operators, OfficersYesNo		Explanation of Relationship		
Health Drive, 888 Worcester St. Ste. 130, Wellesley, MA 02482-3744	Dental svs for Res	0	•	N/A			
ProCare, 110 Bi-County Blvd, East Farmingdale, NY 11735	Pharmacist Consultant	0	۲	N/A			
Health Drive Podiatry, 888 Worcester St. Ste 130, Wellesley, MA 02482	Podiatrist Svs	0	۲	N/A			
James Alessandro, P.O. Box 6, Pomfret Ctr, CT 06259	Medical Director	0	۲	N/A			
Lisa Meadows, 11 Fox Hill Drive, Stafford Springs, CT 06076	MDS Oversight	0	۲	N/A			
Swallowing Dysphagia Experts, 21 Waterville Rd, Avon,CT 06001	Swallowing Evaluations	0	۲	N/A			
ACG, 23 Nutmeg Valley Rd, Wolcott, CT 06716	Respiratory Svs	0	۲	N/A			
Dr. P. Subakeesan, 255 Cabrini Blvd #7H, Manhattan, NY 10040	Pulmonary Program Phys	0	۲	N/A			
Dr. Wilcon, 187 Deerfield Rd, Pomfret Ctr, CT 06259	Assistant Medical Dir	0	۲	N/A			
		0	۲				
		0	۲				
		0	۲				
		0	۲				
		0	۲				
		0	۲				
		0	۲				
		0	۲				
		0	۲				
		0	۲				
		0	۲				
		0	۲				
		0	۲				

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

5	ense No.]	Report for Y	ear Ended	Page	of
JACC Healthcare Center of Danielson	83940364	9	9/30/2020		15	37
			T 1		DIDIG	
Item			Total	CCNH	RHNS	(Specify)
1. Administrative and General						
a. Employee Health & Welfare Benefits		<i>•</i>				
1. Workmen's Compensation		\$	219,381	219,381		
2. Disability Insurance		\$				
3. Unemployment Insurance		\$	100,823	100,823		
4. Social Security (F.I.C.A.)		\$	750,609	750,609		
5. Health Insurance		\$	1,834,911	1,834,911		
6. Life Insurance (employees only)						
(not-owners and not-operators)		\$				
7. Pensions (Non-Discriminatory)		\$	580,516	580,516		
(not-owners and not-operators)						
8. Uniform Allowance		\$	127,251	127,251		
9. Other (<i>Specify</i>)		\$	113,024	113,024		
See Attached Schedule						
b. Personal Retirement Plans, Pensions, and		\$				
Profit Sharing Plans for Owners and						
Operators (Discriminatory)*						
c. Bad Debts*		\$	414,932	414,932		
d. Accounting and Auditing		\$	31,862	31,862		
e. Legal (Services should be fully described on	Page 7)	\$	47,945	47,945		
f. Insurance on Lives of Owners and	0	\$				
Operators (Specify)*						
g. Office Supplies		\$	23,529	23,529		
h. Telephone and Cellular Phones		·	,	,		
1. Telephone & Pagers		\$	43,683	43,683		
2. Cellular Phones		\$		- ,		
i. Appraisal (Specify purpose and		\$				
attach copy)*		-				
j. Corporation Business Taxes (<i>franchise tax</i>)		\$				
k. Other Taxes (<i>Not related to property - See Pa</i>	1ge 22)	·				
1. Income*		\$				
2. Other (<i>Specify</i>)		\$				
See Attached Schedule		Ť				
3. Resident Day User Fee		\$	1,145,601	1,145,601		
Subtotal		\$	5,434,067	5,434,067		

* 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

Attachment Page 15

Schedule of Other Employee Benefits

Description	(CCNH	RHNS	(Specify)
		-		
Employee Benefits	\$	40,788		
Union Training	\$	72,236		
Total	\$	113,024	\$ -	\$ -

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 Y	Year Ended	Page	of
JACC Healthcare Center of Danielson	383940364	9/30/2020		16	37
Item		Total	CCNH	RHNS	(Specify)
Subtotal	ls Brought Forward:	5,434,067	5,434,067		· · · ·
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	17,455	17,455		
5. Education Expenses Related to Seminars an	d Conventions \$	253	253		
6. Automobile Expense (not purchase or depre	ciation) \$				
7. Other (<i>Specify</i>)	\$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expenses) \$				
2. Advertising Telephone Directory <i>all such es</i>					
3. Advertising Other (Specify)***	\$	35,398	35,398		
See Attached Schedule					
4. Fund-Raising***	\$				
5. Medical Records	\$	3,516	3,516		
6. Barber and Beauty Supplies (if this service i	s supplied \$				
directly and not by contract or fee for servic	e)***				
7. Postage	\$	5,569	5,569		
* 8. Dues and Membership Fees to Professional	\$	11,933	11,933		
Associations (Specify)					
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-A	llowable Org.*** \$				
9. Subscriptions	\$				
10. Contributions***	\$	155,974	155,974		
See Attached Schedule					
11. Services Provided by Contract Specify and	Complete \$	229,187	229,187		
Schedule C-2, Page 21 for each firm or indi	vidual)				
12. Administrative Management Services**	\$	276,079	276,079		
13. Other (<i>Specify</i>)	\$	59,872	59,872		
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$	6,229,303	6,229,303		

* 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.

Attachment Page 16

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	С	CNH	R	HNS	(Spe	cify)
		-				
Advertising - Promotional	\$	35,398				
Total Other Advertising	\$	35,398	\$	-	\$	-

Schedule of Dues

Description	C	CNH	RH	INS	(Speci	fy)
		-				
Dues & Subscriptions	\$	11,933				
Total Dues	\$	11,933	\$	-	\$	-

Schedule of Contributions

Description	(CCNH	RHN	s	(Speci	fy)
		-				
Charitable	\$	155,974				
Total Contributions	\$	155,974	\$	-	\$	-

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	-		
Rountine Bank Charges	\$ 5,827		
Business License Fees	\$ 704		
Licenses & Permits	\$ 500		
Small Equipment Purchase	\$ 50,442		
Fines & Penalties	\$ 114		
Employee Physicals	\$ 2,285		
Total Other Administrative and General	\$ 59,872	\$ -	\$-

Name of Facility	License No.	Report for Year Ended	Page of
JACC Healthcare Center of Danielson	383940364	9/30/2020	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 #
Sam Krohn	200,000	Oversees day to day operations	Page 16, Line M12
	200,000	oversees day to day operations	1 age 10, Enie 1112
Jennifer Simon LLC	76,079	Back Office Work	Page 16, Line M12

Schedule C-1 - Management Services*

* 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)

		INC	ote or	A Page 5)			
Name of Facility			License	No.	Report for Y	ear Ended	Page of
JACC Healthcare Center of Danielson		383940364			9/30/2020		18 37
	Item			Total	CCNH	RHNS	(Specify)
2.	Dietary						
	a. In-House Preparation & Service						
	1. Raw Food		\$	398,155	398,155		
	2. Non-Food Supplies		\$				
	3. Other (<i>Specify</i>)		\$				
	b. Purchased Services (by contract other		\$	498	498		
	than through Management Services) (Complete Schedule C-2 att. Page 21)						
	c. Other (<i>Specify</i>)		\$	43,012	43,012		
	Other Dietary Supplies		Ŷ				
2D.	Total Dietary Expenditures (2a + b + c + d)		\$	441,665	441,665		
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?	0		۲	No	•	·
H.	Did you receive revenue from employees?	0	Yes	\odot	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?	0	Yes	۲	No	If yes, specify cost.	
K.	Is any revenue collected from these people?	0	Yes	۲	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?	0	-		No	If yes, specify cost.	
N.	Is any revenue collected from employees?	0	Yes	\odot	No	If yes, specify amt.	
0.	Where is the revenue received reported in the	Cost	Report	? (Page/Line)	Item)		
-	1		r	<u> </u>	,		

* 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 Y		Page of
JACC Healthcare Center of Danielson	383	3940364	9/30/2020		19 37
Item		Total	CCNH	RHNS	(Specify)
 3. Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.*** 	Lbs. Amt. \$				
 Employee items including uniforms, gowns, etc. washed, ironed and/or processed.*** 	Lbs.				
processed.***	Amt. \$				
3. Personal clothing of residents	Lbs.				
washed, ironed, and/or processed.***	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$	9,828			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	1,299	1,299		
c. Other (<i>Specify</i>)	\$	7,324	7,324		
3D. Total Laundry Expenditures (3a + b + c)	\$	18,451	18,451		
3E. Laundry Questionnaire					
F. Is cost of employee laundry included in 3D? C	Yes	۲	No	If yes, specify cost.	
G. Did you receive revenue from employees? C	Yes	۲	No	If yes, specify amt.	
H. Where is the revenue received reported in the Cos	t Report?		(Page/Line	Item)	
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	Yes	۲	No	If yes, specify cost.	
J. Did you receive revenue from these people? C	Yes	۲	No	If yes, specify amt.	
K. Where is the revenue received reported in the Cos	t 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)

Nan	ne of Facility	License No.	Repo	ort for Year E	nded	Page	of
JAC	C Healthcare Center of Danielson	383940364		9/30/2020		20	37
	Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced					
	a. In-House Care	by Personnel					
	1. Supplies - Cleaning (Mops,	Amt.	\$	33,684	33,684		
	pails, brooms, etc.)						
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att.	Amt.	\$				
	Page 21)						
	C. Other (<i>Specify</i>)		\$				
4D.	Total Housekeeping Expenditures (4a +	b+c)	\$	33,684	33,684		
5.	Resident Care (Supplies)**						
	a. Prescription Drugs***						
	1. Own Pharmacy		\$				
	2. Purchased from		\$	376,726	376,726		
	b. Medicine Cabinet Drugs		\$	4,908	4,908		
	c. Medical and Therapeutic Supplies		\$	243,630	243,630		
	d. Ambulance/Limousine***		\$	38,976	38,976		
	e. Oxygen						
	1. For Emergency Use		\$				
	2. Other***		\$	17,770	17,770		
	f. X-rays and Related Radiological		\$	14,584	14,584		
	Procedures***						
	g. Dental (Not dentists who should be inc	luded under	\$				
	salaries or fees)						
	h. Laboratory***		\$	18,442	18,442		
	i. Recreation		\$	32,069	32,069		
	j. Direct Management Services*		\$				
	k. Indirect Management Services*		\$				
	1. Other (Specify)****		\$	32,321	32,321		
	See Attached Schedule						
5M.	Total Resident Care Expenditures (5a - 5	j)	\$	779,426	779,426		

* 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	RHN	IS	(Speci	ify)
		-				
Med Equip Rental	\$	15,176				
Patient Expenses	\$	6,128				
Patient Consolidated Bill	\$	6,104				
Physical Therapy Suppliies	\$	4,012				
Occupational Therapy Supplies	\$	901				
Total Other Resident Care	\$	32,321	\$	-	\$	-

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

Name of Facility JACC Healthcare Center of Dar	ame of Facility CC Healthcare Center of Danielson			License No. 383940364	Report for Year Ende 9/30/2020	d			Page 21	of 37
		Related ** Operators					Total Cost	/Page Ref.**	*	
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
		0	o							
		0	o							
		0	o							
		0	o							
		0	o							
		0	۲							
		0	۲							
		0	٥							
		0	٥							
		0	٥							
		0	٥							
		0	•							
		0	•							
		0	•							

* 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

-	License No.	Report for Ye	ear Ended		Page of
JACC Healthcare Center of Danielson	383940364	9/30/2020			22 37
Item		Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$	63,329	63,329		
b. Heat	\$	158,616	158,616		
c. Light & Power	\$	1,038	1,038		
d. Water	\$	78,862	78,862		
e. Equipment Lease (Provide detail on pe	age 6) \$	8,172	8,172		
f. Other (<i>itemize</i>)	\$	48,761	48,761		
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a -	• 6f) \$	358,778	358,778		
7. Depreciation (complete schedule page 23	*)				
a. Land Improvements	\$				
b. Building & Building Improvements	\$	107,335	107,335		
c. Non-Movable Equipment	\$				
d. Movable Equipment	\$	15,813	15,813		
*7e. Total Depreciation Costs $(7a + b + c + d)$) \$	123,148	123,148		
8. Amortization (Complete att. Schedule Pag	ge 24*)				
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$	10,599	10,599		
d. Other (<i>Specify</i>)	\$				
*8e. Total Amortization Costs (8a + b + c + d	l) \$	10,599	10,599		
9. Rental payments on leased real property 1	ess				
real estate taxes included in item 10b	\$	937,378	937,378		
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$	134,247	134,247		
c. Personal property taxes	\$	2,510	2,510		
11. Total Property Expenses (7e + 8e + 9 + 1	10) \$	1,207,882	1,207,882		

* 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	CCN	Н	RHNS	(Specify)
		-		
Contract Services - maintenance	\$	19,443		
Groundskeeping / Snow	\$	992		
Trash Removal	\$ 2	27,703		
Medical Waste	\$	623		
Total Other Repairs and Maintenance	\$ 4	48,761	\$ -	\$ -

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

					Deprec	iation Sc	chedule					
Name of Facility					License No.			Report for Year E	nded		Page	of
JACC Healthcare Center of Danielson					383940)364		9/30/2020			23	37
Property Item					Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. Land Improvements												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attac	h sche	dule)										
A-4. Subtotal												
B. Building and Building Improvements												
1. Acquired prior to this report period					877,047		877,047	244,734	S/L	Various	106,686	
2. Disposals (attach schedule)												
3. Acquired during this report period (attac	h sche	dule)			5,192				S/L	Various	649	
B-4. Subtotal												107,335
C. Non-Movable Equipment												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attac	h sche	dule)										
C-4. Subtotal												
	logt	nileage book ained?		Acquisition	Historical Cost	Less		Accumulated Depreciation to	Method of			
					Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
	Yes	No	Month	Year	Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
 D. Movable Equipment Motor Vehicles (Specify name, model and year of each vehicle)												
b.												
<u> </u>												
2. Movable Equipment												
a. Acquired prior to this report period			Var	Var	51,730		51,730	17,249	S/L	Various	6,417	
b. Disposals (attach schedule)			Var	Var	51,750		51,750	17,249	5/L	various	0,417	
c. Acquired during this report period			v ai	v ai								
(attach schedule)			Var	Var	46,979				S/L	Various	9,396	
D-3. Subtotal			vai	vai	40,979				5/L	various	9,390	15.813
E. <i>Total Depreciation</i>												123,148
D. I out Depreciation												123,148

Useful

Schedule of Land Improvements Acquired during this report period

			Useful	
cquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
			1	
fotal additions for Land Impro	vement	\$ -		\$ -
Deletions:				
			1	
Fotal deletions for Land Impro	vement	\$ -		\$ -
*Ties to Page 23, Line A3	venien	ه -		φ -

**Ties to Page 23, Line A2

_____ ------

Schedule of Building Improvements Acquired during this report period

arious Additions	\$	5,192	0		
arious Additions	\$	5 1 9 2	0		
		5,172	8	\$	649
ilding Improvemen	\$	5,192		\$	649
ilding Improvement	\$	-		\$	-
i	ilding Improvement Iding Improvement E B3	Iding Improvement \$	Iding Improvement \$ -	Iding Improvement \$ -	Image: Solution of the second seco

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report perio

			Useful	
cquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
Fotal additions for Non-Mov	able Equipmer	\$ -		\$ -
Deletions:				
Fotal deletions for Non-Mova	ble Equipmen	\$ -		\$ -
*Ties to Page 23, Line C3	ine Equipmen	φ -		φ -

* Ties to Page 23, Line C3 **Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report perio

A contriction Data	Description of Item	Cost	Useful Life	Donnoio	4
Acquisition Date Additions:	Description of item	Cost	Lile	Depreciation	
Additions:	Various Additions	\$ 46,9	079 5	\$ 9,	,396
T. 4. 1	Marchi Fariana	¢ 466	20	¢ O	206
	Movable Equipmen	\$ 46,9	779	\$9,	,396
Deletions:					
Total deletions for	Movable Equipmen	\$	-	\$	-
*Ties to Page 23,	Line D2c				

**Ties to Page 23, Line D2c

Schedule of Leasehold Improvements Acquired during this report peri-

		-	Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
				1
Total additions for Leasehold 1	mprovemer	\$ -		\$ -
	in provenie.	•		Ψ
Deletions:				
				-
Total deletions for Leasehold I	mprovemen	\$ -		\$ -

*Ties to Page 24, Line C3 **Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility				License No.		Report for Yea	r Ended		Page	of
JAC	C Healthcare Center of Danielson			38394	0364	9/30/2020			24	37
		Date Acqui	e of isition			Accumulated Amort. to Beginning of	Basis for			
				Length of	Cost to Be	Year's	Computing	Rate	Amortization	
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A.	Organization Expense									
	1.									
	2.									
	3.									
A-4.	Subtotal									
B.	Mortgage Expense									
	1.									
	2.									
	3.									
B-4.	Subtotal									
C.	Leasehold Improvements and Other									
	1. Acquired prior to this report period	Var	Var	Various	73,685	31,639	S/L	Variou	10,599	
	2. Disposals (attach schedule)									
	3. Acquired during this report period									
~ ((attach schedule)									
C-4.	Subtotal								-	10,599
D. Total Amortization								10,599		

* 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.

JACC Healthcare Center of Danielson Cost Report Year 2020

Leasehold Improvement	Historical Cost	Method	Life	9/30/2016 Accumulated Depreciation	9/30/2017 Depreciation Expense	9/30/2017 Accumulated Depreciation	9/30/2018 Depreciation Expense	9/30/2018 Accumulated Depreciation	9/30/2019 Depreciation Expense	9/30/2019 Accumulated Depreciation	9/30/2020 Depreciation Expense	9/30/2020 Accumulated Depreciation	NBV
2016 Additions													
Leasehold Acquisition Cost	18,516	S/L	5	3,703	3,703	7,406	3,703	11,109	3,703	14,812	3,703	18,516	(0)
Total Additions 2016	18,516			3,703	3,703	7,406	3,703	11,109	3,703	14,812	3,703	18,516	(0)
2017 Additions													
Leasehold Acquisition Cost	5,169		8	-	431	431	646	1,077	646	1,723	646	2,369	3,446
Leasehold Acquisition Cost	50,000	S/L	8	-	2,604	2,604	6,250	8,854	6,250	15,104	6,250	21,354	34,896
Total Additions 2017	55,169	-		•	3,035	3,035	6,896	9,931	6,896	16,827	6,896	23,723	38,342
Total Leasehold Improvement	73,685			3,703	6,738	10,441	10,599	21,040	10,599	31,639	10,599	42,239	38,342
Total for 2020	73,685			3,703	6,738	10,441	10,599	21,040	10,599	31,639	10,599	42,239	38,342

JACC Healthcare Center of Danielson Cost Report Year 2020

Cost Report Year 2020													
Medicaid Cost Report - Depreciation Summary				9/30/2016	9/30/2017	9/30/2017	9/30/2018	9/30/2018	9/30/2019	9/30/2019	9/30/2020	9/30/2020	NBV
	Historical Cost	Method	Life	Accumulated	Depreciation	Accumulated	Depreciation	Accumulated	Depreciation	Accumulated	Depreciation	Accumulated	
5 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Depreciation	Expense	Depreciation	Expense	Depreciation	Expense	Depreciation	Expense	Depreciation	
Building Improvement 2016 Additions													
	10 750 6	/1	10	1,675	1,675	2 250	1,675	F 03F	1,675	c 700	1.075	8,375	0.375
Sign Dining Room Renovations	16,750 S/ 50,000 S/		10 20	2,500	2,500	3,350 5,000	2,500	5,025 7,500	2,500	6,700 10,000	1,675 2,500	12,500	8,375 37,500
•		/L	20										
Total Additions 2016	66,750			4,175	4,175	8,350	4,175	12,525	4,175	16,700	4,175	20,875	45,875
2017 Additions													
Renovation	50,000 S,	/L	8		5,208	5,208	6,250	11,458	6,250	17,708	6,250	23,958	26,042
HD Supply	5,655 S/	/L	8	-	531	531	707	1,238	707	1,945	707	2,652	3,002
Asbestos Abatement	8,000 S/	/L	8	-	667	667	1,000	1,667	1,000	2,667	1,000	3,667	4,333
Renovation	102,880 S,		8	-	8,573	8,573	12,860	21,433	12,860	34,293	12,860	47,153	55,727
Renovation	37,720 S,		8	-	3,143	3,143	4,715	7,858	4,715	12,573	4,715	17,288	20,432
Architectual Drawings	5,800 S,		8	-	483	483	725	1,208	725	1,933	725	2,658	3,142
Commercial Doors	4,165 S/		8	-	347	347	521	868	521	1,389	521	1,910	2,255
American Express	3,060 S/		8	-	255	255	383	638	383	1,021	383	1,404	1,656
New Counter Tops	5,315 S,		8	-	443	443	664	1,107	664	1,771	664	2,435	2,880
American Express	2,110 S/		8	-	176	176	264	440	264	704	264	968	1,142
Renovation	64,300 S		8	-	4,689	4,689	8,038	12,727	8,038	20,765	8,038	28,803	35,497
American Express	2,888 S/	,	8	-	181	181	361	542	361	903	361	1,264	1,625
American Express	1,194 S/		8	-	75	75	149	224	149	373	149	522	672
Commercial Doors	5,285 S/		8	-	275	275	661	936	661	1,597	661	2,258	3,027
American Express	1,413 S/		8	-	59	59	177	236	177	413	177	590	823
Renovation	222,285 S/		8 8	-	6,946 66	6,946 66	27,786	34,732 461	27,786 395	62,518	27,786 395	90,304	131,981
P&J Sprinkler	3,162 S/		8	-			395			856		1,251	1,911
Asbestos Abatement	34,650 S/		8	-	361	361	4,331	4,692	4,331	9,023	4,331	13,354	21,296
New Windows	6,762 S,	/L	8	-	644	644	845	1,489	845	2,334	845	3,179	3,583
Total Additions 2017	566,643			-	33,122	33,122	70,832	103,954	70,832	174,786	70,832	245,618	321,026
2018 Additions													
Asbestos Removal	14,850 S/		8	-	-	-	1,856	1,856	1,856	3,712	1,856	5,568	9,282
Shower Rooms Renovation Project	130,000 S/		8	-	-	-	16,250	16,250	16,250	32,500	16,250	48,750	81,250
AC Units	27,703 S,	/L	8	-	-	-	3,463	3,463	3,463	6,926	3,463	10,389	17,314
Total Additions 2018	172,553			-	-	-	21,569	21,569	21,569	43,138	21,569	64,707	107,846
2019 Additions													
Water heater invoice attached	28,422 S	/L	10						2,842	2,842	2,842	5,684	22,738
Rebate for above	(2,500) S		10						(250)	(250)	(250)	(500)	(2,000)
acme contractor asbestos removal	2,200 S/		10						220	220	220	440	1,760
patterson design resident rooms new flooring	10,000 S/	/L	5						2,000	2,000	2,000	4,000	6,000
patterson design resident rooms new flooring	20,000 S/	/L	5						4,000	4,000	4,000	8,000	12,000
acme contractor asbestos removal	2,200 S/	/L	10	-	-	-			220	220	220	440	1,760
encore new heads for sprinkler sysytem invoice attached	5,879 S/	/L	10						588	588	588	1,176	4,703
H& E enterprises new doors	2,200 S/	/L	10						220	220	220	440	1,760
H& E enterprises tile installation in kitchen	2,700 S/	/L	10						270	270	270	540	2,160
Total Additions 2019	71,101			•	•		•		10,110	10,110	10,110	20,220	50,881
2020 Additions													
Various Additions	5,192 S,	/L	8								649	649	4,543
	5,192										649	649	4,543
Total Building Improvement	882,239			4,175	37,297	41,472	96,576	138,048	106,686	244,734	107,335	352,069	530,171
Total Sunding Improvement	002,239			4,1/5	31,231	41,472	50,570	130,048	100,080	244,/34	107,335	332,009	330,171

Moveable Equipment

Inter Start 5.51 5.6 5.5 5.66 3.43 1.020 3.44 1.172 3.44 1.175 3.43 2.08 3.09 Inter Luck 1.25 5.0 1.0 1.0	2015 Additions												
Server Wriets Routes 2.825 9.1 5 1.1.30 565 1.0.90 565 2.20 565 2.405 - 2.255 - 2.255 - 2.255 - 2.255 - 2.255 - 2.255 - 2.255 - 2.255 - 2.255 - 2.255 - 2.255 - 2.255 1.300 5.05 1.300 5.05 1.300 5.05 1.300 5.05 2.007 1.255 4.00 7.055 5.05 3.044 Oragen Concentrator 4.977 9.1 7 1.11 1.022 9.11 1.303 5.11 2.044 9.51 2.055 7.044 9.055 1.042 9.11 2.030 1.042 9.01 1.021 9.01 1.021 9.01 1.021 9.01 1.021 9.01 1.021 9.01 1.021 9.00 1.021 9.01 1.021 9.01 1.021 9.01 1.021 9.01 1.021 9.01													
Wirters Nucles 1.535 5.4 5 6.14 307 1.28 307 1.535 - 1.535	Time Clock										195		782
Teal Additions 2015 11,469 1,469 1,469 7,651 538 7,589 3,874 2016 Additions Incess 1,589 5/1 15 105 105 105 11 11 1,222 711 2,133 11 2,444 711 3,555 1,644 Orige Concentrator 4,877 5/1 1,165 1 1,127 1,122 711 2,133 511 2,444 711 3,555 1,644 Conget Concentrator 4,877 5/1 1,127 2,264 1,127 5,308 1,127 6,355 5,251 Total Additions 2016 11,656 1 1,27 1,227 2,664 1,127 5,308 1,127 6,355 5,251 2017 Additions 2,006 5/1 7 1,301 1,302 1,31 1,32 1,243 1,327 5,308 1,227 1,243 1,243 1,243 1,243 1,243 1,243 1,243 1,243 1,243 1,243	Server		5								-		-
202 Additions 1.59 9.1 1.57 1.55 1.05	Wireless Routers	1,535 S/L	5	614	307	921	307	1,228	307	1,535	-	1,535	-
Freeer 1,569 5/1 15 105 105 105 105 104 1045 1045 Orgen Concentrator 5,710 5/1 7/1 7/1 7/1 1/1 1/1 1/11 <	Total Additions 2015	11,463		2,821	1,410	4,231	1,410	5,641	1,410	7,051	538	7,589	3,874
Object Scientarization 4.977 5/L 7 7/L	2016 Additions												
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$													
Total Additions 2016 1.655 1.327 1.327 2.854 1.327 3.981 1.327 5.308 1.327 6.635 5.021 2017 Additions 2.557 5/1 7 - 49 49 295 344 295 639 295 394 1.327 Water Coller 2.527 5/1 7 - 49 49 295 344 295 639 295 394 1.327 5.808 1.328 1.263 1.263 1.263 1.263 1.263 1.263 1.263 1.263 1.263 1.263 395 395 395 395 395 395 1.327 5.91 1.327 5.91 1.323 1.32 1.325 1.263 1													
2017 Additions 2018 Ad	Ice Machine	5,110 S/L	10	511	511	1,022	511	1,533	511	2,044	511	2,555	2,555
Compart Water Bookler 2,257 9/L 7 - 180 180 961 561 902 361 1,263 <th1,263< th=""> 1,263 1,263<</th1,263<>	Total Additions 2016	11,656		1,327	1,327	2,654	1,327	3,981	1,327	5,308	1,327	6,635	5,021
Water Cooler 2,065 5/L 7 - 49 49 295 344 295 639 295 934 132 Ge ling Disposal 1,379 5/L 7 - 17 17 103 120 163 22 103 26 132 103 26 75 12 5 17 183 33 197 220 197 427 197 624 755 75 12 5 17 18 17 18 3,165	2017 Additions												
ice Bin 172 2 k/l 7 - 17 17 103 120 103 223 103 326 336 <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td>361</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>				-			361						
Garbage Depotal Computer Equipment 1,379 S/L 7 - 33 33 197 220 197 427 197 624 755 Computer Equipment 35 5/L 7 5 12 5 17 18 Total Additions 2017 6,730 - 282 282 961 1,243 961 2,204 961 3,165 3,565 2015 Additions - 2,887 5/L 7 - - 412 412 412 824 412 1,236 1,651 1007 Wax Machine 1,999 5/L 7 - - 412 412 412 824 412 1,236 1,651 11007 Wax Machine 1,999 5/L 7 - - 286 286 286 572 286 858 1,141 Total Additions 2018 4,886 - - - 138 138 275 413 962 1				-									
Computer Equipment 35 5/L 7 5 12 5 17 18 Total Additions 2017 6,730 - 282 282 961 1,243 961 2,204 961 3,165 3,565 2018 Additions - - 282 282 961 1,243 961 2,204 961 3,165 3,565 2018 Additions - - - 412 412 426 286 572 286 1,51 5				-									
Total Additions 2017 6,730 . 282 282 961 1,243 961 2,204 961 3,165 3,565 2018 Additions 2,887 5/L 7 . . . 412 412 412 824 412 1,235 1,651 Plone Wax Machine 1,999 5/L 7 . . . 412 412 824 412 1,235 1,651 Plone Wax Machine 1,999 5/L 7 . . . 426 286 286 572 286 858 1,141 Total Additions 2018 4,886 . </td <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>				-									
2018 Additions 1,287 5/L 7 - - 412 412 412 824 412 1,236 1,651 Floor Wax Machine 1,999 5/L 7 - - - 286 286 286 572 286 858 1,141 Total Additions 2018 4,886 - - 698 698 698 1,396 698 2,094 2,792 2019 Additions 4,886 - - - 698 698 698 1,396 698 2,094 2,792 2019 Additions 4,886 - - - 698 698 698 1,396 698 2,094 2,792 2019 Additions - - - - 138 138 275 413 962 Biadder Scamer 9,230 5/L 5 0 - 373 337 337 332 1,242 4,12 1,242 1,242 1,242	Computer Equipment	35 S/L	7	-	2	2	5	7	5	12	5	17	18
Ultrasound Equipment 2,887 5/L 7 - - 412 413 413 413 413 413 413 413 413 413 413 413 413 413 413 413 <td>Total Additions 2017</td> <td>6,730</td> <td></td> <td>-</td> <td>282</td> <td>282</td> <td>961</td> <td>1,243</td> <td>961</td> <td>2,204</td> <td>961</td> <td>3,165</td> <td>3,565</td>	Total Additions 2017	6,730		-	282	282	961	1,243	961	2,204	961	3,165	3,565
Floor Wax Machine 1,999 5/L 7 - - 286 286 572 286 858 1,141 Total Additions 2018 4,886 - - - 286 286 572 286 858 1,141 2019 Additions 2018 4,886 - - - 698 698 698 1,395 6698 2,094 2,792 Beds 1,375 5/L 5 5 138 138 275 413 962 Bladder Scanner 5,053 5/L 5 5 426 6,615 1,024 1,281 1,281 1,281 1,281 1,281 1,281 1,281 1,281 1,281	2018 Additions												
Total Additions 2018 4,886 698 698 698 698 698 1,396 698 2,094 2,792 2019 Additions	Ultrasound Equipment	2,887 S/L	7	-		-	412	412	412	824	412	1,236	1,651
2019 Additions Beds 1,375 5/L 5 Bladder Scanner 9,230 5/L 5 ice Machine 5,053 5/L 10 Floor Lift 1,336 5/L 5 Total Additions 2019 1,699 1,289 1,289 2,893 4,182 1,282 2020 Additions Various Additions 46,979 5/L 5 5 3,7,583	Floor Wax Machine	1,999 S/L	7	-	-	-	286	286	286	572	286	858	1,141
Beds 1,375 5/L 5 Bladder Scanner 9,230 5/L 5 Bladder Scanner 9,230 5/L 5 Ice Machine 5,053 5/L 10 Floor Lift 1,336 5/L 5 Total Additions 2019 16,994 - - 2020 Additions Various Additions 46,979 5/L 5	Total Additions 2018	4,886					698	698	698	1,396	698	2,094	2,792
Bladder Scanner 9,230 5/L 5 Lice Machine 5,053 5/L 10 337 337 505 842 4,211 Floor Lift 1,336 5/L 5 6	2019 Additions												
Lee Machine 5,053 5/L 10 337 337 505 842 4,211 Floor Lift 1,336 5/L 5 45 267 312 1,024 Total Additions 2019 1,699 1,289 1,289 2,893 4,182 12,812 2020 Additions Various Additions 46,979 5 5 37,583	Beds	1,375 S/L	5						138	138	275	413	962
Floor Lift 1,336 S/L 5 Total Additions 2019 16,994 2020 Additions Various Additions 45 45 2020 Additions 9,395,80 9,395,80	Bladder Scanner	9,230 S/L	5						769	769	1,846	2,615	6,615
Total Additions 2019 1,289 1,289 2,893 4,182 12,812 2020 Additions	Ice Machine	5,053 S/L	10						337	337	505	842	4,211
2020 Additions Various Additions 46,979 5/L 5 9,395.80 9,396 37,583	Floor Lift	1,336 S/L	5						45	45	267	312	1,024
Various Additions 46,979 S/L 5 9,395.80 9,396 37,583	Total Additions 2019	16,994							1,289	1,289	2,893	4,182	12,812
	2020 Additions												
	Various Additions	46.979 S/I	5								9.395.80	9.396	37.583
			-										

Total Moveable Equipment	98,707		4,147	3,019	7,166	4,396	11,562	5,685	17,247	15,813	33,060 65,648
Total for 2020	980,946		8,322	40,316	48,638	100,972	149,610	112,371	261,981	123,148	385,129 595,818
	Prior Year	Current Year									
Net Book Value per Trial Balance	670,720	583,239									
Net Book Value per C/R Depreciation	666,794	595,818									
Variance	3,926	(12,578)									
Software (Net)											
CR vs. TB Adjustment page 31 of the Cost Report	3,926	(12,578)									
	Per TB	Per Marcum Above Variance	2								
Building Improvement	109,428	107,335									
Moveable Equipment	11,232	15,813									
Depreciation Adjustment - Page 36 of the Cost Report	120,660	123,148	(2,488)								

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

Name of FacilityLicense NJACC Healthcare Center of Danielson3839	o. 940364	Report for Year Ei 9/30/2020	nded		Page of 25 37
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility	0	Yes	$oldsymbol{\circ}$	No	If "Yes," complete Part B.
or leased from a Related Party?*	Ŭ	103	Ũ	110	If "No," complete Part C.
*If any owner or operator of this facility is relate business association to any person or organization					
related party transaction.		Jununigs are leased, the	in it is considered a		
Description		Total	_		
1. Date Land Purchased			_		
2. Date Structure Completed			-		
3. If NOT Original Owner, Date of Purcha 4. Date of Initial Licensure	se		-		
5. Total Licensed Bed Capacity			-		
6. Square Footage			-		
7. Acquisition Cost					
a. Land			_		
b. Building				I	
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
 Financing Type of Financing (e.g., fixed, varial 	bla)				
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years))				
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of _					
Complete if Mortgage was Refinance	1				
During Current Cost Year					
g. Type of Financing (e.g., fixed, varial	ble)				
h. Date of Refinancing i. New Interest Rate					
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed	/				
1. Principal Outstanding on Note Paid-	Off				
Part C - Arms-Length Leases for Rea	l Property I	mprovements Onl	y		·
Name and Address of Lessor		perty Leased			Annual Amount of Lease
Danielson Senior Holdings, LLC, 13 Freedom	111 Westco	,	09/01/15	10 Years	937,378
Drive, Lakewood, NJ 08701	Danielson,	CT 06239-9292			
	1		1		

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 Ye	ear Ended		Page of
JACC Healthcare Center of Danielson 383940364		9/30/2020			26 37
Item		Total	CCNH	RHNS	(Specify)
12. Interest					
A. Building, Land Improvement & Non-Movabl	e				
Equipment					
1. First Mortgage Name of Lender	\$				
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	<u> </u>				
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 N			Report for Ye		Page of	
JACC Healthcare Center of Daniels 3839	40364		9/30/2020			27 37
Item			Total	CCNH	RHNS	(Specify)
Sut	ototals Bro	ught Forward:				
12. C. Movable Equipment		- -				
1. Automotive Equipment	_	\$				
A. Item	Rate	Amount				
Lender	I					
Address of Lender						
2. Other (<i>Specify</i>)		\$				
A. Item	Rate	Amount				
Lender	1					
Address of Lender						
B. Item	Rate	Amount				
Lender	I					
Address of Lender						
12. C. 3. Total Movable Equipment Intere	est					
Expense $(C1 + 2)$		\$	2 500	2 500		
12. D. Other Interest Expense (<i>Specify</i>)		\$	2,799	2,799		
Misc Interest						
13. Total All Interest Expense (12B7 + 120	C3 + 12D)	\$	2,799	2,799		
14. Insurance	· · · · ·					
a. Insurance on Property (buildings or	nly)	\$	129,739	129,739		
b. Insurance on Automobiles		\$				
c. Insurance other than Property (as sp	pecified ab	oove)				
1. Umbrella (Blanket Coverage)		\$				
2. Fire and Extended Coverage		\$				
3. Other (<i>Specify</i>)		\$	8,964	8,964		
Director and Office Insurance						
14d. Total Insurance Expenditures (14a + b	(+c)	\$	138,703	138,703		
15. Total All Expenditures (A-13 thru C-14		\$		19,185,975		

D. Adjustments to Statement of Expenditures

	e of Fa			Lic	cense No.	Report for Yea	r Ended	Page	of
JACO	C Heal	thcare	e Center of Danielson		383940364	9/30/2020		28	37
					Total				
Item	Page	Line			Amount of				
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(Spe	cify)
Page	10 - S	alarie	es and Wages						
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$					
3.	10	A12g	Occupational Therapy	\$	388,075	388,075			
4.			Other - See attached Schedule	\$	546	546			
Page	13 - H	Profes	sional Fees						
5.			Resident Care Physicians **	\$					
6.			Occupational Therapy	\$					
7.			Other - See attached Schedule	\$	26,492	26,492			
Page	s 15 &	: 16 -	Administrative and General						
8.			Discriminatory Benefits	\$					
9.	15	1c	Bad Debts	\$	414,932	414,932			
10.	-		Accounting	\$		7			
10a.			Legal	\$	31,639	31,639			
11.			Telephone	\$	- ,				
12.			Cellular Telephone	\$					
13.			Life insurance premiums on the life						
			of Owners, Partners, Operators	\$					
14.			Gifts, flowers and coffee shops	\$					
15.			Education expenditures to colleges or	-					
			universities for tuition and related costs						
			for owners and employees	\$					
16.			Travel for purposes of attending	Ψ					
10.			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 *	\$	35,398	35,398			
19.	10	1112/0	Income Tax / Corporate Business Tax	\$	33,570	33,370			
20.	16	m10	Fund Raising / Contributions	\$	155,974	155,974			
21.	10	mito	Unallowable Management Fees	\$	100,971	100,971			
21.			Barber and Beauty	\$		1			
22.		<u> </u>	Other - See attached Schedule	\$	114	114		1	
	18 - 1)ietar	y Expenditures	Ψ	114	114			
24.	10 - L	i i i i i i i i i i i i i i i i i i i	Meals to employees, guests and others						
<u> </u>			who are not residents	\$					
Page	19 - T	aund	ry Expenditures	ψ					
25.	1) - L		Laundry services to employees, guests						
23.			and others who are not residents	\$					
Ране	20 - 7	Innee	keeping Expenditures	ψ					
26.	20-1	Louse	Housekeeping services to employees, guests						
20.			and others who are not residents	\$					
			Subtotal (Items 1 - 26)		1,053,170	1,053,170			
			Subiotal (Items 1 - 20)	φ		1,035,170			

* All except "Help Wanted".

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

⁽Carry Subtotal forward to next page)

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	(CCNH	RHNS	(Specify)
10	B12o	Respiratory Therapist	\$	546		
Total Othe	r Salaries A	Adjustment	\$	546	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	C	CNH	RHNS	(Specify)
13	B12	Respiratory Services (Disallowed)	\$	26,492			
Total Othe	r Fees Adj	ustments	\$	26,492	\$ -	\$	-

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCN	NH	RHNS	(Specify	1)
16	m13	Fines & Penalties	\$	114			
Total Other	r A&G Adj	justments	\$	114	\$-	\$	-

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			D. Adjustments to Statemer	nt (of Expend	litures (co	nt'd)		
Name	e of Fa	acility		Lic	ense No.	Report for Y	ear Ended	Page	of
JACO	C Heal	thcare	e Center of Danielson		383940364	9/30/2020		29	37
					Total				
Item	Page	Line			Amount of				
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(Sp	ecify)
			Subtotals Brought Forward	\$	1,053,170	1,053,170			
Page	20 - I	Reside	nt Care Supplies***						
27.	20	5a2	Prescription Drugs	\$	376,726	376,726			
28.	20	5d	Ambulance/Limousine	\$	38,976	38,976			
29.	20	5f	X-rays, etc	\$	14,584	14,584			
30.	20	5h	Laboratory	\$	18,442	18,442			
31.			Medical Supplies	\$					
32.	20	5e2	Oxygen (non emergency)	\$	17,770	17,770			
33.			Occupational Therapy	\$					
34.			Other - See Attached Schedule	\$	34,070	34,070			
Page	22 - N	Iainte	enance 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 - I	nsura	nce						
40.			Mortgage Insurance	\$					
41.	27	14c3	Property Insurance	\$	8,964	8,964			
Other	r - Mis	scella	neous						
42.			Other - Indirect	\$					
43.			Interest Income on Account Rec.	\$					
44.			Other - Miscellaneous Administrative	\$					
45.			Management Fees Direct	\$					
46.			Management Fees Indirect	\$					
47.			Other - Direct	\$	14,661	14,661			
Not I	For Pr	ofit P	roviders Only						
48.			Building/Non Movable Eq. Depreciation						
			Unallowable Building Interest -						
			See Attached Schedule	\$					
49.	Total	Amo	unt of Decrease (Items 1 - 48)	\$	1,577,363	1,577,363			

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

*** 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	C	CNH	RHNS		(Specify)
20	5i	Cable TV	\$	11,889			
20	51	Med Equipment Rental	\$	15,176			
20	51	Patient Consolidated Bill	\$	6,104			
20	51	Occupational Therapy Supplies	\$	901			
Total Othe	r Ancillary	Costs	\$	34,070	\$	-	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

Schedule of Other - Indirect Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Othe	r Adjustme	ents	\$ -	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Othe	r Adjustme	nts	\$ -	\$-	\$ -

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CC	NH	RHNS	5	(Specify)	
30	IV 8	Miscellaneous Revenue	\$	14,661				
Total Other	r Adjustme	nts	\$	14,661	\$	-	\$-	

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Unal	lowable Bui	lding Interest	\$ -	\$-	\$ -

JACC Healthcare Center of Danielson Disallowance Schedule for Cable TV 9/30/2020

Total Cable TV Expense acct #	Amount 15,489 TB Linked
Monthly Allowable amount Months in Cost Report Year Total Allowable Cost	\$ 300 <u>12</u> \$ 3,600
Disallowed Cable TV	\$ 11,889

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F. Statement of Revenue

F. Statement of Ke					D C
Name of FacilityLicense No.JACC Healthcare Center of Danielson383940364		Report for Y	ear Ended		Page of 30 37
JACC Healthcare Center of Dameison 383940304		9/30/2020			30 37
Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (CT only)	\$	16,776,035	16,776,035		
b. Medicaid Room and Board Contractual Allowance **	\$	(4,675,753)	(4,675,753)		
2. a. Medicaid (All other states)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (all inclusive)	\$	1,721,783	1,721,783		
b. Medicare Room and Board Contractual Allowance **	\$	139,254	139,254		
4. a. Private-Pay Residents and Other	\$	3,169,613	3,169,613		
b. Private-Pay Room and Board Contractual Allowance **	\$	7,412	7,412		
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$	118,703	118,703		
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$	20,491	20,491		
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	\$	686,872	686,872		
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$	99,364	99,364		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$	160,128	160,128		
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$	17,205	17,205		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$	811,766	811,766		
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$	144,028	144,028		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (Specify) - Medicare	\$	651,525	651,525		
b. Other (Specify) - Non-Medicare	\$	574,890	574,890		
III. Total Resident Revenue (Section I. thru Section II.)	\$	20,423,316	20,423,316		
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>)	\$	5,712	5,712		
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$	1,213,684	1,213,684		
V. Total Other Revenue (1 thru 8)	\$	1,219,396	1,219,396		
VI. Total All Revenue (III +V)	\$	21 642 712	21 642 712		
· · · · · · · · · · · · · · · · · · ·	Ŷ	21,642,712	21,642,712		-

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 II 6a	Lab - MA	\$ 2,559		
30 II 6a	IV Therapy - MA	\$ 200		
30 II 6a	X-Ray - MA	\$ 5,590		
30 II 6a	Contractual Allow (Ancill) MA	\$ 783,116		
30 II 6a	Contract Allow (Ancill) Med B	\$ (136,868)		
30 II 6a	Sequester Med B	\$ (3,072)		
Total Othe	er Resident Revenue - Medicare	\$ 651,525	\$-	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 II 6b	Contractual Allow (Ancill) PVT	\$ (226)		
30 II 6b	IV Therapy - MD	\$ 1,228		
30 II 6b	Contractual Allow (Ancill) MD	\$ (293,054)		
30 II 6b	Contractual Allowance (BC/BSD)	\$ (514)		
30 II 6b	IV Therapy - M MA	\$ 1,537		
30 II 6b	Contractual Allow (Ancill) M MA	\$ (1,537)		
30 II 6b	X-Ray - Managed Care	\$ 75		
30 II 6b	Contract Allow(Ancill) MGD Care	\$ (34,587)		
30 II 6b	Ancillary - cash receipts	\$ 12,324		
30 II 6b	Medicaid Rate Adj - COVID 19	\$ 889,644		
Total Othe	r Resident Revenue	\$ 574,890	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH		RHNS	(Specify)
			-			
30 IV 5	Interest Income		\$ 5,71	2		
Total Inter	rest Income		\$ 5,71	2 5	\$-	\$-

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV 8	COVID-19 Stimulus Funding	1,188,523.00		
30 IV 8	Miscellaneous Revenue	\$ 14,661		
30 IV 8	Optum Covid Emergency Payment	\$ 10,500		
Total Othe	r Revenue	\$ 1,213,684	\$ -	\$ -

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G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
JACC Healthcare Center of Danielson	383940364	9/30/2020	31	37
	Account		A	mount
Assets				
A. Current Assets				
1. Cash (on hand and in banks)			\$	3,687,632
2. Resident Accounts Receivab	le (Less Allowance f	for Bad Debts)	\$	2,736,880
3. Other Accounts Receivable (Excluding Owners o	or Related Parties)	\$	
4 Inventories			\$	
5. Prepaid Expenses			\$	114,620
a. Prepaid Workers Comp		33,738		
b. Prepaid Insurance		34,093		
c. Prepaid partnership tax		46,789		
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement R	eceivable		\$	(5,973)
8. Other Current Assets (itemize	2)		\$	78,090
Allow - Doubtful PVT Accoun	ts	55,790		
Utilities Deposits Prior Owner Revenue		3,920 18,380	-	
See Schedule		18,380	-	
A-9. Total Current Assets (Lines A1	thru 8)		\$	6,611,249
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
	Accum. Depreciati	ion Net		
3. Buildings	*Historical Cost	882,239	\$	530,170
C	Accum. Depreciati	· · · · · · · · · · · · · · · · · · ·		,
4. Leasehold Improvements	*Historical Cost	,	\$	
Ĩ	Accum. Depreciati	ion Net		
5. Non-Movable Equipment	*Historical Cost		\$	
	Accum. Depreciati	ion Net		
6. Movable Equipment	*Historical Cost	98,709	\$	65,647
	Accum. Depreciati		Ŧ	
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciati	ion Net	Ŧ	
8. Minor Equipment-Not Depre	· · · · · ·	_	\$	
9. Other Fixed Assets (itemize)			\$	(12,578)
F/S vs. C/R		(12,578)		×
See Schedule		(,••••)		
B-10. Total Fixed Assets (Lines B	1 thru 9)		\$	583,239

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

(Carry Total forward to next page)

Attachment Page 31-34

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description

Total Prep	Fotal Prepaid Expenses			
				-

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

Page Ref	Line Ref	Description	
Total Othe	r Current A	Assets (Itemize)	\$

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

Page Ref	Line Ref	Description	
Total Othe	er Other Fiz	ted Assets (Itemize)	\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		Due To/From Prior Owner	\$ (21,650)
		Due from landlord	\$ 3,394
		Loan & Exchange	\$ 395,000
		Lease Acquisition Costs	\$ 73,685
		Accum Amort Lease Aqu Costs	\$ (42,239)
		Replacement reserves	\$ 35,697
Total Othe	r Assets		\$ 443,887

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref Line Ref Description

Total Note	Total Notes Payable		\$ -

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

Page Ref	Line Ref	Description	
Total Othe	r Current l	Liabilities (Itemize)	\$ -

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

Page Ref Line Ref Description

Total Othe	Total Other Current Liabilities (Itemize)				

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G. Balance Sheet (cont'd)

		Facility	License No.	Report for Year Ended		Page		of
JAC	СH	ealthcare Center of Danielson	383940364	9/30/2020		32		37
			Account			1	Amount	
				Total Brought Forward	\$		7,1	94,488
C.	Lea	asehold or like property recorde	ed for Equity Purpose	S.				
	1.	Land			\$			
	2.	Land Improvements	*Historical Cost					
			Accum. Depreciation	n Net	\$			
	3.	Buildings	*Historical Cost					
			Accum. Depreciation	n Net	\$			
	4.	Non-Movable Equipment	*Historical Cost					
			Accum. Depreciation	n Net	\$			
	5.	Movable Equipment	*Historical Cost					
			Accum. Depreciation	n Net	\$			
	6.	Motor Vehicles	*Historical Cost					
			Accum. Depreciation	n Net	\$			
	7.	Minor Equipment-Not Deprec	viable		\$			
C-8	То	tal Leasehold or Like Properti	<i>es</i> (C1 thru 7)		\$			
D.	Inv	vestment 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 Reside	ent Care (<i>temize</i>)		\$			
	6.	Loans to Owners or Related P	arties (<i>itemize</i>)		\$		1,0	00,000
		Name and Address	Amount	Loan Date				
		Due from Norwhich and						
		Windham	1,000,000					
	7.	Other Assets (itemize)			\$		4	43,887
		See Schedule	443,887					
		tal Investments and Other Ass			\$			43,887
D-9.	To	tal All Assets (Lines A9 + B10	(+C8 + D8)		\$		8,6	38,375

* 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 Fac	cility		License No.	Report for Year E	nded	Page	of
JACC Healt	hcare	Center of Danielson	383940364	9/30/2020		33	37
			Account			A	mount
Liabilities							
А.	Cu	rrent Liabilities					
	1.	Trade Accounts Payable				\$	1,898,885
	2.	Notes Payable (itemize)				\$	
		See Schedule					
	3.	Loans Payable for Equipm	-	(itemize)		\$	
		Name of Lender	Purpose	Amount	Date Due		
	4.	Accrued Payroll (Exclusive	of Owners and/or St	ockholders only)	<u> </u>	\$	464,983
	5.	Accrued Payroll (Owners a	0			\$ \$	404,705
	6.	Accrued Payroll Taxes Pay		my)		\$	24,677
	7.	Medicare Final Settlement				\$	24,077
	8.	Medicare Current Financin	· · ·			\$	
	9.	Mortgage Payable (Curren	0 1			\$	
		Interest Payable (Exclusive		ated Parties)		\$	
		Accrued Income Taxes*	of owner and of her	area I arries j		\$	
		Other Current Liabilities (in	temize)			\$	271,750
	12	Accrued Provider Tax Payable	<i>,</i>	6 Patient Refund	(64,785)	-	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		Accrued Health & Welfare	,	0 Resident funds refund	(1,370)		
		Union Dues Witholding		2 Payroll garnishments	(70)		
		Accrued Employee Ins.		7 See Schedule	(, , ,		
A-13	. To	tal Current Liabilities (Line				\$	2,660,295

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

(Carry Total forward to next page)

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	Ended	Page	of
JACC Healthcare Center of Danielson	383940364	9/30/2020		34	37
	Account			1	Amount
		Total Broug	ght Forward:		2,660,295
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipmen	nt (<i>itemize</i>)		\$		
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable			\$		
3. Loans from Owners or R	elated Parties (itemize)		\$		490,500
Name and Address of Lender	Amount	Loan D		,	490,500
Ivanie and Address of Lender	7 milount	Loan D			
	490,500				
	490,500)			
4. Other Long-Term Liabili	ties (itemize)		\$		2,830,250
Due to 3rd Party A		4,500	÷		2,000,200
Due to 3rd Party B		513,250			
Long-Term Liabilities		2,312,500			
See Schedule		,,- 00			
B-5. Total Long-Term Liabilities			\$		3,320,750
C. Total All Liabilities (Lines A			\$		5,981,045

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

	ne of Facility License No. Report for Year Ended	Page	
JAC	C Healthcare Center of Danielson3839403649/30/2020	35	37
A.	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	\$	1,319,253
	3. Paid-in Surplus	\$	
	4. Treasury Stock	\$	
	5. Cumulated Earnings	\$	(1,121,148)
	6. Gain or Loss for Period 10/1/2019 thru 9/30/2020	\$	2,459,225
	7. Total Net Worth	\$	2,657,330
C.	Total Reserves and Net Worth	\$	2,657,330
D.	Total Liabilities, Reserves, and Net Worth	\$	8,638,375

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year	Ended	Page	of
JACC Healthcare Center of Danielson	383940364	9/30/2020		36	37
	Account				mount
A. Balance at End of Prior Period as s		09/30/2019	9		328,852
B. Total Revenue (From Statement of	A		5	5	21,642,712
C. Total Expenditures (From Statement	nt of Expenditures P	Page 27)	9	5	19,183,487
D. Net Income or Deficit			•		2,459,225
E. Balance			9	6	2,788,077
F. Additions					
1. Additional Capital Contributed	(itemize)				
Expenditures Per Page 27	\$19,185,975				
Dep Adjustment	\$(2,488)				
Total Expenditures	\$19,183,487				
2. Other (<i>itemize</i>)					
Pior Period Adjustment		(130,747)			
E 2 Total Additions			d	`	(120 747)
F-3. Total Additions G. Deductions			9)	(130,747)
	Doute one (Correction)		d		
1. Drawings of Owners/Operators Name and Address (<i>No., City,</i>		Title	Amount)	
Name and Address (vo., City,	Siale, Zip)	Title	Amount		
$2 O(1 + N^2) = 1 (G = 1)$, ,	
2. Other Withdrawings(<i>Specify</i>)		A	9)	
Purpose		Amo	unt		
3. Total Deductions		• •	9		
H. Balance at End of Period	09/30/2	20	9	5	2,657,330

Name of Facility	License No.	Report for Year Ended	Page	of
JACC Healthcare Center of Danielson	383940364	9/30/2020	37	37
	Check appropriate category			
Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	□ (Specify)		
	Preparer/Reviewer Certificat	tion		
have read the most recent Federal and personnel as to the possible inclusion regulations. All non-reimbursable ex- removed in the State rate computation are properly reported as such in this p	report and am familiar with the applicable d State issued field audit reports for the F in this report of expenses which are not a spenses of which I am aware (except those n system) as a result of reading reports, in report on Pages 28 and 29 (adjustments to eement with the books and records, as pro-	acility and have inquired of appr reimbursable under the applicab se expenses known to be automa equiry or other services performed o statement of expenditures). Fu	ropriate le ttically ed by me	
Signature of Preparer	Title	Date Signed		
Matthew S Bavolack	Principal	02/15/2021		
Printed Name of Preparer				
Matthew S. Bavolack				
Addres Address		Phone Number		
555 Long Wharf Drive, New Haven, CT 065		203-781-9600		
Contacted Person Regarding Additional Info	ormation Needed Regarding This Report	Phone Number		
Sam Fisher		860-774-9540		
Contact Email Address				
sfisher@davisplacehcc.com				

I. Preparer's/Reviewer's Certification

Client: Engagement: Period Ending: Trial Balance:	JACC Mgmt - SNF Cost Reports Medicaid - JACC Healthcare Center of Da 9/30/2020 A.01 - TB-CCNH	nielson				
Account	Description	UNADJ	JE Ref #	AJE	FINAL	1st PP-FINAL
		9/30/2020			9/30/2020	9/30/2019
100010 100015	Petty Cash ZBA - Cash Operating	0.00 (3.00)			0.00 (3.00)	0.00 (3.00)
100020	Cash - Operating	3,717,854.00			3,717,854.00	516,752.00
100025	Cash - Payroll	121,387.00			121,387.00	(10,436.00)
100030	Cash - Prior Owner	(152,706.00)			(152,706.00)	(152,706.00)
100051 100070	Resident Trust - Petty A/R - Medicaid	1,100.00 1,463,858.00			1,100.00 1,463,858.00	1,100.00 1,482,195.00
100075	A/R - Medicare A	638,837.00			638,837.00	608,095.00
100080	A/R - Managed Care	99,291.00			99,291.00	175,164.00
100085	A/R - Private	225,286.00			225,286.00	341,223.00
100090 100095	A/R - Medicare B A/R Other	308,921.00 0.00			308,921.00 0.00	370,833.00 0.00
100105	Allowance - Doubtful Accounts	687.00			687.00	(2,057.00)
100106	Allow - Doubtful PVT Accounts	55,790.00			55,790.00	55,790.00
100175	Due To/From Prior Owner	(21,650.00)			(21,650.00)	0.00
100315 100325	Due From JACC Due from landlord	0.00 3,394.00			0.00 3,394.00	0.00 18,800.00
100327	Due To/ From Medicare	(5,973.00)			(5,973.00)	13,911.00
100375	Loan & Exchange	395,000.00			395,000.00	0.00
100380	Due from Norwhich and Windham	1,000,000.00			1,000,000.00	0.00
100400 100400.01	Prepaid Expenses Prepaid Workers Comp	0.00 33,738.00			0.00 33,738.00	0.00 41,006.00
100410	Prepaid Insurance	34,093.00			34,093.00	26,116.00
100500	Leasehold Improvements	875,478.00			875,478.00	870,286.00
100510 100530	Furniture Fixtures & Equipment	64,731.00			64,731.00	52,144.00
100530	Computer Equip & Software Construction in Progress	21,746.00 0.00			21,746.00 0.00	6,347.00 0.00
100600	Accum Depr- Leasehold Improv	(347,056.00)			(347,056.00)	(237,628.00)
100610	Accum Depr - FF & E	(29,399.00)			(29,399.00)	(18,441.00)
100630	Accum Depr - Comp Equip & Soft	(2,261.00)			(2,261.00)	(1,988.00)
100700 100701	Utilities Deposits Prepaid partnership tax	3,920.00 46,789.00			3,920.00 46,789.00	3,920.00 7,918.00
100710	Lease Acquisition Costs	73,685.00			73,685.00	73,685.00
100715	Accum Amort Lease Aqu Costs	(42,239.00)			(42,239.00)	(31,640.00)
100800	Replacement reserves	35,697.00			35,697.00	0.00
200000 200015	Accounts Payable Accrued Provider Tax Payable	(1,898,885.00) (269,246.00)			(1,898,885.00) (269,246.00)	(2,108,210.00) (274,710.00)
200020	Accrued Payroll	(314,435.00)			(314,435.00)	(296,343.00)
200020.01	Accrued Bonus payroll	0.00			0.00	(32,295.00)
200022 200023	Accrued PTO Accrued Sick pay	(150,548.00) 0.00			(150,548.00) 0.00	(150,548.00) (35,163.00)
200023	Payroll garnishments	70.00			70.00	0.00
200025	Accrued Payroll Taxes	(24,677.00)			(24,677.00)	(24,231.00)
200030	Accrued Expense Other	0.00			0.00	0.00
200030.04 200035	Accrued accounting fees Accrued Health & Welfare	0.00 (65,080.00)			0.00 (65,080.00)	(12,500.00) (99,256.00)
200033	Accrued Water & Sewer	0.00			0.00	(99,230.00) 0.00
200045	Union Dues Witholding	(2,992.00)			(2,992.00)	929.00
200050	Accrued Employee Ins.	(657.00)			(657.00)	(657.00)
200068 200069	Resident funds refund Patient Refund	1,370.00 64,785.00			1,370.00 64,785.00	0.00 49,320.00
200275	Due To JACC	0.00			0.00	0.00
200375	Due To/From Shimshon Fisher	(490,500.00)			(490,500.00)	(355,500.00)
200400	Due to 3rd Party A	(4,500.00)			(4,500.00)	(47,500.00)
200410 200500	Due to amex Due to 3rd Party B	0.00 (513,250.00)			0.00 (513,250.00)	0.00 (513,250.00)
250000	Long-term Liabilities	(2,312,500.00)			(2,312,500.00)	0.00
300005	Distributions	130,747.00			130,747.00	50,000.00
32000	Retained Earnings	0.00			0.00	0.00
320000 330000	Retained Earnings Owner's Capital	1,121,148.00 (1,450,000.00)			1,121,148.00 (1,450,000.00)	1,589,639.00 (1,500,000.00)
400000	Room & Board - PVT	(1,052,870.00)			(1,052,870.00)	(1,500,000.00) (950,806.00)
400035	Physical Therapy - PVT	(1,359.00)			(1,359.00)	(267.00)
400040	Occupational Therapy - PVT	(1,207.00)			(1,207.00)	415.00
400045 400060	Speech Therapy - PVT Contractual Allow (Ancill) PVT	0.00 226.00			0.00 226.00	0.00 7.00
400070	Pr. Yr. Revenue Adjustments PVT	(218,606.00)			(218,606.00)	(439,727.00)

Account	Description	UNADJ	JE Ref # AJE	FINAL	1st PP-FINAL
		9/30/2020		9/30/2020	9/30/2019
400100	Room & Board - MD	(16,997,221.00)		(16,997,221.00)	(16,005,788.00)
400100.01	Hospice Revenue	(334,812.00)		(334,812.00)	(296,781.00)
400110	Equipment Rental - MD	0.00		0.00	0.00
400120 400125	Pharmacy - MD IV Therapy - MD	(15,508.00) (1,228.00)		(15,508.00) (1,228.00)	(1,129.00) 0.00
400125	X Ray - MD	(1,228.00) 0.00		(1,228.00)	(75.00)
400135	Physical Therapy - MD	(119,105.00)		(119,105.00)	(64,449.00)
400140	Occupational Therapy - MD	(136,037.00)		(136,037.00)	(80,424.00)
400145	Speech Therapy - MD	(21,009.00)		(21,009.00)	(6,806.00)
400155	Contractual Allow (R&B) - MD	4,675,753.00		4,675,753.00	4,583,867.00
400160 400170	Contractual Allow (Ancill) MD Pr. Yr. Revenue Adjustments MD	293,054.00 221,186.00		293,054.00 221,186.00	152,808.00 369,193.00
400200	Room & Board - Med A	(1,542,619.00)		(1,542,619.00)	(1,927,824.00)
400200.01	Managed Medicare	(1,318,165.00)		(1,318,165.00)	(1,545,090.00)
400215	Lab - MA	(2,559.00)		(2,559.00)	0.00
400220	Pharmacy - MA	(118,703.00)		(118,703.00)	(363,306.00)
400225 400230	IV Therapy - MA X-Ray - MA	(200.00) (5,590.00)		(200.00) (5,590.00)	0.00 (11,159.00)
400235	Physical Therapy - MA	(465,089.00)		(465,089.00)	(738,993.00)
400240	Occupational Therapy MA	(516,343.00)		(516,343.00)	(817,935.00)
400245	Speech Therapy - MA	(72,566.00)		(72,566.00)	(96,028.00)
400250	Ambulance - MA	0.00		0.00	0.00
400255	Contractual Allow (R&B) - Med A	(139,254.00)		(139,254.00)	(1,745,370.00)
400260 400265	Contractual Allow (Ancill) MA Contractual Allowance (BC/BSD)	(783,116.00) 514.00		(783,116.00) 514.00	2,028,459.00 506.00
400269	Sequester Med A	35,872.00		35,872.00	59,740.00
400270	Pr. Yr. Revenue Adjustments MA	(215,036.00)		(215,036.00)	(125,238.00)
400271	Managed Medicare	(167,373.00)		(167,373.00)	(122,564.00)
400271.01	Managed Medicare	0.00		0.00	0.00
400276 400280	IV Therapy - M MA	(1,537.00) 0.00		(1,537.00) 0.00	0.00 1,051.00
400280	Occupational Therapy - M MA Contractual Allow (Ancill) M MA	1,537.00		1,537.00	0.00
400290	Write Off Uncollectible PO Receivable	0.00		0.00	0.00
400291	Bad debt	414,932.00		414,932.00	498,855.00
400320	Pharmacy - Hospice	0.00		0.00	0.00
400360	Contract Allow(Ancill) Hospice	0.00		0.00	0.00
400400 400410	Room & Board - Managed Care Pr. Yr. Room & Board - Managed Care	(88,984.00) 0.00		(88,984.00) 0.00	(240,086.00) 1,200.00
400420	Pharmacy - Managed Care	(4,983.00)		(4,983.00)	(30,496.00)
400425	IV - Managed Care	0.00		0.00	0.00
400430	X-Ray - Managed Care	(75.00)		(75.00)	(956.00)
400435	Physical Therapy - Managed Care	21,100.00		21,100.00	(45,364.00)
400440 400445	Occupational Therapy - Managed Speech Therapy - Managed Care	(6,784.00) 3,804.00		(6,784.00) 3,804.00	(56,654.00) (5,292.00)
400455	Contract Allow (R&B) - MGD Care	(7,412.00)		(7,412.00)	(43,032.00)
400460	Contract Allow(Ancill) MGD Care	34,587.00		34,587.00	138,642.00
400470	Pr. Yr. Revenue Adjustments MGD	11,197.00		11,197.00	0.00
400635	Physical Therapy - Medicare B	(221,783.00)		(221,783.00)	(213,915.00)
400635.01 400640	MEDACARE B FLU SHOTA Occupational Therapy - Med B	0.00 (295,423.00)		0.00 (295,423.00)	0.00 (264,368.00)
400645	Speech Therapy - Medicare B	(295,423.00) (87,562.00)		(295,425.00) (87,562.00)	(204,308.00) (67,055.00)
400660	Contract Allow (Ancill) Med B	136,868.00		136,868.00	83,635.00
400669	Sequester Med B	3,072.00		3,072.00	4,959.00
400850	Cable Revenue	0.00		0.00	(236.00)
400860	Miscellaneous Revenue	(14,661.00)		(14,661.00)	(9,661.00)
400870 400900	Interest income Consulting Fee	(5,712.00) 0.00		(5,712.00) 0.00	(754.00) 0.00
400900.9	Prior Period ancillary MNG CARE	0.00		0.00	0.00
400901	Prior Owner Revenue	18,380.00		18,380.00	18,380.00
400996	Optum Covid Emergency Payment	(10,500.00)		(10,500.00)	0.00
400997	Medicaid Rate Adj - COVID 19	(889,644.00)		(889,644.00)	0.00
400998	Medicare Stimulis - COVID 19	(1,188,523.00)		(1,188,523.00)	0.00
400999 444444	HUD RESERVE DRAW Ancillary - cash receipts	0.00 (12,324.00)		0.00 (12,324.00)	0.00 (18,392.00)
500000	Salary & Wages	(12,324.00)		0.00	0.00
500100	Salaries Administrator	165,647.00		165,647.00	155,231.00
500105	Salaries Executive Director	0.00		0.00	0.00
500110	Rent - Offsite Office	5,100.00		5,100.00	5,100.00
500115 500130	Salaries Admissions Customer service aide	72,448.00 27,140.00		72,448.00 27,140.00	68,581.00 1,590.00
500150	Salary Office	300,513.00		300,513.00	252,751.00
		000,010,000		200,010.00	,

Account	Description	UNADJ	JE Ref #	AJE	FINAL	1st PP-FINA
		9/30/2020			9/30/2020	9/30/2019
500180	Travel & Mileage	17,455.00			17,455.00	22,859.0
500200	Bank Charges	5,827.00			5,827.00	9,824.0
500240	Dues & Subscriptions	11,933.00			11,933.00	508.0
500260	Office Supplies	21,331.00			21,331.00	34,009.0
500270	Software / Tech Support	76,778.00			76,778.00	50,875.0
500280	Postage	5,569.00			5,569.00	4,984.0
500300	Printing	2,198.00			2,198.00	2,761.0
500310	Rental of Equipment	8,172.00			8,172.00	10,726.0
			AJE - 5	0.00		
500320	Accounting Fees	31,862.00			31,862.00	45,828.0
500330	Contract Services - Office	76,079.00			76,079.00	67,824.0
			AJE - 4	0.00		
500340	Legal Fees	47,945.00			47,945.00	54,637.0
500350	Payroll Processing Fee	40,776.00			40,776.00	42,166.0
500355	Charitable	155,974.00			155,974.00	49,970.0
500360	Consulting Other	71,415.00			71,415.00	0.0
			AJE - 4	0.00		
500365	Guaranteed payments	111,633.00			111,633.00	0.0
500370	Software Maintenance	0.00			0.00	0.0
500385	New Hire Expense	0.00			0.00	0.0
500400	Business License Fees	704.00			704.00	0.0
500420	Licenses & Permits	500.00			500.00	1,285.0
500440	Telephone	43,683.00			43,683.00	38,421.0
	•		AJE - 3	0.00		
500445	Small Equipment Purchase	50,442.00			50,442.00	24,113.0
500450	Insurance Non-Property	8,964.00			8,964.00	9,070.0
500460	Meetings & Seminars	253.00			253.00	2,910.0
500475	Advertising Help Wanted	0.00			0.00	0.0
500480	Advertising - Promotional	35,398.00			35,398.00	38,914.0
500485	Business Development	0.00			0.00	0.0
500490	Fines & Penalties	114.00			114.00	30.0
500510	Taxes - Real Estate	2,727.00			2,727.00	2,727.0
500520	Taxes - Personal	2,510.00			2,510.00	15,757.0
500530	Insurance - Property	129,739.00			129,739.00	111,098.0
500550	Provider Fee Expense	1,145,601.00			1,145,601.00	1,065,321.0
500630	Advertising - Promotional	0.00			0.00	420.0
500710	Taxes- sales tax	0.00			0.00	69,699.0
500810	Business Consulting	200,000.00			200,000.00	154,000.0
500850	Medical Director Fees	66,000.00			66,000.00	66,000.0
500900	Rent Expense - Building	932,278.00			932,278.00	957,170.0
500910	Real estate tax	131,520.00			131,520.00	144,520.0
500950	Management Fees	0.00			0.00	0.0
501100	Deprec FF & E	11,232.00			11,232.00	7,053.0
501300	Depr - Leasehold Improvements	109,428.00			109,428.00	103,256.0
501550	Amort Lease Aquisition Costs	10,599.00			10,599.00	10,599.0
502000	Interest Working Capital	0.00			0.00	4,919.0
502150	Interest - Other	2,799.00			2,799.00	8,689.
502151	Penalties - Bed tax	0.00			0.00	0.0
502200	Strike Contingency	0.00			0.00	0.0
503000	Non-Operating Expense	0.00			0.00	0.0
510000	Employee Benefits	2,942.00			2,942.00	21,729.0
510010	Payroll Taxes FICA	750,609.00			750,609.00	700,073.0
510020	Payroll Taxes FUTA	90,444.00			90,444.00	92,528.0
510030	Payroll Taxes SUTA	10,379.00			10,379.00	11,833.0
510040	Workers' Compensation	219,381.00			219,381.00	272,536.0
510050	Group Health / Dental	132,926.00			132,926.00	156,628.
510030	Employee Benefits - Non Pr	40,788.00			40,788.00	19,695.0
510110	Employee Physicals	2,285.00			2,285.00	5,706.
510115	Uniform Allowance	2,285.00			22,156.00	22,296.0
510113	Union Health & Welfare	1,699,043.00			1,699,043.00	1,629,783.
510120	Union Health&Welfare Settlement	0.00			0.00	1,029,703.
510125	Union Training	72,236.00			72,236.00	82,634.0
510130	Union Pension	580,516.00			580,516.00	600,395.0
510145	Union Pension Settlement	0.00			0.00	0.0
520005	Dietary Expense	0.00			0.00	0. 375 500
E20100	Raw Food	393,111.00			393,111.00	375,590.
520100		8,090.00			8,090.00	4,486.0
520110	Food - Other					
520110 520120	Food Supplements	5,044.00			5,044.00	
520110 520120 520140	Food Supplements Dietary Supplies	5,044.00 34,922.00			34,922.00	49,118.0
520110 520120	Food Supplements	5,044.00				16,603.0 49,118.0 964.0 0.0

Account	Description	UNADJ	JE Ref #	AJE	FINAL	1st PP-FINAL
		9/30/2020	<u> </u>		9/30/2020	9/30/2019
520300	Salaries Dietary Supervisor	66,533.00			66,533.00	52,836.00
520350	Salaries Dietary Supervisor	73,977.00			73,977.00	68,917.00
520370	Salaries Dietary	667,008.00			667,008.00	626,547.00
530120	Housekeeping Supplies	33,684.00			33,684.00	21,001.00
530140	Contracted Services - housekeeping	0.00			0.00	1,689.00
530400	Saleries Housekeeping Super	0.00			0.00	0.00
530450	Salaries Housekeeping	442,385.00			442,385.00	349,196.00
530550	Salaries Laundry	210,270.00			210,270.00	209,890.00
540100 540120	Laundry Supplies Contract Services - Laundry	7,324.00 1,299.00			7,324.00 1,299.00	6,021.00 2,571.00
540120	Linen Purchases	9,828.00			9,828.00	7,904.00
550005	Maintenance	0.00			0.00	0.00
550030	Security	0.00			0.00	0.00
550100	Maintenance Supplies	44,389.00			44,389.00	35,840.00
550110	Repairs & Maintenance	18,940.00			18,940.00	11,516.00
550120	Contract Services - maintenance	19,443.00			19,443.00	19,979.00
550130	Minor Equipment	0.00			0.00	0.00
EE0140	Deat Cantrol	0.00	AJE - 5	0.00	0.00	0.00
550140 550145	Pest Control Groundskeeping / Snow	0.00 992.00			0.00 992.00	0.00 15,143.00
550150	Gas & Electric	158,616.00			158,616.00	166,298.00
550160	Fuel Oil	1,038.00			1,038.00	673.00
550170	Cable TV	15,489.00			15,489.00	15,020.00
550180	Water & Sewer	78,862.00			78,862.00	83,668.00
550190	Trash Removal	27,703.00			27,703.00	28,674.00
550195	Medical Waste	623.00			623.00	603.00
550200	Salaries Maintenance Supervisor	79,481.00			79,481.00	72,074.00
550250	Salaries Maintenance	108,640.00			108,640.00	98,075.00
562010	Nursing Supervisor	75.00			75.00	0.00
562040	Salaries - CNAs	50.00			50.00	0.00
562100 562110	Medical Supplies PPD Medical Supplies	56,617.00			56,617.00	28,315.00 166,368.00
562120	Diapers / Disposables	187,013.00 0.00			187,013.00 0.00	0.00
562140	Tube Feeding (Non Part	0.00			0.00	0.00
562160	Oxygen Supplies	12,899.00			12,899.00	15,350.00
562165	Oxygen respiratory therapy	4,871.00			4,871.00	7,766.00
562180	Contract Nursing	0.00			0.00	0.00
564050	Contracted Services	56.00			56.00	7,625.00
564100	Contracted Services - Pharmacy	31,560.00			31,560.00	35,278.00
564120	Over The Counter Drugs	4,908.00			4,908.00	7,131.00
564140 566050	Prescription Drugs	376,726.00			376,726.00	438,276.00
566060	Contracted Services - Physician Contract Svcs - Dental	8,000.00 16,224.00			8,000.00 16,224.00	8,000.00 16,224.00
566100	Medical Records	3,516.00			3,516.00	5,580.00
566140	Patient Transportation	38,976.00			38,976.00	47,153.00
566160	Med Equip Rental	15,176.00			15,176.00	9,166.00
566180	Patient Expenses	6,128.00			6,128.00	2,585.00
566190	Lab Fees	18,442.00			18,442.00	19,782.00
566200	X-Ray Services	14,584.00			14,584.00	28,933.00
566205	Inhalation Expense	0.00			0.00	0.00
566210	Patient Consolidated Bill	6,104.00			6,104.00	6,604.00
570040	Rehab Contracted Services	33,235.00			33,235.00	56,793.00
570060 570080	Physical Therapy Suppliies Speech Therapy Consultant	4,012.00 0.00			4,012.00 0.00	3,058.00 0.00
570085	Speech Therapy Supplies	0.00			0.00	0.00
570110	Occupational Therapy Supplies	901.00			901.00	1,247.00
570160	Respiratory Therapy Suppl	0.00			0.00	236.00
580005	Activities	3,000.00			3,000.00	0.00
580100	Activities Supplies	11,140.00			11,140.00	9,390.00
580120	Entertainment Contracted	2,440.00			2,440.00	6,110.00
580900	Salaries Social Service Super	54,009.00			54,009.00	48,212.00
580910	Salaries Social Service Staff	46,832.00			46,832.00	44,172.00
580950 580960	Salaries Recreation Supervisor Salaries Recreation	55,916.00 127,595.00			55,916.00 127,595.00	52,549.00 117,155.00
600350	LPN - ADMIN	82,480.00			82,480.00	79,695.00
600600	Salaries Director of Nursing	138,223.00			138,223.00	132,383.00
600650	Salaries Assistant DON	68,670.00			68,670.00	83,392.00
600660	6600-Nursing Administration	0.00			0.00	0.00
600700	Salaries RN Supervisor	644,322.00			644,322.00	579,127.00
600710	Salaries RN's	545,067.00			545,067.00	507,693.00
600720	Salaries LPN's	1,707,662.00			1,707,662.00	1,621,280.00

600730 Slaties CNA's 2,940,486.00 2,940,486.00 2,940,486.00 2,940,486.00 2,940,486.00 2,940,486.00 2,940,486.00 2,940,486.00 2,940,486.00 2,940,486.00 2,940,486.00 2,940,486.00 2,940,486.00 2,940,486.00 2,940,486.00 5,9260.00 5,9260.00 5,9260.00 5,9260.00 5,9260.00 5,9260.00 6,0070 5,9260.00 5,9260.00 6,0070 5,9260.00 6,000 <th>Account</th> <th>Description</th> <th>UNADJ</th> <th>JE Ref #</th> <th>AJE</th> <th>FINAL</th> <th>1st PP-FINAL</th>	Account	Description	UNADJ	JE Ref #	AJE	FINAL	1st PP-FINAL
600730.01 7900-C.N.A/Scheduler 59,280.00 59,280.00 600730.02 Salaries Infection Control 0.00 0.00 600750 Salaries Salaries Supervisor 78,067.00 78,067.00 600770 Salaries SuB Supervisor 78,067.00 78,067.00 0.00 600762 Salaries MDS Supervisor 78,067.00 78,067.00 0.00 600770 Salaries MDS Supervisor 78,067.00 0.00 0.00 600770 Salaries MDS Supervisor 77,066.00 0.00 0.00 600770 Salaries Medical Records 36,996.00 27,906.00 0.00 600780 Salaries Director Rehab 10,696.00 0.00 0.00 600880 Salaries PT 304,602.00 0.00 ALE - 2 42,172.00 346,774.00 - 600880 Salaries ST 89,040.00 0.00 0.00 0.00 0.00 600880 Salaries Restorative Aides 0.00 0.00 0.00 0.00 600880 Salaries Restorative Aides 0.00			9/30/2020			9/30/2020	9/30/2019
600730 02 7950-C.N.A/Central Supply 45.85.00 45.85.00 600740 Salaries Indecino Control 0.00 0.00 600750 Salaries MCS Supervisor 78.067.00 78.067.00 600760 Salaries MDS Supervisor 78.067.00 9.00 600770 Salaries MDS Supervisor 78.067.00 9.00 600770 Salaries MCIS Supervisor 78.067.00 9.00 600770 Salaries MCIS Records 9.60.00 9.00 600770 Salaries Entral Supply 0.00 0.00 600795 Salaries Detration 27.306.00 27.306.00 600810 Salaries Detration 27.306.00 42.172.00 0.00 600810 Salaries PT 30.40.000 42.172.00 42.172.00 42.172.00 600850 Salaries Restar Aldes 0.00 42.12.20 42.153.00 60.00 600850 Salaries Restarbaldes 546.00 0.00 60.00 60.00 600850 Salaries Restarbaldes 0.00 0.00 60.00 60.00	600730	Salaries CNA's	2,940,436.00			2,940,436.00	2,649,478.00
600740 Salaries Infection Control 0.00 0.00 600750 Salaries Staf Wound Care 0.00 0.00 6007670 Salaries MDS buenvisor 78.067.00 78.067.00 78.067.00 600770 Salaries MDS buenvisor 78.067.00 78.067.00 0.00 600770 Salaries MDS buenvisor 77.06.00 72.306.00 0.00 600770 Salaries Schedular 0.00 0.00 0.00 600781 Salaries Chedular 0.00 0.00 0.00 0.00 600792 Salaries Chedular 0.00 0.00 0.00 0.00 0.00 600792 Salaries Director Rehab 101.696.00 .4E - 2 (101.696.00) 0.00 600850 Salaries BT 304.000 AF - 2 2.172.00 346.77.00 .4E - 2 0.00 600850 Salaries Restorative Aldes 6600 .4E - 2 0.00 0.00 600850 Salaries Restorative Aldes 66000 .4E - 2 0.00 0.00 600850			,				19,689.00
600750 Salaries Staff Development 0.00 0.00 600750 Salaries MOS Supervisor 78.067.00 78.067.00 600770 Salaries MOS Supervisor 78.067.00 0.00 600770 Salaries MOS Supervisor 78.067.00 0.00 600770 Salaries Mode Records 36.00 0.00 600770 Salaries Mode Records 36.00 0.00 600770 Salaries Scheduler 0.00 0.00 600792 Salaries Central Supply 0.00 0.00 600800 Salaries Director Rehab 101.056.00 - 42.172.00 - 600810 Salaries DT 30.40.00 42.172.00 - - 600855 resportory thrapist 54.00 -			-,			,	16,491.00
600755 Salarises Wound Care 0.00 0.00 600760 Salarises MDS 145,031.00 145,031.00 6007702 Salaries MDS 145,031.00 0.00 6007703 Salaries Medical Records 36,906.00 0.00 6007704 Salaries Scheduler 0.00 0.00 6007705 Salaries Scheduler 0.00 0.00 6007702 Salaries Cheduler 0.00 0.00 6007805 Salaries Director Rehab 101,696.00 0.00 600810 Salaries Director Rehab 101,696.00 4,47.12.00 346,774.00 600820 Salaries Rot 304,602.00 4,21.72.00 346,774.00 4,21.72.00 600850 Salaries Rot 546.00 12,329.00 101,376.00 4,21.72.00 600850 Salaries Restorative Aides (666.00) 4,41.2 2,329.00 0.00 600850 Salaries Restorative Aides (666.00) 0.00 0.00 0.00 600850 Salaries Restorative Aides (666.00) 0.00							3,627.00
600760 Salaries MDS Superisor 78.067.00 78.067.00 600762 Salaries MDS 145.031.00 .000 600770 Salaries Molical Records 36.906.00 .000 600780 Salaries Molical Records 36.906.00 .000 600790 Salaries Molical Records 36.906.00 .000 600790 Salaries Central Supply 0.00 .000 600810 Salaries OT 304.00.00 .001 600850 Salaries ST 399.047.00 .021.72.00 .000 600850 Salaries Restorative Aldes .000 .011.866.00 .000 600850 Salaries Restorative Aldes .000 .000 .000 600850 Salaries Restorative Aldes .000 .000 .000 600850 Salaries Restorative Aldes .000 .000 .000 600870 Salaries Restorative Aldes .000 .000 .000 600870 Salaries Restorative Aldes .000 .000 .000 700001 Subscriptions		•					0.00
600762 Salaries MDS 145.031.00 145.031.00 600770 Salaries Schoodinator 0.00 0.00 600780 Salaries Schooduler 0.00 0.00 600792 Salaries Schooduler 0.00 0.00 600780 Salaries Schooduler 0.00 0.00 600800 Salaries Schooduler 0.00 0.00 600810 Salaries Schooduler 0.00 0.00 600830 Salaries ST 304.602.00 42.172.00 346.774.00 600850 Salaries ST 83.047.00 ALE - 2 42.172.00 600850 Salaries Rehab Aldes 0.00 0.00 0.00 90000 Prior Period Enersie 0.00 0.00 0.							0.00 71,522.00
600770 Salarise Micloardinator 0.00 0.00 600780 Salarise Micloar Records 36,906.00 0.00 600790 Salarise Scheduler 0.00 0.00 600792 Salarise Scheduler 0.00 0.00 600795 Salarise Central Supply 0.00 0.00 600810 Salaries Director Rehab 101,696.00 (101,696.00) 0.00 600830 Salaries OT 304,602.00 AJE - 2 42,172.00 346,774.00 - 600850 Salaries ST 89,047.00 AJE - 2 42,172.00 - 24,22.00 - 600850 Salaries Restorative Aides 6666.00 - 101,376.00 - - 0.00 600850 Salaries Restorative Aides (666.00) - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - <td></td> <td>•</td> <td>· · · · · · · · · · · · · · · · · · ·</td> <td></td> <td></td> <td></td> <td>138,016.00</td>		•	· · · · · · · · · · · · · · · · · · ·				138,016.00
600780 Salaries Medical Records 36,906,00 36,906,00 600792 Salaries Scheduler 0.00 7,006,00 27,306,00 27,306,00 0.00 600792 Salaries Central Supply 0.00 101,696,00 0.00 0.00 600810 Salaries Director Rehab 101,696,00 ALE - 2 (101,696,00) 0.00 600830 Salaries ST 304,602,00 ALE - 2 42,172,00 346,774,00 - 600850 Salaries ST 304,602,00 ALE - 2 42,172,00 346,774,00 - 600850 Salaries Rehab Aldes 0.00 ALE - 2 0.00 -							0.00
600780 Salaries Scheduler 0.00 27.306.00 600782 Salaries Tensportation 27.306.00 27.306.00 600810 Salaries Central Supply 0.00 AUE - 2 (101.696.00) 0.00 600810 Salaries OT 304.602.00 (101.696.00) 0.00 600830 Salaries OT 304.602.00 AUE - 2 42,172.00 46,774.00 600850 Salaries OT 304.080.00 AUE - 2 47,195.00 386.075.00 600850 Salaries ST 89,047.00 AUE - 2 12,329.00 101.376.00 600855 resportory therapist 546.00 AUE - 2 0.00 600850 Salaries Restorative Aides (666.00) 0.00 0.00 99900 Undistributed 0.00 0.00 0.00 0.00 80002 Cell phone 0.00 0.00 0.00 0.00 0.00 80002 Cell phone 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>33,776.00</td>							33,776.00
600792 Stairies Transportation 27,306.00 27,306.00 600795 Stairies Carnel Supply 0.00 (101,696.00) 0.00 600810 Stairies Carnel Supply 0.00 4,2172.00 346,774.00 - 600810 Stairies Carnel Supply 0.00 4,2172.00 346,774.00 - 600830 Salaries OT 304,802.00 47,1155.00 388,075.00 - 600850 Salaries ST 89,047.00 12,322.00 101,376.00 - 600850 Salaries Rehab Aldes 0.00 - 0.00 - 0.00 600850 Salaries Restorative Aldes (666.00) - - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 - 0.00 <td></td> <td></td> <td>,</td> <td></td> <td></td> <td></td> <td>0.00</td>			,				0.00
600795 Salaries Central Supply 0.00 AUE - 2 (101,696,00) AUE - 2 (101,696,00) 600810 Salaries PT 304,602,00 AUE - 2 42,172,00 446,774,00 - 600830 Salaries OT 304,082,00 AUE - 2 42,172,00 - - 600850 Salaries ST 89,047,00 - 42,322,00 101,376,00 600850 Salaries Rehab Aides 0.00 - 0.00 - 600850 Salaries Rehab Aides (660,00) - 0.00 - 600850 Salaries Rehab Aides (660,00) - 0.00 - 600850 Salaries Reitorative Aides (660,00) - 0.00 - 9990 Undistributed 0.00 - 0.00 - 0.00 R0001 Subscriptions 0.00 - 0.00 - 0.00 R0002 Cell phone 0.00 - 0.00 - 0.00 R0003 Referral Software							22,549.00
608800 Salaries Director Rehab 101,686.00 (01,696.00) 0.00 600810 Salaries PT 304,602.00 ALE - 2 42,172.00 346,774.00							0.00
AIE - 2 $(101, 696, 00)$ 600810 Salaries PT 304,602.00 AJE - 2 42,172.00 346,774.00 600830 Salaries OT 340,880.00 AJE - 2 47,195.00 388,075.00 600850 Salaries ST 89,047.00 AJE - 2 12,329.00 101,376.00 600855 resportory therapist 546.00 0.00 AJE - 2 0.00 600856 Salaries Rebab Aides 0.00 AJE - 2 0.00 0.00 600870 Salaries Rebab Aides 0.00 0.00 0.00 0.00 9990 Undistributed 0.00 0.00 0.00 0.00 99900 Prior Period Expense 0.00 0.00 0.00 R0001 Subscriptitions 0.00 0.00 0.00 R0002 Cell phone 0.00 0.00 0.00 R0004 Architect 0.00 0.00 0.00 R0005 Contracted MoS for soultant 0.00 0.00 0.00 R0004		11,9			(101 696 00)		0.00
600810 Salaries PT 304,602.00 42,172.00 346,774.00 AJE - 2 42,172.00 600830 Salaries OT 340,880.00 AJE - 2 42,172.00 388,075.00 AJE - 2 47,195.00 388,075.00 AJE - 2 47,195.00 388,075.00 AJE - 2 12,329.00 101,376.00 600855 resportory therapist 546.00 AJE - 2 12,329.00 101,376.00 600856 Salaries Restorative Aldes (666.00) AJE - 2 0.00 600857 Salaries Restorative Aldes (666.00) 0.00 0.00 999 Undistributed 0.00 0.00 0.00 80001 Subscriptions 0.00 0.00 0.00 R0002 Cell phone 0.00 0.00 0.00 R0004 Architect 0.00 0.00 0.00 R0005 Contracted Morker 0.00 0.00 0.00 R0004 Architect 0.00 0.00 0.00 R0005 Contracted MoRDS Consultant 0			,	AJE - 2		0.00	0.00
AIE - 2 42,172.00 600830 Salaries OT 340,880.00 AJE - 2 47,195.00 388,075.00 600850 Salaries ST 89,047.00 AJE - 2 12,329.00 101,376.00 600855 resportory thraspist 546.00 0.00 AJE - 2 0.00 600855 Salaries Restorative Aides 0.00 AJE - 2 0.00 600870 Salaries Restorative Aides (666.00) 0.00 AJE - 2 0.00 600870 Salaries Restorative Aides (666.00) 0.00 0.00 9990 Undistributed 0.00 0.00 0.00 80002 Cell phone 0.00 0.00 0.00 R0003 Referal Software 0.00 0.00 0.00 R0004 Architect 0.00 0.00 0.00 R0005 Contracted Social Worker 0.00 0.00 0.00 R0006 Contracted Social Worker 0.00 0.00 0.00 R0007 Maintenance Consultant 0.00	600810	Salaries PT	304.602.00			346.774.00	400,555.00
600830 Salaries OT 340,880.00 47,195.00 388,075.00 - 600850 Salaries ST 89,047.00 AJE - 2 47,195.00 12,329.00 101,376.00 600855 resportory therapist 546.00 546.00 546.00 546.00 6008570 Salaries Restorative Aides (606.00) AJE - 2 0.00 AJE - 2 0.00 999 Undistributed 0.00 0.00 0.00 0.00 0.00 999000 Prior period AR write off 0.00 <t< td=""><td></td><td></td><td>,</td><td>AJE - 2</td><td></td><td></td><td>,</td></t<>			,	AJE - 2			,
ALE - 2 47,195,00 12,232,00 101,376,00 12,329,00 101,376,00 12,329,00 101,376,00 12,329,00 101,376,00 101,376,00 101,376,00 101,376,00 12,329,00 101,376,00 101,376,00 101,376,00 101,376,00 101,376,00 101,376,00 101,376,00 101,376,00 101,376,00 101,376,00 101,376,00 101,376,00 101,376,00 101,376,00 100,00 0.00 0.00 0.00 0.00 0.00 100,00 0.00 100,00 0.00	600830	Salaries OT	340,880.00			388,075.00	441,801.00
600850 Salaries ST 89,047.00 12,329.00 101,376.00 600855 resportory therapist 546.00 546.00 546.00 600855 Salaries Restorative Aides 0.00 ALE - 2 0.00 600870 Salaries Restorative Aides (666.00) (666.00) 0.00 999 Undistributed 0.00 0.00 0.00 999000 Prior Period Expense 0.00 0.00 0.00 R0001 Subscriptions 0.00 0.00 0.00 R0002 Cell phone 0.00 0.00 0.00 R0003 Referral Software 0.00 0.00 0.00 R0004 Architect 0.00 0.00 0.00 R0005 Contracted MDS Consultant 0.00 0.00 0.00 R0006 Contracted Machine Rental 0.00 0.00 0.00 R0010 Due to 3rd Party B 0.00 0.00 0.00 R0010 Due to 3rd Party B 0.00 0.00 0.00			,	AJE - 2		,	,
600855 resportory therapist 546.00 .00 600860 Salaires Rehab Aides .00 .00 600870 Salaries Restorative Aides (666.00) .00 999 Undistributed .000 .000 999000 Prior Period Expense .000 .000 R0001 Subscriptions .000 .000 R0002 Cell phone .000 .000 R0003 Referral Software .0.00 .000 R0004 Architect .000 .000 R0005 Contracted MDS Consultant .000 .000 R0006 Contracted MDS Consultant .000 .000 R0006 Consultant .000 .000 R0007 Maintenance Consultant .0.00 .000 R0008 Credit Card Machine Rental .0.00 .0.00 R0010 Due to 3rd Party A .0.00 .0.00 R0011 Owner's Capital .0.00 .0.00 R0012 Prior Period Sick Pay	600850	Salaries ST	89,047.00			101,376.00	88,568.00
600860 Salaries Řehab Åides 0.00 AJE - 2 0.00 600870 Salaries Restorative Aides (666.00) 0.00 999 Undistributed 0.00 0.00 99900 Prior Period Expense 0.00 0.00 99000 Prior period AR write off 0.00 0.00 R0001 Subscriptions 0.00 0.00 R0002 Cell phone 0.00 0.00 R0003 Referral Software 0.00 0.00 R0004 Architect 0.00 0.00 R0005 Contracted Social Worker 0.00 0.00 R0006 Conditate Rental 0.00 0.00 R0007 Maintenance Consultant 0.00 0.00 R0008 Credit Card Machine Rental 0.00 0.00 R0010 Due to 3rd Party A 0.00 0.00 R0011 Due to 3rd Party B 0.00 0.00 R0012 Prior Period Uniform Allowance 0.00 0.00 R0014				AJE - 2	12,329.00		
AJE - 2 0.00 600870 Salaries Restorative Aides (666.00) (666.00) 999 Undistributed 0.00 0.00 999100 Prior Period Expense 0.00 0.00 999100 Prior Period Expense 0.00 0.00 R0001 Subscriptions 0.00 0.00 R0002 Cell phone 0.00 0.00 R0003 Referal Software 0.00 0.00 R0004 Architect 0.00 0.00 R0005 Contracted MoS Consultant 0.00 0.00 R0006 Contracted MoS Consultant 0.00 0.00 R0008 Credit Card Machine Rental 0.00 0.00 R0010 Due to 3rd Party B 0.00 0.00 R011 Owner's Capital 0.00 0.00 R012 <td>600855</td> <td>resportory therapist</td> <td>546.00</td> <td></td> <td></td> <td>546.00</td> <td>5,591.00</td>	600855	resportory therapist	546.00			546.00	5,591.00
60070 Salaries Restorative Aides (666.00) (666.00) 999 Undistributed 0.00 0.00 999100 Prior Period Expense 0.00 0.00 80001 Subscriptions 0.00 0.00 R0002 Cell phone 0.00 0.00 R0003 Referral Software 0.00 0.00 R0004 Architect 0.00 0.00 R0005 Contracted Social Worker 0.00 0.00 R0006 Contracted Morker Rental 0.00 0.00 R0007 Maintenance Consultant 0.00 0.00 R0008 Credit Card Machine Rental 0.00 0.00 R0009 Due to 3rd Party A 0.00 0.00 R0011 Owner's Capital 0.00 0.00 R0012 Prior Period Sick Pay 0.00 0.00 R0014 Work Comp PP Revenue 0.00 0.00 R0015 Wound Vac 0.00 0.00 R0016 Physical Plant Conultant	600860	Salaires Rehab Aides	0.00			0.00	0.00
999 Undistributed 0.00 0.00 999000 Prior Period AR write off 0.00 0.00 R0001 Subscriptitions 0.00 0.00 R0002 Cell phone 0.00 0.00 R0002 Cell phone 0.00 0.00 R0003 Referral Software 0.00 0.00 R0004 Architect 0.00 0.00 R0005 Contracted Social Worker 0.00 0.00 R0006 Contracted MDS Consultant 0.00 0.00 R0008 Credit Card Machine Rental 0.00 0.00 R0010 Due to 3rd Party A 0.00 0.00 R0011 Owner's Capital 0.00 0.00 R0012 Prior Period Uniform Allowance 0.00 0.00 R0014 Work Comp PP Revenue 0.00 0.00 R0017 Class 0.00 0.00 R0018 Physical Plant Conultant 0.00 0.00 R0014 Work Comp PP Revenue 0.00				AJE - 2	0.00		
999000 Prior Period Expense 0.00 0.00 999100 Prior period AR write off 0.00 0.00 R0001 Subscriptions 0.00 0.00 R0002 Cell phone 0.00 0.00 R0003 Referral Software 0.00 0.00 R0004 Architect 0.00 0.00 R0005 Contracted Social Worker 0.00 0.00 R0006 Contracted MDS Consultant 0.00 0.00 R0007 Maintenance Consultant 0.00 0.00 R0010 Due to 3rd Party A 0.00 0.00 R0011 Dure to 3rd Party B 0.00 0.00 R0012 Prior Period Uniform Allowance 0.00 0.00 R0013 Prior Period Sick Pay 0.00 0.00 R0016 Background Checks 0.00 0.00 R0018 Physical Plant Conultant 0.00 0.00 R0014 Work Comp PP Revenue 0.00 0.00 R0014 Work Comp PP Revenue	600870	Salaries Restorative Aides	(666.00)	1		(666.00)	7,709.00
999100 Prior period AR write off 0.00 0.00 R0001 Subscriptions 0.00 0.00 R0002 Cell phone AJE - 3 0.00 R0003 Referal Software 0.00 0.00 R0004 Architect 0.00 0.00 R0005 Contracted Social Worker 0.00 0.00 R0006 Contracted MDS Consultant 0.00 0.00 R0006 Contracted MDS Consultant 0.00 0.00 R0006 Contracted MDS Consultant 0.00 0.00 R0007 Maintenance Consultant 0.00 0.00 R0008 Credit Card Machine Rental 0.00 0.00 R0010 Due to 3rd Party A 0.00 0.00 R0011 Owner's Capital 0.00 0.00 R0012 Prior Period Uniform Allowance 0.00 0.00 R0013 Prior Period Sick Pay 0.00 0.00 R0014 Work Comp PP Revenue 0.00 0.00 R0015 Wound Va	999	Undistributed	0.00			0.00	0.00
R0001 Subscriptions Cell phone 0.00 0.00 0.00 0.00 R0002 Cell phone 0.00 0.00 R0003 Referral Software 0.00 0.00 R0004 Architect 0.00 0.00 R0005 Contracted Social Worker 0.00 0.00 R0006 Contracted MDS Consultant 0.00 0.00 R0007 Maintenance Consultant 0.00 0.00 R0008 Credit Card Machine Rental 0.00 0.00 R0010 Due to 3rd Party A 0.00 0.00 R0011 Owner's Capital 0.00 0.00 R0012 Prior Period Linform Allowance 0.00 0.00 R0013 Prior Period Sick Pay 0.00 0.00 R0014 Work Comp PP Revenue 0.00 0.00 R0015 Wound Vac 0.00 0.00 R0018 Physical Plant Conultant 0.00 0.00 R0019 Purchasing Consultant 0.00 0.00 R0019 Purchasing	999000	Prior Period Expense	0.00			0.00	(11,511.00)
R0002 Cell phone 0.00 AJE - 3 0.00 R0003 Referral Software 0.00 0.00 R0004 Architect 0.00 0.00 R0005 Contracted Social Worker 0.00 0.00 R0006 Contracted Social Worker 0.00 0.00 R0007 Maintenance Consultant 0.00 0.00 R0008 Credit Card Machine Rental 0.00 0.00 R0010 Due to 3rd Party A 0.00 0.00 R0011 Owner's Capital 0.00 0.00 R0012 Prior Period Uniform Allowance 0.00 0.00 R0018 Prior Period Sick Pay 0.00 0.00 R0018 Prior Period Uniform Allowance 0.00 0.00 R0018 Physical Plant Conultant 0.00 0.00 R0018 Physical Plant Conultant 0.00 0.00 R0020 State and Federal Compliance 0.00 0.00 R0022 Enployee Professional License 0.00 0.00	999100	Prior period AR write off	0.00			0.00	0.00
AJE - 3 0.00 R0003 Referral Software 0.00 0.00 R0005 Contracted Social Worker 0.00 0.00 R0006 Contracted MDS Consultant 0.00 0.00 R0007 Maintenance Consultant 0.00 0.00 R0008 Credit Card Machine Rental 0.00 0.00 R0009 Due to 3rd Party A 0.00 0.00 R0011 Owner's Capital 0.00 0.00 R0012 Prior Period Sick Pary 0.00 0.00 R0014 Work Comp PP Revenue 0.00 0.00 R0015 Wound Vac 0.00 0.00 R0016 Background Checks 0.00 0.00 R0017 CPR Class 0.00 0.00 R0018 Physical Plant Conultant 0.00 0.00 R0019 Purchasing Consultant 0.00 0.00 R0017 CPR Class 0.00 0.00 R0019 Purchasing Consultant 0.00 0.00						0.00	3,577.00
R0003 Referral Software 0.00 0.00 R0004 Architect 0.00 0.00 R0005 Contracted Social Worker 0.00 0.00 R0006 Contracted MDS Consultant 0.00 0.00 R0007 Maintenance Consultant 0.00 0.00 R0008 Credit Card Machine Rental 0.00 0.00 R0011 Due to 3rd Party A 0.00 0.00 R0012 Prior Period Uniform Allowance 0.00 0.00 R0013 Prior Period Sick Pay 0.00 0.00 R0014 Work Comp PP Revenue 0.00 0.00 R0015 Wound Vac 0.00 0.00 R0016 Background Checks 0.00 0.00 R0017 CPR Class 0.00 0.00 R0018 Physical Plant Conultant 0.00 0.00 R0017 CPR Class 0.00 0.00 R0020 State and Federal Compliance 0.00 0.00 R0021 Respiratory Therapist	R0002	Cell phone	0.00			0.00	4,500.00
R0004 Architect 0.00 0.00 R0005 Contracted Social Worker 0.00 0.00 R0006 Contracted MDS Consultant 0.00 0.00 R0007 Maintenance Consultant 0.00 0.00 R0008 Credit Card Machine Rental 0.00 0.00 R0009 Due to 3rd Party A 0.00 0.00 R0011 Owner's Capital 0.00 0.00 R0012 Prior Period Uniform Allowance 0.00 0.00 R0013 Prior Period Sick Pay 0.00 0.00 R0014 Work Comp PP Revenue 0.00 0.00 R0015 Wound Vac 0.00 0.00 R0016 Background Checks 0.00 0.00 R0017 CPR Class 0.00 0.00 R0018 Physical Plant Conultant 0.00 0.00 R0020 State and Federal Compliance 0.00 0.00 R0021 Respiratory Therapist 0.00 0.00 R0022 Employee Professional License 0.00 0.00 R0023 Patient Specifi				AJE - 3	0.00		
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R0006 Contracted MDS Consultant 0.00 0.00 R0007 Maintenance Consultant 0.00 0.00 R0008 Credit Card Machine Rental 0.00 0.00 R0009 Due to 3rd Party A 0.00 0.00 R0010 Due to 3rd Party A 0.00 0.00 R0011 Owner's Capital 0.00 0.00 R0012 Prior Period Uniform Allowance 0.00 0.00 R0013 Prior Period Sick Pay 0.00 0.00 R0014 Work Comp PP Revenue 0.00 0.00 R0015 Wound Vac 0.00 0.00 R0015 Wound Vac 0.00 0.00 R0016 Background Checks 0.00 0.00 R0017 CPR Class 0.00 0.00 R0018 Physical Plant Conultant 0.00 0.00 R0020 State and Federal Compliance 0.00 0.00 R0021 Repiratory Therapist 0.00 0.00 R0022 Employee Professional Lic							0.00
R0007 Maintenance Consultant 0.00 0.00 R0008 Credit Card Machine Rental 0.00 0.00 R0009 Due to 3rd Party A 0.00 0.00 R0010 Due to 3rd Party B 0.00 0.00 R0011 Owner's Capital 0.00 0.00 R0012 Prior Period Uniform Allowance 0.00 0.00 R0013 Prior Period Sick Pay 0.00 0.00 R0014 Work Comp PP Revenue 0.00 0.00 R0015 Wound Vac 0.00 0.00 R0016 Background Checks 0.00 0.00 R0017 CPR Class 0.00 0.00 R0018 Physical Plant Conultant 0.00 0.00 R0019 Purchasing Consultant 0.00 0.00 R0020 State and Federal Compliance 0.00 0.00 R0021 Respiratory Therapist 0.00 0.00 R0022 Employee Professional License 0.00 0.00 R0023 Patient							0.00
R0008 Credit Card Machine Rental 0.00 0.00 R0009 Due to 3rd Party A 0.00 0.00 R0010 Due to 3rd Party B 0.00 0.00 R0011 Owner's Capital 0.00 0.00 R0012 Prior Period Uniform Allowance 0.00 0.00 R0013 Prior Period Sick Pay 0.00 0.00 R0014 Work Comp PP Revenue 0.00 0.00 R0015 Wound Vac 0.00 0.00 R0016 Background Checks 0.00 0.00 R0017 CPR Class 0.00 0.00 R0018 Physical Plant Conultant 0.00 0.00 R0019 Purchasing Consultant 0.00 0.00 R0020 State and Federal Compliance 0.00 0.00 R0021 Respiratory Therapist 0.00 0.00 R0022 Employee Professional License 0.00 0.00 R0023 Patient Specific Rental 0.00 0.00 R0024 Unallow							31,345.00
R0009 Due to 3rd Party A 0.00 0.00 R0010 Due to 3rd Party B 0.00 0.00 R0011 Owner's Capital 0.00 0.00 R0012 Prior Veriod Uniform Allowance 0.00 0.00 R0013 Prior Period Sick Pay 0.00 0.00 R0014 Work Comp PP Revenue 0.00 0.00 R0015 Wound Vac 0.00 0.00 R0016 Background Checks 0.00 0.00 R0017 CPR Class 0.00 0.00 R0018 Physical Plant Conultant 0.00 0.00 R0019 Purchasing Consultant 0.00 0.00 R0020 State and Federal Compliance 0.00 0.00 R0021 Respiratory Therapist 0.00 0.00 R0022 Employee Professional License 0.00 0.00 R0023 Patient Specific Rental 0.00 0.00 R0024 Unallowable Food, Travel and Gifts 0.00 0.00 R0025 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>0.00</td></td<>							0.00
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R0015 Wound Vac 0.00 0.00 R0016 Background Checks 0.00 0.00 R0017 CPR Class 0.00 0.00 R0018 Physical Plant Conultant 0.00 0.00 R0019 Purchasing Consultant 0.00 0.00 R0020 State and Federal Compliance 0.00 0.00 R0021 Respiratory Therapist 0.00 0.00 R0022 Employee Professional License 0.00 0.00 R0023 Patient Specific Rental 0.00 0.00 R0024 Unallowable Food, Travel and Gifts 0.00 0.00 R0025 Holiday Party 0.00 0.00 R0026 Business Entity Tax 0.00 0.00 R0027 Accounting Software 0.00 0.00 R0028 Prior Period Expenses 0.00 0.00 R0029 Chamber of Commerce Dues 0.00 0.00 R0030 Annual Credit Card Fees 0.00 0.00							0.00
R0016 Background Checks 0.00 0.00 R0017 CPR Class 0.00 0.00 R0018 Physical Plant Conultant 0.00 0.00 R0019 Purchasing Consultant 0.00 0.00 r r AJE - 4 0.00 R0020 State and Federal Compliance 0.00 0.00 R0021 Respiratory Therapist 0.00 0.00 R0022 Employee Professional License 0.00 0.00 R0023 Patient Specific Rental 0.00 0.00 R0024 Unallowable Food, Travel and Gifts 0.00 0.00 R0025 Holiday Party 0.00 0.00 R0026 Business Entity Tax 0.00 0.00 R0027 Accounting Software 0.00 0.00 R0028 Prior Period Expenses 0.00 0.00 R0029 Chamber of Commerce Dues 0.00 0.00 R0030 Annual Credit Card Fees 0.00 0.00							0.00
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AJE - 4 0.00 R0020 State and Federal Compliance 0.00 0.00 R0021 Respiratory Therapist 0.00 0.00 R0022 Employee Professional License 0.00 0.00 R0023 Patient Specific Rental 0.00 0.00 R0024 Unallowable Food, Travel and Gifts 0.00 0.00 R0025 Holiday Party 0.00 0.00 R0026 Business Entity Tax 0.00 0.00 R0027 Accounting Software 0.00 0.00 R0028 Prior Period Expenses 0.00 0.00 R0029 Chamber of Commerce Dues 0.00 0.00 R0030 Annual Credit Card Fees 0.00 0.00							147,190.00
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R0022Employee Professional License0.000.00R0023Patient Specific Rental0.000.00R0024Unallowable Food, Travel and Gifts0.000.00R0025Holiday Party0.000.00R0026Business Entity Tax0.000.00R0027Accounting Software0.000.00R0028Prior Period Expenses0.000.00R0029Chamber of Commerce Dues0.000.00R0030Annual Credit Card Fees0.000.00							0.00
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R0024 Unallowable Food, Travel and Gifts 0.00 0.00 R0025 Holiday Party 0.00 0.00 R0026 Business Entity Tax 0.00 0.00 R0027 Accounting Software 0.00 0.00 R0028 Prior Period Expenses 0.00 0.00 R0029 Chamber of Commerce Dues 0.00 0.00 R0030 Annual Credit Card Fees 0.00 0.00							0.00
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R0028 Prior Period Expenses 0.00 0.00 R0029 Chamber of Commerce Dues 0.00 0.00 R0030 Annual Credit Card Fees 0.00 0.00							0.00
R0029 Chamber of Commerce Dues 0.00 0.00 R0030 Annual Credit Card Fees 0.00 0.00		5					0.00
R0030 Annual Credit Card Fees 0.00 0.00		•					240.00
Total 0.00 0.00 0.00	R0030	Annual Credit Card Fees	0.00			0.00	3,924.00
	Total		0.00		0.00	0.00	0.00
Net (Income) Loss 0.00 0.00 0.00		Net (Income) Loss	0.00		0.00	0.00	0.00

Client:	JACC Mgmt - SNF Cost Reports
Engagement:	Medicaid - JACC Healthcare Center of Danielson
Period Ending:	9/30/2020
Trial Balance:	A.01 - TB-CCNH
Workpaper:	A.03 - TB Combined Detail LS
A	Description

Account	Description	UNADJ	JE Ref #	AJE	FINAL	1st PP-FINAL
		9/30/2020			9/30/2020	9/30/2019
roup : [10-A]	Salaries and Wages					
ibgroup : [2]	Administrators					
0100	Salaries Administrator	165,647.00		0.00	165,647.00	155,231.00
ıbtotal [2] Admin	histrators	165,647.00		0.00	165,647.00	155,231.00
ıbgroup : [4]	Other Administrative Salaries					
0115	Salaries Admissions	72,448.00		0.00	72,448.00	68,581.00
0130	Customer service aide	27,140.00		0.00	27,140.00	1,590.00
0150	Salary Office	300,513.00		0.00	300,513.00	252,751.00
0780	Salaries Medical Records	36,906.00		0.00	36,906.00	33,776.00
btotal [4] Other	Administrative Salaries	437,007.00		0.00	437,007.00	356,698.00
ıbgroup : [5A]	Head Dietitian					
20350	Salaries Dietician	73,977.00		0.00	73,977.00	68,917.00
btotal [5A] Head	d Dietitian	73,977.00		0.00	73,977.00	68,917.00
haroup · [ED]	Food Sorvice Supervisor					
Ibgroup : [5B] 0300	Food Service Supervisor Salaries Dietary Supervisor	66,533.00		0.00	66,533.00	52,836.00
	Service Supervisor	66,533.00		0.00	66,533.00	52,836.00
bgroup : [5C] 0370	Dietary Workers Salaries Dietary	667,008.00		0.00	667,008.00	626,547.00
ibtotal [5C] Dieta		667,008.00		0.00	667,008.00	626,547.00 626,547.00
bgroup : [6B]	Other Housekeeping Workers				440 005 00	0.00 .000
0450	Salaries Housekeeping	442,385.00		0.00	442,385.00	349,196.00
ibtotal [6B] Othe	r Housekeeping Workers	442,385.00		0.00	442,385.00	349,196.00
bgroup : [7A]	Engineer or Chief of Maintenance					
0200	Salaries Maintenance Supervisor	79,481.00		0.00	79,481.00	72,074.00
btotal [7A] Engi	neer or Chief of Maintenance	79,481.00	_	0.00	79,481.00	72,074.00
bgroup : [7B]	Other Maintenance Workers					
0250	Salaries Maintenance	108,640.00		0.00	108,640.00	98,075.00
	r Maintenance Workers	108,640.00	_	0.00	108,640.00	98,075.00
bgroup : [8B]	Other Laundry Workers					
ю group:[86] 0550	Salaries Laundry	210,270.00		0.00	210,270.00	209,890.00
	er Laundry Workers	210,270.00		0.00	210,270.00	209,890.00
	-					
Ibgroup : [12A] 0600	Director of Nurses/Assistant Director	128 222 00		0.00	129 222 00	122 282 00
0650	Salaries Director of Nursing Salaries Assistant DON	138,223.00 68,670.00		0.00 0.00	138,223.00 68,670.00	132,383.00 83,392.00
	ector of Nurses/Assistant Director	206,893.00		0.00	206,893.00	215,775.00
					· · · · · · · · · · · · · · · · · · ·	
	RNs - Direct Care	75.00		0.00	75.00	0.00
2010	Nursing Supervisor	75.00		0.00	75.00	0.00
0700 0710	Salaries RN Supervisor Salaries RN's	644,322.00 545,067.00		0.00 0.00	644,322.00 545,067.00	579,127.00 507,693.00
ibtotal [12B1] RN		1,189,464.00		0.00	1,189,464.00	1,086,820.00
			_		,,	,,
• • • •	RNs - Administrative			0.00	<u> </u>	0.007.6
	Salaries Infection Control	0.00		0.00	0.00	3,627.00 71,522.00
0740		70 007 00				
0760	Salaries MDS Supervisor Salaries MDS	78,067.00 145 031 00		0.00	78,067.00 145 031 00	
0760 0762	Salaries MDS Supervisor Salaries MDS Is - Administrative	78,067.00 145,031.00 223,098.00		0.00 0.00 0.00	145,031.00 223,098.00	<u>138,016.00</u> 213,165.00
0760 0762 btotal [12B2] RN	Salaries MDS Ns - Administrative	145,031.00	=	0.00	145,031.00	138,016.00
0760 0762 btotal [12B2] RN bgroup : [12C1]	Salaries MDS Ns - Administrative LPNs - Direct Care	145,031.00 223,098.00	=	0.00	145,031.00 223,098.00	138,016.00 213,165.00
0760 0762 btotal [12B2] RN bgroup : [12C1] 0720	Salaries MDS Is - Administrative LPNs - Direct Care Salaries LPN's	145,031.00 223,098.00 1,707,662.00	-	0.00 0.00 0.00	145,031.00 223,098.00 1,707,662.00	138,016.00 213,165.00 1,621,280.00
0760 0762 btotal [12B2] RN bgroup : [12C1] 0720	Salaries MDS Ns - Administrative LPNs - Direct Care	145,031.00 223,098.00	=	0.00	145,031.00 223,098.00	138,016.00 213,165.00
0760 0762 btotal [12B2] RN bgroup : [12C1] 0720 btotal [12C1] LP bgroup : [12C2]	Salaries MDS Is - Administrative LPNs - Direct Care Salaries LPN's PNs - Direct Care LPNs - Administrative	145,031.00 223,098.00 1,707,662.00 1,707,662.00		0.00 0.00 0.00 0.00	145,031.00 223,098.00 1,707,662.00 1,707,662.00	<u>138,016.00</u> 213,165.00 <u>1,621,280.00</u> 1,621,280.00
0760 0762 biotal [12B2] RN bgroup : [12C1] 0720 biotal [12C1] LP bgroup : [12C2] 0350	Salaries MDS Is - Administrative LPNs - Direct Care Salaries LPN's Ns - Direct Care LPNs - Administrative LPN - ADMIN	145,031.00 223,098.00 1,707,662.00 1,707,662.00 82,480.00	=	0.00 0.00 0.00 0.00 0.00	145,031.00 223,098.00 1,707,662.00 1,707,662.00 82,480.00	138,016.00 213,165.00 1,621,280.00 1,621,280.00 79,695.00
0760 0762 biotal [12B2] RN bgroup : [12C1] 0720 biotal [12C1] LP bgroup : [12C2] 0350	Salaries MDS Is - Administrative LPNs - Direct Care Salaries LPN's PNs - Direct Care LPNs - Administrative	145,031.00 223,098.00 1,707,662.00 1,707,662.00	=	0.00 0.00 0.00 0.00	145,031.00 223,098.00 1,707,662.00 1,707,662.00	<u>138,016.00</u> 213,165.00 <u>1,621,280.00</u> 1,621,280.00
0760 0762 bototal [12B2] RN bgroup : [12C1] 0720 bototal [12C1] LP bgroup : [12C2] 0350 bototal [12C2] LP	Salaries MDS Vs - Administrative LPNs - Direct Care Salaries LPN's PNs - Direct Care LPNs - Administrative LPN - ADMIN PNs - Administrative	145,031.00 223,098.00 1,707,662.00 1,707,662.00 82,480.00	=	0.00 0.00 0.00 0.00 0.00	145,031.00 223,098.00 1,707,662.00 1,707,662.00 82,480.00	138,016.00 213,165.00 1,621,280.00 1,621,280.00 79,695.00
0760 0762 bototal [12B2] RN bgroup : [12C1] 0720 bototal [12C1] LP bgroup : [12C2] 0350 bototal [12C2] LP bgroup : [12D]	Salaries MDS Ns - Administrative LPNs - Direct Care Salaries LPN's PNs - Direct Care LPNs - Administrative LPN - ADMIN PNs - Administrative	145,031.00 223,098.00 1,707,662.00 1,707,662.00 82,480.00	=	0.00 0.00 0.00 0.00 0.00	145,031.00 223,098.00 1,707,662.00 1,707,662.00 82,480.00	138,016.00 213,165.00 1,621,280.00 1,621,280.00 79,695.00
0760 0762 bototal [12B2] RN bototal [12C1] LP bototal [12C1] LP bogroup : [12C2] bototal [12C2] LP bogroup : [12D] 2040 0730	Salaries MDS Ns - Administrative LPNs - Direct Care Salaries LPN's PNs - Direct Care LPNs - Administrative LPN - ADMIN PNs - Administrative Aides and Attendants Salaries - CNAs Salaries CNA's	145,031.00 223,098.00 1,707,662.00 1,707,662.00 82,480.00 82,480.00 50.00 2,940,436.00	=	0.00 0.00 0.00 0.00 0.00 0.00 0.00	145,031.00 223,098.00 1,707,662.00 1,707,662.00 82,480.00 82,480.00 50.00 2,940,436.00	138,016.00 213,165.00 1,621,280.00 1,621,280.00 79,695.00 79,695.00 0.00 2,649,478.00
0760 0762 bototal [12B2] RN bototal [12C1] N720 bototal [12C1] LP bogroup : [12C2] 0350 bototal [12C2] LP bgroup : [12D] 0240 0730 0792	Salaries MDS Is - Administrative LPNs - Direct Care Salaries LPN's PNS - Direct Care LPNs - Administrative LPN - ADMIN PNS - Administrative Aides and Attendants Salaries - CNA's Salaries Transportation	145,031.00 223,098.00 1,707,662.00 1,707,662.00 82,480.00 82,480.00 82,480.00 2,940,436.00 27,306.00	=	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	145,031.00 223,098.00 1,707,662.00 1,707,662.00 82,480.00 82,480.00 50.00 2,940,436.00 27,306.00	138,016.00 213,165.00 1,621,280.00 1,621,280.00 79,695.00 79,695.00 0.00 2,649,478.00 22,549.00
0760 0762 bototal [12B2] RN bototal [12C1] LP bototal [12C1] LP bgroup : [12C2] 0350 btotal [12C2] LP bgroup : [12D] 0040 0730 0792 0870	Salaries MDS Is - Administrative LPNs - Direct Care Salaries LPN's Ns - Direct Care LPNs - Administrative LPN - ADMIN PNs - Administrative Aides and Attendants Salaries - CNA's Salaries Transportation Salaries Restorative Aides	145,031.00 223,098.00 1,707,662.00 1,707,662.00 82,480.00 82,480.00 82,480.00 2,940,436.00 27,306.00 (666.00)	=	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	145,031.00 223,098.00 1,707,662.00 1,707,662.00 82,480.00 82,480.00 82,480.00 250.00 2,940,436.00 27,306.00 (666.00)	138,016.00 213,165.00 1,621,280.00 79,695.00 79,695.00 2,649,478.00 22,549.00 7,709.00
0760 7762 btotal [12B2] RN bgroup : [12C1] 7720 btotal [12C1] LP bgroup : [12C2] 0350 btotal [12C2] LP bgroup : [12D] 0040 0730 7792 0870	Salaries MDS Is - Administrative LPNs - Direct Care Salaries LPN's PNS - Direct Care LPNs - Administrative LPN - ADMIN PNS - Administrative Aides and Attendants Salaries - CNA's Salaries Transportation	145,031.00 223,098.00 1,707,662.00 1,707,662.00 82,480.00 82,480.00 82,480.00 2,940,436.00 27,306.00	=	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	145,031.00 223,098.00 1,707,662.00 1,707,662.00 82,480.00 82,480.00 50.00 2,940,436.00 27,306.00	138,016.00 213,165.00 1,621,280.00 1,621,280.00 79,695.00 79,695.00 0.00 2,649,478.00 22,549.00
0760 0762 bitotal [12B2] RN bgroup : [12C1] 0720 bitotal [12C1] LP bgroup : [12C2] 0350 bitotal [12C2] LP bgroup : [12D] 2040 0730 0730 0730 0792 0870 bitotal [12D] Aide	Salaries MDS Vs - Administrative LPNs - Direct Care Salaries LPN's PNs - Direct Care LPNs - Administrative LPN - ADMIN PNs - Administrative Aides and Attendants Salaries - CNAs Salaries CNA's Salaries CNA's Salaries Restorative Aides es and Attendants	145,031.00 223,098.00 1,707,662.00 1,707,662.00 82,480.00 82,480.00 82,480.00 2,940,436.00 27,306.00 (666.00)	=	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	145,031.00 223,098.00 1,707,662.00 1,707,662.00 82,480.00 82,480.00 82,480.00 250.00 2,940,436.00 27,306.00 (666.00)	138,016.00 213,165.00 1,621,280.00 79,695.00 79,695.00 2,649,478.00 22,549.00 7,709.00
0760 0762 bitotal [12B2] RN bgroup : [12C1] 0720 bitotal [12C1] LP bgroup : [12C2] 0350 bitotal [12C2] LP bgroup : [12D] 0730 0792 0870 bitotal [12D] Aidd bgroup : [12E]	Salaries MDS Is - Administrative LPNs - Direct Care Salaries LPN's Ns - Direct Care LPNs - Administrative LPN - ADMIN PNs - Administrative Aides and Attendants Salaries - CNA's Salaries Transportation Salaries Restorative Aides	145,031.00 223,098.00 1,707,662.00 1,707,662.00 82,480.00 82,480.00 82,480.00 2,940,436.00 27,306.00 (666.00)	=	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	145,031.00 223,098.00 1,707,662.00 1,707,662.00 82,480.00 82,480.00 82,480.00 250.00 2,940,436.00 27,306.00 (666.00)	138,016.00 213,165.00 1,621,280.00 79,695.00 79,695.00 2,649,478.00 22,549.00 7,709.00
0760 0762 btotal [12B2] RN bgroup : [12C1] 0720 btotal [12C1] LP bgroup : [12C2] LP bgroup : [12D] 2040 0730 0792 0870 btotal [12D] Aidd bgroup : [12E] 0810	Salaries MDS Is - Administrative LPNs - Direct Care Salaries LPN's Ns - Direct Care LPNs - Administrative LPN - ADMIN Ns - Administrative Aides and Attendants Salaries - CNAs Salaries - CNAs Salaries CNA's Salaries CNA's Salaries CNA's Salaries estorative Aides es and Attendants Physical Therapists Salaries PT	145,031.00 223,098.00 1,707,662.00 1,707,662.00 82,480.00 82,480.00 82,480.00 2,940,436.00 27,306.00 (666.00) 2,967,126.00 304,602.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	145,031.00 223,098.00 1,707,662.00 1,707,662.00 82,480.00 82,480.00 2,940,436.00 27,960.00 (666.00) 2,967,126.00 346,774.00	138,016.00 213,165.00 1,621,280.00 79,695.00 79,695.00 2,649,478.00 22,549.00 7,709.00 2,679,736.00
0760 0762 btotal [12B2] RN bgroup : [12C1] 0720 btotal [12C1] LP bgroup : [12C2] 0350 btotal [12C2] LP bgroup : [12D] 2040 0730 0792 0870	Salaries MDS Is - Administrative LPNs - Direct Care Salaries LPN's PNs - Direct Care LPNs - Administrative LPN - ADMIN PNs - Administrative Aides and Attendants Salaries - CNAs Salaries Transportation Salaries	145,031.00 223,098.00 1,707,662.00 1,707,662.00 82,480.00 82,480.00 82,480.00 2,940,436.00 27,306.00 (666.00) 2,967,126.00	AJE - 2 AJE - 2	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	145,031.00 223,098.00 1,707,662.00 1,707,662.00 82,480.00 82,480.00 82,480.00 2,940,436.00 27,306.00 (666.00) 2,967,126.00	138,016.00 213,165.00 1,621,280.00 1,621,280.00 79,695.00 79,695.00 2,649,478.00 22,549.00 7,709.00 2,679,736.00

Client:	JACC Mgmt - SNF Cost Reports
Engagement:	Medicaid - JACC Healthcare Center of Danielson
Period Ending:	9/30/2020
Trial Balance:	A.01 - TB-CCNH
Workpaper:	A.03 - TB Combined Detail LS

Norkpaper:	A.03 - TB Combined Detail LS					
Account	Description	UNADJ	JE Ref #	AJE	FINAL	1st PP-FINAL
		9/30/2020			9/30/2020	9/30/2019
ubgroup : [12F]	Speech Therapists					
0850	Salaries ST	89,047.00		12,329.00	101,376.00	88,568.00
ibtotal [12F] Spe	ech Theranists	89,047.00	AJE - 2	12,329.00 12,329.00	101,376.00	88,568.00
		00,041.00	-	12,020.00	101,010.00	
Ibgroup : [12G] 0830	Occupational Therapists Salaries OT	340,880.00		47,195.00	388,075.00	441,801.00
0830	Salaries OT	340,000.00	AJE - 2	47,195.00	300,075.00	441,801.00
ubtotal [12G] Oco	cupational Therapists	340,880.00	_	47,195.00	388,075.00	441,801.00
ubgroup : [12H]	Recreation Workers					
0950	Salaries Recreation Supervisor	55,916.00		0.00	55,916.00	52,549.00
0960	Salaries Recreation creation Workers	<u>127,595.00</u> 183,511.00	_	0.00	<u>127,595.00</u> 183,511.00	<u>117,155.00</u> 169,704.00
		165,511.00	_	0.00	165,511.00	169,704.00
bgroup : [12M]						
0900 0910	Salaries Social Service Super Salaries Social Service Staff	54,009.00 46,832.00		0.00 0.00	54,009.00 46,832.00	48,212.00 44,172.00
	cial Workers/Case Management	100,841.00		0.00	100,841.00	92,384.00
	-	i	_		·	
bgroup : [120] 0800	Other Salaries Director Rehab	101,696.00		(101,696.00)	0.00	0.00
		101,000.00	AJE - 2	(101,696.00)	0.00	0.00
0855	resportory therapist	546.00	_	0.00	546.00	5,591.00
btotal [12O] Oth tal [10-A] Salario		<u>102,242.00</u> 9,748,794.00	_	(101,696.00) 0.00	<u>546.00</u> 9,748,794.00	<u>5,591.00</u> 9,084,538.00
uai [10-A] Salario	50 and 11445	3,140,134.00	—	0.00	3,140,134.00	3,004,000.00
oup : [13-B]	Professional Fees					
bgroup : [2] 6060	Dentist Contract Svcs - Dental	16,224.00		0.00	16,224.00	16,224.00
btotal [2] Dentis		16,224.00		0.00	16,224.00	16,224.00
			_			
bgroup : [3] 4100	Pharmacist Contracted Services - Pharmacy	31,560.00		0.00	31,560.00	35,278.00
btotal [3] Pharm		31,560.00		0.00	31,560.00	35,278.00
	DT Desident Core					
bgroup : [5A] 0040	PT - Resident Care Rehab Contracted Services	33,235.00		0.00	33,235.00	56,793.00
btotal [5A] PT -		33,235.00		0.00	33,235.00	56,793.00
bgroup : [8A]	Medical Director					
0850	Medical Director Fees	66,000.00		0.00	66,000.00	66,000.00
btotal [8A] Medi	cal Director	66,000.00	_	0.00	66,000.00	66,000.00
bgroup : [8C]	Resident Care					
6050	Contracted Services - Physician	8,000.00		0.00	8,000.00	8,000.00
btotal [8C] Resi		8,000.00	_	0.00	8,000.00	8,000.00
baroun - [11A2]	RN's - Administrative					
0006	Contracted MDS Consultant	0.00		0.00	0.00	31,345.00
btotal [11A2] RM	Vs - Administrative	0.00	_	0.00	0.00	31,345.00
bgroup : [12]	Other					
D360	Consulting Other	71,415.00		0.00	71,415.00	0.00
4050			AJE - 4	(0.00)	50.00	
1050 btotal [12] Othe	Contracted Services	56.00 71,471.00	_	0.00	56.00 71,471.00	7,625.00 7,625.00
tal [13-B] Profes		226,490.00		0.00	226,490.00	221,265.00
			_			
oup : [15] bgroup : [1A1]	Expenditures Other than Salaries Workmen's Compensation					
0040	Workers' Compensation	219,381.00		0.00	219,381.00	272,536.00
	rkmen's Compensation	219,381.00	_	0.00	219,381.00	272,536.00
bgroup : [1A3]	Unemployment Insurance					
0020	Payroll Taxes FUTA	90,444.00		0.00	90,444.00	92,528.00
0030	Payroll Taxes SUTA	10,379.00	_	0.00	10,379.00	11,833.00
btotal [1A3] Une	employment Insurance	100,823.00	_	0.00	100,823.00	104,361.00
bgroup : [1A4]	Social Security (FICA)					
0010	Payroll Taxes FICA	750,609.00	_	0.00	750,609.00	700,073.00
btotal [1A4] Soc	cial Security (FICA)	750,609.00	_	0.00	750,609.00	700,073.00
bgroup : [1A5]	Health Insurance					
0000	Employee Benefits	2,942.00		0.00	2,942.00	21,729.00
0050	Group Health / Dental	132,926.00		0.00	132,926.00	156,628.00
0120 htotal [1 45] Hos	Union Health & Welfare	1,699,043.00		0.00	1,699,043.00	1,629,783.00
btotal [1A5] Hea	Ith Insurance	1,834,911.00	-	0.00	1,834,911.00	1,808,140.00

Client:	JACC Mgmt - SNF Cost Reports
Engagement:	Medicaid - JACC Healthcare Center of Danielson
Period Ending:	9/30/2020
Trial Balance:	A.01 - TB-CCNH
Workpaper:	A.03 - TB Combined Detail LS
Account	Description

Account	Description	UNADJ	JE Ref #	AJE	FINAL	1st PP-FINAL
		9/30/2020			9/30/2020	9/30/2019
ubgroup : [1A7]						
0140	Union Pension	580,516.00		0.00	580,516.00	600,395.00
ubtotal [1A7] Pen	nsions	580,516.00		0.00	580,516.00	600,395.00
bgroup : [1A8]	Uniform Allowance					
0115	Uniform Allowance	22,156.00		0.00	22,156.00	22,296.00
0730.01 0730.02	7900-C.N.A/Scheduler	59,260.00 45,835.00		0.00 0.00	59,260.00 45,835.00	19,689.00
	7950-C.N.A/Central Supply iform Allowance	127,251.00		0.00	127,251.00	16,491.00 58,476.00
					· · · ·	
Ibgroup : [1A9] 0080	Other Employee Benefits - Non Pr	40.788.00		0.00	40,788.00	19,695.00
0130	Union Training	72,236.00		0.00	72,236.00	82,634.00
btotal [1A9] Oth		113,024.00		0.00	113,024.00	102,329.00
bgroup : [1C]	Bad Debts					
0291	Bad debt	414,932.00		0.00	414,932.00	498,855.00
btotal [1C] Bad		414,932.00		0.00	414,932.00	498,855.00
bgroup : [1D] 0320	Accounting and Auditing Accounting Fees	31,862.00		0.00	31,862.00	45,828.00
	ounting and Auditing	31,862.00		0.00	31,862.00	45,828.00
				· · · ·		
bgroup : [1E] 0340	Legal Legal Fees	47,945.00		0.00	47,945.00	54,637.00
ubtotal [1E] Lega		47,945.00		0.00	47,945.00	54,637.00 54,637.00
[, _] _ogu		,0.000	_		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
bgroup : [1G]	Office Supplies	01 001 00		0.00	04 004 00	04 000 00
0260 0300	Office Supplies Printing	21,331.00 2,198.00		0.00 0.00	21,331.00 2,198.00	34,009.00 2,761.00
ibtotal [1G] Offic		23,529.00	_	0.00	23,529.00	36,770.00
bgroup : [1H1] 0440	Telephone and Telegraph Telephone	43,683.00		0.00	43,683.00	38,421.00
0440	relepitone	43,003.00	AJE - 3	(0.00)	43,003.00	30,421.00
ibtotal [1H1] Tele	ephone and Telegraph	43,683.00		0.00	43,683.00	38,421.00
ıbgroup : [1H2]	Cellular Phones and Beepers					
002	Cell phone	0.00		0.00	0.00	4,500.00
			AJE - 3	(0.00)		
ubtotal [1H2] Cell	Ilular Phones and Beepers	0.00		0.00	0.00	4,500.00
ıbgroup : [1K2]	Other					
0710	Taxes- sales tax	0.00		0.00	0.00	69,699.00
ibtotal [1K2] Oth	ner	0.00		0.00	0.00	69,699.00
ıbgroup : [1K3]	Resident Day User Fee					
0550	Provider Fee Expense	1,145,601.00		0.00	1,145,601.00	1,065,321.00
	sident Day User Fee	1,145,601.00		0.00	1,145,601.00	1,065,321.00
tal [15] Expendit	itures Other than Salaries	5,434,067.00		0.00	5,434,067.00	5,460,341.00
oup : [16]	Expenditures Other than Salaries (cont'd) - Adu	nin. and General				
16group : [4]	Employee Travel	47 455 00		0.00	17 166 00	22.050.00
0180 Ibtotal [4] Emplo	Travel & Mileage	<u>17,455.00</u> 17,455.00		0.00	<u>17,455.00</u> 17,455.00	22,859.00 22,859.00
			_		,	
bgroup : [5] 0460	Education Expense	252.00		0.00	252.00	2 010 00
ubtotal [5] Educa	Meetings & Seminars ation Expense	253.00 253.00		0.00	253.00 253.00	2,910.00 2,910.00
			_			
ibgroup : [M3]	Advertising Other	25 000 00		0.00	25 000 00	00.044.00
0480 0630	Advertising - Promotional Advertising - Promotional	35,398.00 0.00		0.00 0.00	35,398.00	38,914.00 420.00
	ertising Other	35,398.00		0.00	0.00	39,334.00
Diolai [IVIS] Auve						
	0					
bgroup : [M5]	Medical Records	2 540 00		0.00	2 540 00	E E00.00
bgroup : [M5] 6100	Medical Records Medical Records	3,516.00 3,516.00		0.00	<u>3,516.00</u> 3,516.00	
bgroup : [M5] 6100 btotal [M5] Medi	Medical Records Medical Records lical Records		=			
bgroup : [M5] 6100 btotal [M5] Medi bgroup : [M7]	Medical Records Medical Records lical Records Postage	3,516.00	=	0.00	3,516.00	· · · · ·
bgroup : [M5] 6100 btotal [M5] Medi bgroup : [M7] 0280	Medical Records Medical Records lical Records Postage Postage	3,516.00 5,569.00	=	0.00	3,516.00 5,569.00	5,580.00 4,984.00
bgroup : [M5] 5100 btotal [M5] Medi bgroup : [M7] 0280	Medical Records Medical Records lical Records Postage Postage tage	3,516.00 5,569.00 5,569.00	=	0.00	3,516.00	5,580.00
bgroup : [M5] 3100 btotal [M5] Medi bgroup : [M7] 2280 btotal [M7] Post bgroup : [M8]	Medical Records Medical Records lical Records Postage Postage tage Dues and Membership Fees to Professional As	3,516.00 5,569.00 5,569.00 sociations	=	0.00 0.00 0.00	3,516.00 5,569.00 5,569.00	<u>4,984.00</u> 4,984.00
bgroup : [M5] 6100 bibtotal [M5] Medi bgroup : [M7] 0280 bibtotal [M7] Post bgroup : [M8] 0240	Medical Records Medical Records lical Records Postage Postage tage	3,516.00 5,569.00 5,569.00 sociations 11,933.00	=	0.00	3,516.00 5,569.00	5,580.00 4,984.00

Subgroup : [M8A] Dues to Chamber of Commerce

1st PP-FINAL

9/30/2019 240.00 240.00

> 3,577.00 **3,577.00**

FINAL

9/30/2020 0.00 **0.00**

0.00

AJE

0.00

0.00

JE Ref #

Client: Engagement: Period Ending: Trial Balance: Workpaper:	JACC Mgmt - SNF Cost Reports Medicaid - JACC Healthcare Center of Danielson 9/30/2020 A.01 - TB-CCNH A.03 - TB Combined Detail LS	
Account	Description	UNADJ
		9/30/2020
R0029	Chamber of Commerce Dues	0.00
Subtotal [M8A] Du	es to Chamber of Commerce	0.00
Subgroup : [M9]	Subscriptions	
R0001	Subscripitions	0.00
Subtotal [M9] Subs	scriptions	0.00
Subgroup : [M10]	Contributions	
500355	Charitable	155,974.00
Subtotal [M10] Cor	ntributions	155,974.00
Subaroup : [M11]	Services Provided by Contract	
500270	Software / Tech Support	76,778.00
500350	Payroll Processing Fee	40,776.00
500365	Guaranteed payments	111,633.00
Subtotal [M11] Ser	vices Provided by Contract	229,187.00
Subgroup : [M12]	Administrative Management Services	
500330	Contract Services - Office	76,079.00
=		

Subgroup : [M10]	Contributions					
500355	Charitable	155 074 00		0.00	155 074 00	40.070.00
		155,974.00		0.00	155,974.00	49,970.00
Subtotal [M10] Co	ntributions	155,974.00		0.00	155,974.00	49,970.00
Subgroup : [M11]	Services Provided by Contract					
500270	Software / Tech Support	76,778.00		0.00	76,778.00	50,875.00
500350	Payroll Processing Fee	40,776.00		0.00	40,776.00	42,166.00
500365	Guaranteed payments	111,633.00		0.00	111,633.00	0.00
Subtotal [M11] Sei	rvices Provided by Contract	229,187.00		0.00	229,187.00	93,041.00
Subgroup : [M12]	Administrative Management Services					
500330	Contract Services - Office	76,079.00		0.00	76,079.00	67,824.00
000000		10,010.00	AJE - 4	(0.00)	10,010100	01,021100
500040	Dusing of Constanting	000 000 00	AJL - 4		000 000 00	454 000 00
500810	Business Consulting	200,000.00		0.00	200,000.00	154,000.00
Subtotal [M12] Ad	ministrative Management Services	276,079.00		0.00	276,079.00	221,824.00
Subgroup : [M13]	Other					
500200	Bank Charges	5,827.00		0.00	5,827.00	9,824.00
		704.00			704.00	
500400	Business License Fees			0.00		0.00
500420	Licenses & Permits	500.00		0.00	500.00	1,285.00
500445	Small Equipment Purchase	50,442.00		0.00	50,442.00	24,113.00
500490	Fines & Penalties	114.00		0.00	114.00	30.00
510110	Employee Physicals	2,285.00		0.00	2,285.00	5,706.00
				0.00	0.00	
R0019	Purchasing Consultant	0.00			0.00	147,190.00
			AJE - 4	(0.00)		
R0030	Annual Credit Card Fees	0.00		0.00	0.00	3,924.00
Subtotal [M13] Oth	ner	59,872.00		0.00	59,872.00	192,072.00
	tures Other than Salaries (cont'd) - Admin. and Ger	795,236.00		0.00	795,236.00	636,899.00
i otai [:o] =xpoilai		100,200.00		0.00		000,000.00
Group : [18]	Dietary Basis for Allocation of Costs					
Subgroup : [2A1]	Raw Food					
520100	Raw Food	393,111.00		0.00	393,111.00	375,590.00
520120	Food Supplements	5,044.00		0.00	5,044.00	16,603.00
Subtotal [2A1] Ray		398,155.00		0.00	398,155.00	392,193.00
	w 1 000	330,133.00		0.00	550,155.00	332,133.00
Subgroup : [2B]	Purchased Services					
520160	Contracted Services - dietary	498.00		0.00	498.00	964.00
Subtotal [2B] Purc	hased Services	498.00		0.00	498.00	964.00
Subgroup (201	Other					
Subgroup : [2C]	Other					
520110	Food - Other	8,090.00		0.00	8,090.00	4,486.00
520110 520140	Food - Other Dietary Supplies	8,090.00 34,922.00		0.00	8,090.00 34,922.00	4,486.00 49,118.00
520110 520140	Food - Other Dietary Supplies					
520110 520140 Subtotal [2C] Othe	Food - Other Dietary Supplies or	34,922.00 43,012.00		0.00	34,922.00 43,012.00	49,118.00 53,604.00
520110 520140 Subtotal [2C] Othe	Food - Other Dietary Supplies	34,922.00		0.00	34,922.00	49,118.00
520110 520140 Subtotal [2C] Othe Total [18] Dietary I	Food - Other Dietary Supplies or Basis for Allocation of Costs	34,922.00 43,012.00		0.00	34,922.00 43,012.00	49,118.00 53,604.00
520110 520140 Subtotal [2C] Othe Total [18] Dietary I Group : [19]	Food - Other Dietary Supplies ar Basis for Allocation of Costs Laundry-Basis for Allocation of Costs	34,922.00 43,012.00		0.00	34,922.00 43,012.00	49,118.00 53,604.00
520110 520140 Subtotal [2C] Othe Total [18] Dietary I	Food - Other Dietary Supplies or Basis for Allocation of Costs	34,922.00 43,012.00		0.00	34,922.00 43,012.00	49,118.00 53,604.00
520110 520140 Subtotal [2C] Othe Total [18] Dietary I Group : [19]	Food - Other Dietary Supplies ar Basis for Allocation of Costs Laundry-Basis for Allocation of Costs	34,922.00 43,012.00 441,665.00		0.00 0.00 0.00	34,922.00 43,012.00 441,665.00	49,118.00 53,604.00 446,761.00
520110 520140 Subtotal [2C] Othe Total [18] Dietary I Group : [19] Subgroup : [3A4] 540140	Food - Other Dietary Supplies or Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Repair and/or purchased linens Linen Purchases	34,922.00 43,012.00 441,665.00 9,828.00		0.00 0.00 0.00	34,922.00 43,012.00 441,665.00 9,828.00	49,118.00 53,604.00 446,761.00 7,904.00
520110 520140 Subtotal [2C] Othe Total [18] Dietary I Group : [19] Subgroup : [3A4] 540140	Food - Other Dietary Supplies or Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Repair and/or purchased linens	34,922.00 43,012.00 441,665.00		0.00 0.00 0.00	34,922.00 43,012.00 441,665.00	49,118.00 53,604.00 446,761.00
520110 520140 Subtotal [2C] Othe Total [18] Dietary I Group : [19] Subgroup : [3A4] 540140 Subtotal [3A4] Rep	Food - Other Dietary Supplies ar Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Repair and/or purchased linens Linen Purchases pair and/or purchased linens	34,922.00 43,012.00 441,665.00 9,828.00		0.00 0.00 0.00	34,922.00 43,012.00 441,665.00 9,828.00	49,118.00 53,604.00 446,761.00 7,904.00
520110 520140 Subtotal [2C] Othe Total [18] Dietary I Group : [19] Subgroup : [3A4] 540140 Subtotal [3A4] Reg Subgroup : [3B]	Food - Other Dietary Supplies ar Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Repair and/or purchased linens Linen Purchases Dair and/or purchased linens Purchased Services	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00		0.00 0.00 0.00 0.00 0.00	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00	49,118.00 53,604.00 446,761.00 7,904.00 7,904.00
520110 520140 Subtotal [2C] Othe Total [18] Dietary I Group : [19] Subgroup : [3A4] 540140 Subtotal [3A4] Rep Subgroup : [3B] 540120	Food - Other Dietary Supplies or Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Repair and/or purchased linens Dair and/or purchased linens Purchased Services Contract Services - Laundry	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 9,828.00		0.00 0.00 0.00	34,922.00 43,012.00 441,665.00 9,828.00	49,118.00 53,604.00 446,761.00 7,904.00
520110 520140 Subtotal [2C] Othe Total [18] Dietary I Group : [19] Subgroup : [3A4] 540140 Subtotal [3A4] Reg Subgroup : [3B]	Food - Other Dietary Supplies or Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Repair and/or purchased linens Dair and/or purchased linens Purchased Services Contract Services - Laundry	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00		0.00 0.00 0.00 0.00 0.00	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00	49,118.00 53,604.00 446,761.00 7,904.00 7,904.00
520110 520140 Subtotal [2C] Othe Total [18] Dietary I Group : [19] Subgroup : [3A4] 540140 Subtotal [3A4] Rep Subgroup : [3B] 540120	Food - Other Dietary Supplies or Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Repair and/or purchased linens Dair and/or purchased linens Purchased Services Contract Services - Laundry	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 9,828.00		0.00 0.00 0.00 0.00 0.00 0.00	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 1,299.00	49,118.00 53,604.00 446,761.00 7,904.00 7,904.00 2,571.00
520110 520140 Subtotal [2C] Othe Total [18] Dietary I Group : [19] Subgroup : [3A4] 540140 Subtotal [3A4] Rep Subgroup : [3B] 540120 Subtotal [3B] Purc	Food - Other Dietary Supplies Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Repair and/or purchased linens Linen Purchases Dair and/or purchased linens Purchased Services Contract Services - Laundry thased Services	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 9,828.00		0.00 0.00 0.00 0.00 0.00 0.00	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 1,299.00	49,118.00 53,604.00 446,761.00 7,904.00 7,904.00 2,571.00
520110 520140 Subtotal [2C] Othe Total [18] Dietary I Group : [19] Subgroup : [3A4] 540140 Subtotal [3A4] Reg Subgroup : [3B] 540120 Subtotal [3B] Purc Subgroup : [3C]	Food - Other Dietary Supplies or Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Repair and/or purchased linens Linen Purchases pair and/or purchased linens Purchased Services Contract Services - Laundry thased Services Other	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 1,299.00 1,299.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 1,299.00 1,299.00	49,118.00 53,604.00 446,761.00 7,904.00 7,904.00 2,571.00 2,571.00
520110 520140 Subtotal [2C] Othe Total [18] Dietary I Subgroup : [3A4] 540140 Subtotal [3A4] Rep Subgroup : [3B] 540120 Subtotal [3B] Purc Subgroup : [3C] 540100	Food - Other Dietary Supplies or Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Repair and/or purchased linens Linen Purchases bair and/or purchased linens Purchased Services Contract Services - Laundry thased Services Other Laundry Supplies	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 9,828.00 1,299.00 1,299.00 7,324.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 9,828.00 1,299.00 1,299.00 7,324.00	49,118.00 53,604.00 446,761.00 7,904.00 7,904.00 2,571.00 2,571.00 6,021.00
520110 520140 Subtotal [2C] Othe Total [18] Dietary I Group : [19] Subgroup : [3A4] 540140 Subtotal [3A4] Reg Subgroup : [3B] 540120 Subtotal [3B] Purc Subgroup : [3C]	Food - Other Dietary Supplies or Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Repair and/or purchased linens Linen Purchases bair and/or purchased linens Purchased Services Contract Services - Laundry thased Services Other Laundry Supplies	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 1,299.00 1,299.00 7,324.00 7,324.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 1,299.00 1,299.00 7,324.00 7,324.00	49,118.00 53,604.00 446,761.00 7,904.00 7,904.00 2,571.00 2,571.00 6,021.00 6,021.00
520110 520140 Subtotal [2C] Othe Total [18] Dietary I Group : [19] Subgroup : [3A4] 540140 Subtotal [3A4] Reg Subgroup : [3B] 540120 Subtotal [3B] Purc Subgroup : [3C] 540100 Subtotal [3C] Othe	Food - Other Dietary Supplies or Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Repair and/or purchased linens Linen Purchases bair and/or purchased linens Purchased Services Contract Services - Laundry thased Services Other Laundry Supplies	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 9,828.00 1,299.00 1,299.00 7,324.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 9,828.00 1,299.00 1,299.00 7,324.00	49,118.00 53,604.00 446,761.00 7,904.00 7,904.00 2,571.00 2,571.00 6,021.00
520110 520140 Subtotal [2C] Othe Total [18] Dietary I Group : [19] Subgroup : [3A4] 540140 Subtotal [3A4] Reg Subgroup : [3B] 540120 Subtotal [3B] Purc Subgroup : [3C] 540100 Subtotal [3C] Othe	Food - Other Dietary Supplies or Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Repair and/or purchased linens Linen Purchases Dair and/or purchased linens Purchased Services Contract Services - Laundry chased Services Other Laundry Supplies	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 1,299.00 1,299.00 7,324.00 7,324.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 1,299.00 1,299.00 7,324.00 7,324.00	49,118.00 53,604.00 446,761.00 7,904.00 7,904.00 2,571.00 2,571.00 6,021.00 6,021.00
520110 520140 Subtotal [2C] Othe Total [18] Dietary I Group : [19] Subgroup : [3A4] 540140 Subtotal [3A4] Reg Subgroup : [3B] 540120 Subtotal [3B] Purc Subgroup : [3C] 540100 Subtotal [3C] Othe Total [19] Laundry	Food - Other Dietary Supplies or Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Repair and/or purchased linens Linen Purchases pair and/or purchased linens Purchased Services Contract Services - Laundry thased Services Other Laundry Supplies or -Basis for Allocation of Costs	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 1,299.00 1,299.00 1,299.00 7,324.00 7,324.00 18,451.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 1,299.00 1,299.00 7,324.00 7,324.00	49,118.00 53,604.00 446,761.00 7,904.00 7,904.00 2,571.00 2,571.00 6,021.00 6,021.00
520110 520140 Subtotal [2C] Othe Total [18] Dietary I Group : [19] Subgroup : [3A4] 540140 Subtotal [3A4] Rep Subgroup : [3B] 540120 Subtotal [3B] Purc Subgroup : [3C] 540100 Subtotal [3C] Othe Total [19] Laundry Group : [20]	Food - Other Dietary Supplies ar Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Repair and/or purchased linens Linen Purchases Dair and/or purchased linens Purchased Services Contract Services - Laundry chased Services Other Laundry Supplies ar -Basis for Allocation of Costs Housekeeping and Resident Care Basis for Alloc	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 1,299.00 1,299.00 1,299.00 7,324.00 7,324.00 18,451.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 1,299.00 1,299.00 7,324.00 7,324.00	49,118.00 53,604.00 446,761.00 7,904.00 7,904.00 2,571.00 2,571.00 6,021.00 6,021.00
520110 520140 Subtotal [2C] Othe Total [18] Dietary I Group : [19] Subgroup : [3A4] 540140 Subtotal [3A4] Reg Subgroup : [3B] 540120 Subtotal [3B] Purc Subgroup : [3C] 540100 Subtotal [3C] Othe Total [19] Laundry Group : [20] Subgroup : [4A1]	Food - Other Dietary Supplies ar Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Repair and/or purchased linens Linen Purchases Dair and/or purchased linens Purchased Services Contract Services - Laundry chased Services Other Laundry Supplies ar -Basis for Allocation of Costs Housekeeping and Resident Care Basis for Alloc In-House Care Supplies	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 1,299.00 1,299.00 1,299.00 7,324.00 7,324.00 18,451.00 ation of Costs		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 1,299.00 1,299.00 7,324.00 7,324.00 18,451.00	49,118.00 53,604.00 446,761.00 7,904.00 7,904.00 2,571.00 2,571.00 6,021.00 6,021.00 16,496.00
520110 520140 Subtotal [2C] Othe Total [18] Dietary I Group : [19] Subgroup : [3A4] 540140 Subtotal [3A4] Rep Subgroup : [3B] 540120 Subtotal [3B] Purc Subgroup : [3C] 540100 Subtotal [3C] Othe Total [19] Laundry Group : [20] Subgroup : [4A1] 530120	Food - Other Dietary Supplies or Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Repair and/or purchased linens Linen Purchases Dair and/or purchased linens Purchased Services Contract Services - Laundry thased Services Other Laundry Supplies or -Basis for Allocation of Costs Housekeeping and Resident Care Basis for Alloc In-House Care Supplies Housekeeping Supplies	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 1,299.00 1,299.00 7,324.00 7,324.00 7,324.00 18,451.00 ation of Costs 33,684.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 1,299.00 1,299.00 7,324.00 7,324.00 7,324.00 18,451.00	49,118.00 53,604.00 446,761.00 7,904.00 7,904.00 2,571.00 2,571.00 6,021.00 6,021.00 6,021.00 16,496.00 21,001.00
520110 520140 Subtotal [2C] Othe Total [18] Dietary I Group : [19] Subgroup : [3A4] 540140 Subtotal [3A4] Rep Subgroup : [3B] 540120 Subtotal [3B] Purc Subgroup : [3C] 540100 Subtotal [3C] Othe Total [19] Laundry Group : [20] Subgroup : [4A1] 530120	Food - Other Dietary Supplies ar Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Repair and/or purchased linens Linen Purchases Dair and/or purchased linens Purchased Services Contract Services - Laundry chased Services Other Laundry Supplies ar -Basis for Allocation of Costs Housekeeping and Resident Care Basis for Alloc In-House Care Supplies	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 1,299.00 1,299.00 1,299.00 7,324.00 7,324.00 18,451.00 ation of Costs		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 1,299.00 1,299.00 7,324.00 7,324.00 18,451.00	49,118.00 53,604.00 446,761.00 7,904.00 7,904.00 2,571.00 2,571.00 6,021.00 6,021.00 16,496.00
520110 520140 Subtotal [2C] Othe Total [18] Dietary I Group : [19] Subgroup : [3A4] 540140 Subtotal [3A4] Rep Subgroup : [3B] 540120 Subtotal [3B] Purc Subgroup : [3C] 540100 Subtotal [3C] Othe Total [19] Laundry Group : [20] Subgroup : [4A1] 530120	Food - Other Dietary Supplies or Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Repair and/or purchased linens Linen Purchases Dair and/or purchased linens Purchased Services Contract Services - Laundry thased Services Other Laundry Supplies or -Basis for Allocation of Costs Housekeeping and Resident Care Basis for Alloc In-House Care Supplies Housekeeping Supplies	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 1,299.00 1,299.00 7,324.00 7,324.00 7,324.00 18,451.00 ation of Costs 33,684.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 1,299.00 1,299.00 7,324.00 7,324.00 7,324.00 18,451.00	49,118.00 53,604.00 446,761.00 7,904.00 7,904.00 2,571.00 2,571.00 6,021.00 6,021.00 6,021.00 16,496.00 21,001.00
520110 520140 Subtotal [2C] Othe Total [18] Dietary I Group : [19] Subgroup : [3A4] 540140 Subtotal [3A4] Rep Subgroup : [3B] 540120 Subtotal [3B] Purc Subgroup : [3C] 540100 Subtotal [3C] Othe Total [19] Laundry Group : [20] Subgroup : [4A1] 530120 Subtotal [4A1] In-H	Food - Other Dietary Supplies ar Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Repair and/or purchased linens Linen Purchases Dair and/or purchased linens Purchased Services Contract Services - Laundry thased Services Other Laundry Supplies or -Basis for Allocation of Costs Housekeeping and Resident Care Basis for Alloc In-House Care Supplies Housekeeping Supplies	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 1,299.00 1,299.00 7,324.00 7,324.00 7,324.00 18,451.00 ation of Costs 33,684.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 1,299.00 1,299.00 7,324.00 7,324.00 7,324.00 18,451.00	49,118.00 53,604.00 446,761.00 7,904.00 7,904.00 2,571.00 2,571.00 6,021.00 6,021.00 6,021.00 16,496.00 21,001.00
520110 520140 Subtotal [2C] Othe Total [18] Dietary I Group : [19] Subgroup : [3A4] 540140 Subtotal [3A4] Reg Subgroup : [3B] 540120 Subtotal [3B] Purc Subgroup : [3C] 540100 Subtotal [3C] Othe Total [19] Laundry Group : [20] Subgroup : [4A1] 530120 Subtotal [4A1] In-F Subgroup : [4B]	Food - Other Dietary Supplies ar Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Repair and/or purchased linens Linen Purchases Dair and/or purchased linens Purchased Services Contract Services Contract Services - Laundry thased Services Other Laundry Supplies ar -Basis for Allocation of Costs Housekeeping and Resident Care Basis for Alloc In-House Care Supplies Housekeeping Supplies Housekeeping Supplies Housekeeping Supplies Housekeeping Supplies	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 1,299.00 1,299.00 7,324.00 7,324.00 7,324.00 18,451.00 ation of Costs 33,684.00 33,684.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 1,299.00 1,299.00 7,324.00 7,324.00 7,324.00 18,451.00 33,684.00 33,684.00	49,118.00 53,604.00 446,761.00 7,904.00 7,904.00 2,571.00 2,571.00 6,021.00 6,021.00 16,496.00 21,001.00 21,001.00
520110 520140 Subtotal [2C] Othe Total [18] Dietary I Group : [19] Subgroup : [3A4] 540140 Subtotal [3A4] Reg Subgroup : [3B] 540120 Subtotal [3B] Purc Subgroup : [3C] 540100 Subtotal [3C] Othe Total [19] Laundry Group : [20] Subgroup : [4A1] 530120 Subtotal [4A1] In-F Subgroup : [4B] 530140	Food - Other Dietary Supplies or Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Repair and/or purchased linens Linen Purchases bair and/or purchased linens Purchased Services Contract Services - Laundry thased Services Other Laundry Supplies or -Basis for Allocation of Costs Housekeeping and Resident Care Basis for Alloc In-House Care Supplies Housekeeping Supplies House Care Supplies House Care Supplies House Care Supplies	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 9,828.00 1,299.00 1,299.00 7,324.00 7,324.00 18,451.00 ation of Costs 33,684.00 33,684.00 0.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 1,299.00 1,299.00 7,324.00 7,324.00 7,324.00 18,451.00 33,684.00 33,684.00 0.00	49,118.00 53,604.00 446,761.00 7,904.00 7,904.00 2,571.00 2,571.00 6,021.00 6,021.00 6,021.00 16,496.00 16,496.00 21,001.00 21,001.00
520110 520140 Subtotal [2C] Othe Total [18] Dietary I Group : [19] Subgroup : [3A4] 540140 Subtotal [3A4] Reg Subgroup : [3B] 540120 Subtotal [3B] Purc Subgroup : [3C] 540100 Subtotal [3C] Othe Total [19] Laundry Group : [20] Subgroup : [4A1] 530120 Subtotal [4A1] In-F Subgroup : [4B]	Food - Other Dietary Supplies or Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Repair and/or purchased linens Linen Purchases bair and/or purchased linens Purchased Services Contract Services - Laundry thased Services Other Laundry Supplies or -Basis for Allocation of Costs Housekeeping and Resident Care Basis for Alloc In-House Care Supplies Housekeeping Supplies House Care Supplies Housekeeping Supplies House Care Supplies Housekeeping Supplies House Care Supplies	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 1,299.00 1,299.00 7,324.00 7,324.00 7,324.00 18,451.00 ation of Costs 33,684.00 33,684.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 1,299.00 1,299.00 7,324.00 7,324.00 7,324.00 18,451.00 33,684.00 33,684.00	49,118.00 53,604.00 446,761.00 7,904.00 7,904.00 2,571.00 2,571.00 6,021.00 6,021.00 16,496.00 21,001.00 21,001.00
520110 520140 Subtotal [2C] Othe Total [18] Dietary I Group : [19] Subgroup : [3A4] 540140 Subtotal [3A4] Rep Subgroup : [3B] 540120 Subtotal [3B] Purc Subgroup : [3C] 540100 Subtotal [3C] Othe Total [19] Laundry Group : [20] Subgroup : [4A1] 530120 Subtotal [4A1] In-H Subgroup : [4B] 530140 Subtotal [4B] Purc	Food - Other Dietary Supplies ar Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Repair and/or purchased linens Linen Purchases Dair and/or purchased linens Purchased Services Contract Services - Laundry chased Services - Laundry chased Services Other Laundry Supplies or -Basis for Allocation of Costs Housekeeping and Resident Care Basis for Alloc In-House Care Supplies Housekeeping Supplies	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 9,828.00 1,299.00 1,299.00 7,324.00 7,324.00 18,451.00 ation of Costs 33,684.00 33,684.00 0.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 1,299.00 1,299.00 7,324.00 7,324.00 7,324.00 18,451.00 33,684.00 33,684.00 0.00	49,118.00 53,604.00 446,761.00 7,904.00 7,904.00 2,571.00 2,571.00 6,021.00 6,021.00 6,021.00 16,496.00 16,496.00 21,001.00 21,001.00
520110 520140 Subtotal [2C] Othe Total [18] Dietary I Group : [19] Subgroup : [3A4] 540140 Subtotal [3A4] Reg Subgroup : [3B] 540120 Subtotal [3B] Purc Subgroup : [3C] 540100 Subtotal [3C] Othe Total [19] Laundry Group : [20] Subgroup : [4A1] 530120 Subtotal [4A1] In-F Subgroup : [4B] 530140	Food - Other Dietary Supplies ar Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Repair and/or purchased linens Linen Purchases Dair and/or purchased linens Purchased Services Contract Services - Laundry chased Services - Laundry chased Services Other Laundry Supplies or -Basis for Allocation of Costs Housekeeping and Resident Care Basis for Alloc In-House Care Supplies Housekeeping Supplies	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 9,828.00 1,299.00 1,299.00 7,324.00 7,324.00 18,451.00 ation of Costs 33,684.00 33,684.00 0.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 1,299.00 1,299.00 7,324.00 7,324.00 7,324.00 18,451.00 33,684.00 33,684.00 0.00	49,118.00 53,604.00 446,761.00 7,904.00 7,904.00 2,571.00 2,571.00 6,021.00 6,021.00 6,021.00 16,496.00 16,496.00 21,001.00 21,001.00
520110 520140 Subtotal [2C] Othe Total [18] Dietary I Group : [19] Subgroup : [3A4] 540140 Subtotal [3A4] Rep Subgroup : [3B] 540120 Subtotal [3B] Purc Subgroup : [3C] 540100 Subtotal [3C] Othe Total [19] Laundry Group : [20] Subgroup : [4A1] 530120 Subtotal [4A1] In-H Subgroup : [4B] 530140 Subtotal [4B] Purc	Food - Other Dietary Supplies ar Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Repair and/or purchased linens Linen Purchases Dair and/or purchased linens Purchased Services Contract Services - Laundry chased Services - Laundry chased Services Other Laundry Supplies or -Basis for Allocation of Costs Housekeeping and Resident Care Basis for Alloc In-House Care Supplies Housekeeping Supplies	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 9,828.00 1,299.00 1,299.00 7,324.00 7,324.00 18,451.00 ation of Costs 33,684.00 33,684.00 0.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 1,299.00 1,299.00 7,324.00 7,324.00 7,324.00 18,451.00 33,684.00 33,684.00 0.00	49,118.00 53,604.00 446,761.00 7,904.00 7,904.00 2,571.00 2,571.00 6,021.00 6,021.00 6,021.00 16,496.00 16,496.00 21,001.00 21,001.00
520110 520140 Subtotal [2C] Othe Total [18] Dietary I Group : [19] Subgroup : [3A4] 540140 Subtotal [3A4] Reg Subgroup : [3B] 540120 Subtotal [3B] Purc Subgroup : [3C] 540100 Subtotal [3C] Othe Total [19] Laundry Group : [20] Subgroup : [4A1] 530120 Subtotal [4A1] In-F Subgroup : [4B] 530140 Subtotal [4B] Purc Subgroup : [5A2] 564140	Food - Other Dietary Supplies or Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Repair and/or purchased linens Linen Purchases bair and/or purchased linens Purchased Services Contract Services - Laundry thased Services Other Laundry Supplies or -Basis for Allocation of Costs Housekeeping and Resident Care Basis for Alloc In-House Care Supplies Housekeeping Supplies Housekeeping Supplies House Care Supplies House Care Supplies House Care Supplies Housekeeping Supplies House Care Supplies	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 9,828.00 1,299.00 1,324.00 1,324.00 1,34.00 33,684.00 33,684.00 0,0		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 9,828.00 1,299.00 1,299.00 7,324.00 7,324.00 7,324.00 33,684.00 33,684.00 33,684.00 33,684.00 33,684.00 33,684.00 33,684.00 33,684.00	49,118.00 53,604.00 446,761.00 7,904.00 7,904.00 2,571.00 2,571.00 6,021.00 6,021.00 16,496.00 16,496.00 16,689.00 1,689.00 1,689.00 1,689.00
520110 520140 Subtotal [2C] Othe Total [18] Dietary I Group : [19] Subgroup : [3A4] 540140 Subtotal [3A4] Rep Subgroup : [3B] 540120 Subtotal [3B] Purc Subgroup : [3C] 540100 Subtotal [3C] Othe Total [19] Laundry Group : [20] Subgroup : [4A1] 530120 Subtotal [4A1] In-F Subgroup : [4B] 530140 Subtotal [4B] Purc Subgroup : [5A2]	Food - Other Dietary Supplies or Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Repair and/or purchased linens Linen Purchases bair and/or purchased linens Purchased Services Contract Services - Laundry thased Services Other Laundry Supplies or -Basis for Allocation of Costs Housekeeping and Resident Care Basis for Alloc In-House Care Supplies Housekeeping Supplies Housekeeping Supplies House Care Supplies House Care Supplies House Care Supplies Housekeeping Supplies House Care Supplies	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 1,299.00 1,299.00 7,324.00 7,324.00 7,324.00 7,324.00 33,684.00 33,684.00 33,684.00 0.00 0.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	34,922.00 43,012.00 441,665.00 9,828.00 9,828.00 1,299.00 1,299.00 7,324.00 7,324.00 7,324.00 18,451.00 33,684.00 33,684.00 0.00 0.00	49,118.00 53,604.00 446,761.00 7,904.00 7,904.00 2,571.00 2,571.00 6,021.00 6,021.00 6,021.00 16,496.00 21,001.00 21,001.00 1,689.00 1,689.00

Engagement: Period Ending:	JACC Mgmt - SNF Cost Reports Medicaid - JACC Healthcare Center of Danielson 9/30/2020					
rial Balance:	9/30/2020 A.01 - TB-CCNH					
Vorkpaper:	A.03 - TB Combined Detail LS					
Account	Description	UNADJ	JE Ref #	AJE	FINAL	1st PP-FINAL
Account	Description		JE Ker#	AUL		9/30/2019
ubgroup : [5B]	Medicine Cabinet Drugs	9/30/2020			9/30/2020	9/30/2019
64120	Over The Counter Drugs	4,908.00		0.00	4,908.00	7,131.00
	icine Cabinet Drugs	4,908.00	_	0.00	4,908.00	7,131.00
		.,			.,	
ubgroup : [5C]	Medical and Therapeutic Supplies					
62100	Medical Supplies	56,617.00		0.00	56,617.00	28,315.00
62110	PPD Medical Supplies	187,013.00		0.00	187,013.00	166,368.00
ubtotal [5C] Medi	ical and Therapeutic Supplies	243,630.00		0.00	243,630.00	194,683.00
ubgroup : [5D]	Ambulance/Limousine	00.070.00		0.00	00.070.00	47 450 00
66140	Patient Transportation	38,976.00		0.00	38,976.00	47,153.00
ubtotal [5D] Amb	ulance/Limousine	38,976.00		0.00	38,976.00	47,153.00
ubgroup : [5E2]	Oxygen - Other					
62160	Oxygen Supplies	12,899.00		0.00	12,899.00	15,350.00
2165	Oxygen respiratory therapy	4,871.00		0.00	4,871.00	7,766.00
0160	Respiratory Therapy Suppl	0.00		0.00	0.00	236.00
ibtotal [5E2] Oxy		17,770.00		0.00	17,770.00	23,352.00
, _, ,		,			,	
ıbgroup : [5F]	X-Rays and related radiological					
6200	X-Ray Services	14,584.00	_	0.00	14,584.00	28,933.00
ıbtotal [5F] X-Ra	ys and related radiological	14,584.00	_	0.00	14,584.00	28,933.00
ıbgroup : [5H]	Laboratory					
6190	Lab Fees	18,442.00		0.00	18,442.00	19,782.00
ubtotal [5H] Labo	pratory	18,442.00		0.00	18,442.00	19,782.00
	Descention					
ubgroup : [5l]	Recreation	45 400 00		0.00	45 400 00	45 000 00
50170	Cable TV	15,489.00		0.00	15,489.00	15,020.00
0005	Activities	3,000.00		0.00 0.00	3,000.00	0.00 9,390.00
80100 80120	Activities Supplies Entertainment Contracted	11,140.00 2,440.00		0.00	11,140.00 2,440.00	9,390.00 6,110.00
ibtotal [5] Recre		32,069.00	_	0.00	32,069.00	30,520.00
		32,009.00		0.00	32,003.00	30,320.00
ubgroup : [5L]	Other					
00280	Occupational Therapy - M MA	0.00		0.00	0.00	1,051.00
6160	Med Equip Rental	15,176.00		0.00	15,176.00	9,166.00
6180	Patient Expenses	6,128.00		0.00	6,128.00	2,585.00
6210	Patient Consolidated Bill	6,104.00		0.00	6,104.00	6,604.00
0060	Physical Therapy Supplies	4,012.00		0.00	4,012.00	3,058.00
70110	Occupational Therapy Supplies	901.00		0.00	901.00	1,247.00
ubtotal [5L] Othe		32,321.00		0.00	32,321.00	23,711.00
	eeping and Resident Care Basis for Allocation of C	813,110.00		0.00	813,110.00	836,231.00
		· · · · ·				
oup : [22]	Maintenance and Property					
ubgroup : [6A]	Repairs and Maintenance					
50100	Maintenance Supplies	44,389.00		0.00	44,389.00	35,840.00
50110	Repairs & Maintenance	18,940.00		0.00	18,940.00	11,516.00
ibtotal [6A] Repa	airs and Maintenance	63,329.00		0.00	63,329.00	47,356.00
ıbgroup : [6B]	Heat					
0150	Gas & Electric	158,616.00		0.00	158,616.00	166,298.00
ibtotal [6B] Heat		158,616.00	_	0.00	158,616.00	166,298.00
1	Links & Damas					
Ibgroup : [6C] 0160	Light & Power Fuel Oil	1 029 00		0.00	1,038.00	672.00
ibtotal [6C] Ligh		1,038.00 1,038.00		0.00	1,038.00	<u>673.00</u> 673.00
ibiotai [00] Ligii		1,038.00	_	0.00	1,030.00	073.00
ubgroup : [6D]	Water					
0180	Water & Sewer	78,862.00		0.00	78,862.00	83,668.00
ubtotal [6D] Wate		78,862.00		0.00	78,862.00	83,668.00
		,				
bgroup : [6E]	Equipment Lease					
0310	Rental of Equipment	8,172.00		0.00	8,172.00	10,726.00
			AJE - 5	(0.00)		
ibtotal [6E] Equi	pment Lease	8,172.00		0.00	8,172.00	10,726.00
				_		
ubgroup : [6F]	Other					
0120	Contract Services - maintenance	19,443.00		0.00	19,443.00	19,979.00
0130	Minor Equipment	0.00		0.00	0.00	0.00
		_	AJE - 5	(0.00)		
0145	Groundskeeping / Snow	992.00		0.00	992.00	15,143.00
0190	Trash Removal	27,703.00		0.00	27,703.00	28,674.00
0195	Medical Waste	623.00		0.00	623.00	603.00
btotal [6F] Othe	r	48,761.00		0.00	48,761.00	64,399.00
barous - 1701						
	Building & Building Improvements	100 429 00		0.00	100 429 00	102 256 00
Ibgroup : [7B] 1300	Depr - Leasehold Improvements	109,428.00 109,428.00		0.00	109,428.00 109,428.00	103,256.00 103,256.00

 Client:
 JACC Mgmt - SNF Cost Reports

 Engagement:
 Medicaid - JACC Healthcare Center of Danielson

 Period Ending:
 9/30/2020

 Trial Balance:
 A.01 - TB-CCNH

 Workpaper:
 A.03 - TB Combined Detail LS

 Account
 Description

Account						
	Description	UNADJ	JE Ref #	AJE	FINAL	1st PP-FINAL
		9/30/2020	-		9/30/2020	9/30/2019
ubgroup : [7D]	Movable Equipment					
01100	Deprec FF & E	11,232.00		0.00	11,232.00	7,053.00
ubtotal [7D] Mova	able Equipment	11,232.00	_	0.00	11,232.00	7,053.00
ubgroup : [8C]	Leasehold Improvements					
01550	Amort Lease Aquisition Costs	10,599.00		0.00	10,599.00	10,599.00
ubtotal [8C] Leas	ehold Improvements	10,599.00		0.00	10,599.00	10,599.00
ubgroup : [9]	Rental Payments					
00110	Rent - Offsite Office	5,100.00		0.00	5,100.00	5,100.00
00900	Rent Expense - Building	932,278.00		0.00	932,278.00	957,170.00
ubtotal [9] Rental	Payments	937,378.00		0.00	937,378.00	962,270.00
	Deal actes towar word by langer					
ubgroup : [10B] 00510	Real estate taxes paid by lessor Taxes - Real Estate	2,727.00		0.00	2,727.00	2,727.00
00910	Real estate tax	131,520.00		0.00	131,520.00	144,520.00
ubtotal [10B] Rea	al estate taxes paid by lessor	134,247.00		0.00	134,247.00	147,247.00
	Barran al manager for famo					
ubgroup : [10C] 00520	Personal property taxes Taxes - Personal	2,510.00		0.00	2,510.00	15,757.00
	sonal property taxes	2,510.00		0.00	2,510.00	15,757.00
	ance and Property	1,564,172.00		0.00	1,564,172.00	1,619,302.00
roup : [27]	Interest and Insurance					
ubgroup : [12D] 02000	Other Interest Expense Interest Working Capital	0.00		0.00	0.00	4,919.00
02150	Interest Working Capital Interest - Other	2,799.00		0.00	2,799.00	4,919.00 8,689.00
	er Interest Expense	2,799.00		0.00	2,799.00	13,608.00
ubgroup : [14A]	Insurance on Property	400 700 00		0.00	400 700 00	111 000 00
00530 ubtotal [14A] Insi	Insurance - Property urance on Property	129,739.00 129,739.00		0.00	129,739.00 129,739.00	<u>111,098.00</u> 111,098.00
	diance on Property	129,139.00		0.00	129,739.00	111,090.00
ubgroup : [14C3]	Other					
00450	Insurance Non-Property	8,964.00		0.00	8,964.00	9,070.00
ubtotal [14C3] Ot		8,964.00		0.00	8,964.00	9,070.00
otal [27] Interest		141,502.00	—	0.00	141,502.00	133,776.00
roup : [30]	Statement of Revenue					
ubgroup : [1A]	Medicaid Residents (CT only)					
	Room & Board - MD	(16,997,221.00)		0.00	(16,997,221.00)	(16,005,788.00)
00170	Pr. Yr. Revenue Adjustments MD	221,186.00		0.00	221,186.00	369,193.00
00170				0.00	221,186.00 (16,776,035.00)	369,193.00 (15,636,595.00)
	Pr. Yr. Revenue Adjustments MD icaid Residents (CT only)	221,186.00 (16,776,035.00)	_			
00170 ubtotal [1A] Medi ubgroup : [1B]	Pr. Yr. Revenue Adjustments MD	221,186.00 (16,776,035.00)	_			
00170 ubtotal [1A] Medi ubgroup : [1B] 00155	Pr. Yr. Revenue Adjustments MD icaid Residents (CT only) Medicaid room and board contractual allowand	221,186.00 (16,776,035.00)	_	0.00	(16,776,035.00)	(15,636,595.00)
00170 ubtotal [1A] Medi ubgroup : [1B] 00155 ubtotal [1B] Medi	Pr. Yr. Revenue Adjustments MD icaid Residents (CT only) Medicaid room and board contractual allowand Contractual Allow (R&B) - MD icaid room and board contractual allowance	221,186.00 (16,776,035.00) (16,776,035.00)		0.00	(16,776,035.00) 4,675,753.00	(15,636,595.00) 4,583,867.00
00170 ubtotal [1A] Medi ubgroup : [1B] 00155 ubtotal [1B] Medi ubgroup : [3A]	Pr. Yr. Revenue Adjustments MD caid Residents (CT only) Medicaid room and board contractual allowand Contractual Allow (R&B) - MD icaid room and board contractual allowance Medicare Residents (All inclusive)	221,186.00 (16,776,035.00) 20 4,675,753.00 4,675,753.00	=	0.00 0.00 0.00	(16,776,035.00) 4,675,753.00 4,675,753.00	(15,636,595.00) 4,583,867.00 4,583,867.00
00170 ubtotal [1A] Medi ubgroup : [1B] 00155 ubtotal [1B] Medi ubgroup : [3A] 00200	Pr. Yr. Revenue Adjustments MD icaid Residents (CT only) Medicaid room and board contractual allowand Contractual Allow (R&B) - MD icaid room and board contractual allowance	221,186.00 (16,776,035.00) (16,776,035.00) (4,675,753.00 (1,542,619.00)	=	0.00	(16,776,035.00) 4,675,753.00 4,675,753.00 (1,542,619.00)	(15,636,595.00) 4,583,867.00 4,583,867.00 (1,927,824.00)
00170 ubtotal [1A] Medi ubgroup : [1B] 00155 ubtotal [1B] Medi ubgroup : [3A] 00200 00269	Pr. Yr. Revenue Adjustments MD caid Residents (CT only) Medicaid room and board contractual allowand Contractual Allow (R&B) - MD icaid room and board contractual allowance Medicare Residents (All inclusive) Room & Board - Med A	221,186.00 (16,776,035.00) 20 4,675,753.00 4,675,753.00	=	0.00 0.00 0.00	(16,776,035.00) 4,675,753.00 4,675,753.00	(15,636,595.00) 4,583,867.00 4,583,867.00
00170 ubtotal [1A] Medi ubgroup : [1B] 00155 ubtotal [1B] Medi ubgroup : [3A] 00200 00269 00270	Pr. Yr. Revenue Adjustments MD icaid Residents (CT only) Medicaid room and board contractual allowand Contractual Allow (R&B) - MD icaid room and board contractual allowance Medicare Residents (All inclusive) Room & Board - Med A Sequester Med A	221,186.00 (16,776,035.00) (16,776,035.00) (1,675,753.00 (1,542,619.00) (1,542,619.00) (1,542,619.00) (1,542,019.00)	=	0.00 0.00 0.00 0.00	(16,776,035.00) 4,675,753.00 4,675,753.00 (1,542,619.00) 35,872.00	(15,636,595.00) 4,583,867.00 4,583,867.00 (1,927,824.00) 59,740.00
00170 ubtotal [1A] Medi ubgroup : [1B] 00155 ubtotal [1B] Medi 00200 00200 00269 00270 ubtotal [3A] Medi	Pr. Yr. Revenue Adjustments MD caid Residents (CT only) Medicaid room and board contractual allowand Contractual Allow (R&B) - MD icaid room and board contractual allowance Medicare Residents (All inclusive) Room & Board - Med A Sequester Med A Pr. Yr. Revenue Adjustments MA icare Residents (All inclusive)	221,186.00 (16,776,035.00) (16,776,035.00) (1,675,753.00 (1,542,619.00) (215,036.00) (1,721,783.00)	=	0.00 0.00 0.00 0.00 0.00 0.00	(16,776,035.00) 4,675,753.00 4,675,753.00 (1,542,619.00) 35,872.00 (215,036.00)	(15,636,595.00) 4,583,867.00 4,583,867.00 (1,927,824.00) 59,740.00 (125,238.00)
00170 ubtotal [1A] Medi ubgroup : [1B] 00155 ubtotal [1B] Medi 00200 00269 00270 ubtotal [3A] Medi ubgroup : [3B]	Pr. Yr. Revenue Adjustments MD icaid Residents (CT only) Medicaid room and board contractual allowand Contractual Allow (R&B) - MD icaid room and board contractual allowance Medicare Residents (All inclusive) Room & Board - Med A Sequester Med A Pr. Yr. Revenue Adjustments MA icare Residents (All inclusive) Medicare room and board contractual allowance	221,186.00 (16,776,035.00) (16,776,035.00) (1,675,753.00 (1,542,619.00) (215,036.00) (1,721,783.00)		0.00 0.00 0.00 0.00 0.00 0.00	(16,776,035.00) 4,675,753.00 4,675,753.00 (1,542,619.00) 35,872.00 (215,036.00)	(15,636,595.00) 4,583,867.00 4,583,867.00 (1,927,824.00) 59,740.00 (125,238.00)
00170 ubtotal [1A] Medi ubgroup : [1B] 00155 ubtotal [1B] Medi ubgroup : [3A] 00200 00269 00270 ubtotal [3A] Medi ubgroup : [3B] 00255	Pr. Yr. Revenue Adjustments MD caid Residents (CT only) Medicaid room and board contractual allowand Contractual Allow (R&B) - MD icaid room and board contractual allowance Medicare Residents (All inclusive) Room & Board - Med A Sequester Med A Pr. Yr. Revenue Adjustments MA icare Residents (All inclusive)	221,186.00 (16,776,035.00) (16,776,035.00) (1,675,753.00 (1,542,619.00) (1,542,619.00) (215,036.00) (1,721,783.00) (215,036.00)		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(16,776,035.00) 4,675,753.00 4,675,753.00 (1,542,619.00) 35,872.00 (215,036.00) (1,721,783.00)	(15,636,595.00) 4,583,867.00 4,583,867.00 (1,927,824.00) 59,740.00 (125,238.00) (1,993,322.00)
00170 ubtotal [1A] Medi ubgroup : [1B] 00155 ubtotal [1B] Medi 00200 00270 00270 ubtotal [3A] Medi ubgroup : [3B] 00255 ubtotal [3B] Medi	Pr. Yr. Revenue Adjustments MD icaid Residents (CT only) Medicaid room and board contractual allowand Contractual Allow (R&B) - MD icaid room and board contractual allowance Medicare Residents (All inclusive) Room & Board - Med A Sequester Med A Pr. Yr. Revenue Adjustments MA icare Residents (All inclusive) Medicare room and board contractual allowance Contractual Allow (R&B) - Med A icare room and board contractual allowance	221,186.00 (16,776,035.00) (16,776,035.00) (1,542,619.00) (1,542,619.00) (215,036.00) (1,721,783.00) (139,254.00)		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(16,776,035.00) 4,675,753.00 4,675,753.00 (1,542,619.00) 35,872.00 (215,036.00) (1,721,783.00) (139,254.00)	(15,636,595.00) 4,583,867.00 4,583,867.00 (1,927,824.00) 59,740.00 (125,238.00) (1,993,322.00) (1,745,370.00)
00170 ubtotal [1A] Medi ubgroup : [1B] 00155 ubtotal [1B] Medi ubgroup : [3A] 00200 00269 00270 ubtotal [3A] Medi ubgroup : [3B] 00255 ubtotal [3B] Medi ubgroup : [4A]	Pr. Yr. Revenue Adjustments MD caid Residents (CT only) Medicaid room and board contractual allowance Contractual Allow (R&B) - MD icaid room and board contractual allowance Medicare Residents (All inclusive) Room & Board - Med A Sequester Med A Pr. Yr. Revenue Adjustments MA icare Residents (All inclusive) Medicare room and board contractual allowance Contractual Allow (R&B) - Med A icare room and board contractual allowance Private-pay residents and other	221,186.00 (16,776,035.00) (16,776,035.00) (1,542,619.00) (1,542,619.00) (215,036.00) (1,721,783.00) (139,254.00) (139,254.00)		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(16,776,035.00) 4,675,753.00 4,675,753.00 (1,542,619.00) 35,872.00 (215,036.00) (1,721,783.00) (139,254.00) (139,254.00)	(15,636,595.00) 4,583,867.00 4,583,867.00 (1,927,824.00) 59,740.00 (125,238.00) (1,993,322.00) (1,745,370.00) (1,745,370.00)
00170 ubtotal [1A] Medi ubgroup : [1B] 00155 ubtotal [1B] Medi ubgroup : [3A] 00200 00269 00270 ubtotal [3A] Medi ubgroup : [3B] 00255 ubtotal [3B] Medi ubgroup : [4A] 00000	Pr. Yr. Revenue Adjustments MD caid Residents (CT only) Medicaid room and board contractual allowance Contractual Allow (R&B) - MD icaid room and board contractual allowance Medicare Residents (All inclusive) Room & Board - Med A Sequester Med A Pr. Yr. Revenue Adjustments MA icare Residents (All inclusive) Medicare room and board contractual allowance Contractual Allow (R&B) - Med A icare room and board contractual allowance Private-pay residents and other Room & Board - PVT	221,186.00 (16,776,035.00) (16,776,035.00) (1,542,619.00) (1,542,619.00) (215,036.00) (1,721,783.00) (139,254.00) (139,254.00) (1,052,870.00)		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(16,776,035.00) 4,675,753.00 4,675,753.00 (1,542,619.00) 35,872.00 (215,036.00) (1,721,783.00) (139,254.00) (139,254.00) (1,052,870.00)	(15,636,595.00) 4,583,867.00 4,583,867.00 (1,927,824.00) 59,740.00 (125,238.00) (1,993,322.00) (1,745,370.00) (1,745,370.00) (950,806.00)
00170 ubtotal [1A] Medi ubgroup : [1B] 00155 ubtotal [1B] Medi ubgroup : [3A] 00200 00270 ubtotal [3A] Medi ubgroup : [3B] Medi ubgroup : [4A] 00000 00070	Pr. Yr. Revenue Adjustments MD caid Residents (CT only) Medicaid room and board contractual allowance Contractual Allow (R&B) - MD icaid room and board contractual allowance Medicare Residents (All inclusive) Room & Board - Med A Sequester Med A Pr. Yr. Revenue Adjustments MA icare Residents (All inclusive) Medicare room and board contractual allowance Contractual Allow (R&B) - Med A icare room and board contractual allowance Private-pay residents and other Room & Board - PVT Pr. Yr. Revenue Adjustments PVT	221,186.00 (16,776,035.00) (16,776,035.00) (1,675,753.00 (1,542,619.00) 35,872.00 (215,036.00) (1,721,783.00) (139,254.00) (139,254.00) (1,052,870.00) (218,606.00)		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(16,776,035.00) 4,675,753.00 4,675,753.00 (1,542,619.00) 35,872.00 (215,036.00) (1,721,783.00) (139,254.00) (1,052,870.00) (218,606.00)	(15,636,595.00) 4,583,867.00 4,583,867.00 (1,927,824.00) 59,740.00 (125,238.00) (1,993,322.00) (1,745,370.00) (1,745,370.00) (950,806.00) (439,727.00)
00170 ubtotal [1A] Medi ubgroup : [1B] 00155 ubtotal [1B] Medi ubgroup : [3A] 00200 00269 00270 ubtotal [3A] Medi ubgroup : [3B] 00255 ubtotal [3B] Medi ubgoroup : [4A] 00000 00070 00100.01	Pr. Yr. Revenue Adjustments MD caid Residents (CT only) Medicaid room and board contractual allowance Contractual Allow (R&B) - MD icaid room and board contractual allowance Medicare Residents (All inclusive) Room & Board - Med A Sequester Med A Pr. Yr. Revenue Adjustments MA icare Residents (All inclusive) Medicare room and board contractual allowance Contractual Allow (R&B) - Med A icare room and board contractual allowance Private-pay residents and other Room & Board - PVT	221,186.00 (16,776,035.00) (16,776,035.00) (1,542,619.00) (1,542,619.00) (215,036.00) (1,721,783.00) (139,254.00) (139,254.00) (1,052,870.00)		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(16,776,035.00) 4,675,753.00 4,675,753.00 (1,542,619.00) 35,872.00 (215,036.00) (1,721,783.00) (139,254.00) (139,254.00) (1,052,870.00)	(15,636,595.00) 4,583,867.00 4,583,867.00 (1,927,824.00) 59,740.00 (125,238.00) (1,993,322.00) (1,745,370.00) (1,745,370.00) (950,806.00)
00170 ubtotal [1A] Medi ubgroup : [1B] 00155 ubtotal [1B] Medi ubgroup : [3A] 00200 00269 00270 ubtotal [3A] Medi ubgroup : [3B] 00255 ubtotal [3B] Medi ubgroup : [4A] 00000 00070 00100.01	Pr. Yr. Revenue Adjustments MD icaid Residents (CT only) Medicaid room and board contractual allowance Contractual Allow (R&B) - MD icaid room and board contractual allowance Medicare Residents (All inclusive) Room & Board - Med A Sequester Med A Pr. Yr. Revenue Adjustments MA icare Residents (All inclusive) Medicare room and board contractual allowance Contractual Allow (R&B) - Med A icare room and board contractual allowance Private-pay residents and other Room & Board - PVT Pr. Yr. Revenue Adjustments PVT Hospice Revenue	221,186.00 (16,776,035.00) (16,776,035.00) (1,776,035.00) (1,542,619.00) 35,872.00 (215,036.00) (1,721,783.00) (1,721,783.00) (139,254.00) (139,254.00) (139,254.00) (218,606.00) (334,812.00)		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(16,776,035.00) 4,675,753.00 4,675,753.00 (1,542,619.00) 35,872.00 (215,036.00) (1,721,783.00) (139,254.00) (139,254.00) (1,052,870.00) (218,606.00) (334,812.00)	(15,636,595.00) 4,583,867.00 4,583,867.00 (1,927,824.00) 59,740.00 (125,238.00) (1,993,322.00) (1,745,370.00) (1,745,370.00) (1,745,370.00) (1,745,370.00) (1,545,090.00) (122,564.00) (122,564.00)
00170 Jubtotal [1A] Medi Jubtotal [1A] Medi Jubtotal [1B] Medi Jubtotal [1B] Medi Jubtotal [3A] Medi Jubtotal [3A] Medi Jubtotal [3B] Medi	Pr. Yr. Revenue Adjustments MD caid Residents (CT only) Medicaid room and board contractual allowance Contractual Allow (R&B) - MD icaid room and board contractual allowance Medicare Residents (All inclusive) Room & Board - Med A Sequester Med A Pr. Yr. Revenue Adjustments MA icare Residents (All inclusive) Medicare room and board contractual allowance Contractual Allow (R&B) - Med A icare room and board contractual allowance Private-pay residents and other Room & Board - PVT Pr. Yr. Revenue Adjustments PVT Hospice Revenue Managed Medicare Room & Board - Managed Care	221,186.00 (16,776,035.00) (16,776,035.00) (1,542,619.00) 35,872.00 (215,036.00) (1,721,783.00) (139,254.00) (139,254.00) (139,254.00) (1,318,65.00) (1,318,65.00) (1,318,65.00) (1,373.00) (88,984.00)		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(16,776,035.00) 4,675,753.00 4,675,753.00 (1,542,619.00) 35,872.00 (215,036.00) (1,721,783.00) (139,254.00) (139,254.00) (1,318,165.00) (167,373.00) (88,984.00)	(15,636,595.00) 4,583,867.00 4,583,867.00 (1,927,824.00) 59,740.00 (125,238.00) (1,993,322.00) (1,745,370.00) (1,745,370.00) (1,745,370.00) (1,745,370.00) (1,545,090.00) (125,654.00) (240,086.00)
0170 ibtotal [1A] Medi ibgroup : [1B] 0155 ibtotal [1B] Medi ibgroup : [3A] 0200 0269 0270 ibtotal [3A] Medi ibgroup : [3B] 0255 ibtotal [3B] Medi ibgroup : [4A] 0000 0070 0100.01 0200.01 0271 0400 0410	Pr. Yr. Revenue Adjustments MD caid Residents (CT only) Medicaid room and board contractual allowance Contractual Allow (R&B) - MD icaid room and board contractual allowance Medicare Residents (All inclusive) Room & Board - Med A Sequester Med A Pr. Yr. Revenue Adjustments MA icare Residents (All inclusive) Medicare room and board contractual allowance Contractual Allow (R&B) - Med A icare room and board contractual allowance Private-pay residents and other Room & Board - PVT Pr. Yr. Revenue Adjustments PVT Hospice Revenue Managed Medicare Room & Board - Managed Care Pr. Yr. Room & Board - Managed Care	221,186.00 (16,776,035.00) (16,776,035.00) (1,542,619.00) (1,542,619.00) (215,036.00) (1,721,783.00) (1,721,783.00) (1,39,254.00) (1,052,870.00) (218,606.00) (334,812.00) (1,318,165.00) (167,373.00) (88,984.00) 0.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(16,776,035.00) 4,675,753.00 4,675,753.00 (1,542,619.00) 35,872.00 (215,036.00) (1,721,783.00) (139,254.00) (139,254.00) (218,606.00) (334,812.00) (1,318,165.00) (167,373.00) (88,984.00) 0.00	(15,636,595.00) 4,583,867.00 4,583,867.00 (1,927,824.00) 59,740.00 (125,238.00) (1,993,322.00) (1,745,370.00) (1,745,370.00) (1,745,370.00) (1,745,370.00) (1,745,370.00) (1,545,090.00) (122,564.00) (240,086.00) 1,200.00 1,200.00
0170 ibtotal [1A] Medi ibgroup : [1B] 0155 ibtotal [1B] Medi ibgroup : [3A] 0200 0269 0270 ibtotal [3A] Medi ibgroup : [3B] 0255 ibtotal [3B] Medi ibgroup : [4A] 0000 0070 0100.01 0200.01 0271 0400 0410 0470	Pr. Yr. Revenue Adjustments MD caid Residents (CT only) Medicaid room and board contractual allowance Contractual Allow (R&B) - MD icaid room and board contractual allowance Medicare Residents (All inclusive) Room & Board - Med A Sequester Med A Pr. Yr. Revenue Adjustments MA icare Residents (All inclusive) Medicare room and board contractual allowance Contractual Allow (R&B) - Med A icare room and board contractual allowance Private-pay residents and other Room & Board - PVT Pr. Yr. Revenue Adjustments PVT Hospice Revenue Managed Medicare Managed Medicare Room & Board - Managed Care Pr. Yr. Revenue Adjustments MGD	221,186.00 (16,776,035.00) (16,776,035.00) (1,542,619.00) (1,542,619.00) (215,036.00) (215,036.00) (1,721,783.00) (1,39,254.00) (139,254.00) (139,254.00) (1,318,165.00) (1,67,373.00) (88,984.00) 0,00 11,197.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(16,776,035.00) 4,675,753.00 4,675,753.00 (1,542,619.00) 35,872.00 (215,036.00) (1,721,783.00) (139,254.00) (139,254.00) (139,254.00) (139,254.00) (139,254.00) (1348,612.00) (1318,165.00) (167,373.00) (88,984.00) 0.00 11,197.00	(15,636,595.00) 4,583,867.00 4,583,867.00 (1,927,824.00) 59,740.00 (125,238.00) (1,993,322.00) (1,745,370.00) (1,745,370.00) (1,745,370.00) (1,745,370.00) (1,545,090.00) (122,564.00) (240,086.00) 1,200.00 0,000
00170 Jubtotal [1A] Medi Jubtotal [1A] Medi Jubtotal [1B] Medi Jubtotal [1B] Medi Jubtotal [3A] Medi Jubtotal [3A] Medi Jubtotal [3A] Medi Jubtotal [3B] Medi Jubtotal [3D] Medi	Pr. Yr. Revenue Adjustments MD caid Residents (CT only) Medicaid room and board contractual allowance Contractual Allow (R&B) - MD icaid room and board contractual allowance Medicare Residents (All inclusive) Room & Board - Med A Sequester Med A Pr. Yr. Revenue Adjustments MA icare Residents (All inclusive) Medicare room and board contractual allowance Contractual Allow (R&B) - Med A icare room and board contractual allowance Private-pay residents and other Room & Board - PVT Pr. Yr. Revenue Adjustments PVT Hospice Revenue Managed Medicare Room & Board - Managed Care Pr. Yr. Room & Board - Managed Care	221,186.00 (16,776,035.00) (16,776,035.00) (1,542,619.00) (1,542,619.00) (215,036.00) (1,721,783.00) (1,721,783.00) (1,39,254.00) (1,052,870.00) (218,606.00) (334,812.00) (1,318,165.00) (167,373.00) (88,984.00) 0.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(16,776,035.00) 4,675,753.00 4,675,753.00 (1,542,619.00) 35,872.00 (215,036.00) (1,721,783.00) (139,254.00) (139,254.00) (218,606.00) (334,812.00) (1,318,165.00) (167,373.00) (88,984.00) 0.00	(15,636,595.00) 4,583,867.00 4,583,867.00 (1,927,824.00) 59,740.00 (125,238.00) (1,993,322.00) (1,745,370.00) (1,745,370.00) (1,745,370.00) (1,745,370.00) (1,545,090.00) (122,564.00) (240,086.00) 1,200.00 0.00
00170 ubtotal [1A] Medi ubgroup : [1B] 00155 ubtotal [1B] Medi ubgroup : [3A] 00200 00269 00270 ubtotal [3A] Medi ubgroup : [3B] 00255 ubtotal [3B] Medi ubgroup : [4A] 00000 00070 00100.01 00200.01 00200.01 00200.01 00271 00400 00470 ubtotal [4A] Privati ubgroup : [4B]	Pr. Yr. Revenue Adjustments MD caid Residents (CT only) Medicaid room and board contractual allowance Contractual Allow (R&B) - MD icaid room and board contractual allowance Medicare Residents (All inclusive) Room & Board - Med A Sequester Med A Pr. Yr. Revenue Adjustments MA icare Residents (All inclusive) Medicare room and board contractual allowance Contractual Allow (R&B) - Med A icare room and board contractual allowance Private-pay residents and other Room & Board - PVT Pr. Yr. Revenue Adjustments PVT Hospice Revenue Managed Medicare Room & Board - Managed Care Pr. Yr. Room & Board - Managed Care Pr. Yr. Rovenue Adjustments MGD tat-pay residents and other Room & Board - Managed Care Pr. Yr. Room & Board - Managed Care Pr. Yr. Rovenue Adjustments MGD tat-pay residents and other Private-pay room and board contractual allowance Private-pay room and board contractual allowance Provate-pay room and board contractual allowance Provate-pay room and board contractual allowance Private-pay room and board contractual allowance Provate-pay residents and ther	221,186.00 (16,776,035.00) (16,776,035.00) (1,542,619.00) (1,542,619.00) (215,036.00) (1,721,783.00) (139,254.00) (139,254.00) (139,254.00) (133,8165.00) (1,318,165.00) (1,318,165.00) (167,373.00) (88,984.00) 0.00 11,197.00 (3,169,613.00) Ince		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(16,776,035.00) 4,675,753.00 4,675,753.00 (1,542,619.00) 35,872.00 (215,036.00) (1,721,783.00) (139,254.00) (139,254.00) (139,254.00) (1348,615.00) (1,318,165.00) (1,318,165.00) (167,373.00) (8,984.00) 0.00 11,197.00 (3,169,613.00)	(15,636,595.00) 4,583,867.00 4,583,867.00 (1,927,824.00) 59,740.00 (125,238.00) (1,993,322.00) (1,745,370.00) (1,745,370.00) (1,745,370.00) (1,745,370.00) (1,545,090.00) (122,564.00) (124,086.00) 1,200.00 0,00 (3,593,854.00)
00170 ubtotal [1A] Medi ubgroup : [1B] 00155 ubtotal [1B] Medi ubgroup : [3A] 00200 00269 00270 ubtotal [3A] Medi ubgroup : [3B] 00255 ubtotal [3B] Medi ubgroup : [4A] 00000 0070 00100.01 00271 00400 00271 00400 00410 00470 ubtotal [4A] Priva ubgroup : [4B] 00455	Pr. Yr. Revenue Adjustments MD icaid Residents (CT only) Medicaid room and board contractual allowance Contractual Allow (R&B) - MD icaid room and board contractual allowance Medicare Residents (All inclusive) Room & Board - Med A Sequester Med A Pr. Yr. Revenue Adjustments MA icare Residents (All inclusive) Medicare room and board contractual allowance Contractual Allow (R&B) - Med A icare room and board contractual allowance Private-pay residents and other Room & Board - PVT Pr. Yr. Revenue Adjustments PVT Hospice Revenue Managed Medicare Managed Medicare Pr. Yr. Revenue Adjustments MGD ate-pay residents and other Pr. Yr. Revenue Adjustments MGD ate-pay residents and other Pr. Yr. Revenue Adjustments MGD ate-pay residents and other	221,186.00 (16,776,035.00) (16,776,035.00) (1,542,619.00) (1,542,619.00) (215,036.00) (1,721,783.00) (1,721,783.00) (1,39,254.00) (1,39,254.00) (1,39,254.00) (1,318,165.00) (1,318,165.00) (1,67,373.00) (88,984.00) 0,00 11,197.00 (3,169,613.00) ince (7,412.00)		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(16,776,035.00) 4,675,753.00 4,675,753.00 (1,542,619.00) 35,872.00 (215,036.00) (1,721,783.00) (139,254.00) (139,254.00) (139,254.00) (139,254.00) (1,318,165.00) (167,373.00) (88,984.00) 0.00 11,197.00 (3,169,613.00) (7,412.00)	(15,636,595.00) 4,583,867.00 4,583,867.00 (1,927,824.00) 59,740.00 (125,238.00) (1,993,322.00) (1,745,370.00) (1,745,370.00) (1,745,370.00) (1,745,370.00) (1,545,090.00) (1,22,564.00) (1,25,64.00) (240,086.00) 1,200.00 0,00 (3,593,854.00) (43,032.00)
00170 ubtotal [1A] Medi ubgroup : [1B] 00155 ubtotal [1B] Medi ubgroup : [3A] 00200 00269 00270 ubtotal [3A] Medi ubgroup : [3B] 00255 ubtotal [3B] Medi ubgroup : [4A] 00000 0070 00100.01 00271 00400 00271 00400 00410 00470 ubtotal [4A] Priva ubgroup : [4B] 00455	Pr. Yr. Revenue Adjustments MD caid Residents (CT only) Medicaid room and board contractual allowance Contractual Allow (R&B) - MD icaid room and board contractual allowance Medicare Residents (All inclusive) Room & Board - Med A Sequester Med A Pr. Yr. Revenue Adjustments MA icare Residents (All inclusive) Medicare room and board contractual allowance Contractual Allow (R&B) - Med A icare room and board contractual allowance Private-pay residents and other Room & Board - PVT Pr. Yr. Revenue Adjustments PVT Hospice Revenue Managed Medicare Room & Board - Managed Care Pr. Yr. Room & Board - Managed Care Pr. Yr. Rovenue Adjustments MGD tat-pay residents and other Room & Board - Managed Care Pr. Yr. Room & Board - Managed Care Pr. Yr. Rovenue Adjustments MGD tat-pay residents and other Private-pay room and board contractual allowance Private-pay room and board contractual allowance Provate-pay room and board contractual allowance Provate-pay room and board contractual allowance Private-pay room and board contractual allowance Provate-pay residents and ther	221,186.00 (16,776,035.00) (16,776,035.00) (1,542,619.00) (1,542,619.00) (215,036.00) (1,721,783.00) (139,254.00) (139,254.00) (139,254.00) (133,8165.00) (1,318,165.00) (1,318,165.00) (167,373.00) (88,984.00) 0.00 11,197.00 (3,169,613.00) Ince		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(16,776,035.00) 4,675,753.00 4,675,753.00 (1,542,619.00) 35,872.00 (215,036.00) (1,721,783.00) (139,254.00) (139,254.00) (139,254.00) (1348,615.00) (1,318,165.00) (1,318,165.00) (167,373.00) (8,984.00) 0.00 11,197.00 (3,169,613.00)	(15,636,595.00) 4,583,867.00 4,583,867.00 (1,927,824.00) 59,740.00 (125,238.00) (1,745,370.00) (1,745,370.00) (1,745,370.00) (1,745,370.00) (296,781.00) (1,545,090.00) (1,545,090.00) (122,564.00) (240,086.00) 1,200.00 1,200.00
00170 ubtotal [1A] Medi ubgroup : [1B] 00155 ubtotal [1B] Medi ubgroup : [3A] 00200 00269 00270 ubtotal [3A] Medi ubgroup : [3B] 00255 ubtotal [3B] Medi ubgroup : [4A] 00070 00100.01 00200.01 00270 00100.01 00270 00410 00470 ubtotal [4A] Priva ubgroup : [4B] 00455 ubtotal [4B] Priva	Pr. Yr. Revenue Adjustments MD caid Residents (CT only) Medicaid room and board contractual allowance Contractual Allow (R&B) - MD icaid room and board contractual allowance Medicare Residents (All inclusive) Room & Board - Med A Sequester Med A Pr. Yr. Revenue Adjustments MA icare Residents (All inclusive) Medicare room and board contractual allowance Contractual Allow (R&B) - Med A icare room and board contractual allowance Private-pay residents and other Room & Board - PVT Pr. Yr. Revenue Adjustments PVT Hospice Revenue Managed Medicare Room & Board - Managed Care Pr. Yr. Room & Board - Managed Care Pr. Yr. Rovenue Adjustments MGD ate-pay residents and other Private-pay room and board contractual allowance Private-pay room and board contractual allowance Contract Allow (R&B) - MGD Care ate-pay room and board contractual allowance	221,186.00 (16,776,035.00) (16,776,035.00) (1,542,619.00) (1,542,619.00) (215,036.00) (1,721,783.00) (1,721,783.00) (1,39,254.00) (1,39,254.00) (1,39,254.00) (1,318,165.00) (1,318,165.00) (1,318,165.00) (1,318,165.00) (1,318,165.00) (1,318,165.00) (1,3169,613.00) (3,169,613.00) Ince (7,412.00)		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(16,776,035.00) 4,675,753.00 4,675,753.00 (1,542,619.00) 35,872.00 (215,036.00) (1,721,783.00) (139,254.00) (139,254.00) (139,254.00) (139,254.00) (1,318,165.00) (167,373.00) (88,984.00) 0.00 11,197.00 (3,169,613.00) (7,412.00)	(15,636,595.00) 4,583,867.00 4,583,867.00 (1,927,824.00) 59,740.00 (125,238.00) (1,993,322.00) (1,745,370.00) (1,745,370.00) (1,745,370.00) (1,745,370.00) (1,745,370.00) (1,2564.00) (296,781.00) (1,2564.00) (240,086.00) 1,200.00 0,00 (3,593,854.00) (43,032.00)
00170 ubtotal [1A] Medi ubgroup : [1B] 00155 ubtotal [1B] Medi ubgroup : [3A] 00200 00269 00270 ubtotal [3A] Medi ubgroup : [3B] 00255 ubtotal [3B] Medi ubgroup : [4A] 00000 0070 00100.01 00271 00400 00271 00400 00410 00470 ubtotal [4A] Priva ubgroup : [4B] 00455	Pr. Yr. Revenue Adjustments MD icaid Residents (CT only) Medicaid room and board contractual allowance Contractual Allow (R&B) - MD icaid room and board contractual allowance Medicare Residents (All inclusive) Room & Board - Med A Sequester Med A Pr. Yr. Revenue Adjustments MA icare Residents (All inclusive) Medicare room and board contractual allowance Contractual Allow (R&B) - Med A icare room and board contractual allowance Private-pay residents and other Room & Board - PVT Pr. Yr. Revenue Adjustments PVT Hospice Revenue Managed Medicare Managed Medicare Pr. Yr. Revenue Adjustments MGD ate-pay residents and other Pr. Yr. Revenue Adjustments MGD ate-pay residents and other Pr. Yr. Revenue Adjustments MGD ate-pay residents and other	221,186.00 (16,776,035.00) (16,776,035.00) (1,542,619.00) (1,542,619.00) (215,036.00) (1,721,783.00) (1,721,783.00) (1,39,254.00) (1,39,254.00) (1,39,254.00) (1,318,165.00) (1,318,165.00) (1,318,165.00) (1,318,165.00) (1,318,165.00) (1,318,165.00) (1,3169,613.00) (3,169,613.00) Ince (7,412.00)		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(16,776,035.00) 4,675,753.00 4,675,753.00 (1,542,619.00) 35,872.00 (215,036.00) (1,721,783.00) (139,254.00) (139,254.00) (139,254.00) (139,254.00) (1,318,165.00) (167,373.00) (88,984.00) 0.00 11,197.00 (3,169,613.00) (7,412.00)	(15,636,595.00) 4,583,867.00 4,583,867.00 (1,927,824.00) 59,740.00 (125,238.00) (1,993,322.00) (1,745,370.00) (1,745,370.00) (1,745,370.00) (1,745,370.00) (1,745,370.00) (1,2564.00) (296,781.00) (1,2564.00) (240,086.00) 1,200.00 0,00 (3,593,854.00) (43,032.00)

Subgroup : [5C] Prescription Drugs - Non-medicare

Tari Balanci Add 7: 78 CoNM Weingsper Add 7: 78 Contendence Ball (5) If R # / A.E FIAL The PP FIAL (5500.00) Account Description 0000 (2000.00) 0000 (2000.00) 0000 (2000.00) 0000 (2000.00)	Client: Engagement: Period Ending:	JACC Mgmt - SNF Cost Reports Medicaid - JACC Healthcare Center of Daniel 9/30/2020	lson				
Locant Description UNADJ JE Ref 4 ALE FINAL FINAL 11 s PP-FINAL 000120 Planemay, Managel Cate (15.500.00) 0.00 (15.500.00) 0.00 (15.500.00) 0.000 (15.500.00) (15.500.00) 0.000 (15.500.00) (15.500.00) (15.500.00) 0.000 (15.500.00) (15.500.00) (15.500.00) 0.000 (15.500.00) (15.500.00) 0.000 (15.500.00) <th></th> <th>A.01 - TB-CCNH</th> <th></th> <th></th> <th></th> <th></th> <th></th>		A.01 - TB-CCNH					
Locant Description UNADJ JE Ref 4 ALE FINAL FINAL 11 s PP-FINAL 000120 Planemay, Managel Cate (15.500.00) 0.00 (15.500.00) 0.00 (15.500.00) 0.000 (15.500.00) (15.500.00) 0.000 (15.500.00) (15.500.00) (15.500.00) 0.000 (15.500.00) (15.500.00) (15.500.00) 0.000 (15.500.00) (15.500.00) 0.000 (15.500.00) <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>							
Pharmacy - MD Polazza (155000) Pharmacy - Mangad Case (155000) Pharmacy - Mangad Case (1550000) Pharmacy - Mangad Case (155000) <			UNAD.I	JF Ref #	AJE	FINAL	1st PP-FINAI
401/20 Pharmary-Murged Care (165/08) 0.00 0.00 0.00 <	Autount	Description					
40020 Pharmacy-Managed Care (2,0300) 00.0 (4,0200) (20,441.00) (2	400120	Pharmaou MD			0.00		
Subtool (C) Description Drugs - Mon-medicare Description D							,
Subgroup: [7] Physical Therapy - Modicare (dots) (do							
dtd2s Prijest Theory, MA (465.085.0) 0.00 (465.085.0) (728.850.0) 0.00 (465.085.0) (728.850.0) 0.00 (455.97.90) (852.97.97.97.97.97.97.97.97.97.97.97.97.97.	Subtotal [50] Pres	scription Drugs - Non-medicare	(20,491.00)		0.00	(20,491.00)	(31,625.00)
dtd23 Privat Theory MA (d5:0800) 0.00 (d5:0800) (728.8500) 0.00 (d5:0800) (728.8500) 0.00 (d5:0800) (728.8500) 0.00 (d5:0800) (728.8500) 0.00 (d5:0800) (d5:0800) 0.00 (d5:0800)	0	Diversional Thomas Madiana					
MODES Phylical Theory - Modicare B (221,783.00) (0.00) (271,783.00) (273.80.0) Subport (PC) Physical Theory - Mon-medicare (0.00) (0.00,0) (0.00			(105,000,00)			(105 000 00)	(700.000.00)
Subtool (7) Physical Therapy - Medicare (688,872.05) 0.00 (688,872.05) (982,288.05) Subpool: (7) Physical Therapy - Mon-medicare (1,355.00) 0.00 (1,355.00) 0.00 (1,355.00) (684,872.05) Subpool: (7) Physical Therapy - Monangle Care (21,00.00) 0.00 (11,355.00) (68,428.00) Subpool: (1A) Speech Therapy - Mondicare (69,244.00) 0.00 (72,566.00) (16,022.00) (12,026.00) (12,026.00) (12,026.00) (12,026.00) (12,026.00) (12,026.00) (12,026.00) (12,026.00) (12,026.00) (12,026.00) (12,026.00) (12,026.00) (12,026.00) (12,026.00) (12,026.00) (12,026.00) (12,026.00) (12,026.00) (12,026.00)							
Subgroup: ICT Physical Therapy - Non-medicare (1.335.00) 0.000 (1.335.00) 0.000 (1.335.00) 0.000 (1.335.00) 0.000 (1.335.00) 0.000 (1.335.00) 0.000 (1.335.00) 0.000 (1.335.00) 0.000 (1.335.00) 0.000 (1.435.00) 0.000 (1.435.00) 0.000 (1.435.00) 0.000 (1.435.00) 0.000 (1.435.00) 0.000 (1.435.00) 0.000 (1.435.00) 0.000 (1.435.00) 0.000 (1.435.00) 0.000 (1.435.00) 0.000 (1.435.00) 0.000 (1.455.00) 0.000 (1.455.00) 0.000 (1.455.00) 0.000 (1.455.00) 0.000 (1.455.00) 0.000 (1.455.00) 0.000 (1.455.00) 0.000 (1.455.00) 0.000 (1.455.00) 0.000 (1.455.00) 0.000 (1.455.00) 0.000 (1.455.00) 0.000 (1.455.00) 0.000 (1.455.00) 0.000 (1.455.00) 0.000 (1.455.00) 0.000 (1.455.00) 0.000 (1.455.00) 0.000 (1.45							
dddds Phylatell Thersys, PVT (1,353500) 0.00 (11,315500) (62,4350) dddds Phylatell Thersys, Managed Care 21,0000 000 21,0000 (62,4350) 000 (71,315500) (62,4400) dddds Spech Thersys, Managed Care 000 000 (72,256,00) 000 (72,256,00) (72,256,00) (72,256,00) (72,256,00) (72,256,00) (72,256,00) (72,256,00) (72,256,00) (72,050,00)	Subtotal [7A] Phys	sical Therapy - Medicare	(686,872.00)		0.00	(686,872.00)	(952,908.00)
dddds Phylatell Thersys, PVT (1,353500) 0.00 (11,315500) (62,4350) dddds Phylatell Thersys, Managed Care 21,0000 000 21,0000 (62,4350) 000 (71,315500) (62,4400) dddds Spech Thersys, Managed Care 000 000 (72,256,00) 000 (72,256,00) (72,256,00) (72,256,00) (72,256,00) (72,256,00) (72,256,00) (72,256,00) (72,256,00) (72,050,00)							
dot3 Physical Thrangy-MD (119, 105,00) 0.00 (119, 105,00) (64, 448,00) Subtoal (7) Physical Thrangy-Mon-medicare (92, 564,00) 0.00 (72, 666,00) (65, 946,00) Subtoal (7) Physical Thrangy-Medicare (72, 566,00) 0.00 (72, 666,00) (66, 028,00) Subtoal (74, 569, 76, 769, 77, 766, 766, 767, 766, 766							
dtb35 Prijsesti Therapy - Managed Care 11,0000 0.00 (45,584.00) (10,005.00) (45,584.00) (10,005.00) (45,584.00) (10,005.00) (45,584.00) (10,005.00) (45,584.00) (45,584.00) (45,584.00) (45,584.00) (45,584.00) (45,584.00) (45,584.00) (45,584.00) (45,585.0) (45,585.00) (45,585.00)						(, ,	
Subtoal (12) Physical Therapy - Mon-medicare (09.364.00) 0.00 (110.089.00) Subgroup (18) Speech Therapy - Mon-medicare (19.368.00) 0.00 (17.256.00) (19.089.00) Subgroup (18) Speech Therapy - Mon-medicare (19.0128.00) 0.00 (17.256.00) (19.0128.00) Subtral (8A) Speech Therapy - Mon-medicare (19.0128.00) 0.00 (21.008.00) (19.028.00) Subtral (10) Speech Therapy - Mon-medicare (17.028.00) 0.000 (21.008.00) (12.028.00) Subtral (10) Speech Therapy - Mon-medicare (17.028.00) 0.000 (21.008.00) (12.028.00) Subtral (10) Compational Therapy - Mon-medicare (17.028.00) 0.000 (21.028.00) (22.428.00) Subtral (10) Compational Therapy - Mon-medicare (11.027.00) 0.000 (11.027.00) (12.027.00) Subtral (10) Compational Therapy - Mon-medicare (11.027.00) 0.000 (12.027.00) (12.027.00) Subgroup (10) Compational Therapy - Mon-medicare (12.027.00) 0.000 (12.027.00) (12.027.00) Subgroup (10) Compational Therapy - Mon-medicare (12.027.00) 0.000 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
Subgroup: IAI Speech Therapy - Medicare (72,566,00) 0.00 (72,566,00) 0.00 (72,566,00) 0.00 (72,566,00) 0.00 (72,566,00) 0.00 (72,566,00) 0.00 (72,566,00) 0.00 (72,566,00) 0.00 (72,566,00) 0.00 (75,562,00) 0.00 (75,562,00) 0.00 (72,566,00) 0.00 (72,566,00) 0.00 (72,056,00) 0.00 (72,056,00) 0.00 (72,056,00) 0.00 (72,056,00) 0.00 (72,056,00) 0.00 (72,056,00) 0.00 (72,056,00) 0.00 (72,056,00) 0.00 (72,056,00) 0.00 (72,056,00) 0.00 (72,056,00) 0.00 (72,056,00) 0.00 (72,056,00) (72,056,00) 0.00 (72,056,00) 0.00 (72,056,00) 0.00 (72,056,00) 0.00 0							
402265 Speech Therapy - MA (72,566.00) 0.00 (77,256.00) (68,028.00) Subtoal (RA) Speech Therapy - Medicare (76,028.00) 0.00 (77,256.00) (72,055.00) Subtoal (RA) Speech Therapy - Monemedicare (71,009.00) 0.00 (72,055.00) (72,055.00) Subtoal (RC) Speech Therapy - Monemedicare (71,009.00) 0.00 3,804.00 (55,023.00) (21,009.00) (20,000.00)	Subtotal [7C] Phys	sical Therapy - Non-medicare	(99,364.00)		0.00	(99,364.00)	(110,080.00)
40226 Speech Therapy - Medicare (#2,266.00) 0.00 (#7,256.00) (#60,728.00) Subtoal [RA] Speech Therapy - Medicare (#60,728.00) 0.00 (#50,728.00) (#50,728.00) Subtoal [RA] Speech Therapy - Mon-medicare (#50,728.00) 0.00 (#50,728.00) (#50,728.00) Subtoal [RC] Speech Therapy - Mon-medicare (#7,725.50) 0.00 3,804.00 (#5,728.00) Subtoal [RC] Speech Therapy - Mon-medicare (#7,725.50) 0.00 3,804.00 (#5,728.00) Subtoal [RC] Speech Therapy - Mon-medicare (#7,725.50) 0.00 (#7,725.50) (#7,725.50) Subtoal [RC] Occupational Therapy - Medicare (#1,765.00) 0.00 (#1,785.00) (#1,785.00) Subtoal [RC] Occupational Therapy - Mon-medicare (#1,765.00) 0.00 (#1,770,0) (#1,785.00) Subtoal [RC] Occupational Therapy - Mon-medicare (#1,785.00) 0.00 (#1,785.00) (#1,785.00) Subtoal [RC] Occupational Therapy - Mon-medicare (#1,785.00) 0.00 (#1,785.00) (#1,785.00) Subtoal [RC] Occupational Therapy - Mon-medicare (#1,785.00) 0.00 (#1,							
40045 Speech Therapy - Medicare B (07,052,00)<	Subgroup : [8A]	Speech Therapy - Medicare					
Subtoal [84] Speech Therapy - Medicare (160,128,00) 0.00 (160,128,00) (163,083,00) Subgroup : [80] Speech Therapy - Managed Care 3004500 0.00 (21,008,00) 0.00 0.00 0.00 0.00 0.00 0.00 0.00	400245	Speech Therapy - MA	(72,566.00)		0.00	(72,566.00)	(96,028.00)
Subgroup: [G] Speech Therapy - Non-medicare (21,009,00) 0.00 (21,009,00) (6,66,60) Subbrall [G] Speech Therapy - Managed Care 3,804,00 0.00 3,804,00 (6,592,00) (12,208,00) (12,	400645	Speech Therapy - Medicare B	(87,562.00)		0.00	(87,562.00)	(67,055.00)
Subgroup: [8C] Speech Therapy - Non-medicare (21,009,00) 0.00 (21,009,00) (6,866,00) Subtratil [8C] Speech Therapy - Monaged Care 3,004,00 (6,262,00) (7,260,00) (7,2	Subtotal [8A] Spee	ech Therapy - Medicare	(160,128.00)		0.00	(160,128.00)	(163,083.00)
400145 Speech Therary - Managed Care 3,804.00 0.00 (21,009.00) (6,008.00) Subtrail [8C] Speech Therary - Managed Care 3,804.00 0.00 (3,804.00) (17,255.00) Subtrail [8C] Speech Therary - Managed Care (17,205.00) (17,205.00) (17,205.00) (17,205.00) Subtrail [8A] Occupational Therary - Madicare (11,766.00) 0.00 (17,107.00) (11,662.303.00) Subtrail [8A] Occupational Therary - Mon-medicare (11,776.00) 0.00 (12,07.00) (11,662.303.00) Subgroup : [9C] Occupational Therary - Mon-medicare (12,07.00) 0.00 (13,07.00) (14,622.300) Subgroup : [9C] Occupational Therary - Mon (13,07.00) 0.00 (13,63.00) (14,622.300) (14,622.300) (14,622.300) (14,622.300) (14,622.300) (14,622.300) (14,622.300) (13,63.00) (14,622.300) (13,63.00) (14,622.300) (13,63.00) (14,622.300) (14,622.300) (14,622.300) (14,622.300) (14,622.300) (14,622.300) (14,622.300) (14,622.300) (14,622.300) (14,622.55.0) (14,622.55.0)			<u> </u>				
400145 Speech Therary - Managed Care 3,804.00 0.00 (21,009.00) (6,008.00) Subtrail [8C] Speech Therary - Managed Care 3,804.00 0.00 (3,804.00) (17,255.00) Subtrail [8C] Speech Therary - Managed Care (17,205.00) (17,205.00) (17,205.00) (17,205.00) Subtrail [8A] Occupational Therary - Madicare (11,766.00) 0.00 (17,107.00) (11,662.303.00) Subtrail [8A] Occupational Therary - Mon-medicare (11,776.00) 0.00 (12,07.00) (11,662.303.00) Subgroup : [9C] Occupational Therary - Mon-medicare (12,07.00) 0.00 (13,07.00) (14,622.300) Subgroup : [9C] Occupational Therary - Mon (13,07.00) 0.00 (13,63.00) (14,622.300) (14,622.300) (14,622.300) (14,622.300) (14,622.300) (14,622.300) (14,622.300) (13,63.00) (14,622.300) (13,63.00) (14,622.300) (13,63.00) (14,622.300) (14,622.300) (14,622.300) (14,622.300) (14,622.300) (14,622.300) (14,622.300) (14,622.300) (14,622.300) (14,622.55.0) (14,622.55.0)	Subgroup : [8C]	Speech Therapy - Non-medicare					
40045 Speech Therapy - Momendicare 3,304.00 0.00 3,304.00 (7,205.00) Subgroup : [9A] Occupational Therapy - Medicare (17,205.00) 0.00 (17,205.00) (12,098.00) Subgroup : [9A] Occupational Therapy - Medicare (17,205.00) 0.00 (17,205.00) (12,098.00) Subgroup : [0A] Occupational Therapy - Medicare (17,705.00) 0.00 (15,634.00) (12,859.00) Subgroup : [0A] Occupational Therapy - Medicare (12,07.00) 0.00 (13,077.00) (10,082,090.00) 40040 Occupational Therapy - Momendicare (12,07.00) 0.00 (13,077.00) (14,4028.00) Subtral [02] Corputational Therapy - Momedicare (12,402.00) 0.000 (12,859.00) (00,00) Subtral [03] Corputational Therapy - Momedicare (12,402.00) 0.000 (12,859.00) (00,00) Subtral [03] Corputational Therapy - Momedicare (12,402.00) 0.000 (12,859.00) 0.000 Subtral [03] Corputational Therapy - Momedicare (12,402.00) 0.000 (12,859.00) 0.000 Subtral [14] Corputational Ther	• • • •		(21.009.00)		0.00	(21.009.00)	(6.806.00)
Subtotal [8C] Speech Therapy - Non-medicare (17,205.00) 0.00 (17,205.00) (12,098.00) Subgrous: [8A] Occupational Therapy - Modicare (316,343.00) 0.00 (316,343.00) (266,223.00) (286,423.00)			(, ,				
Subgrous: [36] Occupational Therapy - Medicare (515,343,30) 0.00 (516,343,00) (224,383,00) Subgrous: [36] Occupational Therapy - Medicare (817,965,00) 0.00 (817,965,00) (224,383,00) Subgrous: [36] Occupational Therapy - Medicare (817,965,00) 0.00 (817,965,00) (126,972,00) (156,972,00) (156,972,00) (156,972,00) (156,972,00) (160,972,00) (166,972,972,00)							
400240 Occupational Therapy MA (615,433.00) 0.00 (617,933.00) (187,935.00) Subtoal [PA] Occupational Therapy - Modicare (811,766.00) (128,433.00) (187,935.00) (119,95.00) <td></td> <td>een merapy - non-medicare</td> <td>(17,203.00)</td> <td></td> <td>0.00</td> <td>(17,205.00)</td> <td>(12,030.00)</td>		een merapy - non-medicare	(17,203.00)		0.00	(17,205.00)	(12,030.00)
400240 Occupational Therapy MA (615,433.00) 0.00 (617,933.00) (187,935.00) Subtoal [PA] Occupational Therapy - Modicare (811,766.00) (128,433.00) (187,935.00) (119,95.00) <td>Subaroup · [0A]</td> <td>Occupational Thorapy - Modicaro</td> <td></td> <td></td> <td></td> <td></td> <td></td>	Subaroup · [0A]	Occupational Thorapy - Modicaro					
400640 Occupational Therapy - Media (285,423.00) 0.00 (284,283.00) (284,283.00			(516 343 00)		0.00	(516 242 00)	(917 025 00)
Subtotal (9A) Occupational Therapy - Medicare (811,766.00) 0.00 (811,766.00) (1.082,303.00) Subgroup : (9C) Occupational Therapy - Non-medicare (1.207.00) 0.00 (1.207.00) 415.00 400440 Occupational Therapy - Non-medicare (1.402.800) 0.00 (1.80,4200) (1.602,303.00) Subgroup : (10A) Other - Medicare (1.40,28.00) 0.00 (1.40,28.00) (1.40,28.00) (1.40,28.00) (1.40,28.00) 0.00 (2.559.00) 0.00 (2.559.00) 0.00 (2.559.00) 0.00 (2.559.00) 0.00 (2.559.00) 0.00 (2.559.00) 0.00 (2.559.00) 0.00 (2.559.00) 0.00 (2.559.00) 0.00 (2.559.00) 0.00 (2.559.00) 0.00 (2.559.00) 0.00 (2.559.00) 0.00 (1.50.00) 0.00 (2.559.00) 0.00 (2.559.00) 0.00 (2.559.00) 0.00 (2.559.00) 0.00 (2.559.00) 0.00 (2.60.0) 0.00 (2.60.0) 0.00 (2.60.0) 0.00 (2.60.0) 0.00 (2.60.0)<							
Subgroup: [9C] Occupational Therapy - Non-medicare 400040 0.000 (1,207.00) 0.000 (1,207.00) 415.00 400140 Occupational Therapy - Non-medicare (1,207.00) 0.000 (136.037.00) (0.004.244.00) 400440 Occupational Therapy - Managed (6,784.00) 0.000 (136.053.00) (0.04.244.00) Subtrat [9C] Occupational Therapy - Non-medicare (14.022.00) (136.053.00) (0.00 (136.053.00) (0.00 Subgroup: [10A] Other - Medicare (2.559.00) 0.00 (14.022.00) (136.053.00) 0.00 400230 Lar. MA (753.116.00) 0.000 (753.016.00) 0.000 4002680 Contract Mol Andre Mall B 136.868.00 0.000 (1.185.200) 0.000 Subtrat [10A] Other - Medicare (1.840.048.00) 0.000 (1.185.200) 0.000 Subtrat [10A] Other - Non-medicare (1.840.048.00) 0.000 (1.185.200) 0.000 Subtrat [10A] Other - Medicare (1.840.048.00) 0.000 (1.228.00) 0.000 Subtrat [10A] Other - Non-medicare							
400010 Cocupational Therapy - IVT (1,207,00) 0.00 (1,207,00) 415.00 400140 Cocupational Therapy - Mon-medicare (144,028,00) 0.00 (18,037,00) (0,00) (18,037,00) (0,00) (14,028,00) (136,653,00) (136,653,00) (136,653,00) (136,653,00) (136,653,00) (136,653,00) (136,653,00) (136,653,00) (136,653,00) (136,054,00) (136,054,00) (136,054,00) (136,054,00) (136,054,00) (136,054,00) (136,054,00) (136,054,00) (136,054,00) (136,054,00) (136,054,00) (136,054,00) (136,054,00) (136,054,00) (136,053,00) (136,054,00) (136,053,00) (136,054,00) (136,054,00) (136,054,0	Subtotal [9A] Occi	upational Therapy - Medicare	(811,766.00)		0.00	(811,766.00)	(1,082,303.00)
400140 Occupational Therapy - IVT (1,207.00) (1,207.00) (415.00) 400140 Occupational Therapy - Non-medicare (144.028.00) 0.00 (14.07.00) (156.654.00) Subtral (S) Cocupational Therapy - Non-medicare (144.028.00) 0.00 (144.028.00) (136.653.00) Subtral (S) Cocupational Therapy - Non-medicare (144.028.00) 0.00 (144.028.00) (136.653.00) Subtral (S) Cocupational Therapy - NA (2559.00) 0.00 (225.59.00) 0.00 40225 Lab - MA (2559.00) 0.00 (23.653.00) (11.159.00) 402606 Contractual Alow (Ancill) MA (753.116.00) 0.002 (1.188.623.00) 0.00 400666 Contractual Alow (Ancill) MA (753.116.00) 0.000 (1.188.623.00) 0.000 400666 Contractual Alow (Ancill) PVT 226.00 0.000 (1.188.623.00) 0.000 Subtral (160.0 Other - Modicare 10.400.448.400) 0.000 (1.228.00) 0.000 Subtral (160.0 Other - Modicare 10.400.448.400) 0.000 (1.288.623.00) 0.000							
400140 Occupational Therary - MD (136,037.00) 0.00 (136,037.00) 0.00 (144,023.00) 0.00 (144,023.00) 0.00 (144,023.00) (136,637.00) 0.00 (144,023.00) (136,637.00) 0.00 (144,023.00) (136,637.00) 0.00 (144,023.00) (136,637.00) 0.00 (144,023.00) (136,637.00) 0.00 (144,023.00) (136,637.00) 0.00 (144,023.00) (136,637.00) 0.00 (136,637.00)			(1.007.00)			(4.007.00)	
400440 Occupational Therapy - Managed (6,784.00) 0.00 (6,784.00) (56,684.00) Subgroup: [10A] Other - Medicare (144.028.00) 0.00 (144.028.00) (136,663.00) Subgroup: [10A] Other - Medicare (25,59.00) 0.00 (25,59.00) 0.00 400215 Lab - MA (25,00.00) 0.00 (25,00.00) (11,59.00) 400280 Contractual Alow (Ancil) MA (78,51,16.00) 0.00 (78,16.00) 2,028,459.00) 400666 Contractual Alow (Ancil) Med B 138,868.00 0.00 (1,88,623.00) 0.00 (1,88,623.00) 0.00 (1,88,623.00) 0.00 (1,88,623.00) 0.00 (1,88,623.00) 0.00 (1,88,623.00) 0.00 (1,88,623.00) 0.00 (1,88,623.00) 0.00 (1,88,623.00) 0.00 (1,88,623.00) 0.00 (1,88,623.00) 0.00 (1,88,623.00) 0.00 (1,88,623.00) 0.00 (1,88,623.00) 0.00 (1,88,623.00) 0.00 (1,88,623.00) 0.00 (1,88,623.00) 0.00 (1,88,623.00) 0.00							
Subtotal (9C) Occupational Therapy - Non-medicare (144,028.00) 0.00 (144,028.00) (136,653.00) Subgroup : [10A) Other - Medicare 00215 0.00 (2559.00) 0.00 (200.00) 0.00 400215 IV Therapy - MA (200.00) 0.00 (2590.00) 0.00 400226 Contractual Alow (Ancil) MA (783,116.00) 0.000 (783,116.00) 2.202,459.00 400660 Contractual Alow (Ancil) Med B 138,688.00 0.000 13,668.00 83,635.00 400668 Sequester Med B 3.072.00 0.000 (1,840,048.00) 2,105,84.00 Subgroup : [108] Other - Non-medicare (1,840,048.00) 0.000 (1,840,048.00) 2,105,84.00 400755 IV Therapy - MD (1,228.00) 0.000 (1,537.00) 0.00 400276 IV Therapy - MD 0.00 0.00 (1,537.00) 0.00 400276 IV Therapy - MD (1,537.00) 0.00 (1,537.00) 0.00 400276 IV Therapy - MI MA (1,537.00) 0.00							
Subgroup: [10A] Other - Medicare 400215 Lab - MA (2,559,00) 0.00 (2,559,00) 0.00 400215 Lub - MA (2,559,00) 0.00 (20,00) 0.00 400215 Lub - MA (5,590,00) 0.00 (25,590,00) 0.00 400260 Contractual Allow (Ancill) MA (783,116,00) 0.00 (78,816,00,0) 2,202,4459,00 400660 Contractual Allow (Ancill) Med B 138,686,00 0.00 138,688,00 3,635,00) 0.00 400668 Sequester Med B 3,072,00 0.00 (1,188,523,00) 0.00 Subtoal [10A] Other - Non-medicare (1,640,048,00) 2,105,894,00 2,005,894,00 0.00 Subtoals [10A] Other - Non-medicare (1,228,00) 0.00 (1,228,00) 0.00 (75,00) 400125 LV Therager, MD (1,232,00) 0.00 (1,537,00) 0.00 400266 Contractual Alow (Ancill) MD 223,054,00 0.00 (1,537,00) 0.00 400276 LV Theragry, MD (15,37,00) <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>							
400215 Lab - MA (2.559.00) 0.00 (2.559.00) 0.00 400225 IV Therapy - MA (200.00) 0.00 (200.00) 0.00 400230 X-Ray - MA (5.590.00) 0.00 (5.590.00) 0.00 400260 Contractual Mov (Ancill) MA (78.116.00) 0.00 17.858.00 2.028.459.00 400660 Contract Allow (Ancill) Med B 138.686.00 0.00 138.688.00 83.655.00 400668 Sequester Med B 3.072.00 0.00 (1.185.523.00) 0.00 Subtrotal [104] Other - Non-medicare (1.840.048.00) 2.000 (1.840.048.00) 2.005.894.00 400060 Contractual Alow (Ancill) PVT 226.00 0.00 (1.282.00) 0.00 400125 IV Therapy - MD (1.282.00) 0.00 (1.282.00) 0.00 400125 IV Therapy - MD 0.00 1.537.00 0.00 (75.00) 400126 Contractual Alow (Ancill) MD 28.054.00 0.00 (1.537.00) 0.00 400265 Contrac	Subtotal [9C] Occu	upational Therapy - Non-medicare	(144,028.00)		0.00	(144,028.00)	(136,663.00)
400215 Lab - MA (2.559.00) 0.00 (2.559.00) 0.00 400225 IV Therapy - MA (200.00) 0.00 (200.00) 0.00 400230 X-Ray - MA (5.590.00) 0.00 (5.590.00) 0.00 400260 Contractual Mov (Ancill) MA (78.116.00) 0.00 17.858.00 2.028.459.00 400660 Contract Allow (Ancill) Med B 138.686.00 0.00 138.688.00 83.655.00 400668 Sequester Med B 3.072.00 0.00 (1.185.523.00) 0.00 Subtrotal [104] Other - Non-medicare (1.840.048.00) 2.000 (1.840.048.00) 2.005.894.00 400060 Contractual Alow (Ancill) PVT 226.00 0.00 (1.282.00) 0.00 400125 IV Therapy - MD (1.282.00) 0.00 (1.282.00) 0.00 400125 IV Therapy - MD 0.00 1.537.00 0.00 (75.00) 400126 Contractual Alow (Ancill) MD 28.054.00 0.00 (1.537.00) 0.00 400265 Contrac							
400225 IV Therapy - MA (200.00) 0.00 (200.00) 0.00 400230 Contractual Allow (Ancill) MA (783.116.00) 0.00 (783.116.00) 2.028.459.00) 400280 Contractual Allow (Ancill) Med B 138.868.00 0.00 138.688.00 83.635.00 400869 Sequester Med B 3.072.00 0.00 3.072.00 4.959.00 Subtotal [10A] Other - Medicare (1.848.048.00) 0.00 (1.188.523.00) 0.00 Subgroup: [10B] Other - Medicare (1.840.048.00) 2.105.894.00 2.105.894.00 Subgroup: [10B] Other - Medicare (1.840.048.00) 2.105.894.00 2.000 Subgroup: [10B] Other - Medicare (1.840.048.00) 2.105.894.00 2.000 Subgroup: [10B] Other - Medicare (1.840.048.00) 2.105.894.00 2.000 Subgroup: [10B] Other - Medicare (1.840.048.00) 0.000 (1.228.00) 0.000 Subgroup: [10D] Other - Medicare (1.840.048.00) 0.000 (1.228.00) 0.000 (1.228.00) 0.000			<i>(</i>			()	
400230 X-Ray - MA (5.590.00) 0.00 (5.590.00) (11,1150.00) 400260 Contract Allow (Ancill) Mel B 138.888.00 0.00 138.688.00 82.655.00 400660 Contract Allow (Ancill) Mel B 138.688.00 0.00 136.868.00 82.655.00 400660 Contract Allow (Ancill) Mel B 138.688.00 0.00 (1,188.523.00) 0.00 Subgroup: [108] Other - Non-medicare (1,284.045.00) 0.00 (1,28.00) 0.00 Subgroup: [108] Other - Non-medicare 400060 Contractual Allow (Ancill) PVT 226.00 0.00 (1,228.00) 0.00 (1,228.00) 0.00 (75.00) 400150 Contractual Allow (Ancill) MD 293.054.00 0.00 (75.00) 0.00 (75.00) 0.00 (75.00) 0.00 (75.00) 0.00 (75.00) 0.00 (75.00) 0.00 (75.00) 0.00 (75.00) 0.00 (75.00) 0.00 (75.00) 0.00 (75.00) 0.00 (75.00) 0.00 (12.324.00) 0.00 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>							
400260 Contractual Allow (Ancill) MA (783,116.00) 0.00 (783,116.00) 2,028,499.00 400660 Contract Allow (Ancill) Med B 138,688.00 0.00 138,688.00 3,072.00 4,959.00 400989 Sequester Med B 13,072.00 0.00 (1,188,523.00) 0.00 (1,188,523.00) 0.00 (1,188,523.00) 0.00 (1,188,523.00) 0.00 2,105,984.00 0.00 2,105,984.00 0.00 (1,188,523.00) 0.00 (1,188,523.00) 0.00 (1,188,523.00) 0.00 (1,188,523.00) 0.00 (1,188,523.00) 0.00 (1,188,523.00) 0.00 (1,188,523.00) 0.00 (1,188,523.00) 0.00 (1,188,523.00) 0.00 (1,188,523.00) 0.00 (1,188,523.00) 0.00 (1,188,523.00) 0.00 (1,188,523.00) 0.00 (1,188,523.00) 0.00 (1,188,523.00) 0.00 (1,188,523.00) 0.00 (1,537.00) 0.00 (1,537.00) 0.00 (1,528.00) 0.00 (1,528.00) 0.00 (1,537.00) 0.00 (1,537.00) 0.00 (1,560.0) </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
400660 Contract Allow (Ancill) Med B '136,868.00' 0.00 '136,868.00' 836,35.00 400669 Sequester Med B 3.072.00 0.00 (1,840,048.00) 2,105,840.00 Subtotal [10A] Other - Medicare (1,840,048.00) 0.00 (1,188,523.00) 0.00 (1,840,048.00) 2,105,840.00 Subgroup : [10B] Other - Non-medicare 0.00 (1,2840,048.00) 2,105,840.00 0.00 (1,2840,048.00) 2,105,840.00 0.00 (1,2840,048.00) 2,105,840.00 0.00 (1,2840,0168.00) 0.00 (1,282.00) 0.00 (1,282.00) 0.00 (1,282.00) 0.00 (1,282.00) 0.00 (1,50.00) 0.00 (1,50.00) 0.00 (1,50.00) 0.00 (1,50.00) 0.00 (1,50.00) 0.00 (1,50.00) 0.00 (1,50.00) 0.00 (1,50.00) 0.00 (1,50.00) 0.00 (1,50.00) 0.00 (1,50.00) 0.00 (1,50.00) 0.00 (1,50.00) 0.00 (1,50.00)	400230	X-Ray - MA	(5,590.00)		0.00	(5,590.00)	(11,159.00)
400689 Sequester Med B 3,072.00 0.00 3,072.00 4,959.00 900989 Medicare Simulis - COVID 19 (1,188,523.00) 0.00 (1,184,523.00) 0.00 Subgroup : [10B] Other - Non-medicare (1,240,048.00) 0.00 (1,280,048.00) 2,105,894.00 Subgroup : [10B] Other - Non-medicare 7.00 0.00 (1,228.00) 0.00 (1,228.00) 0.00 400125 IV Therapy - MD (1,228.00) 0.00 0.00 (25.00) 0.00 (75.00) 400125 IV Therapy - MD 0.12,28.00 0.00 12,288.00 0.00 12,288.00 0.00 (75.00) 0.00 (75.00) 0.00 (75.00) 0.00 (75.00) 0.00 (75.00) 0.00 (75.00) 0.00 (75.00) 0.00 (75.00) 0.00 (75.00) 0.00 (75.00) 0.00 (75.00) 0.00 (75.00) 0.00 (75.00) 0.00 (75.00) 0.00 (75.00) 0.00 (75.40) 0.00 0.00	400260	Contractual Allow (Ancill) MA	(783,116.00)		0.00	(783,116.00)	2,028,459.00
40098 Medicare Stimulis - COVID 19 (1.188.523.00) 0.00 (1.188.523.00) 0.00 Subtotal [10A] Other - Medicare 0.00 (1.188.523.00) 0.00 (1.188.523.00) 0.00 Subgroup : [10B] Other - Medicare 0.00 (1.188.523.00) 0.00 (1.188.523.00) 0.00 Subgroup : [10B] Other - Medicare 0.00 0.00 (1.28.00) 0.00 Subgroup : [10B] Other - Non-medicare 0.00 0.00 (1.28.00) 0.00 400152 IV Therapy - MD (1.228.00) 0.00 0.00 (1.28.00) 0.00 400160 Contractual Allow (Ancill) MD 293.054.00 0.00 (1.537.00) 0.00 400265 Contractual Allow (Ancill) MA 1.537.00 0.00 (1.537.00) 0.00 400280 Contractual Allow (Ancill) MA 1.537.00 0.00 (175.00) (18.392.00) 400460 Contractual Allow (Ancill) MD Care 34.587.00 0.00 (17.28.90.00) 27.254.00 Subgroup : [110] Rental of Televisions and Cable Services <td>400660</td> <td>Contract Allow (Ancill) Med B</td> <td>136,868.00</td> <td></td> <td>0.00</td> <td>136,868.00</td> <td>83,635.00</td>	400660	Contract Allow (Ancill) Med B	136,868.00		0.00	136,868.00	83,635.00
Subtotal [10A] Other - Medicare (1,840,048.00) 0.00 (1,840,048.00) 2,105,894.00 Subgroup : [10B] Other - Non-medicare 00000 0.000 226.00 7.00 400125 IV Therapy - MD 0.200 0.000 1(2.80.00) 0.00 400130 X Ray - MD 0.00 0.00 1(2.80.00) 0.00 400160 Contractual Allow (Ancill) MD 293,054.00 0.000 233,054.00 514.00 0.000 153,000 0.00 400285 Contractual Allow (Ancill) MD 293,054.00 0.000 1,537.00 0.00 1,537.00 0.00 1,537.00 0.00 1,537.00 0.00 44444 Ancillary - cash receipts (12,324.00) 0.00 (18,392.00) 2215,246.00 0.00 418,392.00 2215,246.00 0.00 (18,392.00) 2215,246.00 0.00 (18,392.00) 2215,246.00 0.00 (236.00) 2215,246.00 0.00 (236.00) 222,240.00 0.00 (236.00) 2215,246.00 0.00 (236.00) 236.00 236.00 23	400669	Sequester Med B	3,072.00		0.00	3,072.00	4,959.00
Subtotal [10A] Other - Medicare (1,840,048.00) 0.00 (1,840,048.00) 2,105,894.00 Subgroup : [10B] Other - Non-medicare 00000 0.000 226.00 7.00 400125 IV Therapy - MD 0.200 0.000 1(2.80.00) 0.00 400130 X Ray - MD 0.00 0.00 1(2.80.00) 0.00 400160 Contractual Allow (Ancill) MD 293,054.00 0.000 233,054.00 514.00 0.000 153,000 0.00 400285 Contractual Allow (Ancill) MD 293,054.00 0.000 1,537.00 0.00 1,537.00 0.00 1,537.00 0.00 1,537.00 0.00 44444 Ancillary - cash receipts (12,324.00) 0.00 (18,392.00) 2215,246.00 0.00 418,392.00 2215,246.00 0.00 (18,392.00) 2215,246.00 0.00 (18,392.00) 2215,246.00 0.00 (236.00) 2215,246.00 0.00 (236.00) 222,240.00 0.00 (236.00) 2215,246.00 0.00 (236.00) 236.00 236.00 23	400998	Medicare Stimulis - COVID 19					
Subgroup : [108] Other - Non-medicare 400060 Contractual Allow (Ancill) PVT 226.00 0.00 228.00 7.00 400125 IV Therapy - MD (1,228.00) 0.00 (1,228.00) 0.00 400160 Contractual Allow (Ancill) MD 293,054.00 0.00 293,054.00 152,208.00 400265 Contractual Allow (Ancill) MD 293,054.00 0.00 514.00 506.00 400276 IV Therapy - M MA (1,537.00) 0.00 (1,537.00) 0.00 400285 Contractual Allow (Ancill) MD 1537.00 0.00 1,537.00 0.00 400430 X-Ray - Managed Care (75.00) 0.00 (75.00) (986.00) 400460 Contract Allow (Ancill) MG Care 34,587.00 0.00 (389,644.00) 0.00 (489.644.00) 0.00 (489.644.00) 0.00 (18,328.00) 272,540.00 274,540.00 274,540.00 274,540.00 274,540.00 274,540.00 274,540.00 274,540.00 274,540.00 274,540.00 274,540.00 274,540.00 274,	Subtotal [10A] Oth						2,105,894.00
400060 Contractual Allow (Ancill) PVT 226.00 0.00 226.00 7.00 400125 IV Therapy - MD (1,228.00) 0.00 (1,228.00) 0.00 400130 X Ray - MD 0.00 0.00 0.00 (7.50.0) 400160 Contractual Allow (Ancill) MD 233,054.00 0.00 253,054.00 152,808.00 400265 Contractual Allow (Ancill) MD 233,054.00 0.00 0.1537.00 0.00 400276 IV Therapy - M MA (1,537.00) 0.00 (1,537.00) 0.00 400460 Contractual Allow (Ancill) MA 1,537.00 0.00 (75.0) (956.00) 400460 Contract Allow (Ancill) MGD Care 34,587.00 0.00 0.00 (12,324.00) 0.00 (12,324.00) 0.00 (12,324.00) 0.00 (12,324.00) (18,392.00) 225,600.00 226.00 226.00 (236.00) 226.00 (236.00) 227,254.00 226.00 227,254.00 226.00 (236.00) 227,254.00 226.00 227,254.00 236.00 226.00 </td <td></td> <td></td> <td><u>.</u></td> <td></td> <td></td> <td></td> <td></td>			<u>.</u>				
400060 Contractual Allow (Ancill) PVT 226.00 0.00 226.00 7.00 400125 IV Therapy - MD 0.200 0.00 0.00 0.00 0.00 400130 X Ray - MD 0.00 0.00 0.00 0.00 0.00 0.00 400160 Contractual Allow (Ancill) MD 293,054.00 0.00 151.808.00 400265 400265 Contractual Allowance (BC/BSD) 514.40 0.000 1537.00 0.00 400276 IV Therapy - MA (1,537.00) 0.00 (1,537.00) 0.00 400402 Contractual Allowance (BC/BSD) 514.400 0.00 (1,537.00) 0.00 400400 Charles (BAL Adi - CV/D 19 (889,644.00) 0.00 (153.80.00) 0.00 (12,324.00) 0.00 (12,324.00) 0.00 (12,324.00) 0.00 (236.00) 227,540.00 226,600 228,600 228,600 228,600 228,600 228,600 228,600 228,600 228,600 228,600 228,600 228,600 228,640.00 0.0	Subgroup : [10B]	Other - Non-medicare					
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400130 X Ray- MD 0.00 0.00 75.00 400160 Contractual Allowance (BC/BSD) 514.00 0.00 293,054.00 152,808.00 400265 Contractual Allowance (BC/BSD) 514.00 0.00 614.00 506.00 400276 IV Therapy - M MA (1,537.00) 0.00 (1,537.00) 0.00 400280 Contractual Allow (Ancill) MA 1,537.00 0.00 1,537.00 0.00 400430 X-Ray - Managed Care (75.00) 0.00 (75.00) (956.00) 400460 Contract Allow (Ancill) MGD Care 34,587.00 0.00 34,587.00 138,642.00) 000997 Medicaid Rate Ad / COVID 19 (888,644.00) 0.00 (12,324.00) (18,392.00) Subtotal [10B] Other - Non-medicare (574,890.00) 0.00 (574,890.00) 272,540.00 Subgroup : [14] Rental of Televisions and Cable Services 0.00 0.00 (236.00) 272,540.00 Subgroup : [15] Interest Income (5,712.00) 0.00 (574.890.00) (754.00) S							
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Subtotal [10B] Other - Non-medicare (574,890.00) 0.00 (574,890.00) 272,540.00 Subgroup : [14] Rental of Televisions and Cable Services 0.00 0.00 0.00 (236.00) Subtotal [14] Rental of Televisions and Cable Services 0.00 0.00 0.00 (236.00) Subtotal [14] Rental of Televisions and Cable Services 0.00 0.00 0.00 (236.00) Subgroup : [15] Interest Income (5,712.00) 0.00 (5,712.00) (754.00) Subtotal [15] Interest Income (5,712.00) 0.00 (5,712.00) (754.00) Subgroup : [18] Other Revenue (14,661.00) 0.00 (14,661.00) (9,661.00) 400996 Optum Covid Emergency Payment (10,500.00) 0.00 (10,500.00) 0.00 999000 Prior Period Expense 0.00 0.00 (21,172.00) (11,511.00) Total [16] Other Revenue (21,642,712.00) 0.00 (21,642,712.00) (18,924,100.00) Group : [31-32] Assets Subgroup : [A1] Cash (3.00) 0.00 (3.00) </td <td></td> <td></td> <td>(, ,</td> <td></td> <td></td> <td></td> <td></td>			(, ,				
Subgroup : [14] Rental of Televisions and Cable Services 0.00 0.00 0.00 (236.00) Subgroup : [15] Interest income 0.00 0.00 0.00 (236.00) Subgroup : [15] Interest income (5,712.00) 0.00 (5,712.00) (754.00) Subtotal [15] Interest income (5,712.00) 0.00 (5,712.00) (754.00) Subgroup : [18] Other Revenue (14,661.00) 0.00 (14,661.00) (9,661.00) 400996 Optum Covid Emergency Payment (10,500.00) 0.00 0.00 (11,511.00) Subtotal [18] Other Revenue (25,161.00) 0.00 (25,161.00) (21,642,712.00) (21,642,712.00) Subtotal [18] Other Revenue (21,642,712.00) 0.00 (21,642,712.00) (18,924,100.00) Group : [31-32] Assets Subgroup : [31-32] Assets Subgroup : [3.00) 0.00 (3.00) (3.00) (3.00)							
400850 Cable Revenue 0.00 0.00 0.00 (236.00) Subtotal [14] Rental of Televisions and Cable Services 0.00 0.00 0.00 (236.00) Subgroup : [15] Interest Income (5,712.00) 0.00 (5,712.00) (754.00) Subtotal [15] Interest income (5,712.00) 0.00 (5,712.00) (754.00) Subgroup : [18] Other Revenue (14,661.00) 0.00 (14,661.00) (9,661.00) 400860 Miscellaneous Revenue (14,661.00) 0.00 (10,500.00) 0.00 999000 Prior Period Expense 0.00 0.00 (10,500.00) 0.00 Subtotal [18] Other Revenue (25,161.00) 0.00 (21,612.712.00) (11,511.00) Subtotal [18] Other Revenue (21,642,712.00) 0.00 (21,642,712.00) (18,924,100.00) Group : [31-32] Assets Subgroup : [A1] Cash (3.00) 0.00 (3.00) (3.00)	Subtotal [10B] Oth	ner - Non-medicare	(574,890.00)		0.00	(574,890.00)	272,540.00
400850 Cable Revenue 0.00 0.00 0.00 (236.00) Subtotal [14] Rental of Televisions and Cable Services 0.00 0.00 0.00 (236.00) Subgroup : [15] Interest income (5,712.00) 0.00 (5,712.00) (754.00) Subtotal [15] Interest income (5,712.00) 0.00 (5,712.00) (754.00) Subgroup : [18] Other Revenue (14,661.00) 0.00 (14,661.00) (9,661.00) 400860 Miscellaneous Revenue (14,661.00) 0.00 (10,500.00) 0.00 999000 Prior Period Expense 0.00 0.00 (10,500.00) 0.00 Subtotal [18] Other Revenue (25,161.00) (25,161.00) (21,172.00) (11,511.00) Subtotal [18] Other Revenue (21,642,712.00) 0.00 (21,642,712.00) (18,924,100.00) Group : [31-32] Assets Subgroup : [A1] Cash (3.00) 0.00 (3.00) (3.00)	.						
Subtotal [14] Rental of Televisions and Cable Services 0.00 0.00 0.00 (236.00) Subgroup : [15] Interest Income (5,712.00) 0.00 (5,712.00) (754.00) Subtotal [15] Interest Income (5,712.00) 0.00 (5,712.00) (754.00) Subtotal [15] Interest Income (5,712.00) 0.00 (5,712.00) (754.00) Subgroup : [18] Other Revenue (14,661.00) 0.00 (14,661.00) (9,661.00) 400996 Optum Covid Emergency Payment (10,500.00) 0.00 0.00 (11,511.00) 999000 Prior Period Expense 0.00 0.00 (21,61.00) (21,172.00) Total [16] Other Revenue (21,642,712.00) 0.00 (21,642,712.00) (18,924,100.00) Group : [31-32] Assets Subgroup : [A1] Cash (3.00) 0.00 (3.00) (3.00)							
Subgroup : [15] Interest Income 400870 Interest income (5,712.00) 0.00 (5,712.00) (754.00) Subgroup : [18] Other Revenue (5,712.00) 0.00 (5,712.00) (754.00) Subgroup : [18] Other Revenue (14,661.00) 0.00 (14,661.00) (9,661.00) 400996 Optum Covid Emergency Payment (10,500.00) 0.00 0.00 (11,510.00) 0.00 999000 Prior Period Expense 0.00 0.00 0.00 (11,511.00) 0.00 (11,511.00) (25,161.00) (21,642,712.00) (21,642,712.00) (21,642,712.00) (18,924,100.00) (18,924,100.00) (18,924,100.00) (18,924,100.00) (3							(236.00)
400870 Interest income (5,712.00) 0.00 (5,712.00) (754.00) Subtotal [15] Interest Income (5,712.00) 0.00 (5,712.00) (754.00) Subgroup : [18] Other Revenue (14,661.00) 0.00 (14,661.00) (9,661.00) 400860 Miscellaneous Revenue (14,661.00) 0.00 (10,500.00) 0.00 999000 Prior Period Expense 0.00 0.00 0.00 (11,511.00) Subtotal [18] Other Revenue (25,161.00) 0.00 (21,610.00) (21,172.00) Total [30] Statement of Revenue (21,642,712.00) 0.00 (21,642,712.00) (18,924,100.00) Group : [31-32] Assets Subgroup : [A1] Cash (3.00) 0.00 (3.00) (3.00)	Subtotal [14] Rent	al of Televisions and Cable Services	0.00		0.00	0.00	(236.00)
400870 Interest income (5,712.00) 0.00 (5,712.00) (754.00) Subtotal [15] Interest Income (5,712.00) 0.00 (5,712.00) (754.00) Subgroup : [18] Other Revenue (14,661.00) 0.00 (14,661.00) (9,661.00) 400860 Miscellaneous Revenue (14,661.00) 0.00 (10,500.00) 0.00 999000 Prior Period Expense 0.00 0.00 0.00 (11,511.00) Subtotal [18] Other Revenue (25,161.00) 0.00 (21,610.00) (21,172.00) Total [30] Statement of Revenue (21,642,712.00) 0.00 (21,642,712.00) (18,924,100.00) Group : [31-32] Assets Subgroup : [A1] Cash (3.00) 0.00 (3.00) (3.00)	.						
Subtotal [15] Interest Income (5,712.00) 0.00 (5,712.00) (754.00) Subgroup : [18] Other Revenue 400860 Miscelianeous Revenue (14,661.00) 0.00 (14,661.00) (9,661.00) 400996 Optum Covid Emergency Payment (10,500.00) 0.00 (10,500.00) 0.00 999000 Prior Period Expense 0.00 0.00 (11,511.00) (11,511.00) (21,172.00) (21,172.00) (21,172.00) (21,172.00) (18,924,100.00) (18,9							
Subgroup : [18] Other Revenue 400860 Miscellaneous Revenue (14,661.00) 0.00 (14,661.00) (9,661.00) 400996 Optum Covid Emergency Payment (10,500.00) 0.00 (10,500.00) 0.00 999000 Prior Period Expense 0.00 0.00 0.00 (21,172.00) Subtotal [18] Other Revenue (25,161.00) 0.00 (21,642,712.00) (21,642,712.00) Total [30] Statement of Revenue (21,642,712.00) 0.00 (21,642,712.00) (18,924,100.00) Group : [31-32] Assets Subgroup : [A1] Cash (3.00) 0.00 (3.00) (3.00)	400870	Interest income	(5,712.00)		0.00	(5,712.00)	(754.00)
400860 Miscellaneous Revenue (14,661.00) 0.00 (14,661.00) (9,661.00) 400960 Optum Covid Emergency Payment (10,500.00) 0.00 (10,500.00) 0.00 999000 Prior Period Expense 0.00 0.00 0.00 (11,511.00) Subtotal [18] Other Revenue (25,161.00) 0.00 (25,161.00) (21,172.00) (18,924,100.00) Group : [31-32] Assets Subgroup : [A1] Cash (3.00) 0.00 (3.00) (3.00)	Subtotal [15] Inter	est Income	(5,712.00)		0.00	(5,712.00)	(754.00)
400860 Miscellaneous Revenue (14,661.00) 0.00 (14,661.00) (9,661.00) 400960 Optum Covid Emergency Payment (10,500.00) 0.00 (10,500.00) 0.00 999000 Prior Period Expense 0.00 0.00 0.00 (11,511.00) Subtotal [18] Other Revenue (25,161.00) 0.00 (25,161.00) (21,172.00) (18,924,100.00) Group : [31-32] Assets Subgroup : [A1] Cash (3.00) 0.00 (3.00) (3.00)							
400996 Optum Covid Emergency Payment (10,500.00) 0.00 (10,500.00) 0.00 999000 Prior Period Expense 0.00 0.00 0.00 (11,511.00) 0.00 (11,511.00) (11,511.00) (11,511.00) (21,512.00) (21,612,712.00) (21,642,712.00) (21,642,712.00) (21,642,712.00) (18,924,100.00) <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
999000 Prior Period Expense 0.00 0.00 0.00 (11,511.00) Subtotal [18] Other Revenue (25,161.00) 0.00 (25,161.00) (21,172.00) (21,172.00) (21,172.00) (21,924,100.00) <td>400860</td> <td>Miscellaneous Revenue</td> <td>(14,661.00)</td> <td></td> <td>0.00</td> <td>(14,661.00)</td> <td>(9,661.00)</td>	400860	Miscellaneous Revenue	(14,661.00)		0.00	(14,661.00)	(9,661.00)
Subtotal [18] Other Revenue (25,161.00) 0.00 (25,161.00) (21,172.00) Total [30] Statement of Revenue (21,642,712.00) 0.00 (21,642,712.00) (18,924,100.00) Group : [31-32] Assets Subgroup : [A1] Cash (3.00) 0.00 (3.00) (3.00)	400996	Optum Covid Emergency Payment	(10,500.00)		0.00	(10,500.00)	0.00
Subtotal [18] Other Revenue (25,161.00) 0.00 (25,161.00) (21,172.00) Total [30] Statement of Revenue (21,642,712.00) 0.00 (21,642,712.00) (18,924,100.00) Group : [31-32] Assets Subgroup : [A1] Cash (3.00) 0.00 (3.00) (3.00)			,				(11,511.00)
Total [30] Statement of Revenue (21,642,712.00) 0.00 (21,642,712.00) (18,924,100.00) Group : [31-32] Assets Subgroup : [A1] Cash 100015 ZBA - Cash Operating (3.00) 0.00 (3.00) (3.00)							
Group : [31-32] Assets Subgroup : [A1] Cash 100015 ZBA - Cash Operating (3.00) 0.00 (3.00) (3.00)							
Subgroup: [A1] Cash 100015 ZBA - Cash Operating (3.00) 0.00 (3.00) (3.00)			, ,,			· · · · · · · · · · · · · · · · · · ·	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Subgroup: [A1] Cash 100015 ZBA - Cash Operating (3.00) 0.00 (3.00) (3.00)	Group : [31-32]	Assets					
100015 ZBA - Cash Operating (3.00) 0.00 (3.00) (3.00)							
			(3.00)		0.00	(3.00)	(2 00)
	100020	Cash - Operating	3,717,854.00		0.00	3,717,854.00	516,752.00

Client: Engagement: Period Ending: Trial Balance:	JACC Mgmt - SNF Cost Reports Medicaid - JACC Healthcare Center of Danie 9/30/2020 A.01 - TB-CCNH	elson				
Workpaper:	A.03 - TB Combined Detail LS					
Account	Description	UNADJ	JE Ref #	AJE	FINAL	1st PP-FIN
	-	9/30/2020			9/30/2020	9/30/201
100025	Cash - Payroll	121,387.00		0.00	121,387.00	(10,43
100030	Cash - Prior Owner	(152,706.00)		0.00	(152,706.00)	(152,70
100051	Resident Trust - Petty	1,100.00		0.00	1,100.00	1,10
Subtotal [A1] Cash		3,687,632.00		0.00	3,687,632.00	354,70
Subgroup : [A2]	Resident Accounts Receivable					
100070	A/R - Medicaid	1,463,858.00		0.00	1,463,858.00	1,482,19
100075	A/R - Medicare A	638,837.00		0.00	638,837.00	608,09
100080	A/R - Managed Care	99,291.00		0.00	99,291.00	175,16
100085	A/R - Private	225,286.00		0.00	225,286.00	341,22
100090	A/R - Medicare B	308,921.00		0.00	308,921.00	370,83
100105	Allowance - Doubtful Accounts	687.00		0.00	687.00	(2,05
Subtotal [A2] Resid	lent Accounts Receivable	2,736,880.00		0.00	2,736,880.00	2,975,45
Subgroup : [A5] 100400.01	Prepaid Expenses Prepaid Workers Comp	22 728 00		0.00	22 729 00	41.00
		33,738.00			33,738.00	41,00
100410	Prepaid Insurance	34,093.00		0.00	34,093.00	26,11
100701	Prepaid partnership tax	46,789.00		0.00	46,789.00	7,91
Subtotal [A5] Prepa	aid Expenses	114,620.00		0.00	114,620.00	75,04
Subgroup : [A7]	Medicare Final Settlement Receivable					
100327	Due To/ From Medicare	(5,973.00)		0.00	(5,973.00)	13,91
	care Final Settlement Receivable	(5,973.00)		0.00	(5,973.00)	13,91
Subgroup : [A8]	Other Current Assets					
100106	Allow - Doubtful PVT Accounts	55,790.00		0.00	55,790.00	55,79
100700	Utilities Deposits	3,920.00		0.00	3,920.00	3,92
400901	Prior Owner Revenue	18,380.00		0.00	18,380.00	18,38
Subtotal [A8] Othe		78,090.00		0.00	78,090.00	78,09
Subgroup : [B4]	Leasehold Improvements	075 170 00		0.00	075 470 00	070.00
100500	Leasehold Improvements	875,478.00		0.00	875,478.00	870,28
100600 Subtotal [B4] Leas	Accum Depr- Leasehold Improv ehold Improvements	(347,056.00) 528,422.00		0.00	(347,056.00) 528,422.00	(237,62 632,65
		520,422.00		0.00	520,422.00	052,05
Subgroup : [B6]	Movable Equipment					
100510	Furniture Fixtures & Equipment	64,731.00		0.00	64,731.00	52,14
100530	Computer Equip & Software	21,746.00		0.00	21,746.00	6,34
100610	Accum Depr - FF & E	(29,399.00)		0.00	(29,399.00)	(18,44
100630	Accum Depr - Comp Equip & Soft	(2,261.00)		0.00	(2,261.00)	(1,98
Subtotal [B6] Mova	ble Equipment	54,817.00		0.00	54,817.00	38,06
Subgroup : [D6] 100380	Loans to Owners or Related Parties	4 000 000 00		0.00	1 000 000 00	
	Due from Norwhich and Windham s to Owners or Related Parties	<u>1,000,000.00</u> 1,000,000.00		0.00	1,000,000.00 1,000,000.00	
	s to owners of Related Faitles	1,000,000.00		0.00	1,000,000.00	
Subaroup : [D7]	Other Assets					
Subgroup : [D7] 100175	Other Assets Due To/From Prior Owner	(21.650.00)		0.00	(21.650.00)	
100175	Due To/From Prior Owner	(21,650.00) 3 394 00		0.00	(21,650.00) 3 394 00	
100175 100325	Due To/From Prior Owner Due from landlord	3,394.00		0.00	3,394.00	18,80
100175 100325 100375	Due To/From Prior Owner Due from landlord Loan & Exchange	3,394.00 395,000.00		0.00 0.00	3,394.00 395,000.00	18,80
100175 100325 100375 100710	Due To/From Prior Owner Due from landlord Loan & Exchange Lease Acquisition Costs	3,394.00 395,000.00 73,685.00		0.00 0.00 0.00	3,394.00 395,000.00 73,685.00	18,80 73,68
100175 100325 100375 100710 100715	Due To/From Prior Owner Due from landlord Loan & Exchange Lease Acquisition Costs Accum Amort Lease Aqu Costs	3,394.00 395,000.00 73,685.00 (42,239.00)		0.00 0.00 0.00 0.00	3,394.00 395,000.00 73,685.00 (42,239.00)	18,80 73,68 (31,64
100175 100325 100375 100710 100715 100800	Due To/From Prior Owner Due from landlord Loan & Exchange Lease Acquisition Costs Accum Amort Lease Aqu Costs Replacement reserves	3,394.00 395,000.00 73,685.00 (42,239.00) 35,697.00		0.00 0.00 0.00 0.00 0.00	3,394.00 395,000.00 73,685.00 (42,239.00) 35,697.00	18,80 73,68 (31,64
100175 100325 100375 100710 100715	Due To/From Prior Owner Due from landlord Loan & Exchange Lease Acquisition Costs Accum Amort Lease Aqu Costs Replacement reserves	3,394.00 395,000.00 73,685.00 (42,239.00)	=	0.00 0.00 0.00 0.00	3,394.00 395,000.00 73,685.00 (42,239.00)	18,80 73,68 (31,64 60,84
100175 100325 100375 100710 100715 100800 Subtotal [D7] Othe	Due To/From Prior Owner Due from landlord Loan & Exchange Lease Acquisition Costs Accum Amort Lease Aqu Costs Replacement reserves	3,394.00 395,000.00 73,685.00 (42,239.00) 35,697.00 443,887.00	=	0.00 0.00 0.00 0.00 0.00 0.00	3,394.00 395,000.00 73,685.00 (42,239.00) 35,697.00 443,887.00	18,80 73,68 (31,64 60,84
100175 100325 100375 100710 100710 100715 100800 Subtotal [D7] Othe Total [31-32] Asset Group : [33-34]	Due To/From Prior Owner Due from landlord Loan & Exchange Lease Acquisition Costs Accum Amort Lease Aqu Costs Replacement reserves Assets S Liabilities	3,394.00 395,000.00 73,685.00 (42,239.00) 35,697.00 443,887.00		0.00 0.00 0.00 0.00 0.00 0.00	3,394.00 395,000.00 73,685.00 (42,239.00) 35,697.00 443,887.00	18,80 73,68 (31,64 60,84 4,228,76
100175 100325 100375 100710 100715 100800 Subtotal [D7] Other Total [31-32] Asset Group : [33-34] Subgroup : [A1]	Due To/From Prior Owner Due from landlord Loan & Exchange Lease Acquisition Costs Accum Amort Lease Aqu Costs Replacement reserves Assets S Liabilities Trade Accounts Payable	3,394.00 395,000.00 73,685.00 (42,239.00) 35,697.00 443,887.00 8,638,375.00	=	0.00 0.00 0.00 0.00 0.00 0.00 0.00	3,394.00 395,000.00 73,685.00 (42,239.00) 35,697.00 443,887.00 8,638,375.00	18,80 73,68 (31,64 60,84 4,228,76
100175 100325 100375 100710 100710 100715 100800 Subtotal [D7] Othe Total [31-32] Asset Group : [33-34] Subgroup : [A1] 200000	Due To/From Prior Owner Due from landlord Loan & Exchange Lease Acquisition Costs Accum Amort Lease Aqu Costs Replacement reserves Assets s Liabilities Trade Accounts Payable Accounts Payable	3,394.00 395,000.00 73,685.00 (42,239.00) 35,697.00 443,887.00 8,638,375.00 (1,898,885.00)	-	0.00 0.00 0.00 0.00 0.00 0.00 0.00	3,394.00 395,000.00 73,685.00 (42,239.00) 35,697.00 443,887.00 8,638,375.00	73,66 (31,64 60,84 4,228,76 (2,108,21
100175 100325 100375 100710 100710 100715 100800 Subtotal [D7] Othe Total [31-32] Asset Group : [33-34] Subgroup : [A1] 200000	Due To/From Prior Owner Due from landlord Loan & Exchange Lease Acquisition Costs Accum Amort Lease Aqu Costs Replacement reserves Assets S Liabilities Trade Accounts Payable	3,394.00 395,000.00 73,685.00 (42,239.00) 35,697.00 443,887.00 8,638,375.00	=	0.00 0.00 0.00 0.00 0.00 0.00 0.00	3,394.00 395,000.00 73,685.00 (42,239.00) 35,697.00 443,887.00 8,638,375.00	73,66 (31,64 60,84 4,228,76 (2,108,21
100175 100325 100375 100710 100710 Subtotal [D7] Other Total [31-32] Asset Group : [33-34] Subgroup : [A1] 200000 Subtotal [A1] Trade	Due To/From Prior Owner Due from landlord Loan & Exchange Lease Acquisition Costs Accum Amort Lease Aqu Costs Replacement reserves Assets S Liabilities Trade Accounts Payable Accounts Payable Accounts Payable	3,394.00 395,000.00 73,685.00 (42,239.00) 35,697.00 443,887.00 8,638,375.00 (1,898,885.00)	=	0.00 0.00 0.00 0.00 0.00 0.00 0.00	3,394.00 395,000.00 73,685.00 (42,239.00) 35,697.00 443,887.00 8,638,375.00	18,80 73,62 (31,64 60,84 4,228,76 (2,108,21
100175 100325 100375 100710 100710 100715 100800 Subtotal [D7] Othe Total [31-32] Asset Group : [33-34] Subgroup : [A1] 200000	Due To/From Prior Owner Due from landlord Loan & Exchange Lease Acquisition Costs Accum Amort Lease Aqu Costs Replacement reserves Assets S Liabilities Trade Accounts Payable Accounts Payable Accounts Payable Accrued Payroll	3,394.00 395,000.00 73,685.00 (42,239.00) 35,697.00 443,887.00 8,638,375.00 (1,898,885.00)		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	3,394.00 395,000.00 73,685.00 (42,239.00) 35,697.00 443,887.00 8,638,375.00 (1,898,885.00) (1,898,885.00)	18,80 73,68 (31,64 60,84 4,228,76 (2,108,21 (2,108,21
100175 100325 100375 100710 100710 100715 100800 Subtotal [D7] Othe Total [31-32] Asset Group : [33-34] Subgroup : [A1] 200000 Subtotal [A1] Trade Subgroup : [A4] 200020	Due To/From Prior Owner Due from landlord Loan & Exchange Lease Acquisition Costs Accum Amort Lease Aqu Costs Replacement reserves Assets S Liabilities Trade Accounts Payable Accounts Payable Accounts Payable Accrued Payroll Accrued Payroll	3,394.00 395,000.00 73,685.00 (42,239.00) 35,697.00 443,887.00 8,638,375.00 (1,898,885.00) (1,898,885.00) (314,435.00)		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	3,394.00 395,000.00 73,685.00 (42,239.00) 35,697.00 443,887.00 8,638,375.00 (1,898,885.00) (1,898,885.00) (314,435.00)	18,80 73,68 (31,64 60,84 4,228,76 (2,108,21 (2,108,21 (2,108,21)
100175 100325 100375 100710 100710 Subtotal [D7] Othe Total [31-32] Asset Group : [33-34] Subgroup : [A1] 200000 Subtotal [A1] Trade Subgroup : [A4] 200020 200020.01	Due To/From Prior Owner Due from landlord Loan & Exchange Lease Acquisition Costs Accum Amort Lease Aqu Costs Replacement reserves Assets s Liabilities Trade Accounts Payable Accounts Payable Accounts Payable Accrued Payroll Accrued Payroll Accrued Bonus payroll	3,394.00 395,000.00 73,685.00 (42,239.00) 35,697.00 443,887.00 8,638,375.00 (1,898,885.00) (1,898,885.00) (314,435.00) 0.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	3,394.00 395,000.00 73,685.00 (42,239.00) 35,697.00 443,887.00 8,638,375.00 (1,898,885.00) (1,898,885.00) (314,435.00) 0.00	18,80 73,68 (31,64 60,84 4,228,76 (2,108,21 (2,108,21 (2,108,21) (296,34 (32,29
100175 100325 100375 100710 100710 100715 100800 Subtotal [D7] Othe Total [31-32] Asset Group : [33-34] Subgroup : [A1] 200000 Subtotal [A1] Trade Subgroup : [A4] 200020	Due To/From Prior Owner Due from landlord Loan & Exchange Lease Acquisition Costs Accum Amort Lease Aqu Costs Replacement reserves Assets S Liabilities Trade Accounts Payable Accounts Payable Accounts Payable Accrued Payroll Accrued Payroll	3,394.00 395,000.00 73,685.00 (42,239.00) 35,697.00 443,887.00 8,638,375.00 (1,898,885.00) (1,898,885.00) (314,435.00)	=	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	3,394.00 395,000.00 73,685.00 (42,239.00) 35,697.00 443,887.00 8,638,375.00 (1,898,885.00) (1,898,885.00) (314,435.00)	18,80 73,68 (31,64 60,84 4,228,76 (2,108,21 (2,108,21 (2,108,21)

Subgroup : [A6] Accrued Payroll Taxes Payable 200025 Accrued Payroll Taxes Subtotal [A6] Accrued Payroll Taxes Payable (24,677.00) 0.00 (24,677.00) (24,231.00) (24,677.00) 0.00 (24,677.00) (24,231.00) Subgroup : [A12]Other Current Liabilities200015Accrued Provider Tax Paya Accrued Provider Tax Payable (269,246.00) 0.00 (269,246.00) (274,710.00) (274,710.00) 0.00 (12,500.00) (99,256.00) 929.00 200024 Payroll garnishments 70.00 0.00 70.00 0.00 (65,080.00) (2,992.00) 200030.04 200035 Accrued accounting fees Accrued Health & Welfare Union Dues Witholding 0.00 (65,080.00) 0.00 0.00 (2,992.00) 200045 0.00 200050 Accrued Employee Ins. (657.00) 0.00 (657.00) (657.00)

Client: Engagement: Period Ending: Trial Balance:	JACC Mgmt - SNF Cost Reports Medicaid - JACC Healthcare Center of Danielson 9/30/2020 A.01 - TB-CCNH					
Workpaper:	A.03 - TB Combined Detail LS					
Account	Description	UNADJ	JE Ref #	AJE	FINAL	1st PP-FINAL
		9/30/2020			9/30/2020	9/30/2019
200068	Resident funds refund	1,370.00		0.00	1,370.00	0.00
200069	Patient Refund	64,785.00		0.00	64,785.00	49,320.00
Subtotal [A12] Otl	ner Current Liabilities	(271,750.00)	_	0.00	(271,750.00)	(336,874.00)
Subgroup : [B3]	Loans from Owners or Related Parties					
200375	Due To/From Shimshon Fisher	(490,500.00)		0.00	(490,500.00)	(355,500.00)
Subtotal [B3] Loa	ns from Owners or Related Parties	(490,500.00)		0.00	(490,500.00)	(355,500.00)
	=	<u> </u>				
Subgroup : [B4]	Other Long-Term Liabilities					
200400	Due to 3rd Party A	(4,500.00)		0.00	(4,500.00)	(47,500.00)
200500	Due to 3rd Party B	(513,250.00)		0.00	(513,250.00)	(513,250.00)
250000	Long-term Liabilities	(2,312,500.00)		0.00	(2,312,500.00)	0.00
	er Long-Term Liabilities	(2,830,250.00)		0.00	(2,830,250.00)	(560,750.00)
Total [33-34] Liabi	lities _	(5,981,045.00)	_	0.00	(5,981,045.00)	(3,899,914.00)
Group : [35]	Equity					
Subgroup : [B1]	Owners' Capital					
300005	Distributions	130,747.00		0.00	130,747.00	50,000.00
330000	Owner's Capital	(1,450,000.00)		0.00	(1,450,000.00)	(1,500,000.00)
Subtotal [B1] Owr	ners' Capital	(1,319,253.00)		0.00	(1,319,253.00)	(1,450,000.00)
	•					
Subgroup : [B5]	Cumulated Earnings					
320000	Retained Earnings	1,121,148.00		0.00	1,121,148.00	1,589,639.00
Subtotal [B5] Cun	nulated Earnings	1,121,148.00		0.00	1,121,148.00	1,589,639.00
Total [35] Equity	_	(198,105.00)		0.00	(198,105.00)	139,639.00
	-		_			
	Sum of Account Groups	2,459,225.00		0.00	2,459,225.00	468,491.00
	Net (Income) Loss	0.00		0.00	0.00	0.00

Client:	JACC Mgmt - SNF Cost Reports
Engagement:	Medicaid - JACC Healthcare Center of Danielson
Period Ending:	9/30/2020
Trial Balance:	A.01 - TB-CCNH
Workpaper:	H.01 - Adjusting Journal Entries Report

Account	Description	W/P Ref	Debit	Credit
Adjusting Journa	al Entries JE # 2 or of rehab and rehab aides	I.01		
600810 600830 600850 600800 600860 Total	Salaries PT Salaries OT Salaries ST Salaries Director Rehab Salaires Rehab Aides		42,172.00 47,195.00 12,329.00 101,696.00	101,696.00 101,696.00
Adjusting Journal Entries JE # 3 Cell phone reclass		E.04		
500440 R0002 Total	Telephone Cell phone		0.00	0.00
Adjusting Journal Entries JE # 4 To reclass purchased consultant services out of various consulting/contract serv account		E.01		
500330 500360 R0019 Total	Contract Services - Office Consulting Other Purchasing Consultant		0.00	0.00
Adjusting Journal Entries JE # 5 To reclass Equipment Rentals out of Leased equipment		E.05		
500310 550130 Total	Rental of Equipment Minor Equipment		0.00	0.00