State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2020

Name of Facility (as I	,							
Salmon Brook Rehab and Nursing Address (No. & Street, City, State, Zip Code)								
Address (No. & Stree	et, City, State, Z	ip Code)						
1423 Quinnipiac Ave	, Unit 202 New	Haven, CT 0	6513					
Type of Facility								
Chronic and Convalescent Nursing Home only (CCNH)			Rest Home with Nursing Supervision only □ (Specify) (RHNS)					
Report for Year Beginning 10/1/2019			Report for Year 9/30/2020	r Ending				
License Numbers:		CCNH 2093	RHNS	(Specify)		N	Medicare Provider 075060	
Medicaid Provider No	umbers:	CC	CNH	RF	HNS		ICF-IID	
		20412						
For Department Use	Only		,					
Sequence Number	Signed and	Date	Sequence N	lumber	Signad a	nd Notonizod	Date Received	
Assigned	Notarized	Received	Assign	ed	Signed a	nd Notarized	Date Received	

CSP-1 Rev.9/2002

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Salmon Brook Rehab and Nursing	2093	9/30/2020	1	37

Administrator's/Owner's Certification

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

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

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

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

(a) Subject to Desk Audit Review

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Amelia Fiore			Printed Name (Owner) Eliezer Elefant	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires

Address of Notary Public

(Notary Seal)

Table of Contents

Gene	eral Information - Administrator's/Owner's Certification	1
Gene	eral Information and Questionnaire - Data Required for Real Wage Adjustment	1A
Gene	eral Information and Questionnaire - Type of Facility - Organization Structure	2
Gene	eral Information and Questionnaire - Partners/Members	3
Gene	eral Information and Questionnaire - Corporate Owners	3A
Gene	eral Information and Questionnaire - Individual Proprietorship	3B
Gene	eral Information and Questionnaire - Related Parties	4
Gene	eral Information and Questionnaire - Basis for Allocation of Costs	5
Gene	eral Information and Questionnaire - Leases	6
Gene	eral Information and Questionnaire - Accounting Basis	7
Sche	edule of Resident Statistics	8
Sche	edule of Resident Statistics (Cont'd)	9
A.	Report of Expenditures - Salaries & Wages	10
	Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant	
	Administrators and Other Relatives	11
	Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant	
	Administrators and Other Relatives (Cont'd)	12
B.	Report of Expenditures - Professional Fees	13
	Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee	
	for Service Basis	14
C.	Expenditures Other than Salaries - Administrative and General	15
C.	Expenditures Other than Salaries (Cont'd) - Administrative and General	16
	Schedule C-1 - Management Services	17
C. C.	Expenditures Other than Salaries (Cont'd) - Dietary	18
C.	Expenditures Other than Salaries (Cont'd) - Laundry	19
C.	Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
	Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C.	Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
	Depreciation Schedule	23
	Amortization Schedule	24
C.	Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C.	Expenditures Other than Salaries (Cont'd) - Interest	26
C.	Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D.	Adjustments to Statement of Expenditures	28
D.	Adjustments to Statement of Expenditures (Cont'd)	29
F.	Statement of Revenue	30
G.	Balance Sheet	31
G.	Balance Sheet (Cont'd)	32
G.	Balance Sheet (Cont'd)	33
G.	Balance Sheet (Cont'd)	34
G.	Balance Sheet (Cont'd) - Reserves and Net Worth	35
H.	Changes in Total Net Worth	36
I.	Preparer's/Reviewer's Certification	37

State of Connecticut

Department of Social Services55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	Page	of			
				1A	37
Name of Facility		Period Cov	ered:	From	To
Salmon Brook Rehab and Nursing				10/1/2019	9/30/2020
Address of Facility					
1423 Quinnipiac Ave, Unit 202 New Haven, CT 06513				_	
Report Prepared By		Phone Num		Date	
Marcum LLP		203-781-96	500	12/29/2020	
Item		Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$				
5. All other wages paid	\$				
6. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire Type of Facility - Organization Structure

		Pho	ne No. of Fac	ility	Report for Ye	ar Ended	Page		of
		860-	-938-2223	-	9/30/2020		2		37
Name of Facility (as shown on license)			Address (No	. & S	Street, City, Sta	ite, Zip)			
Salmon Brook Rehab and Nursing			1423 Quinni	ipiac	Ave, Unit 202	New Hav	ven, CT 065	13	
	CCNH		RHNS		(Specify)		Medicare F	rovid	er No.
License Numbers:	2093						075060		
Type of Facility (Check appropriate box(es))									
Chronic and Convalescent	_	Rest	Home with I	Nursi	ng _	(G :C)			
Nursing Home only (CCNH) Supervision only (RHNS)									
Type of Ownership (Check appropriate box)									
		\sim	D C. C	\circ	Non Duckt Con	0	C	\circ	Т4
O Proprietorship O LLC O Pa	ırtnersnıp	0	Profit Corp.	0	Non-Profit Cor	р. О	Government	O	1 rust
				Date	Opened	Date Clo	sed		
If this facility opened or closed during report	year provide	e:							
, ,				_					
or operation during this report year?		0	Yes	•	No	If "Yes,"	explain full	y.	
Administrator									
					Nursing Ho	ome			
Amelia Fiore							2089		
Salmon Brook Rehab and Nursing 1423 Quinnipiac Ave, Unit 202 New Haven, CT 06513									
Other Operators/Owners who are assistant ad	ministrators	(ful	l or part time) of tl	his facility.	•			
Name					License N	lo.:			
N/A									

CSP-3 Rev. 10/2005

General Information and Questionnaire Partners/Members

Name of Facility Salmon Brook Rehab and Nurs	ing	License No. 2093	Report for Y 9/30/2020	ear Ended	Page of 3 37
Legal Name of Parti		Business A			or Town(s) in egistered
N/A	_				
Name of Partners/Members	Business Ac	ldress	,	Γitle	% Owned
N/A					
		_		_	

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year En	ded	Page of		
Salmon Brook Rehab and Nursing		9/30/2020		3A 37		
If this facility is owned or operated as a corpor	ration, provide the	following information	on:			
Legal Name of Corporation		s Address	State(s) in Which Incorporated			
Salmon Brook Rehab and	1423 Quinnipiac A	Ave, Unit 202 New	CT	-		
Nursing	Haven, CT 06513					
Name of Directors, Officers	Business Address		Title	No. Shares Held by Each		
Eliezer Elefant	54 Farview Circle 06795	Watertown CT	Owner	100		
Names of Stockholders Owning at Least 10% of Shares						

CSP-3B Rev. 10/2005

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Salmon Brook Rehab and Nursing	2093	9/30/2020	3B	37
If this facility is owned or operated as an individual	proprietorship, pro	ovide the following information	1:	
Ow	vner(s) of Facility			
	•			

General Information and Questionnaire Related Parties*

Name of Facility		License	e No.		Report for Year Ended		Page	of
Salmon Brook Rehab ar	nd Nursing		2093		9/30/2020		4	37
Are any individuals rece	eiving compensation from the fac-	cility rel	ated thro	ugh		If "Yes," provide the	e Name/Add	dress and
marriage, ability to cont	rol, ownership, family or busine	ss assoc	iation?	0	Yes	complete the inform	nation on Pag	ge 11 of the report.
Are any individuals or c	ompanies which provide goods	or servic	es,					
including the rental of p	roperty or the loaning of funds to	this fac	cility,					
,	ssociation, common ownership,			ess	⊙ Yes ○ No			
association to any of the	owners, operators, or officials of	of this fa	cility?			If "Yes," provide the	e following	information:
			so Provi			Indicate Where		
			ds/Servic			Costs are Included		
Name of Related	Business		Related I		Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No	%**	Provided	Page # / Line #	Reported	Related Party
RegalCare Rehab	26 Firemens Memorial Drive, Suite 205, Pomona, NY 10970	0	•		Physical Therapy	Page 13/ 5a	437,768	437,768
RegalCare Rehab	26 Firemens Memorial Drive, Suite 205, Pomona, NY 10970	0	•		Speech Therapy	Page 13/ Line 9a	92,874	92,874
-	26 Firemens Memorial Drive, Suite	0	•					
RegalCare Rehab	205, Pomona, NY 10970				Occupational Therapy	Page 13/Line 10a	399,333	399,333
Salmon Brook PropCo	5 Barlow Road, Edison, NJ 08817	0	•		Rental Property	Page 22/ Line 9	1,320,000	1,021,006
Eliezer Elefant	26 Firemens Memorial Drive, Suite 205, Pomona, NY 10970	0	•		Admin Services	Page 16 m11	99,600	99,600
		0	•		Various Intercompany Loans	Page 34/ Line B3		
		0	•					
		0	•					
		0	•					

^{*} Use additional sheets if necessary.

^{**} Provide the percentage amount of revenue received from non-related parties.

CSP-5 Rev. 9/2002

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No		Report for Year Ended	Page	of				
Salmon Brook Rehab and Nursing	2093		9/30/2020	5	37				
If the facility is licensed as CDH and/or RCH or p	provides AII	OS or TBI se	ites, costs	3					
must be allocated to CCNH and RHNS as follows	s:		_						
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, cost must be allocated to CCNH and RHNS as follows: Item									
Dietary		Number of meals served to residents							
		Number of	pounds processed						
Housekeeping		Number of	square feet serviced						
		Number of	hours of routine care provided b	y EACH	[
Nursing		employee c	ployee classification, i.e., Director (or Charge Nurse),						
		Registered	Nurses, Licensed Practical Nurs	ses, Aide	s and				
Direct Resident Care Consultants									
Direct Resident Care Consultants		Number of	hours of resident care provided	by EAC	H				
Salmon Brook Rehab and Nursing If the facility is licensed as CDH and/or RCH or provide must be allocated to CCNH and RHNS as follows: Item Dietary Laundry Housekeeping Nursing Direct Resident Care Consultants Maintenance and operation of plant Property costs (depreciation) Employee health and welfare Management services All other General Administrative expenses The preparer of this report must answer the following of this report must answer the following of costs allocated as required? 2. Explain the allocation of related company expenses 3. Did the Facility appropriately allocate and self-disare. (e.g., Assisted Living, Home Health, Outpatient Services)		specialist ((See listing page 13)						
Maintenance and operation of plant		Square feet	;						
Property costs (depreciation)		Square feet							
Employee health and welfare		Gross salar	ries						
		Appropriate cost center involved							
All other General Administrative expenses Total of Direct and Allocated Costs									
The preparer of this report must answer the follow	wing questio	ns applicabl	le to the cost information provid	led.					
1. In the preparation of this Report, were all	O Vos	O No	If "No," explain fully why such	allocation	on was not				
costs allocated as required?	O TES	O No	made.						
2. Explain the allocation of related company exp	enses and at	tach copy of	f appropriate supporting data.						
3. Did the Facility appropriately allocate and self	f-disallow di	rect and ind	irect costs to non-nursing home	cost cent	ters?				
(e.g., Assisted Living, Home Health, Outpatien	nt Services,	Adult Day (Care Services, etc.)						
	If "No " avaloin fully why such allo				on was not				
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows: Item			, II						

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
Salmon Brook Rehab and Nursing			2093	9/30/2020			6	37
	Relate	ed * to						
	Owi	ners,						
		ators,				Annual		
		cers		Date of	Term of	Amount		ount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Clai	med
	0	•						
	0	•						
	0	•						
	0	•						
	0	•						
	0	•						
	0	•						
	0	•						
	0	•						
	0	•						
Is a Mileage Log Book Maintained for All	Leased Ve	hicles ?	O Yes	s •	No	Total ***		

Is a Mileage Log Book Maintained for All Leased Vehicles?

^{*} Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

^{**} Attach copies of newly acquired leases.

^{***} Amount should agree to Page 22, Line 6e.

General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page	of
Salmon Brook Rehab and Nursing	2093	9/30/2020		7	37
The records of this facility for the p	period covered by this report	were maintained on the following basis:			
	Modified Cash				
Is the accounting basis for this					
1	Yes	If "No," explain.			
previous period?	No				
Independent Accounting Firm					
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
1 Marcum LLP		555 Long Wharf Drive, New Haven, CT (06510		
2 Roth&Co CPA & Consultants		1428 36th St #200, Brooklyn, NY, 11218			
3					
4					
Services Provided by This Firm (de	escribe fully)				
1 Cost report preparation			\$	9,825	
2 Monthly retainer fee			\$	14,857	
3			\$		
4			\$		
			Charge for S	ervices Pro	ovided
			\$	24,682	
Are These Charges Reflected in the Expend	liture Portion of This Report? If Ve	es, Specify Expense Classification and Line No.	ý.	24,002	
• Yes O No	Pg 15d	s, speen, Emperior emastrication and Emile 1161			
Legal Services Information	1-8				
Name of Legal Firm or Independen	t Attorney		Telephone N	umber	
1 Dorsi & Dorsi	a ruemey		860-652-762		
2 American Arbitration Associat	ion		212-484-400		
3 Schettino & Temchin	1011		203-239-669		
4 Cogency Global			800-221-010		
5 Treasurer State of CT			860-702-300		
Address (No. & Street, City, State,	Zin Code)		000 702 300	0	
1 2143 Main Street Glastonbury,					
2 150 E 42nd St 17th Floor, New					
3 18 Peck St, North Haven, CT (
4 122 E 42nd 18th fl, New York					
5 55 Elm St #2 Hartford, CT 061					
Services Provided by This Firm (de					
1 Fee for real estate tax reduction, tax as	ssessment appeal		\$	34,817	
2 Initial administrative fee			\$	650	
3 Retention fee for representation in col	llection matters		\$	9,750	
4 Statutory representation			\$	103	
5 Conservatorship(Disallowed on Pg 28	<u> </u>		\$	4,155	
			Charge for S	ervices Pro	ovided
			\$	49,475	
Are These Charges Reflected in the Expend	ti n i emi n e vevr	0 10 7 01 10 1 17 1			
	Pg 15e	ss, Specify Expense Classification and Line No.			

Schedule of Resident Statistics

Name of Facility			License N	lo.			Report fo	or Year Ende	ed		Page	of
Salmon Brook Rehab and Nursing			2	093			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)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	126	126			126	126						
B. On last day of THIS report period	126	126							126	126		
Number of Residents A. As of midnight of PREVIOUS report period	96	96			96	96						
B. As of midnight of THIS report period	94	94							94	94		
3. Total Number of Days Care Provided During Period												
A. Medicare	9,526	9,526			5,913	5,913			3,613	3,613		
B. Medicaid (Conn.)	19,419	19,419			15,382	15,382			4,037	4,037		
C. Medicaid (other states)												
D. Private Pay	5,270	5,270			4,395	4,395			875	875		
E. State SSI for RCH												
F. Other (Specify)	1,206	1,206			1,022	1,022			184	184		
G. Total Care Days During Period (3A thru F)	35,421	35,421			26,712	26,712			8,709	8,709		
Total Number of Days Not Included in Figures in 4. 3G for Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	35,421	35,421			26,712	26,712			8,709	8,709		

CSP-9 Rev. 9/2002

Schedule of Resident Statistics (Cont'd)

Name of Facil	lity			License No. Rep					Report	for Year	Ended		Page	of
Salmon Brook	Rehab	and Nur	rsing	2	2093					9/30/202	0		9	37
	-	-	in the certified b		pacity du	ring th	ne repo	rt year	?	0	Yes	•	No	
11 1ES				ion:	Cl		: D. 4	_		C-	:4 A G.	C1		
D			f Change			iange	in Bed		1	Ca	pacity Afte	er Change		
Date of	CCNH	RHNS	(Specify)		Lost	ı	(Gaine	1					
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Danson f	or Change
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCMII	KIINS	(Specify)	ixeason ix	of Change
	•													
	-	_	n certified bed on the control of th	-	-	the re	port ye	ar (as	reporte	ed in item	4 above) p	provide the num	ber of	
			<u> </u>	9										
			Change in R	esider	nt Days					CC	NH	RHNS	(Spe	cify)
1st chang														
2nd chan														
3rd chan														
		lents and	d Rates on Septe	mher	30 of Co	st Vea	r			<u> </u>				
o. ivanioci	or resid		Medicare	Medicaid Self-Pay						Other Stat	e Assisted			
	Item		CCNH	C	CNH	RI	HNS	CC	CNH	RHNS		(Specify)	R.C.H.	ICF-MR
No. of R			40		45				9			()		
Per Dien														
a. One b	ed rm.		Var		238.00				525.00					
b. Two l	bed rms.		Var		238.00				495.00					
c. Three	or more	•												
bed r	ms.													
.			1.00										DIDIG	(0 :0)
		-	al Therapy Treat	ments						10	TAL	CCNH	RHNS	(Specify)
		re - Part	usive of Part B)								5,643	5,643		
			e Treatments								254	254		
			Treatments								2,282	2,282		
C.	Other										17,029	17,029		
		Physical	Therapy Treate	nents							25,208	25,208		
8. Total Nu	mber of	Speech	Therapy Treatn	ents										
		re - Part									468	468		
B.			usive of Part B)											
			e Treatments								31	31		
-		torative	Treatments								278	278		
	Other Total S	naach 7	herapy Treatm	ara to						-	2,172	2,172		
					ta						2,949	2,949		
		re - Part	tional Therapy	ireain	101118						4,876	4,876		
			usive of Part B)								+,070	4,070		
D.			e Treatments								217	217		
			Treatments								1,956	1,956		
	Other									<u> </u>	15,797	15,797		
		Occupati	onal Therapy T	reatm	ents						22,846	22,846	-	

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Report of Ex	kpenditures -	- Salarıe	s & Wag	es		
Name of Facility	License No.		Report for Yea	r Ended	Page	of
Salmon Brook Rehab and Nursing	2093		9/30/2020		10	37
Are time records maintained by all individuals receiving com-	npensation?	•	Yes	0	No	
, ,	1		Total Cost a	and House		
	1		Total Cost a	ilia Hours		
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*					(1)/	
1. Operators/Owners (Complete also Sec. I						
of Schedule A1)						
2. Administrator(s) (Complete also Sec. III						
of Schedule A1)	99,681	2,116				
3. Assistant Administrator (Complete also Sec. IV						
of Schedule A1)						
Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	176,907					
5. Dietary Service	170,507					
a. Head Dietitian	47,935	1,273				
b. Food Service Supervisor						
c. Dietary Workers	389,330	12,679				
6. Housekeeping Service	17.522	(15				
a. Head Housekeeper b. Other Housekeeping Workers	17,522 323,068	615 15,680				
7. Repairs & Maintenance Services	323,008	15,000				
a. Engineer or Chief of Maintenance	-514					
b. Other Maintenance Workers	87,859	6,066				
8. Laundry Service						
a. Supervisor	65.141	4.002				
b. Other Laundry Workers 9. Barber and Beautician Services	65,141	4,082				
Barber and Beautician Services Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	141,617	2,777				
b. RN	935,270	12,724				
1. Direct Care 2. Administrative**	441,837	8,725				
c. LPN	111,037	0,725				
1. Direct Care	1,027,499	28,826				
2. Administrative**						
d. Aides and Attendants	1,635,256	80,329				
e. Physical Therapists f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	97,136	5,553				
i. Physicians		- ,				
1. Medical Director						
2. Utilization Review						
3. Resident Care*** 4. Other (Specify)						
4. Other (Specify)						
j. Dentists	1					
k. Pharmacists	<u> </u>					
1. Podiatrists						
m. Social Workers/Case Management	90,157	2,580				
n. Marketing o. Other (Specify)	16,726	Disallowed				
o. Other (Specify) See Attached Schedule	64,735	2,780				
				1	•	

^{*} 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)

	C				INS	(Specify)	
Position		\$	Hours	\$	Hours	\$	Hours
		0					
Admission Wages	\$	64,735	2,780				
Total	\$	64,735	2,780	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

	CCNH		RH	INS	(Spe	cify)	
Service		\$	Hours	\$	Hours	\$	Hours
		0					
Clinical Services	\$	9,620	61				
Clinical Services>COVID19	\$	152	36				
Clinical Consultants	\$	18,523	416				
Contracted Service>COVID19	\$	42,075	699				
IV Insertion Nurse(Disallowed on Pg 28a)	\$	26,807	142				
Respiratory Therapist(Disallowed on Pg 28a)	\$	455	7				
Total	\$	97,632	1,361	\$ -	-	\$ -	-

CSP-11 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Related Parties*

Name of Facility				License No.		1	Year Ended		Page	of
Salmon Brook Rehab and Nursing				2093		9/30/2020			11	37
		Salary Paid	1	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).										

^{*} 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.

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.	itors and other	Report for Y			Page	of
Salmon Brook Rehab and Nursing				2093		9/30/2020			12	37
		Salary Pai	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 III - Administrators***										
Shanique Mightly	61,554			Non- discriminatory	5/1/2019 - 4/22/2020	1,189	A2			
Eliezer Elephant	31,699			Non- discriminatory	4/22/2020 - 9/4/2020	824	A2			
Amelia Fiore	6,428			Non- discriminatory	9/13/2020 - 9/30/2020	103	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.

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.		Report for Y		Page	of
Salmon Brook Rehab and Nursing	20	93	9/30/2020		13	37
8			Total Cost	and Hours		
			100010000			
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	5,100	61				
3. Pharmacist	14,229	Monthly				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	437,768	6,564				
b. Other						
6. Social Worker						
7. Recreation Worker	·					
8. Physicians						
a. Medical Director (entire facility)	34,000	432				
b. Utilization Review						
(Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee						
(Quarterly meetings)						
Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee						
(Once annually)						
e. Other (Specify)						
1						
9. Speech Therapist						
a. Resident Care	92,874	1,342				
b. Other	-					
10. Occupational Therapist						
a. Resident Care	399,333	Disallowed				
b. Other	-					
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	111,973	1,345				
2. Administrative***	, -					
b. LPN						
1. Direct Care	71,363	1,428				
2. Administrative***	,0 00	-,.20				
c. Aides	39,268	1,377				
d. Other	27,200	1,577				
12. Other (Specify)						
See Attached Schedule	97,632	1,361				
B-13 Total Fees Paid in Lieu of Salaries	1,303,540	13,910				

^{*} 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
Salmon Brook Rehab and Nursing		2093		9/30/2020		14	37
				to Owners,			
Name & Address of Individual	Full Expla	nation of Service		rs, Officers	Expla	nation of R	elationship
			Yes	No			
LTC Management		ntal Services	0	•	N/A		
Santo Buccheri, M.D.	Med	lical Director	0	•	N/A		
Medwiz	Insertions	s, Clinical Support	0	•	N/A		
Technical Gas Products	Respiratory maintenance	Service; Preventive and electrical testing	0	•	N/A		
Regal Care Rehabilitation LLC	P	T, ST, OT	•	0	Common Own	ership	
MassTex Imaging, LLC	Swallow	study/Consultation	0	•	N/A		
Deborah A. Hardy		RN	0	•	N/A		
AAA Nursing Care	1	RN, LPN	0	•	N/A		
The Nurse Network	1	RN, LPN	0	•	N/A		
Integra Scripts	Phar	macy Review	0	•	N/A		
			0	•			
			0	•			
			0	•			
			0	•			
			0	•			
			0	•			
			0	•			
			0	•			
			0	•			
			0	•			
			0	•			
			0	•			

^{*} Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

	License No.	Report for Ye	ear Ended	Page	of
Salmon Brook Rehab and Nursing	2093	9/30/2020		15	37
Item		Total	CCNH	RHNS	(Specify)
Administrative and General		Total	CCNII	KIINS	(Specify)
a. Employee Health & Welfare Benefits					
Employee reading wenter Benefits Workmen's Compensation	9	125 246	125,246		
Workmen's Compensation Disability Insurance		-	123,240		
3. Unemployment Insurance		363	363		
4. Social Security (F.I.C.A.)		303 303 499,525	499,525		
5. Health Insurance		939,682	·		
		939,082	939,682		
6. Life Insurance (employees only)	(
(not-owners and not-operators)			214 401		
7. Pensions (Non-Discriminatory)		214,481	214,481		
(not-owners and not-operators)		h l			
8. Uniform Allowance		45.002	45.002		
9. Other (<i>Specify</i>)		45,803	45,803		
See Attached Schedule		h			
b. Personal Retirement Plans, Pensions, and		S			
Profit Sharing Plans for Owners and					
Operators (Discriminatory)*					
c. Bad Debts*		137,501	137,501		
d. Accounting and Auditing	9	1	24,682		
e. Legal (Services should be fully described of	on Page 7)		49,475		
f. Insurance on Lives of Owners and		S	- ,		
Operators (Specify)*					
g. Office Supplies		3 23,725	23,725		
h. Telephone and Cellular Phones			,		
1. Telephone & Pagers		13,635	13,635		
2. Cellular Phones		S	Í		
i. Appraisal (Specify purpose and		S			
attach copy)*					
j. Corporation Business Taxes (franchise tax	/	600	600		
k. Other Taxes (Not related to property - See	Page 22)				
1. Income*	9	S			
2. Other (<i>Specify</i>)		S			
See Attached Schedule					
3. Resident Day User Fee		498,510	498,510		
Subtotal	(2,573,228	2,573,228		

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

(Carry Subtotals forward to next page)

Attachment Page 15

Schedule of Other Employee Benefits

Description	(CCNH	RHNS	(Specify)
		0		
Training Fund>Union	\$	26,322		
Background Checks	\$	2,340		
Admin & General>COVID Related Expense	\$	17,141		
Total	\$	45,803	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
	0		
Total	\$ -	\$ -	\$ -

.....

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

Name of Facility License No.			Report for Y	ear Ended	Page	of
Salmon Brook Rehab and Nursing	2093		9/30/2020		16	37
-	•					
Item			Total	CCNH	RHNS	(Specify)
Subtota	ls Brought Forwa	ard:	2,573,228	2,573,228		\ 1
Travel and Entertainment	ÿ					
1. Resident Travel and Entertainment		\$	4,929	4,929		
2. Holiday Parties for Staff		\$				
3. Gifts to Staff and Residents		\$				
4. Employee Travel		\$	4,248	4,248		
5. Education Expenses Related to Seminars and	d Conventions	\$	3,597	3,597		
6. Automobile Expense (not purchase or depre	eciation)	\$				
7. Other (<i>Specify</i>)		\$				
See Attached Schedule						
m. Other Administrative and General Expenses						
1. Advertising Help Wanted (all such expenses	s)	\$	943	943		
2. Advertising Telephone Directory (all such e	xpenses)***	\$				
3. Advertising Other (Specify)***		\$	15,800	15,800		
See Attached Schedule						
4. Fund-Raising***		\$				
5. Medical Records		\$				
6. Barber and Beauty Supplies (if this service i	s supplied	\$				
directly and not by contract or fee for service	e)***					
7. Postage		\$	1,857	1,857		
* 8. Dues and Membership Fees to Professional		\$				
Associations (Specify)						
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Non-A	llowable Org.***	\$	350	350		
9. Subscriptions		\$				
10. Contributions***		\$				
See Attached Schedule						
11. Services Provided by Contract (Specify and	Complete	\$	365,548	365,548		
Schedule C-2, Page 21 for each firm or individual)						
12. Administrative Management Services**						
13. Other (Specify)		\$	21,739	21,739		
See Attached Schedule						
C-14 Total Administrative & General Expenditures		\$	2,992,239	2,992,239		

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
	0		
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

CCNH	RHNS	(Specify)
0		
\$ 15,800		
\$ 15,800	\$ -	\$ -
	0 \$ 15,800	0 \$ 15,800

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	0		
Total Dues	\$ -	\$ -	\$ -

Schedule of Contributions

CCNH	RHNS	(Specify)
0		
\$ -	\$ -	\$ -
	0	0

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	0		
Licenses	\$ 1,451		
Fines, Penalties, and Settlements(Disallowed on Pg 28a)	\$ 6,120		
Late Fees(Disallowed on Pg 28a)	\$ 2,790		
Bank Fees	\$ 4,639		
Non-Allowable Bank Fees(Disallowed on Pg 28a)	\$ 40		
Admin Expense>Startup Costs	\$ (1,837)		
Discriminatory Bonus(Disallowed on Pg 28a)	\$ 5,258		
Employee Relations(Disallowed on Pg28a)	\$ 1,490		
Holiday Party	\$ 350		
Employee Food(Disallowed on Pg 28a)	\$ 1,438		
Total Other Administrative and General	\$ 21,739	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Salmon Brook Rehab and Nursing	License No. 2093	Report for Year Ended 9/30/2020	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #

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

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

			n Page 5)	1		
Name of Facility License			Report for Y		Page of	
Saln	non Brook Rehab and Nursing		2093	9/30/2020	<u> </u>	18 37
	Item		Total	CCNH	RHNS	(Specify)
2.	Dietary					
	a. In-House Preparation & Service					
	1. Raw Food		219,891	219,891		
	2. Non-Food Supplies		\$ 28,115	28,115		
	3. Other (<i>Specify</i>)		\$			
	(1 3)					
	b. Purchased Services (by contract other		80,235	80,235		
	than through Management Services)					
	(Complete Schedule C-2 att. Page 21)					
	c. Other (<i>Specify</i>)		5			
	Other Dietary Supplies					
	,					
2D.	Total Dietary Expenditures $(2a + b + c + d)$		328,241	328,241		
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?	O Yes	•	No		
H.	Did you receive revenue from employees?	O Yes	•	No	If yes, specify amt.	
I.	Where is the revenue received reported in the	Cost Repo	rt? (Page/Line	Item)		
	Is cost of meals provided to persons other				If you specify	
J.	than employees or residents (i.e., Board	O Yes	•	No	If yes, specify	
	Members, Guests) included in 2D?				cost.	
IZ	11	O M	0	NI.	If yes, specify	
K.	Is any revenue collected from these people?	O Yes	•	No	amt.	
L.	Where is the revenue received reported in the	Cost Repo	rt? (Page/Line	Item)		
	Is cost of food (other than meals, e.g.,	1	· · ·	,		
	anacks at monthly staff meetings board	0 11	_		If yes, specify	
M.	meetings) provided to employees included	O Yes	•	No	cost.	
	in 2D?					
					If yes, specify	
N.	Is any revenue collected from employees?	O Yes	•	No	amt.	
	William to all and a second se	G4 D	49 (D. /T.	I4	uiiit.	
O.	Where is the revenue received reported in the	ost Kepo	ri: (Page/Line	nem)		

^{*} 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 Salmon Brook Rehab and Nursing		License	No. 2093	Report for Y 9/30/2020		Page	of 37
Sam	ion brook Kenao and Nursing		2093	9/30/2020		19	31
	Item		Total	CCNH	RHNS	(Spe	cify)
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,	Lbs.					
	gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$					
	Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.					
	processed.***	Amt. \$					
	3. Personal clothing of residents	Lbs.					
	washed, ironed, and/or processed.***	Amt. \$					
	4. Repair and/or purchase of linens.***	Lbs.					
		Amt. \$					
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$					
	c. Other (Specify) Other Supplies	\$	8,487	8,487			
3D.	Total Laundry Expenditures (3a + b + c)	\$	8,487	8,487			
3E.	Laundry Questionnaire						
F.	Is cost of employee laundry included in 3D?	O Yes	•	No	If yes, specify cost.		
G.	Did you receive revenue from employees?	O Yes	•	No	If yes, specify amt.		
H.	Where is the revenue received reported in the Cos	st Report?		(Page/Line	Item)		
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	O Yes	•	No	If yes, specify cost.		
J.	Did you receive revenue from these people?	O Yes	•	No	If yes, specify amt.		
K.	Where is the revenue received reported in the Cos	st 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)

*		License No.	Repo	ort for Year E	nded	Page	of
Saln	non Brook Rehab and Nursing	2093		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.	\$				
	pails, brooms, etc.)						
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att.	Amt.	\$	1,330	1,330		
	Page 21)						
	C. Other (Specify)		\$	20,676	20,676		
	Housekeeping Supplies						
4D.	Total Housekeeping Expenditures (4a +	b+c)	\$	22,006	22,006		
5.	Resident Care (Supplies)**						
	a. Prescription Drugs***						
	1. Own Pharmacy		\$				
	2. Purchased from		\$	307,737	307,737		
	b. Medicine Cabinet Drugs		\$	1,960	1,960		
	c. Medical and Therapeutic Supplies		\$	567	567		
	d. Ambulance/Limousine***		\$				
	e. Oxygen						
	1. For Emergency Use		\$				
	2. Other***		\$	4,078	4,078		
	f. X-rays and Related Radiological		\$	23,679	23,679		
	Procedures***						
	g. Dental (Not dentists who should be inc	luded under	\$				
	salaries or fees)						
	h. Laboratory***		\$	58,865	58,865		
	i. Recreation		\$	21,318	21,318		
	j. Direct Management Services*		\$				
	k. Indirect Management Services*		\$				
	1. Other (Specify)****		\$	210,926	210,926		
	See Attached Schedule						
5M.	Total Resident Care Expenditures (5a - 5	j)	\$	629,130	629,130		

^{*} 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	RH	NS	(Spe	cify)
		0				
Supplies	\$	129,198				
Supplies>COVID19	\$	49,281				
Sanitation & Incineration	\$	618				
Equip-Rental Equip-Rental	\$	21,623				
Data Processing	\$	6,749				
Data Processing>COVID19	\$	774				
Indirect COVID Expense	\$	2,683				
Total Other Resident Care	\$	210,926	\$	-	\$	-

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

				License No.	Report for Year Ended				Page	of
Salmon Brook Rehab and Nu	mon Brook Rehab and Nursing 2093 9/30/2020					21	37			
		Related ** Operators					Total Cost/Page Ref.***		*	ı
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
HealthCare Services Group	Bensalem, PA 19020	0	•	N/A	Dietary Dept. management services	80,235			18	2b
On-time IT Solutions	154 Spring St, Monroe, NY 10950	0	•	N/A	IT	23,140			16	m11
Icon Interior	307 7th Ave 2nd Floor, New York, NY 10001	0	•	N/A	Disinfectant Work	19,568			22	6f
Caretech Group		0	•	N/A	Purchasing company	16,800			16	m11
Eliezer Elephant		•	0	N/A	Administrative services	99,600			16	m11
All Waste Inc.	7 Randolph Rd, Howell,	0	•	N/A	Waste Disposal	28,422			22	6f
LTC Consulting Services	NJ 07731	0	•	N/A	Fiscal Services	168,600			16	m12
	_	0	•							
		0	•							
	_	0	•							
		0	•							
		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

Name of Facility License No.			Report for Y	ear Ended		Page	of
Salı	mon Brook Rehab and Nursing	2093	9/30/2020			22	37
	Item		Total	CCNH	RHNS	(Spe	cify)
6.	Maintenance & Operation of Plant						
	a. Repairs & Maintenance	\$	45,898	45,898			
	b. Heat	\$	16,130	16,130			
	c. Light & Power	\$	389,814	389,814			
	d. Water	\$	47,901	47,901			
	e. Equipment Lease (Provide detail on po	age 6) \$					
	f. Other (itemize)	\$	119,577	119,577			
	See Attached Schedule						
6g.	Total Maint. & Operating Expense (6a -	· 6f) \$	619,320	619,320			
7.	Depreciation (complete schedule page 23	*)					
	a. Land Improvements	\$					
	b. Building & Building Improvements	\$					
	c. Non-Movable Equipment	\$					
	d. Movable Equipment	\$	3,507	3,507			
*7e	. Total Depreciation Costs $(7a + b + c + d)$	() \$	3,507	3,507			
8.	Amortization (Complete att. Schedule Pag	ge 24*)					
	a. Organization Expense	\$	67,675	67,675			
	b. Mortgage Expense	\$					
	c. Leasehold Improvements	\$	16,604	16,604			
	d. Other (Specify)	\$					
*8e	. Total Amortization Costs $(8a + b + c + d)$	l) \$	84,279	84,279			
9.	Rental payments on leased real property le	ess					
	real estate taxes included in item 10b	\$	1,320,000	1,320,000			
10.	Property Taxes						
	a. Real estate taxes paid by owner	\$					
	b. Real estate taxes paid by lessor	\$	122,623	122,623			
	c. Personal property taxes	\$	30,782	30,782			
11.	<i>Total Property Expenses</i> (7e + 8e + 9 +	10) \$	1,561,191	1,561,191			

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
	C		
Supplies	\$ 10,229		
Sanitation & Incineration	\$ 28,422		
Extermination	\$ 2,026		
Snow Removal	\$ 9,704		
Landscaping	\$ 6,042		
Fire Drill	\$ 14,379	1	
Contracted Services	\$ 26,446		
Contracted Services>COVID19	\$ 19,568		
Security	\$ 2,761		
Total Other Repairs and Maintenance	\$ 119,577	\$ -	\$ -

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

Depreciation Schedule

Name of Facility					License No.	iauon Sc	neduie	Report for Year E	nded		Page	of
Salmon Brook Rehab and Nursing					9/30/2020	naca	23	37				
Samon Brook Renau and Ivarsing	anier Breen reme und reasong			20)	<i>3</i>		Accumulated	<u> </u>		23	31	
					Historical Cost	Less		Depreciation to	Method of			
					Exclusive of	Salvage	Cost to Be	Beginning of Year's		Useful	Depreciation	
Property Item					Land	Value	Depreciated	Operations	Depreciation	Life	for This Year	Totals
A. Land Improvements					Land	value	Bepreciated	Operations	Depreciation	Life	Tor Tins Tear	Totals
1. Acquired prior to this report period												
Acquired prior to this report period Disposals (attach schedule)												
3. Acquired during this report period (attact	sh sched	hule)										
A-4. Subtotal	II SCIICC	iuic)										
B. Building and Building Improvements												
Acquired prior to this report period												
Nequired prior to this report period Disposals (attach schedule)												
3. Acquired during this report period (attact	h sched	hile)										
B-4. Subtotal	,,, 50,100)										
C. Non-Movable Equipment												
Acquired prior to this report period												
Nequired prior to this report period Disposals (attach schedule)												
3. Acquired during this report period (attact	h sched	hile)										
C-4. Subtotal	on senec	iaic)										
2 II Succession	Ta a	:1										
		nileage oook						Accumulated				
			Date of A	\ canicition	Historical Cost	Less		Depreciation to	Method of			
	Шаш	ameu:	Date of A	requisition	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	1 68	NO	Month	i ear	Land	value	Depreciated	Teal's Operations	Depreciation	Life	101 THIS Teal	Totals
Motor Vehicles (Specify name, model												
and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period			Var	Var	17,637		17,637	2,029	S/L	Var	1,983	
b. Disposals (attach schedule)												
c. Acquired during this report period												
(attach schedule)			Var	Var	15,516		15,516		S/L	Var	1,524	
D-3. Subtotal												3,507
E. Total Depreciation												3,507

Schedule of Land Improvements Acquired during this report period

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

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:	Description of Item	Cost	Life	Depreciation
ridditions.				
Total additions for Bu	nilding Improvements	\$ -		\$ -
Deletions:				
Total deletions for Bu	ilding Improvements	\$ -		\$ -

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:	Description of item	Cost	Life	Бергестины
ruuitions.				
Total additions for N	Non-Movable Equipment	\$ -		\$ -
Deletions:				
Total deletions for N	l Non-Movable Equipment	\$ -		\$ -

^{*}Ties to Page 23, Line C3

^{**}Ties to Page 23, Line A2

^{**}Ties to Page 23, Line B2

^{**}Ties to Page 23, Line C2

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
Var	See Attachment	15,516	Var	152
			_	
Total additions for	Movable Equipment	\$ 15,510	5	\$ 1,524
Deletions:				
Total dalettana fon	Movable Equipment	\$ -		\$ -

^{*}Ties to Page 23, Line D2c **Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item		Cost	Useful Life	Depreciation		
Additions:	Description of item	1	Cusi	Life	Берг	cciation	
Auditions.	See Attachment	\$	56,863	Var	\$	3,866	
	See Attachment	Ψ	50,005	vai	Ψ	3,000	

^{**}Ties to Page 23, Line D2b

	ment Pages 23 24
3,866	*

						ment Pages 23 2
Total additions for I	easehold Improvement	\$ 56	,863	\$	3,866	*
Deletions:						
Total deletions for L	easehold Improvement	\$	-	\$	-	**
						•

^{*}Ties to Page 24, Line C3
**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name	of Facility		License No.		Report for Year	r Ended	Page	of		
Salmo	on Brook Rehab and Nursing			2093		9/30/2020			24	37
						Accumulated				
		e of			Amort. to					
		Acqui	sition			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. Startup Costs	10	2019	Var	92,800	33,229	S/L		67,675	
	2.									
	3.									
A-4.	Subtotal									67,675
B.	Mortgage Expense									
	1.									
	2.									
	3.									
B-4.	Subtotal									
C.	Leasehold Improvements and Other									
	1. Acquired prior to this report period	Var	Var		81,793	12,738	S/L	Var	12,738	
	2. Disposals (attach schedule)									
	3. Acquired during this report period									
(attach schedule) Var			Var		56,863		S/L	Var	3,866	
C-4. Subtotal									16,604	
D.	Total Amortization									84,279

^{*} Straight-line method must be 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.

^{**} Specify which of the following bases were used:

Salmon Brook FIXED ASSET / DEPRECIATION SCHEDULE

Water State 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					Historical	Total	2019	2019	2020	2020 A/D	
Company			Date In Service	Method Li	e Cost		Deprec.	A/D	Deprec.	A/D	NBV
Company Comp											
Company Comp											
Tagger of the first property of the control of the	ommercial Door and Handware bitches door	Leasehold Improvements Leasehold Improvements						58		122 116	1
Tagger of the first property of the control of the	oastal Mechanical Services: new pump, bell gasket	Leasehold Improvements	6/6/2019	S/L 1	1,444	1,444	144	144	144	288	
Tagger of the first property of the control of the	oastal Mechanical Services: replace kitchen compressor Mich Fouriment: incell a contantor	Leasehold Improvements Leasehold Improvements		S/L 1	3,451	3,451 1,971	288 197	288 197	288 197	576 394	1
The stands of the plane of the	or Equipment Service and Pagain LLC; amendance maning on our line, unabound the completes	Leasehold Improvements	6/29/2019	S/L 2	1,214	1.214	49			98	
The stands of the plane of the	ridgeLine Global Solutions: cross connects	Leasehold Improvements	5/9/2019	S/L 1	1,177	1,177	118	118	118	236	
The stands of the properties of the stands of the properties of the stands of the stan				S/L 1	964			64		128	
Seminar selection of the selection of th	oustal Mechanical Services: replace belt on dishwasher, fix leak on discharge line, charge chiller with R-22, straighten out fins on chiller, blow out drain line and raise tubing	Leasehold Improvements	8/2/2019	S/L 1	7,735	7,735	774	774	774	1548	
The stands of th		Leasehold Improvements	8/5/2019	S/L 1	3,669	3,669	367	367	367	734	
The stands of th	All Enterprises each basin repair	Leasehold Improvements	8/6/2019	S/L I	2,600	2,600	173	173		346	
Tree to the parties of the parties o	oastal Mechanical Services: installed fan cycling switch and filter on unit	Leasehold Improvements	8/21/2019	S/L 1	1,135	1,135		76 113			
Mary Mary Mary Mary Mary Mary Mary Mary				_		,	2,	-,	4,		
Contact Cont		Capital Lease	5/1/2019	S/L	50,184 50,184	50,184 50,184	10,037 10,037	10,037 10,037	10,037	20074	
Content Cont	MYLO Plumbine & Heatine: fixed pinine	Leasehold Improvements	10/9/2019	S/L 2	796	796	0	0			
Content Cont	Accurate Commercial Door and Hardware: part 1/3 to install panie exit and parts on rehab room doors	Leasehold Improvements	10/17/2019	S/L 1	551	551	0	0	37	37	
Control Cont	MYLO Planning & Heating: type trap on sink; flasper and tank lever on toilet	Leasehold Improvements	11/12/2019	S/L 1	713	713	0	0	71	71	
Case	Accurate Commercial Door and Hardware: Install panic exit and bolts on doors (part 3/3)	Lascahold Improvements	11/14/2019	S/L 1	1,102	1.102	0	0	73	73	
Case	Johnson Controls Fire Protection LP: installation and programming of a new smoke detector	Leasehold Improvements			1,361	1,361	0	0	91	91	
Case	Addresh Equipment: 2 Earto power cetts Constal Mechanical Services: new electric baseboard and theramostat	Leasehold Improvements	12/1/2019	S/L 1	2.018	2.018	0	0	202	202	
Case	Coastal Mechanical Services: replaced main controller and drive power circuit boards	Leasehold Improvements	12/1/2019	S/L 1	1,665	1,665	0	0	166	166	
Contact Cont	Coastal Mechanical Services: changed heater elements and drained water	Leasehold Improvements	12/1/2019	S/L 1	1,198	1,198	0	0	120	120	
Margine Campa Ca		Lascabold Improvements	12/1/2019	S/L 1	1,339	1,339		0	89	89 57	
Margin (which shows and speciments 1970	CAG Electrical Company, Inc.: new circuit	Leasehold Improvements	1/17/2020	S/L 1	932	932	0	0	62	62	
Marting Camp	BridgeLine Global Solutions: add 3 extensions	Leasehold Improvements					0	0		58	
Marting Camp	Coastal Mechanical Services: installed new motor, wheel, and bracket Addrés Equinment: install movem cells card counted when for for worker	Leasehold Improvements	2/1/2020	S/L 1 S/I '	3,156	3,156	0	0	210	210	
Mile	H&E Enterprise: new flooring	Leasehold Improvements	2/6/2020	S/L 2	5,600	5,600	0	0	280	280	
Mile Property of the content of	CAG Electrical Company, Inc.: install trup with clean-out	Leasehold Improvements	2/14/2020	S/L 1	1,967	1.967	0	0	197	197	
Mile Property of the content of		Leasehold Improvements		S/L 1	670	670	0	0	67	67	
Mile Property of the content of	MYLO Pambing & Heating: replaced taseet and p-trap MYLO Pambing & Heating: Reduced backflow & exunsion tank.	Leasehold Improvements	3/3/2020	C/T 2	2.060	2.060	0	0	25 103	25 103	
March Marc	State-wide Electric, Inc.: installed new dimmers	Leasehold Improvements		S/L 1	689	689	0	0	46	46	
Each of proper probable base 1.0 mo. 1.0		Leasehold Improvements	3/16/2020	S/L 1	1,340	1,340	0	0	89	89	
Each of proper greate bear bear of the control of	MYLO Plumbing & Heating: new sink	Leasehold Improvements		S/L 2	606	606	0	0		30	
Each of Care in proper greate bear bear from the Care in Car	MYLO Prumbing & Heating: replaced fused Automotic Date fower less new door	Leasehold Improvements Leasehold Improvements	3/26/2020 4/8/2020	S/L 2	1 441	1 441	0	0	26 96	26 96	
Cand Marken when changed design and several marked design and several marked design and several marked several	Hartford Sprinkler Co. inc.: replace sprinkler heads	Leasehold Improvements	4/21/2020	S/L 2	3,752	3,752	0	0		188	
Came of the present price of general and contact and closed and contact and closed and contact and closed and contact and closed a	Constal Mechanical Services: new ice machine level control	Leasehold Improvements		S/L 1	1,221	1,221	0	0	81	81	
Camerical Engineering 1,200 1,00	Coastal Mechanical Services: new heater element	Leasehold Improvements	6/1/2020	S/L 1	1,152	1,152	0	0	77	77	
Camerical Engineering 1,200 1,00		Leasehold Improvements	6/30/2020	S/L I	8,182	8,182	0	0	545	545	
	Coastal - new part to fix ice machine, new motor installed on chiller and cleaned coils									50	
TOTAL EXEMPLY PROPERTY PROPERT		Leasehold Improvements	8/1/2020	S/L 2	1,000	1,000	0	0	50		
MASS 1848 1878 1878 1848 1878	Welch Roofing: fixed AC, roof Constal Mechanical Services: New DHW tank installed	Leasehold Improvements Leasehold Improvements	8/1/2020 8/20/2020	S/L 2 S/L 2	1,000 3,403	1,000 3,403	0	0	170	170	
### Parties Pa	Welsh Brofing field AC, noof County of the	Leasehold Improvements Leasehold Improvements	8/1/2020 8/20/2020	S/L 2 S/L 2 S/L 1	543 56,863	1,000 3,403 543 56,863	12,738	12,738	54 3,866	54 3,866	
### Parties, Fisters & Expinent ### State Parties, Fisters & Expinent ###	Wickli Belonding Rend AC, roof Wickli Belonding Rend AC, roof Belonding Rend Render	Leasehold Improvements Leasehold Improvements	8/1/2020 8/20/2020	S/L 2 S/L 2 S/L 1	543 56,863	1,000 3,403 543 56,863	12,738	12,738	54 3,866	54 3,866	
Parties Part	Wickli Belonding Rend AC, roof Wickli Belonding Rend AC, roof Belonding Rend Render	Leasehold Improvements Leasehold Improvements	8/1/2020 8/20/2020	S/L 2 S/L 2 S/L 1	543 56,863	1,000 3,403 543 56,863	12,738	12,738	54 3,866	54 3,866	5
Paraller	Wickle Bording Rend AC, roof or The Unit insulated Committee with Electric Ren and Electric Rend Rend Rend Rend Rend Rend Rend Rend	Leasehold Improvements Leasehold Improvements	8/1/2020 8/20/2020	S/L 2 S/L 2 S/L 1	543 56,863	1,000 3,403 543 56,863	12,738	12,738	54 3,866	54 3,866	5
Parenter Februar & Februar Feb	Wick Bording Red AC, over Wick Bording Red AC, over The Wick Bordi	Leasehold Improvements Leasehold Improvements	8/1/2020 8/20/2020	S/L 2 S/L 2 S/L 1	543 56,863	1,000 3,403 543 56,863	12,738	12,738	54 3,866	54 3,866	5
Disposition of Engineers (Control Engineers) Control Engineers) Control Engineers) Control Engineers) Control Engineers (Control Engineers) Control Engineers)	Wick Bording Red AC, over Wick Bording Red AC, over The Wick Bordi	Leasehold Improvements Leasehold Improvements	8/1/2020 8/20/2020	S/L 2 S/L 2 S/L 1	543 56,863	1,000 3,403 543 56,863	12,738	12,738	54 3,866	54 3,866	5
Disposition of Engineers (Parish Engineers (Pa	Weds Bording Break AC. node TWO May be a seed that the seed of th	Leacheld Improvements Leacheld Improvements Leacheld Improvements	8/1/2020 8/20/2020 9/3/2020	S/L 1	543 56,863 138,656	1,000 3,403 543 56,863 138,656	-	:	34 3,866 16,604	54 3,866 29,342	
Part Campon Flandeurs S.13,099 SEL S. 184 Bible 184	Wick Bording Read AC, and Wick Bording Read	Leachold Improvements Leachold Improvements Leachold Improvements Furniture, Fixtures & Equipment Furniture, Fixtures & Equipment	8/1/2020 8/20/2020 9/3/2020 5/23/2019 5/23/2019	S/L 1	543 56,863 138,656	1,000 3,403 543 56,863 138,656	43 38	43 38	54 3,866 16,604	54 3,366 29,342 29,342	
Parish P	Weds Bording Rend AC. and Weds Bording Weds Weds Weds Bording Weds Bording Weds Weds Weds Weds Weds Weds Weds Weds	Leachold Improvements Leachold Improvements Leachold Improvements Furniture, Fixtures & Equipment Furniture, Fixtures & Equipment	8/1/2020 9/3/2020 9/3/2020 5/23/2019 5/23/2019 5/23/2019	S/L 1	543 56,863 138,656	1,000 3,403 543 56,863 138,656	43 38 181	43 38	3,866 16,604 43 38 181	3,366 29,342 29,342	
Part	Weds Bording Rend AC. and Weds Bording Weds Weds Weds Bording Weds Bording Weds Weds Weds Weds Weds Weds Weds Weds	Leachold Improvements Leachold Improvements Leachold Improvements Furniture, Fixtures & Equipment Furniture, Fixtures & Equipment	8/1/2020 9/3/2020 9/3/2020 5/23/2019 5/23/2019 5/23/2019	S/L 1	543 56,863 138,656	1,000 3,403 543 56,863 138,656	43 38 181 908	- - - - - - - - - - - - - - - - - - -	3,866 16,604 16,604 43 38 181 808	54 3,366 29,342 86 76 362 1616	10
Sales Lee Tax Auscient with Monthle Equipment siles we Tax Auscient with Monthle Equipment sales we Tax Auscient with Monthle Equipment Sales Lee Tax Ver St. 18 3,10 31 31 31 62 52 52 52 52 52 52 52 52 52 52 52 52 52	Wickle Bording Red AC, used To Many Common C	Leachold Improvements Leachold Improvements Leachold Improvements Leachold Improvements Furniture, Fixtures & Equipment Furniture, Fixtures & Equipment Furniture, Fixtures & Equipment Furniture, Fixtures & Equipment Committee, Fixtures & Equipment Commi	\$7,7(20) 9,372(20) 9,372(20) 9,372(20) 5,23,20) 5,2	S/L 1	543 56,863 138,656 138,656	1,000 3,403 543 56,863 138,656 138,656	43 38 181 500 1,070	43 38 181 398 1,070	3,866 16,694 16,694 43 38 181 808 1,970	3,866 29,342 29,342 866 76 362 1616 2,140	10
Paraliter, Fixture, A Equipment 123,000 St. 10 574 374 375 57 57 57 57 57 57 5	Wickle Bording Red AC, used To Many Common C	Leaschold Improvements Leaschold Improvements Leaschold Improvements Furniture, Fixtures & Equipment Computer Hardware Computer Hardware Computer Hardware Computer Hardware Computer Hardware	\$7,7(20) 9,372(20) 9,372(20) 9,372(20) 5,23,20) 5,2	S/L 1 S/L 2 S/L 2 S/L 1 S/L 1 S/L 1	543 56,863 138,656 138,656	1,000 3,403 543 56,863 138,656 138,656	43 38 181 508 1,670	43 38 181 808 1,070	54 3,866 16,604 43 38 181 808 1,070 167 128	3,866 29,342 29,342 86 76 362 1616 2,140 334 226	10
Paralle Para	Wickle Bording Red AC, used To Many Common C	Leaschold Improvements Leaschold Improvements Leaschold Improvements Furniture, Fixtures & Equipment Computer Hardware Computer Hardware Computer Hardware Computer Hardware Computer Hardware	\$7,7(20) 9,372(20) 9,372(20) 9,372(20) 5,23,20) 5,2	S/L 1 S/L 2 S/L 2 S/L 1 S/L 1 S/L 1	543 56,863 138,656 138,656 8,868 761 1,1307 8,083 11,519 836 638 1,334	1,000 3,403 543 56,863 138,656 138,656 868 761 1,807 8,083 11,519 836 638 1,534	43 38 181 308 1,070 167 128 307	43 38 181 898 1,070 167 128 397	54 3,866 16,604 16,604 43 38 181 181 181 167 128 307	3,866 29,342 29,342 866 76 362 1616 2,140 334 226 614	10
Furniss Furn	Wish Booking Read AC, and TRUE BY THE WASHINGTON THE STATE OF THE WASHINGTON THE STATE OF THE S	Leaschold Improvements Leaschold Improvements Leaschold Improvements Fundamer, Fixtures & Equipment Furniture, Fixtures & Equipment Furniture, Fixtures & Equipment Furniture, Fixtures & Equipment Furniture, Fixtures & Equipment Computer Hardware Computer Hardware Computer Hardware Computer Hardware	8/1/200 9/3/200 9/3/200 5/3/200 5/3/200 5/3/200 5/3/200 5/3/200 5/3/200 5/3/200 5/3/200 5/3/200 5/3/200 5/3/200 5/3/200 5/3/200 5/3/200 5/3/200 5/3/200	S/L 2 S/L 2 S/L 2 S/L 1 S/L 1 S/L 5 S/L 5	543 56,863 138,656 138,656 138,656 138,156 1,761	1,000 3,403 543 56,863 138,656 138,656 868 761 1,807 8,083 11,519 816 638 1,534 3,008	43 38 181 808 1,070 167 128 307 602	43 38 181 808 1,070 167 128 307 602	54 3,866 16,604 16,604 43 38 181 181 181 167 128 307 602	3,866 29,342 29,342 866 76 362 1616 2,140 234 256 614 1,294	10
Furniss Furn	Wick Booking Red AC, and Wick Booking Red AC,	Leaschold Improvements Leaschold Improvements Leaschold Improvements Fundamer, Fixtures & Equipment Furniture, Fixtures & Equipment Furniture, Fixtures & Equipment Furniture, Fixtures & Equipment Furniture, Fixtures & Equipment Computer Hardware Computer Hardware Computer Hardware Computer Hardware	8/1/200 9/3/200 9/3/200 5/3/200 5/3/200 5/3/200 5/3/200 5/3/200 5/3/200 5/3/200 5/3/200 5/3/200 5/3/200 5/3/200 5/3/200 5/3/200 5/3/200 5/3/200 5/3/200	S/L 2 S/L 2 S/L 2 S/L 1 S/L 1 S/L 5 S/L 5	543 56,863 138,656 138,656 138,656 138,156 1,761	1,000 3,403 543 56,863 138,656 138,656 868 761 1,807 8,083 11,519 816 638 1,534 3,008	43 38 181 808 1,070 167 128 307 602	43 38 181 808 1,070 167 128 307 602	54 3,866 16,604 16,604 43 38 181 181 181 167 128 307 602	3,866 29,342 29,342 866 76 362 1616 2,140 234 256 614 1,294	10
Secret from Manuface - works boan A manuface Secret from Secre	Weds Broding Rend AC, and TWIN town insuffed State-side Electric, flor: removed ordered and of the State-side Electric, flor: removed ordered and of the State-side Electric, flor: removed ordered and of the State-side Electric flore Electric flore State-side Electric flore Stat	Leachold Improvements Leachold Improvements Leachold Improvements Fundame, Finance & Equipment Purlant, Finance & Equipment Purlant, Finance & Equipment Fundame, Finance & Equipment Fundame, Finance & Equipment Compute Hardware Compute Hardwar	\$1/200 \$0.2000	S/L 1 S/L 2 S/L 2 S/L 1 S/L 1 S/L 2 S/L 1	543 56,863 138,656 138,656 1 1,307 8,683 11,519 8,363 11,519 3,108 3,110	1,000 3,403 54,3 56,863 138,656 138,656 868 761 1,307 8,083 11,519 8,36 6,38 1,54 3,108	43 38 181 808 1,070 167 128 307 602	43 38 181 808 1,070 167 128 307 602	54 3,866 16,604 43 38 181 808 1,976 167 128 327 602 311	54 3,866 29,342 29,342 86 76 362 1616 2,140 334 226 614 1,294 622	10
Second from functions - protection for financiary - protection functions and product of the protection of the protecti	Weds Broding Rend AC, and TWIN town insuffed State-side Electric, flor: removed ordered and of the State-side Electric, flor: removed ordered and of the State-side Electric, flor: removed ordered and of the State-side Electric flore Electric flore State-side Electric flore Stat	Leachold Improvements Leachold Improvements Leachold Improvements Leachold Improvements Furniture, Fixtures & Equipment Computer Hardware Computer Hardware Computer Hardware Sales Use Tax Furniture, Fixtures & Equipment	\$1/200 93/2009 93/2009 93/2009 93/2009 93/2009 93/2009 93/2009 93/2009 93/2009 73/2009 73/2009 73/2009	S/L 1 S/L 2 S/L 2 S/L 1 S/L 1 S/L 1 S/L 1 S/L 1	543 56,863 138,656 138,656 138,656 138,656 138,151 1,519 836 638 1,534 1,534 3,108 3,110	1,000 3,403 543 56,863 138,656 138,656 868 761 1,807 11,519 816 638 1,514 3,008 3,110	43 38 181 808 1,070 167 128 307 602	43 38 181 808 1,070 167 128 307 602	54 3,866 16,604 43 38 181 808 1,976 167 128 327 602 311	54 3,866 29,342 29,342 86 76 362 1616 2,140 334 226 614 1,294 622	10
pair epite of pair patrices and best detectors Furniture Future & Equipment S12,000 S1 18,01 18,	Weds Broding Rend AC, and Weds Broding Rend AC, and OTAL LEASH FOR THE WEDS WEDS WEDS WEDS WEDS WEDS WEDS WED	Leachold Improvements Leachold Improvements Leachold Improvements Furniture, Fixtures & Equipment Furniture, Fixtures & Equipment Furniture, Fixtures & Equipment Furniture, Fixtures & Equipment Computer Handware Computer Handware Computer Handware Furniture, Fixtures & Equipment Furniture, Fixtures & Equipment Furniture, Fixtures & Equipment Furniture, Fixtures & Equipment	8/1/2009 9/3/2009 9/3/2009 9/3/2009 9/3/2009 3/2/2009 9/19/2019 7/18/2019 Var	S/L 1 S/L 2 S/L 2 S/L 1 S/L 1 S/L 1 S/L 1 S/L 1	543 56,863 138,656 138,656 138,656 138,656 138,1519 836 638 1,534 1,534 3,108 3,110	1,000 3,403 543 56,863 138,656 138,656 868 761 1,807 1,519 8,083 1,514 3,008 3,110	43 38 181 808 1,070 167 128 307 602	43 38 181 808 1,070 167 128 307 602	54 3,866 16,604 43 38 181 808 1,976 167 128 327 602 311	54 3,866 29,342 29,342 86 76 362 1616 2,140 334 226 614 1,294 622	10
Purstange Purs	Weds Broding Rend AC, and Weds Broding Rend AC, and OTAL LEASH FOR THE WEDS WEDS WEDS WEDS WEDS WEDS WEDS WED	Leachold Improvements Leachold Improvements Leachold Improvements Furniture, Fixtures & Equipment Computer Hardware Computer Hardware Computer Hardware Computer Hardware Furniture, Fixtures & Equipment	81/2/200 9/3/2	S/L 2 S/L 2 S/L 2 S/L 1	543 56,863 138,656 138,656 138,656 1361 1,519 1,	1,000 3,403 543 56,863 138,456 138,456 138,456 1,807 8,083 11,519 8,16 6,58 1,207 8,108 1,207 8,108 1,207 8,108 1,207 8,108 1,207 8,108 1,207 8,108 1,207 8,108 1,207 8,108 1,207 8,108 1,207 8,108 1,208 1,	43 38 181 808 1,070 167 128 307 602	43 38 181 808 1,070 167 128 307 602	54 3,866 16,694 43 38 181 181 167 128 307 602 311	34 3,866 29,342 29,342 86 76 362 1616 2,140 334 622 57 81 1,294	10
Pursiture, Tatement Alignapement Spring Sp	Weds Bording Rend AC. and Weds Bording Rend AC. and OTAL EXSTOLE INTROVEMENTS OTAL EXSTOLE INTROVEMENTS ONAMOVABLE EQUIPMENT OTAL EXCEPTION OF THE PROPERTY OTAL NON-MOVABLE EQUIPMENT OTAL EXCEPTION OF THE PROPERTY OTAL NON-MOVABLE EQUIPMENT OTAL EXCEPTION OF THE PROPERTY OTAL EXCEPTION OF THE PROPERTY OTAL EXCEPTION OF THE PROPERTY OTAL EXCEPTION OF THE PROPERTY OF TH	Leaschold Improvements Leaschold Improvements Leaschold Improvements Fundare, Fixtures & Equipment Fundare, Fixtures & Equipment Fundare, Fixtures & Equipment Fundare, Fixtures & Equipment Computer Hardware Computer Hardware Computer Hardware Fundare, Fixtures & Equipment	81/2/200 9/3/2	S/L 2 S/L 2 S/L 2 S/L 1	543 56,863 138,656 138,656 138,656 1361 1,519 1,	1,000 3,403 54,55 6,863 138,656 368 761 1,507 1,507 1,507 1,507 1,507 1,507 3,109 3,10 3,10 3,10 3,10 3,10 3,10 3,10 3,10	43 38 181 808 1,070 167 128 307 602	43 38 181 808 1,070 167 128 307 602	54 3,866 16,604 16,604 43 38 181 808 1,070 602 311 57 81 35 84	54 3,866 29,342 29,342 366 76 362 2,140 334 256 614 1,294 622 57 81 35 83 84	
Modest Equipment Equipment Modest Equipment E	WIGH EAGING FROM A. COME. THE ANALOSE TO THE WAS INCIDENT TO THE	Leasehold Improvements Leasehold Improvements Leasehold Improvements Fundame, Fixtures & Equipment Furniture, Fixtures & Equipment Furniture, Fixtures & Equipment Furniture, Fixtures & Equipment Furniture, Fixtures & Equipment Computer Hardware Computer Hardware Computer Hardware Furniture, Fixtures & Equipment	\$1/200 \$13/200	S/L 1 S/L 2 S/L 2 S/L 1	543 56,863 138,656 138,656 138,656 1561 1,1507 8,083 1,1514 3,088 3,116 574 807 526 839 2,413 1,483 1,483	1,000 3,400 3,400 105,863 138,656 138,656 138,656 1,507 1,50	43 38 181 808 1,070 167 128 307 602	43 38 181 808 1,070 167 128 307 602	54 3,366 16,664 16,664 43 38 181 181 187 167 167 602 311 57 81 81 81 81 81 81 81 81 81 81 81 81 81	54 3,366 29,342 29,342 366 367 369 361 2,140 334 226 614 1,204 622 577 81 35 36 36 37 38 39 39 39 39 39 39 39 39 39 39	
Medical Epiquenet 111/2019 ST 15 531	Weds Bording Rend AC. and Weds Bording Rend AC. and OTAL EASSHOLD INFROVEMENTS ONADVABLE EQUIPMENT OTAL EASSHOLD INFROVEMENTS ONADVABLE EQUIPMENT OTAL EASSHOLD INFROVEMENTS OTAL EASSHOLD INFROVEMENTS OTAL EASSHOLD INFROVEMENTS OTAL EASSHOLD INFROVEMENTS OTAL EXAMINED TO THE EQUIPMENT OTAL EXAMINED TO THE E	Leasehold Improvements Leasehold Improvements Leasehold Improvements Fundame, Fixtures & Equipment Furniture, Fixtures & Equipment Furniture, Fixtures & Equipment Furniture, Fixtures & Equipment Furniture, Fixtures & Equipment Computer Hardware Computer Hardware Computer Hardware Furniture, Fixtures & Equipment	81/2/200 9:3/200 9:3/200 9:3/200 5:3/2/200 5:3/2/200 5:3/2/200 9:3/2/200 5:3	S/L 1 S/L 2 S/L 2 S/L 1	543 56,863 138,656 138,656 138,656 1561 1,1507 8,083 1,1514 3,088 3,116 574 807 526 839 2,413 1,483 1,483	1,000 3,400 3,400 105,863 138,656 138,656 138,656 1,507 1,50	43 38 181 808 1,070 167 128 307 602	43 38 181 808 1,070 167 128 307 602	54 3,366 16,664 16,664 43 38 181 181 187 167 167 602 311 57 81 81 81 81 81 81 81 81 81 81 81 81 81	54 3,366 29,342 29,342 366 367 369 361 2,140 334 226 614 1,204 622 577 81 35 36 36 37 38 39 39 39 39 39 39 39 39 39 39	10
Medical Equipment des Trainma Series Handbreigh indicator on scale in the Trainma Series Handbreigh in th	Weds Bording Rend AC. and Weds Bording Rend AC. and OTAL EASSHOLD INFROVEMENTS ONADVABLE EQUIPMENT OTAL EASSHOLD INFROVEMENTS ONADVABLE EQUIPMENT OTAL EASSHOLD INFROVEMENTS OTAL EASSHOLD INFROVEMENTS OTAL EASSHOLD INFROVEMENTS OTAL EASSHOLD INFROVEMENTS OTAL EXAMINED TO THE EQUIPMENT OTAL EXAMINED TO THE E	Leasehold Improvements Leasehold Improvements Leasehold Improvements Fundame, Fixtures & Equipment Furniture, Fixtures & Equipment Furniture, Fixtures & Equipment Furniture, Fixtures & Equipment Furniture, Fixtures & Equipment Computer Hardware Computer Hardware Computer Hardware Furniture, Fixtures & Equipment	81/2/200 9:3/200 9:3/200 9:3/200 5:3/2/200 5:3/2/200 5:3/2/200 9:3/2/200 5:3	S/L 1 S/L 2 S/L 2 S/L 1 S/L 1 S/L 5 S/L 1	543 56,863 138,656 256,863 136,156 1,867 1,1519	1,000 3,400 56,863 138,656 138,656 138,656 138,656 1,007 1,0	43 38 181 808 1,070 167 128 307 602	43 38 181 808 1,070 167 128 307 602	54 3,366 16,664 16,664 41 38 181 181 187 507 602 311 57 81 35 84 44 44 145 99 99 99 99 99 84 145	54 3,366 229,342 29,342 229,342 362 2,140 334 1616 1616 1616 1617 1618 1618 1618 1618	16
Sales Tark computer Sales Tark (1702) 8 T. 10 189 19 19 19 19 19 19 19 19 19 19 19 19 19	Width Ending Rend AC, and The TRY with installed State-wide Enterin, for: removelcoursered electrical anties OTAL LEASERIOL INPROVENINTS OCHANICATION AND AND AND AND AND AND AND AND AND AN	Learchold Improvements Learchold Improvements Learchold Improvements Learchold Improvements Furniture, Fixtures & Equipment Computer Hardware Computer Hardware Computer Hardware Computer Hardware Furniture, Fixtures & Equipment	81/2/200 9/3/200 9/3/200 9/3/200 9/3/200 5/	SL 2 SL 1	543 56,863 138,656 100,000	1,000 54,845 1138,466 1138,466 1138,466 1138,466 114,000 114,0	43 38 181 808 1,070 167 128 307 602	43 38 181 808 1,070 167 128 307 602	54 3,866 16,604 43 38 181 181 180 127 218 307 311 218 307 31 311 308 307 31 313 314 319 319 317 317 317 317 317 317 317 317 317 317	54 3,366 29,342 86 76 76 76 76 76 76 76 76 76 76 76 76 76	16
English Component Headware 69200 SE 3 1,118 1,118 373 373 373 374	Width Ending Rend AC, and The TRY with installed State-wide Enterin, for: removelcoursered electrical anties OTAL LEASERIOL INPROVENINTS OCHANICATION AND AND AND AND AND AND AND AND AND AN	Learchold Improvements Learchold Improvements Learchold Improvements Learchold Improvements Furniture, Fixtures & Equipment Computer Hardware Computer Hardware Computer Hardware Computer Hardware Furniture, Fixtures & Equipment	81/2/200 9/3/200 9/3/200 9/3/200 9/3/200 5/	SL 2 SL 1	543 54,863 138,656 868 761 1,899 1,159 1,599 2,513 3,110 574 587 2,213 1,283	1,000 54,863 54,863 118,456 11	43 38 181 808 1,070 167 128 307 602	43 38 181 808 1,070 167 128 307 602	54 3,366 16,664 43 38 1,679 107 128 207 211 211 27 81 149 99 99 99 99 99 99 99 99 99	54 3,366 22,342 29,342 29,342 366 362 362 366 364 364 364 364 364 364 364 364 364	16
Salos Tax 69/200 SL 2 71 71 21 24 32 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Wish Ending Reta AC, and STARL EAST-INDER INTEROCULATION TO THE WAS INSIDED STARL EAST-INDER INTEROCULATION ON-MOVABLE EQUIPMENT OTAL EAST-INDER INTEROCULATION ON-MOVABLE EQUIPMENT OTAL NON-MOVABLE EQUIPMENT OTAL NON-MOVABLE EQUIPMENT OTAL REQUIPMENT OTAL	Leaschold Improvements Leaschold Improvements Leaschold Improvements Leaschold Improvements Furniture, Fixtures & Equipment Furniture, Fixtures & Equipment Furniture, Fixtures & Equipment Furniture, Fixtures & Equipment Computer Hardware Computer Hardware Computer Hardware Computer Hardware Furniture, Fixtures & Equipment Moduel Equipment	8712009 9712009 9712009 9712009 9712009 9712009 97132009 97132009 97132009 97132009 97132009 97132009 97132009 97132009 97132009 97132009 97132009	SL 1	543 55,863 138,556 138,556 138,556 138,556 138,556 148,557 148,557 148,557 148,557 148,557 148,557 148,557 148,557 148,557 148,557 148,557 148,557 148,557 148,557 158,557 168,557	1,000 10 10 10 10 10 10 10 10 10 10 10 10	43 38 181 808 1,070 167 128 307 602	43 38 181 808 1,070 167 128 307 602	54 1 3,366 4 16,664 4 3 3 3 6 6 7 6 7 6 7 6 7 6 7 6 7 7 6 6 7 7 7 6 6 7 7 7 6 6 7 7 7 7 6 7	54 3,366 29,342 86 86 76 1616 1,184 62 57 81 13 14 14 14 14 14 14 14 14 14 14 14 14 14	16
des the Tax Amoriand wi Morabh Equipment Sales the Tax Vor St. 10 470 470 470 47 47 OTAL MOVABLE POLIPHENT Sales the Tax Amoriand wi Morabh Equipment Sales the Tax Vor St. 10 470 470 470 470 470 470 470 470 470 47	Wish Ending Reta AC, and STARL EAST-INDER INTEROCULATION TO THE WAS INSIDED STARL EAST-INDER INTEROCULATION ON-MOVABLE EQUIPMENT OTAL EAST-INDER INTEROCULATION ON-MOVABLE EQUIPMENT OTAL NON-MOVABLE EQUIPMENT OTAL NON-MOVABLE EQUIPMENT OTAL REQUIPMENT OTAL	Leasehold Improvements Leasehold Improvements Leasehold Improvements Leasehold Improvements Fundame, Finance & Equipment Computer Hardware Computer Hardware Computer Hardware Computer Hardware Computer Hardware Fundame, Finance & Equipment Modelal Equipment Modelal Equipment Modelal Equipment Computer Hardware	81/2/200 9/12/200 9/12/200 9/12/200 9/12/200 9/12/200 9/13/2009 9/13/2009 9/13/2009 1/14/200 1/14/200	SL 1 SL 2	503 54,863 5	1.000 10 10 10 10 10 10 10 10 10 10 10 10	43 38 181 808 1,070 167 128 307 602	43 38 181 808 1,070 167 128 307 602	54 3,366 16,464	54 3,366 29,342 29,342 366 366 366 366 366 366 366 366 366 36	5
TOTAL MOVABLE LOQUIPMENT 33,153 3,155 1,965 1,965 3,564 5,537 2,507	Width Ending Retal AC. and TRUE BY THE STATE OF THE WAS INSIDED THE LEMENTE INFROVENINTS ON MOVABLE EQUIPMENT OTAL LEMENTE DUPPONY MINTS OTAL NON-MOVABLE EQUIPMENT OTAL NON-MOVABLE EQUIPMENT OTAL NON-MOVABLE EQUIPMENT OTAL NON-MOVABLE EQUIPMENT OTAL RETURN OF THE STATE OF T	Leasehold Improvements Leasehold Improvements Leasehold Improvements Leasehold Improvements Fundame, Finance & Equipment Computer Hardware Computer Hardware Computer Hardware Computer Hardware Computer Hardware Fundame, Finance & Equipment Modelal Equipment Modelal Equipment Modelal Equipment Computer Hardware	81/2/200 9/12/200 9/12/200 9/12/200 9/12/200 9/12/200 9/13/2009 9/13/2009 9/13/2009 1/14/200 1/14/200	SL 1 SL 2	563 54,863 54,863 564 564 564 564 564 565 565 565 565 565	1,000 10 10 10 10 10 10 10 10 10 10 10 10	43 38 181 808 1,070 167 128 307 602	43 38 181 808 1,070 167 128 307 602	54 1 3,366 1 16,664 1	54 3,366 29,342 29,342 366 366 367 362 32,489 31,284 41,28	16
TARTIFE COSTS Surtup Cost 51/2019 S1 02,000 02,000 13,229 03,02 10,004 0. 72,000 92,000 33,229 02,05 10,004 0. 72,000 92,000 33,229 02,05 10,004 0. 72,000 92,000 32,029 02,000 33,229 02,05 10,004 0. 72,000 92,000 3	Wish Ending Read AC. and TRUE WISH STATES AND	Leaschold Improvements Leaschold Improvements Leaschold Improvements Leaschold Improvements Furniture, Fixtures & Equipment Computer Hardware Computer Hardware Computer Hardware Furniture, Fixtures & Equipment Furniture, F	87/2/200 9/9/2/200 9/9/2/200 9/9/2/200 9/9/2/200 5/12/2019 5/12/2019 5/12/2019 5/12/2019 5/12/2019 5/12/2019 5/12/2019 5/12/2019 5/12/2019 11/12/201	St. 1 St. 2 St. 3 St. 2 St. 3 St. 3 St. 4 St. 4	503 SASS SASS SASS SASS SASS SASS SASS SA	1,000 10 10 10 10 10 10 10 10 10 10 10 10	43 38 181 808 1,070 167 128 307 602	43 38 181 808 1,070 167 128 307 602	54 3,366 4 3,366 4 3,366 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4 4 3 4 4 3 4	54 3,366 86 67 67 67 67 67 67 67 67 67 67 67 67 67	16
turing Cost Starting Cost 51/20/9 S1, 92,800 42,900 432,29 42,675 10,994 (0. 10.129 43.20 42.80 42.80 42.80 43.22 42.80 42.80 43.22 42.80 42.80 43.22 42.80 42.80 43.22 42.80	Width Endough Retard AC. and State-width Endough Retard Endough Retard STAL EXMEDITE INTROVEMENT OTAL EXMEDITION OF STATE O	Leaschold Improvements Leaschold Improvements Leaschold Improvements Leaschold Improvements Furniture, Fixtures & Equipment Computer Hardware Computer Hardware Computer Hardware Furniture, Fixtures & Equipment Furniture, F	87/2/200 9/9/2/200 9/9/2/200 9/9/2/200 9/9/2/200 5/12/2019 5/12/2019 5/12/2019 5/12/2019 5/12/2019 5/12/2019 5/12/2019 5/12/2019 5/12/2019 11/12/201	St. 1 St. 2 St. 3 St. 2 St. 3 St. 3 St. 4 St. 4	503 508 508 508 508 508 508 508 508 508 508	1,000 10 10 10 10 10 10 10 10 10 10 10 10	433 181 182 1870 1677 1307 6602 311		54 3.3666 16.461 43 386 43 38 81 1818 1.479 662 311 57 37	54 3,366 86 67 72 3,366 86 67 72 3,366 86 67 72 3,366 86 67 72 3,140 87 72 87	16
72,000 72,000 - 33,229 67,675 100,094 (72,000 72,000 - 33,229 67,675 100,094 (72,000 72,000 - 32,000	Week Bridge Brief AC, and The STORY and Secretary to the secretary of the Story of	Leaschold Improvements Leaschold Improvements Leaschold Improvements Leaschold Improvements Furniture, Fixtures & Equipment Computer Hardware Computer Hardware Computer Hardware Furniture, Fixtures & Equipment Furniture, F	87/2/200 9/9/2/200 9/9/2/200 9/9/2/200 9/9/2/200 5/12/2019 5/12/2019 5/12/2019 5/12/2019 5/12/2019 5/12/2019 5/12/2019 5/12/2019 5/12/2019 11/12/201	St. 1 St. 2 St. 3 St. 2 St. 3 St. 3 St. 4 St. 4	503 508 508 508 508 508 508 508 508 508 508	1,000 10 10 10 10 10 10 10 10 10 10 10 10	433 181 182 1870 1677 1307 6602 311		54 3.3666 16.461 43 386 43 38 81 1818 1.479 662 311 57 37	54 3,366 86 67 72 3,366 86 67 72 3,366 86 67 72 3,366 86 67 72 3,140 87 72 87	5
OTAL ASSETS FET CR SCHEDULE 264,610 47.950 47.950 87.833 13.5783 12	With Bording Brital AC. and The Work and State of the Work of the	Leachold Improvements Leachold Improvements Leachold Improvements Leachold Improvements Furniture, Fixtures & Equipment Furniture, Fixtures & Equipment Furniture, Fixtures & Equipment Furniture, Fixtures & Equipment Computer Hardware Computer Hardware Computer Hardware Furniture, Fixtures & Equipment Computer Hardware Furniture, Fixtures & Equipment Modelal Equipment Modelal Equipment Modelal Furniture, Fixtures & Equipment Solator So	\$17,200 \$17,20	St. 1 St. 2 St. 3 St. 1 St. 1	503 SASS SASS SASS SASS SASS SASS SASS SA	1,000 15 1,0	43 38 38 198 198 167 128 397 662 311	43 38 181 1879 167 167 167 167 167 167 167 167 167 167	54 14.661 1.6761	54 3.346 3.346 3.346 3.346 3.346 3.346 3.346 3.346 3.346 3.34 3.34	5 10
TOTAL ASSETS FER TRIAL BALANCE (264,259 36,312 56,312 18,460 118,481 146) (319 11,183 11,183 6,164 17,322 1	With Bording Brital AC. and The Work and State of the Work of the	Leachold Improvements Leachold Improvements Leachold Improvements Leachold Improvements Furniture, Fixtures & Equipment Furniture, Fixtures & Equipment Furniture, Fixtures & Equipment Furniture, Fixtures & Equipment Computer Hardware Computer Hardware Computer Hardware Furniture, Fixtures & Equipment Computer Hardware Furniture, Fixtures & Equipment Modelal Equipment Modelal Equipment Modelal Furniture, Fixtures & Equipment Solator So	\$17,200 \$17,20	St. 1 St. 2 St. 3 St. 1 St. 1	503 SASS SASS SASS SASS SASS SASS SASS SA	1,000 15 55 55 55 55 55 55 55 55 55 55 55 55	43 43 38 180 1679 128 292 662 311	43 38 151 1679 167 167 167 167 167 167 167 167 167 167	54 14,461 1	54 3,366 56 56 56 56 56 56 56 56 56 56 56 56 5	5: 100

Pg. 31 B9 F/S vs/ C/R Depreciation Pg. 36 F1 F/S vs/ C/R Depreciation 17,621 (6,164)

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

Name of Facility License N		Report for Year En	Page of		
Salmon Brook Rehab and Nursing 2	2093	9/30/2020			25 37
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*	0	Yes	•	No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related business association to any person or organization related party transaction.					
Description		Total			
Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purcha	ise				
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity					
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building		1 . 3 5	2 134	2 124	44.34
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing	-1-)				
a. Type of Financing (e.g., fixed, varialb. Date Mortgage Obtained	oie)		+		
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed	<u>'</u>				
f. Principal balance outstanding as of					
Complete if Mortgage was Refinance	d				
During Current Cost Year					
g. Type of Financing (e.g., fixed, varial	ole)				
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
Principal Outstanding on Note Paid-					
Part C - Arms-Length Leases for Rea		-	<u>, </u>	ı	T
Name and Address of Lessor		perty Leased			Annual Amount of Lease
Salmon Brook ProperCo	Building		05/01/19	Ongoing	1,320,000
			+		
			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 Y	ear Ended		Page of
Salmon Brook Rehab and Nursing	2093		9/30/2020			26 37
Item	1		Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improve Equipment	ment & Non-Movab	le				
1. First Mortgage		\$				
Name of Lender		Rate				
Address of Lender		-				
2. Second Mortgage		\$				
Name of Lender		Rate				
Address of Lender			-			
3. Third Mortgage		<u> </u>				
Name of Lender		Rate	,			
Address of Lender						
4. Fourth Mortgage		\$	3			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Informati	on		_			
1. Original Loan Amou	nt	\$	3			
2. Loan Origination Da	te					
3. Interest Rate %						
4. Term						
5. CHEFA Interest Exp	ense					
12 B7. Total Building Interest Exp		5) \$				
		, +		rv Subtotals 1	forward to v	pert nage)

(Carry Subtotals forward to next page)

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

Name of Facility License	No		Report for Ye	or Ended		Page	of
I - I	100. 2093		9/30/2020	tai Elided		27	37
Samion Brook Renau and Nursing 2	.093		9/30/2020			21	31
Item			Total	CCNH	RHNS	(Spec	if _t)
	htotals Bro	ught Forward:	Total	CCMI	KIINS	(Spec	,11y <i>)</i>
12. C. Movable Equipment	Diotais Dio	ugiit i oi waru.					
1. Automotive Equipment							
A. Item	Rate	\$ Amount					
1.1. 2001		1 11110 01110					
Lender	Ļ	·					
Address of Lender			-				
Address of Lender							
2. Other (<i>Specify</i>)		\$					
A. Item	Rate	Amount					
Lender			•				
Address of Lender							
D. L.		1 .					
B. Item	Rate	Amount					
Lender	Į.	-					
Address of Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Inter	est						
Expense (C1 + 2)		\$					
12. D. Other Interest Expense (Specify)		\$	952,297	952,297			
Interest Expenses							
10 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	G2 + 12D)	Φ.	0.50.005	0.50.00			
13. Total All Interest Expense (12B7 + 12	(C3 + 12D)	\$	952,297	952,297			
14. Insurance	13	¢	16.027	16.027			
a. Insurance on Property (buildings of	шу)	\$		16,937			
b. Insurance on Automobiles	nacified at	\$					
c. Insurance other than Property (as s	pecified abo						
1. Umbrella (Blanket Coverage)		\$ \$					
2. Fire and Extended Coverage		<u> </u>		172 249			
3. Other (<i>Specify</i>) General Liability, EPLI, Surety	Rond	\$	172,248	172,248			
Ocheral Liability, EPLI, Surety	DOIIG						
14d. Total Insurance Expenditures (14a +	b+c)	\$	189,185	189,185			
15. Total All Expenditures (A-13 thru C-		\$		14,262,798			

D. Adjustments to Statement of Expenditures

Name	e of Fa	cility		Lic	ense No.	Report for Yea	r Ended	Page	of
Salm	on Bro	ook R	ehab and Nursing		2093	9/30/2020		28	37
	Page				Total Amount of				
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(Spe	cify)
Page	10 - S	Salari	es and Wages						
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$					
3.			Occupational Therapy	\$					
4.			Other - See attached Schedule	\$	16,726	16,726			
	13 - I	Profes	sional Fees						
5.			Resident Care Physicians **	\$					
6.	13	B10a	Occupational Therapy	\$	399,333	399,333			
7.			Other - See attached Schedule	\$	27,262	27,262			
	s 15 &	16 -	Administrative and General						
8.			Discriminatory Benefits	\$					
9.	15	1c	Bad Debts	\$	137,501	137,501			
10.			Accounting	\$					
10a.			Legal	\$	4,155	4,155			
11.			Telephone	\$					
12.			Cellular Telephone	\$					
13.			Life insurance premiums on the life						
			of Owners, Partners, Operators	\$					
14.			Gifts, flowers and coffee shops	\$					
15.			Education expenditures to colleges or						
			universities for tuition and related costs						
			for owners and employees	\$					
16.			Travel for purposes of attending						
			conferences or seminars outside the						
			continental U.S. Other out-of-state						
			travel in excess of one representative	\$					
17.			Automobile Expense (e.g. personal use)	\$					
18.	16	m2/3	Unallowable Advertising *	\$	15,800	15,800			
19.			Income Tax / Corporate Business Tax	\$					
20.	16	m10	Fund Raising / Contributions	\$					
21.			Unallowable Management Fees	\$					
22.			Barber and Beauty	\$					
23.			Other - See attached Schedule	\$	20,974	20,974			
)	18 - I)ietar	y Expenditures						
24.			Meals to employees, guests and others	_					
_	10 -		who are not residents	\$					
_	19 - L	aund	ry Expenditures						
25.			Laundry services to employees, guests	_					
_	20 -		and others who are not residents	\$					
	20 - I	<i>louse</i>	keeping Expenditures						
26.			Housekeeping services to employees, guests	_					
			and others who are not residents	\$	242 == 1				
			Subtotal (Items 1 - 26)	\$	621,751	621,751			

^{*} All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	C	CNH	RHNS	(Specify)
10	12n	Marketing Salary	\$	16,726		
Total Othe	r Salaries A	djustment	\$	16,726	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	(CCNH	RHNS	(Specify)
13	12o	IV Insertion Nurse	\$	26,807		
13	12o	Respiratory Therapist	\$	455		
Total Othe	r Fees Adji	istments	\$	27,262	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	C	CNH	RHNS	(Specify)
16	m13	Fines, Penalties, and Settlements(Disallowed on Pg 28a)	\$	6,120		
16	m13	Late Fees(Disallowed on Pg 28a)	\$	2,790		
16	m13	Non-Allowable Bank Fees(Disallowed on Pg 28a)	\$	40		
15	Var	Benefits Associated with Marketing (See Attachment)	\$	3,838		
16	m13	Discriminatory Bonus(Disallowed on Pg 28a)	\$	5,258		
16	m13	Employee Relations(Disallowed on Pg28a)	\$	1,490		
16	m13	Employee Food(Disallowed on Pg 28a)	\$	1,438		
Total Othe	r A&G Adj	ustments	\$	20,974	\$ -	\$ -

Salmon Brook September 30, 2020 Benefits Disallowance

Marketing Benefits Disallowance

Marketing Salary	15,083 Page 10
Total Salaries	5,657,162 TB Linked
Percent to Total Salaries	0.27%
Total Benefits (Pg 15, Line 1a3 - 1a6)	1,439,570 TB Linked
Marketing Benefits Disallowed	3.838 Page 28 attachment

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

l			D. Adjustments to Statemen						
	e of Fa	-		Lic		Report for Y	Page	of	
Salm	on Bro	ook R	ehab and Nursing		2093	9/30/2020		29	37
					Total				
Item	Page	Line			Amount of				
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(Spe	ecify)
			Subtotals Brought Forward	\$	621,751	621,751			
Page	20 - I	Reside	ent Care Supplies***						
27.	20	5a2	Prescription Drugs	\$	307,737	307,737			
28.	20	5d	Ambulance/Limousine	\$					
29.	20	5f	X-rays, etc	\$	23,679	23,679			
30.	20	5h	Laboratory	\$	58,865	58,865			
31.			Medical Supplies	\$					
32.	20	5e2	Oxygen (non emergency)	\$	4,078	4,078			
33.			Occupational Therapy	\$					
34.			Other - See Attached Schedule	\$	14,738	14,738			
Page	22 - N	Mainte	enance and Property		·				
35.			Excess Movable Equipment Depreciation						
			See Attached Schedule	\$					
36.	22	8e	Depreciation on Unallowable						
			Motor Vehicles	\$	67,675	67,675			
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.			Property Insurance	\$					
Othe	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	\$	1,295	1,295			
Not I	For Pr	ofit P	roviders Only						
48.			Building/Non Movable Eq. Depreciation	T					
			Unallowable Building Interest -						
			See Attached Schedule	\$					
49.	Total	Amo	unt of Decrease (Items 1 - 48)	\$	1,099,818	1,099,818			

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	(CCNH	RHNS	(Specify)
20	5i	Cable TV Disallowance	\$	14,738		
20	51	Non-Allowable Nursing Supplies	\$	8,514		
Total Other	r Ancillary	Costs	\$	14,738	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	(CCNH	RHNS	(Specify)
30	IV 8	Other Rev>Medical Records	\$	237		
30	IV 8	Other Rev>Miscellaneous	\$	1,058		
Total Othe	Total Other Adjustments		\$	1,295	\$ -	\$ -

Schedule of Unallowable Building Interest

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

Salmon Brook Disallowance Schedule for Cable TV

September 30, 2020

Total Cable TV Expense acct #80-232-00	Amount \$ 16,238 TB Linked
Monthly Allowable amount Months in Year % of Actual Days in Cost Year (365 Days) Total Allowable Cost	\$ 300 5 100% \$ 1,500
Disallowed Cable TV	\$ 14,738

Annual Report of Long-Term Care Facility

CSP-30 Rev.10/2005

F. Statement of Revenue

Name of Facility Salmon Brook Rehab and Nursing	License No. 2093		Report for Y 9/30/2020	ear Ended		Page of 30 37
Sumon Brook Rendo and Persons	2073		7/30/2020			30 37
	Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routing	e Care Revenue					
1. a. Medicaid Residents (CT onl.	(v)	\$	4,544,087	4,544,087		
b. Medicaid Room and Board (\$				
2. a. Medicaid (<i>All other states</i>)		\$				
b. Other States Room and Boar	rd Contractual Allowance **	\$				
3. a. Medicare Residents (all incl		\$	5,827,049	5,827,049		
b. Medicare Room and Board (,	\$	(59,007)	(59,007)		
4. a. Private-Pay Residents and C	ther	\$	2,972,298	2,972,298		
b. Private-Pay Room and Board		\$	(17,299)	(17,299)		
II. Other Resident Revenue				(, ,		
a. Prescription Drugs - Medica	re	\$				
b. Prescription Drugs - Medica		\$				
c. Prescription Drugs - Non-M		\$				
	edicare Contractual Allowance **	\$				
a. Medical Supplies - Medicard		\$				
b. Medical Supplies - Medicard		\$				
c. Medical Supplies - Non-Med		\$				
**	dicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare		\$	540,294	540,294		
b. Physical Therapy - Medicare		\$	(380,531)	(380,531)		
c. Physical Therapy - Non-Med		\$	141,090	141,090		
	dicare Contractual Allowance **	\$	(102,212)	(102,212)		
4. a. Speech Therapy - Medicare	ileare Contractual Allowance	\$	191,500	191,500		
b. Speech Therapy - Medicare	Contractual Allowance **	\$	(148,202)	(148,202)		
c. Speech Therapy - Non-Medi		\$	57,106	57,106		
d. Speech Therapy - Non-Medi		\$	(44,683)	(44,683)		
5. a. Occupational Therapy - Me		\$	526,059	526,059		
	dicare Contractual Allowance **	\$	(386,655)	(386,655)		
c. Occupational Therapy - No		\$	161,685	161,685		
	n-Medicare Contractual Allowance **	\$	(126,698)	(126,698)		
6. a. Other (Specify) - Medicare	ii-wedicare Contractual Allowance	\$		2,298		
b. Other (Specify) - Non-Medic	care	\$	41,500	41,500		
III. Total Resident Revenue (Section		\$	13,739,679	·		
IV. Other Revenue*	11. thru Section II.)	Ψ	13,/39,0/9	13,739,679		
	0 4	4				
1. Meals sold to guests, employee		\$				
2. Rental of rooms to non-resident	SS .	\$				
3. Telephone	G .	\$				
4. Rental of Television and Cable	Services	\$				
5. Interest Income (Specify)		\$	522	522		
6. Private Duty Nurses' Fees		\$				
7. Barber, Coffee, Beauty and Gif	t shops	\$				
8. Other (Specify)		\$	1,295	1,295		
V. Total Other Revenue (1 thru 8)		\$	1,817	1,817		
VI. Total All Revenue (III+V)		\$	13,741,496	13,741,496		

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
30 II 6a	Other Ancillary Rev>Medicare B	\$ 2,431		
30 II 6a	Revenue Adjustments>Medicare A	\$ (133)		
Total Other Resident Revenue - Medicare		\$ 2,298	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
30 II 6b	Lab Rev>Private	154		
30 II 6b	Other Ancillary Rev>Medicare A	11,381		
30 II 6b	Other Ancillary Rev>Medicare A>C/A	(9,420)		
30 II 6b	Other Ancillary Revenue>Private	\$ 306		
30 II 6b	Other Ancillary Rev>HMO	\$ 1,022		
30 II 6b	Other Ancillary Rev>HMO>C/A	\$ (204)		
30 II 6b	Other Ancillary Rev>Medicaid	\$ 578		
30 II 6b	Revenue Adjustments>Private	\$ (613)		
30 II 6b	Revenue Adjustments>HMO	\$ 1,821		
30 II 6b	Revenue Adjustments>Medicaid>COVID19	\$ 37,113		
30 II 6b	Revenue Adjustments>Ancillary	\$ (638)		
Total Othe	Total Other Resident Revenue		\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			0		
30 IV 5	Other Rev>Interest	N/A	\$ 522		
Total Inter	rest Income		\$ 522	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
30 IV8	Other Rev>Miscellaneous	\$ 1,058		
30 IV8	Other Rev>Medical Records	\$ 237		
Total Other Revenue		\$ 1,295	\$ -	\$ -

CSP-31 Rev. 6/95

G. Balance Sheet

	of Facility	License No.	Report for Year Ended	Page	of
Salmon	Brook Rehab and Nursing	2093	9/30/2020	31	37
		Account			Amount
Assets					
A. C	urrent Assets				
1.	Cash (on hand and in banks)			\$	683,060
2.	Resident Accounts Receivable	e (Less Allowance fo	or Bad Debts)	\$	3,406,122
3.	Other Accounts Receivable (I	Excluding Owners or	Related Parties)	\$	
4	Inventories			\$	
5.	Prepaid Expenses			\$	51,036
	a. Prepaid Expenses		4,539		
	b. Insurance		8,883		
	c. Taxes		37,614		
	d. See Schedule				
	Interest Receivable			\$	
-	Medicare Final Settlement Re			\$	
8.	Other Current Assets (itemize	?)		\$	
				_	
	See Schedule				
	otal Current Assets (Lines A1	thru 8)		\$	4,140,218
	ixed Assets				
	Land			\$	
2.	Land Improvements	*Historical Cost		\$	
		Accum. Depreciati	on Net		
3.	Buildings	*Historical Cost		\$	
		Accum. Depreciati			
4.	Leasehold Improvements	*Historical Cost	138,656	\$	109,314
		Accum. Depreciati	on 29,342 Net		
5.	Non-Movable Equipment	*Historical Cost		\$	
		Accum. Depreciati			
6.	Movable Equipment	*Historical Cost	33,153	\$	27,617
		Accum. Depreciati	on 5,536 Net		
7.	Motor Vehicles	*Historical Cost		\$	
		Accum. Depreciati	on Net		
8.	Minor Equipment-Not Depred	ciable		\$	
9.	Other Fixed Assets (itemize)			\$	24,701
	F/S vs C/R Depreciation		17,621	,	,, 01
	See Schedule		7,080		
B-10.	Total Fixed Assets (Lines B)	l thru 9)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	161,632

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

Page Ref	Line Ref	Description		
Total Prep	aid Expens	es	\$	-
Schedule o	f Other Cu	rrent Assets (itemized) Page 31 Line A8		
Paga Daf	Line Dof	Description		
rage Kei	Lille Kei	Description		
Total Othe	r Current	Assets (Itemize)	\$	-
Schedule o	f Other Fix	ed Assets (Itemize) Page 31 Line B9		
Page Ref	Line Ref	Description		
31	B9	Fixed Assets>CIP	\$	7,400
		PY Adjustment	\$	(320
Total Othe	r Other Fix	red Assets (Itemize)	\$	7,080
		, D. Jarri Da		
Schedule o	Other As:	sets Page 32 Line D7		
		Description		
	D7 D7	Due To/(From)>Old Owner Due To/(From)> Maplewood	\$	(110,181
32	D7	Due To/(From)Saugus	\$	738
	D7	Due To/(From)>Medicaid	\$	2,305
32	D7	Due To/(From)>Vendor	\$	371
Total Othe	er Assets		\$	(255,845
Total Othe	r Assets		S	(255,845
Total Othe	r Assets		S	(255,845
		able (Itemize) Page 33 Line A2	S	(255,845
Schedule o	f Notes Pay	able (Itemize) Page 33 Line A2	S	(255,845
Schedule o	f Notes Pay	able (Itemize) Page 33 Line A2 Description	S	(255,845
Schedule o	f Notes Pay		S	(255,845
Schedule o	f Notes Pay		S	(255,845
Schedule o	f Notes Pay		S	(255,845
Schedule o	f Notes Pay		S	(255,845
Schedule o	f Notes Pay		S	(255,845
Schedule o	f Notes Pay		S	(255,845
Schedule o	f Notes Pay			(255,845
Schedule o	f Notes Pay			(255,845
Schedule o Page Ref Total Note	f Notes Pay			(255,845
Schedule o Page Ref Total Note	f Notes Pay Line Ref	Description Prent Liabilities (Itemize) Page 33 Line A12		(255,845
Schedule o Page Ref Total Note	f Notes Pay Line Ref	Description		(255,845
Schedule o	f Notes Pay Line Ref	Description Prent Liabilities (Itemize) Page 33 Line A12		(255,845
Schedule o	f Notes Pay Line Ref	Description Prent Liabilities (Itemize) Page 33 Line A12		(255,843
Schedule o	f Notes Pay Line Ref	Description Prent Liabilities (Itemize) Page 33 Line A12		(255,842
Schedule o Page Ref Fotal Note Schedule o	f Notes Pay Line Ref	Description Trent Liabilities (Itemize) Page 33 Line A12 Description	S	(255,845
Schedule o Page Ref Total Note Schedule o	f Notes Pay Line Ref	Description Prent Liabilities (Itemize) Page 33 Line A12		(255,842
Fotal Note Schedule o	f Notes Pay Line Ref s Payable f Other Cu Line Ref	Description Trent Liabilities (Itemize) Page 33 Line A12 Description Jabilities (Itemize)	S	(255,842
Fotal Note Fotal Othe Fotal Othe	Line Ref	Description Trent Liabilities (Itemize) Page 33 Line A12 Description Liabilities (Itemize) Liabilities (Itemize) Liabilities (Itemize) Page 34 Line B4	S	(255,845
Fotal Othe	Line Ref	Description Trent Liabilities (Itemize) Page 33 Line A12 Description Jabilities (Itemize)	S	(255,845
Fotal Note Schedule o	Line Ref	Description Trent Liabilities (Itemize) Page 33 Line A12 Description Liabilities (Itemize) Liabilities (Itemize) Liabilities (Itemize) Page 34 Line B4	S	(255,845
Fotal Note Fotal Othe Fotal Othe	Line Ref	Description Trent Liabilities (Itemize) Page 33 Line A12 Description Liabilities (Itemize) Liabilities (Itemize) Liabilities (Itemize) Page 34 Line B4	S	(255,845
Fotal Othe	Line Ref	Description Trent Liabilities (Itemize) Page 33 Line A12 Description Liabilities (Itemize) Liabilities (Itemize) Liabilities (Itemize) Page 34 Line B4	S	(255,845
Page Ref Total Note Schedule o Page Ref Total Othe Schedule o Page Ref	f Notes Pay Line Ref s Payable f Other Cu Line Ref f Other Lone Line Ref	Description Trent Liabilities (Itemize) Page 33 Line A12 Description Liabilities (Itemize) Liabilities (Itemize) Liabilities (Itemize) Page 34 Line B4	S	(255,845

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended		Page of
Salmon Brook Rehab and Nursing	2093	9/30/2020		32 37
	Account			Amount
		Total Brought Forwa	ırd: \$	4,301,850
C. Leasehold or like property re-	corded for Equity Purpor	ses.		
1. Land			\$	
2. Land Improvements	*Historical Cost			
	Accum. Depreciat	ion Net	\$	
3. Buildings	*Historical Cost			
	Accum. Depreciat	ion Net	\$	
4. Non-Movable Equipment	*Historical Cost			
	Accum. Depreciat	ion Net	\$	
Movable Equipment	*Historical Cost			
	Accum. Depreciat	ion Net	\$	
6. Motor Vehicles	*Historical Cost			
	Accum. Depreciat	ion Net	\$	
7. Minor Equipment-Not De	preciable		\$	
C-8 Total Leasehold or Like Pro	perties (C1 thru 7)		\$	
D. Investment and Other Assets				
Deferred Deposits			\$	500
2. Escrow Deposits			\$	
3. Organization Expense	*Historical Cost	94,123		
	Accum. Depreciat	ion 100,904 Net	\$	(6,781)
4. Goodwill (Purchased Onl	y)		\$	
5. Investments Related to Re	esident Care (itemize)		\$	
			-	
6. Loans to Owners or Relat	and Porties (itamiza)	T	\$	(2,489,101)
Name and Addres		Loan Date	Ψ	(2,409,101)
Ivame and Addres	S Amount	Loan Date	\dashv	
Var>SV, Realty SB, V	VH,			
WB	(2,489,1	01)		
7. Other Assets (<i>itemize</i>)			\$	(255,845)
			_	
		(255.045)	\dashv	
See Schedule	4 / /I' D1 /1	(255,845)		(2.551.225)
D-8. Total Investments and Other	,	/)	\$	(2,751,227)
D-9. <i>Total All Assets</i> (Lines A9 +	B10 + C8 + D8)		\$	1,550,623

^{*} 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 Facil	Name of Facility License No. Report for Year Ended					Page	of	
Salmon Brook	Reh	ab and Nursing	2093	9/30/2020			33	37
			Account				Amo	ount
Liabilities								
A.	Cur	rent Liabilities						
	1.	Trade Accounts Payable	de Accounts Payable					1,054,032
		Notes Payable (itemize)				\$		809,000
		PPP Loan>COVID19		1,009,000				
		Note Payable>Misc		(200,000))			
		See Schedule						
	3.	Loans Payable for Equipme			1	\$		
		Name of Lender	Purpose	Amount	Date Due			
	4.	Accrued Payroll (Exclusive	of Owners and/or Ste	ockholders only)		\$		216,866
		Accrued Payroll (Owners a				\$		210,000
		Accrued Payroll Taxes Pay		uy)		\$		101,849
		Medicare Final Settlement				\$		9,579
		Medicare Current Financing				\$		7,517
		Mortgage Payable (Current				\$		
		Interest Payable (Exclusive		ated Parties)		\$		
		Accrued Income Taxes*	oj o mier unuror nen	itea i ar tres)		\$		
		Other Current Liabilities (in	temize)			\$		1,344,134
		Accrued Expenses	·	1 Year End Adjustments	1,255			,,
	•	Capital Lease>Copier		1 Medicare>COVID19	791,372			
	•	Insurance - General Liability & Other) Medicaid>COVID19	295,244			
	•	Insurance - Property		9) See Schedule	· · · · · · · · · · · · · · · · · · ·			
A-13.	Tota	al Current Liabilities (Line				\$		3,535,460

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

(Carry Total forward to next page)

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
Salmon Brook Rehab and Nursing	2093	9/30/2020			34	37
	Account				Amount	
		Total Broug	ht Forward:		3,5	35,460
Liabilities (cont'd)						
B. Long-Term Liabilities						
	1. Loans Payable-Equipment (itemize)					
Name of Lender	Purpose	Amount	Date Due			
				<u></u>		
2. Mortgages Payable				\$		
3. Loans from Owners or Rela	`	T		\$	(1,1	56,377)
Name and Address of Lender	Amount	Loan D	ate			
Var>SB, Sharon, Torr.,						
NH, RegalCare, RC, NL,						
Norwich	(1,156,377)					
4. Other Long-Term Liabilitie	s (itemize)			\$	1	69,770
Due To/(From)> Twin Oak		149,353	l			
Due To/(From)> HMO		20,417				
See Schedule						
B-5. Total Long-Term Liabilities (1				\$	(9	86,607)
C. Total All Liabilities (Lines A-	13 + B-5)		1	\$	2,5	48,853

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

	ne of Facility	License No.			ear Ended	Pag		of
Salr	non Brook Rehab and Nursing	2093	9/3	0/2020		35		37
Α.	Reserves	Account					Amoun	t
A.								
	1. Reserve for value of leased	land				\$		
	2. Reserve for depreciation val	ue of leased buildi	ings and	appurten	ances			
	to be amortized					\$		
	3. Reserve for depreciation val	lue of leased person	nal prop	erty (Equ	ity)	\$		
	4. Reserve for leasehold real p	roperties on which	fair ren	tal value i	s based	\$		
	5. Reserve for funds set aside a	as donor restricted				\$		
	6. Total Reserves					\$		
В.	Net Worth							
	1. Owner's Capital					\$		
	2. Capital Stock					\$		
	3. Paid-in Surplus					\$		
	4. Treasury Stock					\$		
	5. Cumulated Earnings					\$	((483,045)
	6. Gain or Loss for Period	10/1/2	019	thru	9/30/2020	\$	((515,185)
	7. Total Net Worth					\$	((998,230)
C.	Total Reserves and Net Worth					\$	((998,230)
D.	Total Liabilities, Reserves, and	Net Worth				\$	1,	550,623

CSP-36 Rev. 6/95

H. Changes in Total Net Worth

Nam	ne of Facility	License No.	Report for Year	Ended	Page	of
Saln	non Brook Rehab and Nursing	2093	9/30/2020		36	37
		Account			Aı	nount
A.	Balance at End of Prior Period as sl	9	3	(480,208)		
B.	Total Revenue (From Statement of	9	5	13,741,496		
C.	Total Expenditures (From Statemen	S	14,256,681			
D.	Net Income or Deficit			9		(515,185)
E.	Balance			9	<u> </u>	(515,185)
F.	Additions					
	1. Additional Capital Contributed	` '				
	1	\$14,262,798				
	F/S vs C/R Depreciation	(6,164)				
	Total Expenses	\$14,256,681				
	2. Other (<i>itemize</i>)					
	T . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 .				`	
	Total Additions			9	5	
G.	Deductions	/D ((C (C)			,	
	1. Drawings of Owners/Operators		TD: 41		5	
	Name and Address (No., City,	State, Zip)	Title	Amount		
	2. Other Withdrawings (Specify)			9	3	
	Purpose		Amo	unt		
	3. Total Deductions			9		
H.	Balance at End of Period	09/30/2	0	9	3	(515,185)

I. Preparer's/Reviewer's Certification

Name of Facility License No. Report for Year Ended I								
Salmon Brook Rehab and Nursing	2093	9/30/2020 37 37						
	Check appropriate category							
Chronic and Convalescent Nursing Home only (CCNH) Rest Home with Nursing Supervision only (RHNS)								
Preparer/Reviewer Certification								
I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.								
Signature of Preparer	Title	Date Signed						
Printed Name of Preparer								
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						
Tzippy Krupenia		732-961-8571						
Contact Email Address								
ippyk@ltccs.com								

ACCOUNTANTS' CONSULTING REPORT

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

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

This report is intended solely for the information and use of the management of Salmon Brook and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

MARCUM LLP

New Haven, CT January 30, 2021

Client: Salmon Brook

Medicaid - Salmon Brook

Engagement:
Period Ending: 9/30/2020 Trial Balance:

A.01 - TB-CCNH A.03 - TB-CCNH Combined Detail LS Workpaper:

Workpaper:	A.03 - TB-CCNH Combined Detail LS				
Account	Description	ADJ	JE Ref#	RJE	FINAL
		9/30/2020		9/30/2020	9/30/2020
Group : [10-A]	Salaries and Wages				
Subgroup : [2] 80-811-80	Administrators Admin Expense>Director>Wages	102,767.00		0.00	102,767.00
80-811-92	Admin Expense>Director>Wages Admin Expense>Director>PTO Accrual	(759.00)		0.00	(759.00)
80-812-80	Admin Expense>Birectol>PTO Accidal Admin Expense>Assistant Director>Wages	(2,327.00)		0.00	(2,327.00)
Subtotal [2]	Administrators	99,681.00	_	0.00	99,681.00
oubtotui [2]		00,001.00		0.00	00,001.00
Subgroup : [4]	Other Administrative Salaries				
75-838-80	Maintenance Expense>Security Desk>Wages	92,753.00		0.00	92,753.00
75-838-92	Maintenance Expense>Security Desk>PTO Accrual	(992.00)		0.00	(992.00)
80-840-80	Admin Expense>Business Office>Wages	85,433.00		0.00	85,433.00
80-840-92	Admin Expense>Business Office>PTO Accrual	(287.00)		0.00	(287.00)
Subtotal [4]	Other Administrative Salaries	176,907.00	_	0.00	176,907.00
	_				
Subgroup : [5A]	Head Dietitian				
70-833-80	Dietary Expense>Dietician>Wages	47,935.00	_	0.00	47,935.00
Subtotal [5A]	Head Dietitian	47,935.00		0.00	47,935.00
Subgroup : [5C]	Dietary Workers				
70-831-80	Dietary Expense>Aide>Wages	239,373.00		0.00	239,373.00
70-832-80	Dietary Expense>Cook>Wages	149,957.00	_	0.00	149,957.00
Subtotal [5C]	Dietary Workers	389,330.00	_	0.00	389,330.00
Subgroup : [6A]	Head Housekeeper	.=			
72-811-80	Housekeeping Expense>Director>Wages	17,522.00	_	0.00	17,522.00
Subtotal [6A]	Head Housekeeper	17,522.00	_	0.00	17,522.00
Subgroup : [6B]	Other Herselsening Werkers				
72-831-80	Other Housekeeping Workers	323,068.00		0.00	323,068.00
Subtotal [6B]	Housekeeping Expense>Aide>Wages Other Housekeeping Workers	323,068.00	_	0.00	323,068.00
Subtotal [OD]	Other Housekeeping Workers	323,000.00	_	0.00	323,000.00
Subgroup : [7A]	Engineer or Chief of Maintenance				
75-811-92	Maintenance Expense>Director>PTO Accrual	(514.00)		0.00	(514.00)
Subtotal [7A]	Engineer or Chief of Maintenance	(514.00)		0.00	(514.00)
	<u>-</u>	(* ,	_		<u> </u>
Subgroup : [7B]	Other Maintenance Workers				
75-829-80	Maintenance Expense>Staff>Wages	85,952.00		0.00	85,952.00
75-829-92	Maintenance Expense>Staff>PTO Accrual	1,907.00		0.00	1,907.00
Subtotal [7B]	Other Maintenance Workers	87,859.00	_	0.00	87,859.00
	_		·		
Subgroup : [8B]	Other Laundry Workers				
73-831-80	Laundry Expense>Aide>Wages	65,141.00		0.00	65,141.00
Subtotal [8B]	Other Laundry Workers	65,141.00		0.00	65,141.00
Subgroup : [12A]	Director of Nurses/Assistant Director				
61-811-80	Nursing Admin Expense>Director>Wages	116,810.00		0.00	116,810.00
61-811-92	Nursing Admin Expense>Director>PTO Accrual	(5,834.00)		0.00	(5,834.00)
61-812-80	Nursing Admin Expense>Assistant Director>Wages	30,641.00	_	0.00	30,641.00
Subtotal [12A]	Director of Nurses/Assistant Director	141,617.00	_	0.00	141,617.00
0	DNs Disset Osse				
Subgroup : [12B1] 60-808-80	RNs - Direct Care Nursing Expense>RN>Wages	626 201 00		0.00	626 201 00
60-808-92	Nursing Expense>RN>PTO Accrual	626,281.00 4,027.00		0.00 0.00	626,281.00 4,027.00
60-809-80	Nursing Expense>RN Supervisor>Wages	304,962.00		0.00	304,962.00
Subtotal [12B1]	RNs - Direct Care	935,270.00	_	0.00	935,270.00
Cubtotui [12D1]		550,270.00		0.00	500,270.00
Subgroup : [12B2]	RNs - Administrative				
61-817-80	Nursing Admin Expense>MDS / RNAC>Wages	114,388.00		0.00	114,388.00
61-817-92	Nursing Admin Expense>MDS / RNAC>PTO Accrual	416.00		0.00	416.00
61-820-80	Nursing Admin Expense>Nurse Liaison>Wages	107,303.00		0.00	107,303.00
61-824-80	Nursing Admin Expense>Staff Devel Director>Wages	49,165.00		0.00	49,165.00
61-825-80	Nursing Admin Expense>Unit Manager>Wages	172,778.00		0.00	172,778.00
61-825-92	Nursing Admin Expense>Unit Manager>PTO Accrual	(2,213.00)		0.00	(2,213.00)
Subtotal [12B2]	RNs - Administrative	441,837.00		0.00	441,837.00
	_	· · · · · · · · · · · · · · · · · · ·		,	· · · · · · · · · · · · · · · · · · ·
Subgroup : [12C1]	LPNs - Direct Care				

60-805-80	Nursing Expense>LPN>Wages	1,021,308.00		0.00	1,021,308.00
60-805-92	Nursing Expense>LPN>PTO Accrual	6,191.00		0.00	6,191.00
Subtotal [12C1]	LPNs - Direct Care	1,027,499.00		0.00	1,027,499.00
Subgroup : [12D]	Aides and Attendants				
60-801-80	Nursing Expense>CNA>Wages	1,652,534.00		0.00	1,652,534.00
60-801-92	Nursing Expense>CNA>PTO Accrual	(17,278.00)		0.00	(17,278.00)
Subtotal [12D]	Aides and Attendants	1,635,256.00		0.00	1,635,256.00
Subgroup : [12H]	Recreation Workers				
71-811-80	Activity Expense>Director>Wages	95,805.00		0.00	95,805.00
71-831-92	Activity Expense>Aide>PTO Accrual	1,331.00		0.00	1,331.00
Subtotal [12H]	Recreation Workers	97,136.00		0.00	97,136.00
Subgroup : [12M]	Social Workers/Case Management				
69-811-80	Social Services Expense>Director>Wages	66,362.00		0.00	66,362.00
69-830-80	Social Services Expense>Assistant>Wages	20,687.00		0.00	20,687.00
69-830-92	Social Services Expense>Assistant>PTO Accrual	3,108.00		0.00	3,108.00
Subtotal [12M]	Social Workers/Case Management	90,157.00	<u></u>	0.00	90,157.00
		<u> </u>	·		
Subgroup : [12N]	Marketing				
80-250-34	Admin Expense>Marketing & Advertising>COVID19	1,643.00		0.00	1,643.00
80-842-80	Admin Expense>Marketing>Wages	15,083.00	<u></u>	0.00	15,083.00
Subtotal [12N]	Marketing	16,726.00		0.00	16,726.00
Subgroup : [120]	Other				
80-839-80	Admin Expense>Admissions>Wages	64,735.00		0.00	64,735.00
Subtotal [120]	Other	64,735.00		0.00	64,735.00
Total [10-A]	Salaries and Wages	5,657,162.00		0.00	5,657,162.00
			! 		
Group : [13-B]	Professional Fees				
Subgroup : [2]	Dentist				
Marcum 101	Dentist	0.00		5,100.00	5,100.00
			RJE - 1	5,100.00	
Subtotal [2]	Dentist	0.00		5,100.00	5,100.00
• •			-		<u> </u>
Subgroup : [3]	Pharmacist				
62-700-00	Pharmacy Expense>Contracted Service	14,229.00		0.00	14,229.00
Subtotal [3]	Pharmacist	14,229.00	-	0.00	14,229.00
• •			-		<u> </u>
Subgroup : [5A]	PT - Resident Care				
65-000-00	PT Expense	437,768.00		0.00	437,768.00
Subtotal [5A]	PT - Resident Care	437,768.00	-	0.00	437,768.00
Subgroup : [8A]	Medical Director			<u> </u>	_
61-750-00					
Subtotal [8A]	Nursing Admin Expense>Medical Director	34.000.00		0.00	34.000.00
	Nursing Admin Expense>Medical Director Medical Director	34,000.00 34.000.00		0.00	34,000.00 34,000.00
Subtotal [OA]	Nursing Admin Expense>Medical Director Medical Director	34,000.00 34,000.00	=	0.00	34,000.00 34,000.00
	Medical Director		<u> </u>		
Subgroup : [9A]	Medical Director ST - Resident Care	34,000.00	<u> </u>	0.00	34,000.00
Subgroup : [9A] 67-000-00	Medical Director ST - Resident Care ST Expense	34,000.00 92,874.00	=	0.00	34,000.00 92,874.00
Subgroup : [9A]	Medical Director ST - Resident Care	34,000.00	=	0.00	34,000.00
Subgroup : [9A] 67-000-00 Subtotal [9A]	Medical Director ST - Resident Care ST Expense ST - Resident Care	34,000.00 92,874.00	=	0.00	34,000.00 92,874.00
Subgroup : [9A] 67-000-00 Subtotal [9A] Subgroup : [10A]	Medical Director ST - Resident Care ST Expense ST - Resident Care OT - Resident Care	92,874.00 92,874.00	=	0.00 0.00 0.00	92,874.00 92,874.00
Subgroup : [9A] 67-000-00 Subtotal [9A] Subgroup : [10A] 66-000-00	Medical Director ST - Resident Care ST Expense ST - Resident Care OT - Resident Care OT Expense	92,874.00 92,874.00 92,874.00	=	0.00 0.00 0.00	34,000.00 92,874.00 92,874.00 399,333.00
Subgroup : [9A] 67-000-00 Subtotal [9A] Subgroup : [10A]	Medical Director ST - Resident Care ST Expense ST - Resident Care OT - Resident Care	92,874.00 92,874.00	=	0.00 0.00 0.00	92,874.00 92,874.00
Subgroup : [9A] 67-000-00 Subtotal [9A] Subgroup : [10A] 66-000-00 Subtotal [10A]	Medical Director ST - Resident Care ST Expense ST - Resident Care OT - Resident Care OT Expense OT - Resident Care	92,874.00 92,874.00 92,874.00	=	0.00 0.00 0.00	34,000.00 92,874.00 92,874.00 399,333.00
Subgroup : [9A] 67-000-00 Subtotal [9A] Subgroup : [10A] 66-000-00 Subtotal [10A] Subgroup : [11A1]	Medical Director ST - Resident Care ST Expense ST - Resident Care OT - Resident Care OT Expense OT - Resident Care OT - Resident Care	92,874.00 92,874.00 92,874.00 399,333.00 399,333.00	=	0.00 0.00 0.00 0.00	34,000.00 92,874.00 92,874.00 399,333.00 399,333.00
Subgroup : [9A] 67-000-00 Subtotal [9A] Subgroup : [10A] 66-000-00 Subtotal [10A] Subgroup : [11A1] 60-700-18	Medical Director ST - Resident Care ST Expense ST - Resident Care OT - Resident Care OT Expense OT - Resident Care RN's - Direct Care Nursing Expense>Contracted Service>RN	34,000.00 92,874.00 92,874.00 399,333.00 399,333.00 111,973.00	=	0.00 0.00 0.00 0.00	34,000.00 92,874.00 92,874.00 399,333.00 399,333.00
Subgroup : [9A] 67-000-00 Subtotal [9A] Subgroup : [10A] 66-000-00 Subtotal [10A] Subgroup : [11A1]	Medical Director ST - Resident Care ST Expense ST - Resident Care OT - Resident Care OT Expense OT - Resident Care OT - Resident Care	92,874.00 92,874.00 92,874.00 399,333.00 399,333.00	= = = =	0.00 0.00 0.00 0.00	34,000.00 92,874.00 92,874.00 399,333.00 399,333.00
Subgroup : [9A] 67-000-00 Subtotal [9A] Subgroup : [10A] 66-000-00 Subtotal [10A] Subgroup : [11A1] 60-700-18 Subtotal [11A1]	Medical Director ST - Resident Care ST Expense ST - Resident Care OT - Resident Care OT - Resident Care OT - Resident Care RN's - Direct Care Nursing Expense>Contracted Service>RN RN's - Direct Care	34,000.00 92,874.00 92,874.00 399,333.00 399,333.00 111,973.00	=	0.00 0.00 0.00 0.00	34,000.00 92,874.00 92,874.00 399,333.00 399,333.00
Subgroup : [9A] 67-000-00 Subtotal [9A] Subgroup : [10A] 66-000-00 Subtotal [10A] Subgroup : [11A1] 60-700-18 Subtotal [11A1] Subgroup : [11B1]	Medical Director ST - Resident Care ST Expense ST - Resident Care OT - Resident Care OT - Resident Care OT - Resident Care N's - Direct Care Nursing Expense>Contracted Service>RN RN's - Direct Care LPN's - Direct Care	34,000.00 92,874.00 92,874.00 399,333.00 399,333.00 111,973.00 111,973.00	=	0.00 0.00 0.00 0.00 0.00	34,000.00 92,874.00 92,874.00 399,333.00 399,333.00 111,973.00 111,973.00
Subgroup : [9A] 67-000-00 Subtotal [9A] Subgroup : [10A] 66-000-00 Subtotal [10A] Subgroup : [11A1] 60-700-18 Subtotal [11A1] Subgroup : [11B1] 60-700-19	Medical Director ST - Resident Care ST Expense ST - Resident Care OT - Resident Care OT - Resident Care OT - Resident Care RN's - Direct Care Nursing Expense>Contracted Service>RN RN's - Direct Care	34,000.00 92,874.00 92,874.00 399,333.00 399,333.00 111,973.00 111,973.00 71,363.00	=	0.00 0.00 0.00 0.00	34,000.00 92,874.00 92,874.00 399,333.00 399,333.00
Subgroup : [9A] 67-000-00 Subtotal [9A] Subgroup : [10A] 66-000-00 Subtotal [10A] Subgroup : [11A1] 60-700-18 Subtotal [11A1] Subgroup : [11B1]	Medical Director ST - Resident Care ST Expense ST - Resident Care OT - Resident Care OT Expense OT - Resident Care OT - Resident Care UT Expense OT - Resident Care RN's - Direct Care Nursing Expense>Contracted Service>RN RN's - Direct Care LPN's - Direct Care Nursing Expense>Contracted Service>LPN	34,000.00 92,874.00 92,874.00 399,333.00 399,333.00 111,973.00 111,973.00	=	0.00 0.00 0.00 0.00 0.00 0.00	34,000.00 92,874.00 92,874.00 399,333.00 399,333.00 111,973.00 111,973.00
Subgroup: [9A] 67-000-00 Subtotal [9A] Subgroup: [10A] 66-000-00 Subtotal [10A] Subgroup: [11A1] 60-700-18 Subtotal [11A1] Subgroup: [11B1] 60-700-19 Subtotal [11B1]	Medical Director ST - Resident Care ST Expense ST - Resident Care OT - Resident Care OT - Resident Care OT Expense OT - Resident Care RN's - Direct Care Rursing Expense>Contracted Service>RN RN's - Direct Care LPN's - Direct Care Nursing Expense>Contracted Service>LPN LPN's - Direct Care	34,000.00 92,874.00 92,874.00 399,333.00 399,333.00 111,973.00 111,973.00 71,363.00		0.00 0.00 0.00 0.00 0.00 0.00	34,000.00 92,874.00 92,874.00 399,333.00 399,333.00 111,973.00 111,973.00
Subgroup: [9A] 67-000-00 Subtotal [9A] Subgroup: [10A] 66-000-00 Subtotal [10A] Subgroup: [11A1] 60-700-18 Subtotal [11A1] Subgroup: [11B1] 60-700-19 Subtotal [11B1]	Medical Director ST - Resident Care ST Expense ST - Resident Care OT - Resident Care OT - Resident Care OT - Resident Care OT - Resident Care RN's - Direct Care Nursing Expense>Contracted Service>RN RN's - Direct Care LPN's - Direct Care Nursing Expense>Contracted Service>LPN LPN's - Direct Care	34,000.00 92,874.00 92,874.00 399,333.00 399,333.00 111,973.00 111,973.00 71,363.00 71,363.00		0.00 0.00 0.00 0.00 0.00 0.00	34,000.00 92,874.00 92,874.00 399,333.00 399,333.00 111,973.00 111,973.00 71,363.00 71,363.00
Subgroup: [9A] 67-000-00 Subtotal [9A] Subgroup: [10A] 66-000-00 Subtotal [10A] Subgroup: [11A1] 60-700-18 Subtotal [11A1] Subgroup: [11B1] 60-700-19 Subtotal [11B1] Subgroup: [11C] 60-700-20	Medical Director ST - Resident Care ST Expense ST - Resident Care OT - Resident Care OT - Resident Care OT - Resident Care RN's - Direct Care Nursing Expense>Contracted Service>RN RN's - Direct Care LPN's - Direct Care Nursing Expense>Contracted Service>LPN LPN's - Direct Care Aides Nursing Expense>Contracted Service>CNA	34,000.00 92,874.00 92,874.00 399,333.00 399,333.00 111,973.00 111,973.00 71,363.00 71,363.00 39,268.00		0.00 0.00 0.00 0.00 0.00 0.00	34,000.00 92,874.00 92,874.00 399,333.00 399,333.00 111,973.00 111,973.00 71,363.00 71,363.00 39,268.00
Subgroup: [9A] 67-000-00 Subtotal [9A] Subgroup: [10A] 66-000-00 Subtotal [10A] Subgroup: [11A1] 60-700-18 Subtotal [11A1] Subgroup: [11B1] 60-700-19 Subtotal [11B1]	Medical Director ST - Resident Care ST Expense ST - Resident Care OT - Resident Care OT - Resident Care OT - Resident Care OT - Resident Care RN's - Direct Care Nursing Expense>Contracted Service>RN RN's - Direct Care LPN's - Direct Care Nursing Expense>Contracted Service>LPN LPN's - Direct Care	34,000.00 92,874.00 92,874.00 399,333.00 399,333.00 111,973.00 111,973.00 71,363.00 71,363.00		0.00 0.00 0.00 0.00 0.00 0.00	34,000.00 92,874.00 92,874.00 399,333.00 399,333.00 111,973.00 111,973.00 71,363.00 71,363.00
Subgroup: [9A] 67-000-00 Subtotal [9A] Subgroup: [10A] 66-000-00 Subtotal [10A] Subgroup: [11A1] 60-700-18 Subtotal [11A1] Subgroup: [11B1] 60-700-19 Subtotal [11B1] Subgroup: [11C] 60-700-20 Subtotal [11C]	Medical Director ST - Resident Care ST Expense ST - Resident Care OT - Resident Care RN's - Direct Care Nursing Expense>Contracted Service>RN RN's - Direct Care LPN's - Direct Care Nursing Expense>Contracted Service>LPN LPN's - Direct Care Aides Nursing Expense>Contracted Service>CNA Aides	34,000.00 92,874.00 92,874.00 399,333.00 399,333.00 111,973.00 111,973.00 71,363.00 71,363.00 39,268.00		0.00 0.00 0.00 0.00 0.00 0.00	34,000.00 92,874.00 92,874.00 399,333.00 399,333.00 111,973.00 111,973.00 71,363.00 71,363.00 39,268.00
Subgroup: [9A] 67-000-00 Subtotal [9A] Subgroup: [10A] 66-000-00 Subtotal [10A] Subgroup: [11A1] 60-700-18 Subtotal [11A1] Subgroup: [11B1] 60-700-19 Subtotal [11B1] Subgroup: [11C] 60-700-20 Subtotal [11C] Subgroup: [12]	Medical Director ST - Resident Care ST Expense ST - Resident Care OT - Resident Care RN's - Direct Care Nursing Expense>Contracted Service>RN RN's - Direct Care LPN's - Direct Care Nursing Expense>Contracted Service>LPN LPN's - Direct Care Aides Nursing Expense>Contracted Service>CNA Aides Other	34,000.00 92,874.00 92,874.00 399,333.00 399,333.00 111,973.00 111,973.00 71,363.00 71,363.00 39,268.00 39,268.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	34,000.00 92,874.00 92,874.00 399,333.00 399,333.00 111,973.00 111,973.00 71,363.00 71,363.00 39,268.00 39,268.00
Subgroup: [9A] 67-000-00 Subtotal [9A] Subgroup: [10A] 66-000-00 Subtotal [10A] Subgroup: [11A1] 60-700-18 Subtotal [11A1] Subgroup: [11B1] 60-700-19 Subtotal [11B1] Subgroup: [11C] 60-700-20 Subtotal [11C]	Medical Director ST - Resident Care ST Expense ST - Resident Care OT - Resident Care RN's - Direct Care Nursing Expense>Contracted Service>RN RN's - Direct Care LPN's - Direct Care Nursing Expense>Contracted Service>LPN LPN's - Direct Care Aides Nursing Expense>Contracted Service>CNA Aides	34,000.00 92,874.00 92,874.00 399,333.00 399,333.00 111,973.00 111,973.00 71,363.00 71,363.00 39,268.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	34,000.00 92,874.00 92,874.00 399,333.00 399,333.00 111,973.00 111,973.00 71,363.00 71,363.00 39,268.00
Subgroup: [9A] 67-000-00 Subtotal [9A] Subgroup: [10A] 66-000-00 Subtotal [10A] Subgroup: [11A1] 60-700-18 Subtotal [11A1] Subgroup: [11B1] 60-700-19 Subtotal [11B1] Subgroup: [11C] 60-700-20 Subtotal [11C] Subgroup: [12]	Medical Director ST - Resident Care ST Expense ST - Resident Care OT - Resident Care RN's - Direct Care Nursing Expense>Contracted Service>RN RN's - Direct Care LPN's - Direct Care Nursing Expense>Contracted Service>LPN LPN's - Direct Care Aides Nursing Expense>Contracted Service>CNA Aides Other	34,000.00 92,874.00 92,874.00 399,333.00 399,333.00 111,973.00 111,973.00 71,363.00 71,363.00 39,268.00 39,268.00	RJE - 1	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	34,000.00 92,874.00 92,874.00 399,333.00 399,333.00 111,973.00 111,973.00 71,363.00 71,363.00 39,268.00 39,268.00
Subgroup: [9A] 67-000-00 Subtotal [9A] Subgroup: [10A] 66-000-00 Subtotal [10A] Subgroup: [11A1] 60-700-18 Subtotal [11A1] Subgroup: [11B1] 60-700-19 Subtotal [11B1] Subgroup: [11C] 60-700-20 Subtotal [11C] Subgroup: [12]	Medical Director ST - Resident Care ST Expense ST - Resident Care OT - Resident Care RN's - Direct Care Nursing Expense>Contracted Service>RN RN's - Direct Care LPN's - Direct Care Nursing Expense>Contracted Service>LPN LPN's - Direct Care Aides Nursing Expense>Contracted Service>CNA Aides Other	34,000.00 92,874.00 92,874.00 399,333.00 399,333.00 111,973.00 111,973.00 71,363.00 71,363.00 39,268.00 39,268.00	RJE - 1 RJE - 8	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	34,000.00 92,874.00 92,874.00 399,333.00 399,333.00 111,973.00 111,973.00 71,363.00 71,363.00 39,268.00 39,268.00

60-212-00	Nursing Expense>Clinical Consultants	18,523.00		0.00	18,523.00
60-700-34	Nursing Expense>Contracted Service>COVID19	42,075.00		0.00	42,075.00
Marcum 117	IV Insertion Nurse	0.00		26,807.00	26,807.00
			RJE - 8	26,807.00	
Marcum 118	Respiratory Therapist	0.00		455.00	455.00
Cultantal [42]	Other	402 722 00	RJE - 8	455.00	07 622 00
Subtotal [12]	Other	102,732.00		(5,100.00)	97,632.00
Total [13-B]	Professional Fees	1,303,540.00		0.00	1,303,540.00
Group : [15]	Expenditures Other than Salaries				
Subgroup : [1A1]	Workmen's Compensation				
61-881-00	Nursing Admin Expense>Workers Comp	92,655.00		0.00	92,655.00
69-881-00	Social Services Expense>Workers Comp	1,981.00		0.00	1,981.00
70-881-00	Dietary Expense>Workers Comp	9,684.00		0.00	9,684.00
71-881-00	Activity Expense>Workers Comp	2,119.00		0.00	2,119.00
74-881-00	Housekeeping & Laundry Expense>Workers Comp	8,946.00		0.00	8,946.00
75-881-00	Maintenance Expense>Workers Comp	3,962.00		0.00	3,962.00
80-881-00	Admin Expense>Workers Comp	5,899.00		0.00	5,899.00
Subtotal [1A1]	Workmen's Compensation	125,246.00		0.00	125,246.00
Subgroup : [1A3]	Unemployment Insurance				
24-163-00	Accrued Expenses>Insurance - EPLI	363.00		0.00	363.00
Subtotal [1A3]	Unemployment Insurance	363.00		0.00	363.00
Subgroup : [1A4]	Social Security (FICA)				
61-880-00	Nursing Admin Expense>Payroll Taxes	369,764.00		0.00	369,764.00
69-880-00	Social Services Expense>Payroll Taxes	7,828.00		0.00	7,828.00
70-880-00	Dietary Expense>Payroll Taxes	38,503.00		0.00	38,503.00
71-880-00	Activity Expense>Payroll Taxes	8,528.00		0.00	8,528.00
74-880-00	Housekeeping & Laundry Expense>Payroll Taxes	35,617.00		0.00	35,617.00
75-880-00	Maintenance Expense>Payroll Taxes	15,766.00		0.00	15,766.00
80-880-00	Admin Expense>Payroll Taxes	23,519.00		0.00	23,519.00
Subtotal [1A4]	Social Security (FICA)	499,525.00		0.00	499,525.00
Cubanaua - MASI	Heelth Incomes				
Subgroup : [1A5] 61-882-00	Health Insurance	694,241.00		0.00	604 241 00
	Nursing Admin Expense>Health Insurance				694,241.00
69-882-00	Social Services Expense>Health Insurance	14,938.00		0.00	14,938.00
70-882-00	Dietary Expense>Health Insurance	72,648.00		0.00 0.00	72,648.00
71-882-00	Activity Expense>Health Insurance	15,767.00			15,767.00
74-882-00 75-882-00	Housekeeping & Laundry Expense>Health Insurance	67,901.00		0.00 0.00	67,901.00
80-882-00	Maintenance Expense>Health Insurance	29,849.00		0.00	29,849.00
Subtotal [1A5]	Admin Expense>Health Insurance Health Insurance	44,338.00 939,682.00		0.00	939,682.00
		<u> </u>			•
Subgroup : [1A7]	Pensions				
85-255-79	Employee Benefits Expense>Pension>Union	0.00		214,481.00	214,481.00
	_		RJE - 3	214,481.00	
Subtotal [1A7]	Pensions	0.00		214,481.00	214,481.00
Subgroup : [1A9]	Other				
61-883-00	Nursing Admin Expense>Other Benefits	200,385.00		(200,385.00)	0.00
			RJE - 3	(200,385.00)	
69-883-00	Social Services Expense>Other Benefits	4,170.00		(4,170.00)	0.00
			RJE - 3	(4,170.00)	
70-883-00	Dietary Expense>Other Benefits	21,010.00		(21,010.00)	0.00
			RJE - 3	(21,010.00)	
71-883-00	Activity Expense>Other Benefits	4,626.00		(4,626.00)	0.00
			RJE - 3	(4,626.00)	
74-883-00	Housekeeping & Laundry Expense>Other Benefits	19,914.00		(19,914.00)	0.00
			RJE - 3	(19,914.00)	
75-883-00	Maintenance Expense>Other Benefits	8,548.00		(8,548.00)	0.00
			RJE - 3	(8,548.00)	
80-883-00	Admin Expense>Other Benefits	12,850.00		(12,850.00)	0.00
			RJE - 3	(12,850.00)	
85-200-79	Employee Benefits Expense>Training Fund>Union	0.00		26,322.00	26,322.00
			RJE - 3	26,322.00	
85-245-00	Employee Benefits Expense>Background Checks	0.00		2,340.00	2,340.00
			RJE - 3	2,340.00	
Marcum 121	Admin & General> COVID Related Expense	0.00		17,141.00	17,141.00
			RJE - 3	17,141.00	
Subtotal [1A9]	Other	271,503.00		(225,700.00)	45,803.00
Subgroup : [40]	Rad Dobte				
Subgroup : [1C]	Bad Debts				

80-251-00 Subtotal [1C]	Admin Expense>Bad Debt Bad Debts	137,501.00 137,501.00	-	0.00	137,501.00 137,501.00
Subgroup : [1D] 80-239-00	Accounting and Auditing Admin Expense>Accounting Fees	24,225.00		0.00	24,225.00
80-239-34 Subtotal [1D]	Admin Expense>Accounting Fees>COVID19 Accounting and Auditing	457.00 24,682.00	RJE - 6 - -	0.00 0.00 0.00	457.00 24,682.00
Subgroup : [1E] 80-238-00	Legal Admin Expense>Legal Fees	45,320.00	RJE - 7	4,155.00 4,155.00	49,475.00
Subtotal [1E]	Legal	45,320.00	KJE - 7 _	4,155.00	49,475.00
Subgroup : [1G] 80-183-00	Office Supplies Admin Expense>Supplies	13,679.00		0.00	13,679.00
80-183-34 80-208-00	Admin Expense>Supplies>COVID19 Admin Expense>Equip-Rental	4.00 10,042.00		0.00 0.00	4.00 10,042.00
Subtotal [1G]	Office Supplies	23,725.00	-	0.00	23,725.00
Subgroup : [1H1] 80-231-00	Telephone and Telegraph Admin Expense>Telephone	13,635.00	DIE 2	0.00	13,635.00
Subtotal [1H1]	Telephone and Telegraph	13,635.00	RJE - 2	0.00 0.00	13,635.00
Subgroup : [1J]	Corporation Business Taxes				
80-247-00 Subtotal [1J]	Admin Expense>Corporate Tax Corporation Business Taxes	600.00	=	0.00	600.00
Subgroup : [1K3]	Resident Day User Fee		_		
80-101-00	Admin Expense>Provider Tax	498,510.00	_	0.00	498,510.00
Subtotal [1K3]	Resident Day User Fee	498,510.00	-	0.00	498,510.00
Total [15]	Expenditures Other than Salaries	2,580,292.00	=	(7,064.00)	2,573,228.00
Group : [16] Subgroup : [1] 60-213-00	Expenditures Other than Salaries (cont'd) - Admin. and Resident Travel and Entertainment Nursing Expense>Transportation	d General 4,929.00		0.00	4,929.00
	Resident Travel and Entertainment	4,929.00	RJE - 4	0.00	4,929.00
Subtotal [1]		4,929.00	_	0.00	4,929.00
Subgroup : [4] 80-236-00	Employee Travel Admin Expense>Travel	1,810.00		0.00	1,810.00
80-236-04	Admin Expense>Travel>Allowable	2,252.00		0.00	2,252.00
80-236-34 Subtotal [4]	Admin Expense>Travel>COVID19 Employee Travel	186.00 4,248.00	_	0.00 0.00	186.00 4,248.00
Subgroup : [5] 60-204-00	Education Expense Nursing Expense>Training & Education	3,597.00		0.00	3,597.00
Cubtatal [5]			RJE - 5	0.00 0.00	2 507 00
Subtotal [5]	Education Expense	3,597.00	=	0.00	3,597.00
Subgroup : [M1] 80-249-00	Advertising Help Wanted Admin Expense>Recruiting	943.00		0.00	943.00
Subtotal [M1]	Advertising Help Wanted	943.00	-	0.00	943.00
Subgroup : [M3]	Advertising Other				
80-250-00 Subtotal [M3]	Admin Expense>Marketing & Advertising Advertising Other	15,800.00 15,800.00	-	0.00	15,800.00 15,800.00
Subgroup : [M7]	Postage		_		
80-209-00	Admin Expense>Postage	1,787.00		0.00	1,787.00
80-209-34 Subtotal [M7]	Admin Expense>Postage>COVID19 Postage	70.00 1,857.00	-	0.00	70.00 1,857.00
	•		_		
Subgroup : [M8A] 80-235-00	Dues to Chamber of Commerce Admin Expense>Dues & Subscriptions	350.00		0.00	350.00
Subtotal [M8A]	Dues to Chamber of Commerce	350.00	RJE - 5 _	0.00 0.00	350.00
Subgroup : [M11]	Services Provided by Contract				
80-210-00	Admin Expense>Internet	2,008.00		0.00	2,008.00
80-230-00 80-240-00	Admin Expense>Data Processing Admin Expense>Professional Fees	58,988.00 188,316.00		0.00 (4,155.00)	58,988.00 184,161.00
	,			(.,)	,

			RJE - 6	0.00	
			RJE - 7	(4,155.00)	
80-700-00	Admin Funance Contracted Contine	120 201 00	RJE - 9	0.00	120 201 00
Subtotal [M11]	Admin Expense>Contracted Service Services Provided by Contract	120,391.00 369,703.00		(4,155.00)	120,391.00 365,548.00
oubtotui [iii 11]	-	000,700.00		(4,100.00)	000,040.00
Subgroup : [M13]	Other				
80-234-00	Admin Expense>Licenses	1,451.00		0.00	1,451.00
			RJE - 5	0.00	
80-242-00	Admin Expense>Fines, Penalties & Settlements	6,120.00		0.00	6,120.00
80-243-00	Admin Expense>Late Fees	2,790.00		0.00	2,790.00
80-244-00	Admin Expense>Bank Fees Admin Expense>Startup Costs	4,679.00 (1,837.00)		0.00	4,679.00
80-252-00 Marcum 109	Employee Food	(1,837.00)		0.00 1,438.00	(1,837.00) 1,438.00
Warcum 109	Employee 1 oou	0.00	RJE - 3	1,438.00	1,430.00
Marcum 110	Employee Relations	0.00	NOL 0	1,490.00	1,490.00
	p.:.,:		RJE - 3	1,490.00	1,122.22
Marcum 111	Discriminatory Bonus	0.00		5,258.00	5,258.00
	·		RJE - 3	5,258.00	
Marcum 122	Holiday Party	0.00		350.00	350.00
	_		RJE - 3	350.00	
Subtotal [M13]	Other	13,203.00		8,536.00	21,739.00
Total [16]	Expenditures Other than Salaries (cont'd) - Admin. and	414,630.00		4,381.00	419,011.00
					
Group : [18]	Dietary Basis for Allocation of Costs				
Subgroup : [2A1]	Raw Food				
70-177-00	Dietary Expense>Supplements	774.00		0.00	774.00
70-178-00	Dietary Expense>Food	218,495.00		0.00	218,495.00
70-178-34	Dietary Expense>Food>COVID19	335.00		0.00	335.00
71-178-00	Activity Expense>Food	287.00 219,891.00		0.00	287.00
Subtotal [2A1]	Raw Food	219,091.00		0.00	219,891.00
Subgroup : [2A2]	Non-Food Supplies				
70-183-00	Dietary Expense>Supplies	26,310.00		0.00	26,310.00
70-183-34	Dietary Expense>Supplies>COVID19	197.00		0.00	197.00
70-208-00	Dietary Expense>Equip-Rental	1,608.00		0.00	1,608.00
Subtotal [2A2]	Non-Food Supplies	28,115.00		0.00	28,115.00
Subgroup : [2B]	Purchased Services				
70-700-00	Dietary Expense>Contracted Service	80,235.00		0.00	80,235.00
Subtotal [2B]	Purchased Services	80,235.00		0.00	80,235.00
Total [18]	Dietary Basis for Allocation of Costs	328,241.00	_	0.00	328,241.00
Group : [19] Subgroup : [3C]	Laundry-Basis for Allocation of Costs Other				
73-183-00	Laundry Expense>Supplies	8,487.00		0.00	8,487.00
Subtotal [3C]	Other	8,487.00		0.00	8,487.00
	-	-,,,,,,,,	-		2,121122
Total [19]	Laundry-Basis for Allocation of Costs	8,487.00		0.00	8,487.00
Group : [20]	Housekeeping and Resident Care Basis for Allocation	of Costs			
Subgroup : [4B]	Purchased Services	4 000 00		0.00	4 000 00
72-700-00	Housekeeping Expense>Contracted Service	1,330.00		0.00	1,330.00
Subtotal [4B]	Purchased Services	1,330.00		0.00	1,330.00
Subgroup : [4C]	Other				
72-183-00	Housekeeping Expense>Supplies	19,036.00		0.00	19,036.00
72-183-34	Housekeeping Expense>Supplies>COVID19	1,640.00		0.00	1,640.00
Subtotal [4C]	Other	20,676.00	_	0.00	20,676.00
Subgroup : [5A2]	Purchased from	700.00		0.00	700.00
62-000-00	Pharmacy Expense	738.00		0.00	738.00
62-145-00	Pharmacy Expense>RX Purchased from	306,999.00 307,737.00		0.00	306,999.00 307,737.00
Subtotal [5A2]		301,131.00		0.00	301,131.00
Subgroup : [5B]	Medicine Cabinet Drugs				
62-222-00	Pharmacy Expense>OTC	1,960.00		0.00	1,960.00
Subtotal [5B]	Medicine Cabinet Drugs	1,960.00		0.00	1,960.00
Subgroup : [5C]	Medical and Therapeutic Supplies				
68-183-00	Therapy Expense>Supplies	567.00		0.00	567.00
Subtotal [5C]	Medical and Therapeutic Supplies	567.00		0.00	567.00

Subgroup : [5E2]	Oxygen - Other				
64-223-00	Other Ancillary Expense>Oxygen	4,078.00		0.00	4,078.00
Subtotal [5E2]	Oxygen - Other	4,078.00		0.00	4,078.00
Subgroup : [5F]	X-Rays and related radiological				
64-225-00	Other Ancillary Expense>Radiology	23,079.00		0.00	23,079.00
64-225-34	Other Ancillary Expense>Radiology>COVID19	600.00		0.00	600.00
Subtotal [5F]	X-Rays and related radiological	23,679.00		0.00	23,679.00
Subgroup : [5H]	Laboratory				
64-224-00	Other Ancillary Expense>Lab	49,352.00		0.00	49,352.00
64-224-34	Other Ancillary Expense>Lab>COVID19	9,513.00		0.00	9,513.00
Subtotal [5H]	Laboratory	58,865.00		0.00	58,865.00
Subgroup : [5l]	Recreation				
71-183-00	Activity Expense>Supplies	1,617.00		0.00	1,617.00
71-202-00	Activity Expense>Resident Missing Items	238.00		0.00	238.00
71-700-00	Activity Expense Contracted Service	3,225.00		0.00	3,225.00
80-232-00 Subtotal [5I]	Admin Expense>Cable TV Recreation	16,238.00 21,318.00		0.00	16,238.00 21,318.00
oubtotal [51]	-	21,510.00	-	<u> </u>	21,510.00
Subgroup : [5L]	Other				
60-183-00	Nursing Expense>Supplies	129,198.00		0.00	129,198.00
60-183-34	Nursing Expense>Supplies>COVID19	49,281.00		0.00	49,281.00
60-205-00 60-208-00	Nursing Expense>Sanitation & Incineration Nursing Expense>Equip-Rental	618.00 21,623.00		0.00 0.00	618.00 21,623.00
60-230-00	Nursing Expense>Equip-Rental Nursing Expense>Data Processing	6,749.00		0.00	6.749.00
60-230-34	Nursing Expense>Data Processing>COVID19	774.00		0.00	774.00
Marcum 120	Indirect COVID Expense	0.00		2,683.00	2,683.00
	<u>-</u>		RJE - 3	2,683.00	
Subtotal [5L]	Other _	208,243.00		2,683.00	210,926.00
Total [20]	Housekeeping and Resident Care Basis for Allocation	648,453.00		2,683.00	651,136.00
0	Malatana and Barrata				
Group : [22] Subgroup : [6A]	Maintenance and Property Repairs and Maintenance				
60-207-00	Nursing Expense>Repairs & Maint	3,162.00		0.00	3,162.00
70-207-00	Dietary Expense>Repairs & Maint	779.00		0.00	779.00
75-207-00	Maintenance Expense>Repairs & Maint	41,957.00		0.00	41,957.00
Subtotal [6A]	Repairs and Maintenance	45,898.00		0.00	45,898.00
Subgroup : [6B]	Heat				
76-227-00	Utility Expense>Gas	16,130.00		0.00	16,130.00
Subtotal [6B]	Heat	16,130.00		0.00	16,130.00
Subgroup : [6C]	Light & Power				
76-228-00	Utility Expense>Electric	389,814.00		0.00	
Subtotal [6C]	Light & Power				389.814.00
	_	389,814.00		0.00	389,814.00 389,814.00
		389,814.00			
Subgroup : [6D]	Water	<u> </u>		0.00	389,814.00
76-229-00	Utility Expense>Water/Sewer	47,901.00		0.00	389,814.00 47,901.00
		<u> </u>	_	0.00	389,814.00
76-229-00	Utility Expense>Water/Sewer	47,901.00	=	0.00	389,814.00 47,901.00
76-229-00 Subtotal [6D] Subgroup : [6F] 75-183-00	Utility Expense>Water/Sewer Water Other Maintenance Expense>Supplies	47,901.00 47,901.00	_	0.00 0.00 0.00	389,814.00 47,901.00 47,901.00
76-229-00 Subtotal [6D] Subgroup : [6F] 75-183-00 75-205-00	Utility Expense>Water/Sewer Water Other Maintenance Expense>Supplies Maintenance Expense>Sanitation & Incineration	47,901.00 47,901.00 10,229.00 28,422.00		0.00 0.00 0.00	389,814.00 47,901.00 47,901.00 10,229.00 28,422.00
76-229-00 Subtotal [6D] Subgroup : [6F] 75-183-00 75-205-00 75-217-00	Utility Expense>Water/Sewer Water Other Maintenance Expense>Supplies Maintenance Expense>Sanitation & Incineration Maintenance Expense>Extermination	47,901.00 47,901.00 10,229.00 28,422.00 2,026.00		0.00 0.00 0.00 0.00 0.00 0.00	389,814.00 47,901.00 47,901.00 10,229.00 28,422.00 2,026.00
76-229-00 Subtotal [6D] Subgroup : [6F] 75-183-00 75-205-00 75-217-00 75-218-00	Utility Expense>Water/Sewer Water Other Maintenance Expense>Supplies Maintenance Expense>Sanitation & Incineration Maintenance Expense>Extermination Maintenance Expense>Snow Removal	47,901.00 47,901.00 10,229.00 28,422.00 2,026.00 9,704.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00	389,814.00 47,901.00 47,901.00 10,229.00 28,422.00 2,026.00 9,704.00
76-229-00 Subtotal [6D] Subgroup : [6F] 75-183-00 75-205-00 75-217-00	Utility Expense>Water/Sewer Water Other Maintenance Expense>Supplies Maintenance Expense>Sanitation & Incineration Maintenance Expense>Extermination	47,901.00 47,901.00 10,229.00 28,422.00 2,026.00		0.00 0.00 0.00 0.00 0.00 0.00	389,814.00 47,901.00 47,901.00 10,229.00 28,422.00 2,026.00
76-229-00 Subtrotal [6D] Subgroup : [6F] 75-183-00 75-205-00 75-218-00 75-218-00 75-219-00	Utility Expense>Water/Sewer Water Other Maintenance Expense>Supplies Maintenance Expense>Sanitation & Incineration Maintenance Expense>Extermination Maintenance Expense>Snow Removal Maintenance Expense>Landscaping	47,901.00 47,901.00 10,229.00 28,422.00 2,026.00 9,704.00 6,042.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	389,814.00 47,901.00 47,901.00 10,229.00 28,422.00 2,026.00 9,704.00 6,042.00
76-229-00 Subtotal [6D] Subgroup : [6F] 75-183-00 75-205-00 75-217-00 75-218-00 75-219-00 75-220-00	Utility Expense>Water/Sewer Water Other Maintenance Expense>Supplies Maintenance Expense>Sanitation & Incineration Maintenance Expense>Extermination Maintenance Expense>Snow Removal Maintenance Expense>Landscaping Maintenance Expense>Fire Drill	47,901.00 47,901.00 10,229.00 28,422.00 2,026.00 9,704.00 6,042.00 14,379.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	47,901.00 47,901.00 10,229.00 28,422.00 2,026.00 9,704.00 14,379.00
76-229-00 Subtotal [6D] Subgroup: [6F] 75-183-00 75-205-00 75-217-00 75-218-00 75-219-00 75-220-00 75-700-00 75-700-34 75-837-00	Utility Expense>Water/Sewer Water Other Maintenance Expense>Supplies Maintenance Expense>Sanitation & Incineration Maintenance Expense>Extermination Maintenance Expense>Snow Removal Maintenance Expense>Landscaping Maintenance Expense>Fire Drill Maintenance Expense>Fourtacted Service Maintenance Expense>Contracted Service>COVID19 Maintenance Expense>Security	47,901.00 47,901.00 10,229.00 28,422.00 2,026.00 9,704.00 6,042.00 14,379.00 26,446.00 19,568.00 2,761.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	47,901.00 47,901.00 10,229.00 28,422.00 2,026.00 9,704.00 6,042.00 14,379.00 26,446.00 19,568.00 2,761.00
76-229-00 Subtrotal [6D] Subgroup : [6F] 75-183-00 75-205-00 75-217-00 75-218-00 75-219-00 75-220-00 75-700-00 75-700-34	Utility Expense>Water/Sewer Water Other Maintenance Expense>Supplies Maintenance Expense>Sanitation & Incineration Maintenance Expense>Extermination Maintenance Expense>Snow Removal Maintenance Expense>Landscaping Maintenance Expense>Fire Drill Maintenance Expense>Contracted Service Maintenance Expense>Contracted Service>COVID19	47,901.00 47,901.00 10,229.00 28,422.00 2,026.00 9,704.00 6,042.00 14,379.00 26,446.00 19,568.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	47,901.00 47,901.00 10,229.00 28,422.00 2,026.00 9,704.00 6,042.00 14,379.00 26,446.00 19,568.00
76-229-00 Subtotal [6D] Subgroup: [6F] 75-183-00 75-205-00 75-217-00 75-218-00 75-219-00 75-220-00 75-700-00 75-700-34 75-837-00	Utility Expense>Water/Sewer Water Other Maintenance Expense>Supplies Maintenance Expense>Sanitation & Incineration Maintenance Expense>Extermination Maintenance Expense>Snow Removal Maintenance Expense>Landscaping Maintenance Expense>Fire Drill Maintenance Expense>Fourtacted Service Maintenance Expense>Contracted Service>COVID19 Maintenance Expense>Security	47,901.00 47,901.00 10,229.00 28,422.00 2,026.00 9,704.00 6,042.00 14,379.00 26,446.00 19,568.00 2,761.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	47,901.00 47,901.00 10,229.00 28,422.00 2,026.00 9,704.00 6,042.00 14,379.00 26,446.00 19,568.00 2,761.00
76-229-00 Subtotal [6D] Subgroup: [6F] 75-183-00 75-205-00 75-217-00 75-218-00 75-219-00 75-220-00 75-700-00 75-700-34 75-837-00 Subtotal [6F]	Utility Expense>Water/Sewer Water Other Maintenance Expense>Supplies Maintenance Expense>Sanitation & Incineration Maintenance Expense>Extermination Maintenance Expense>Extermination Maintenance Expense>Snow Removal Maintenance Expense>Landscaping Maintenance Expense>Fire Drill Maintenance Expense>Contracted Service Maintenance Expense>Contracted Service>COVID19 Maintenance Expense>Security Other	47,901.00 47,901.00 10,229.00 28,422.00 2,026.00 9,704.00 6,042.00 14,379.00 26,446.00 19,568.00 2,761.00 119,577.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	389,814.00 47,901.00 47,901.00 10,229.00 28,422.00 2,026.00 9,704.00 14,379.00 26,446.00 19,568.00 2,761.00 119,577.00
76-229-00 Subtotal [6D] Subgroup: [6F] 75-183-00 75-205-00 75-218-00 75-218-00 75-220-00 75-700-00 75-700-34 75-837-00 Subtotal [6F] Subgroup: [7D]	Utility Expense>Water/Sewer Water Other Maintenance Expense>Sanitation & Incineration Maintenance Expense>Extermination Maintenance Expense>Extermination Maintenance Expense>Sanitation Maintenance Expense>Snow Removal Maintenance Expense>Landscaping Maintenance Expense>Fire Drill Maintenance Expense>Contracted Service Maintenance Expense>Contracted Service>COVID19 Maintenance Expense>Security Other Movable Equipment	47,901.00 47,901.00 10,229.00 28,422.00 2,026.00 9,704.00 6,042.00 14,379.00 26,446.00 19,568.00 2,761.00 119,577.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	389,814.00 47,901.00 47,901.00 10,229.00 28,422.00 2,026.00 9,704.00 14,379.00 26,446.00 19,568.00 2,761.00
76-229-00 Subtotal [6D] Subgroup: [6F] 75-183-00 75-205-00 75-217-00 75-218-00 75-219-00 75-700-00 75-700-34 75-837-00 Subtotal [6F] Subgroup: [7D] 92-000-00 Subtotal [7D]	Utility Expense>Water/Sewer Water Other Maintenance Expense>Supplies Maintenance Expense>Sanitation & Incineration Maintenance Expense>Extermination Maintenance Expense>Snow Removal Maintenance Expense>Landscaping Maintenance Expense>Fire Drill Maintenance Expense>Contracted Service Maintenance Expense>Contracted Service>COVID19 Maintenance Expense>Security Other Movable Equipment Depreciation Expense Movable Equipment	47,901.00 47,901.00 10,229.00 28,422.00 2,026.00 9,704.00 6,042.00 14,379.00 26,446.00 19,568.00 2,761.00 119,577.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	47,901.00 47,901.00 10,229.00 28,422.00 2,026.00 9,704.00 14,379.00 26,446.00 19,568.00 2,761.00 81,669.00
76-229-00 Subtotal [6D] Subgroup: [6F] 75-183-00 75-205-00 75-218-00 75-219-00 75-700-00 75-700-34 75-837-00 Subtotal [6F] Subgroup: [7D] 92-000-00	Utility Expense>Water/Sewer Water Other Maintenance Expense>Sanitation & Incineration Maintenance Expense>Extermination Maintenance Expense>Extermination Maintenance Expense>Sanitation & Incineration Maintenance Expense>Extermination Maintenance Expense>Snow Removal Maintenance Expense>Landscaping Maintenance Expense>Fire Drill Maintenance Expense>Contracted Service Maintenance Expense>Contracted Service>COVID19 Maintenance Expense>Security Other Movable Equipment Depreciation Expense	47,901.00 47,901.00 10,229.00 28,422.00 2,026.00 9,704.00 6,042.00 14,379.00 26,446.00 19,568.00 2,761.00 119,577.00 81,669.00 81,669.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	389,814.00 47,901.00 47,901.00 10,229.00 28,422.00 2,026.00 9,704.00 6,042.00 14,379.00 26,446.00 19,568.00 2,761.00 119,577.00 81,669.00 81,669.00
76-229-00 Subtotal [6D] Subgroup: [6F] 75-183-00 75-205-00 75-217-00 75-218-00 75-219-00 75-700-00 75-700-34 75-837-00 Subtotal [6F] Subgroup: [7D] 92-000-00 Subtotal [7D]	Utility Expense>Water/Sewer Water Other Maintenance Expense>Supplies Maintenance Expense>Sanitation & Incineration Maintenance Expense>Extermination Maintenance Expense>Extermination Maintenance Expense>Landscaping Maintenance Expense>Lindscaping Maintenance Expense>Contracted Service Maintenance Expense>Contracted Service>COVID19 Maintenance Expense>Security Other Movable Equipment Depreciation Expense Movable Equipment Rental Payments	47,901.00 47,901.00 10,229.00 28,422.00 2,026.00 9,704.00 6,042.00 14,379.00 26,446.00 19,568.00 2,761.00 119,577.00		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	389,814.00 47,901.00 47,901.00 10,229.00 28,422.00 2,026.00 9,704.00 14,379.00 26,446.00 19,568.00 2,761.00 119,577.00

Subgroup : [10B]	Real estate taxes paid by lessor			
91-161-00	Property Expense>RE Taxes	122,623.00	0.00	122,623.00
Subtotal [10B]	Real estate taxes paid by lessor	122,623.00	0.00	122,623.00
		_		
Subgroup : [10C]	Personal property taxes			
91-261-00	Property Expense>Personal Prop Taxes	30,782.00	0.00	30,782.00
Subtotal [10C]	Personal property taxes	30,782.00	0.00	30,782.00
Total [22]	Maintenance and Property	2,174,394.00	0.00	2,174,394.00
	=			
Group : [27]	Interest and Insurance			
Subgroup : [12D]	Other Interest Expense			
94-000-00	Interest Expense	952,297.00	0.00	952,297.00
Subtotal [12D]	Other Interest Expense	952,297.00	0.00	952,297.00
Subgroup : [14A]	Insurance on Property			
80-165-00	Admin Expense>Insurance - Property	16,937.00	0.00	16,937.00
Subtotal [14A]	Insurance on Property	16,937.00	0.00	16,937.00
Subgroup : [14C3]	Other			
24-164-00	Accrued Expenses>Insurance - Surety Bond	43.00	0.00	43.00
80-162-00	Admin Expense>Insurance - General Liability & Other	160,778.00	0.00	160,778.00
80-163-00	Admin Expense>Insurance - EPLI	10,878.00	0.00	10,878.00
80-164-00	Admin Expense>Surety Bond	549.00	0.00	549.00
Subtotal [14C3]	Other _	172,248.00	0.00	172,248.00
Total [27]	Interest and Insurance	1,141,482.00	0.00	1,141,482.00
10(4) [27]	= =	1,141,402.00	0.00	1,141,402.00
Group : [30]	Statement of Revenue			
Subgroup : [1A]	Medicaid Residents (CT only)			
40-111-00	Room & Board Revenue>Medicaid	(4,544,087.00)	0.00	(4,544,087.00)
Subtotal [1A]	Medicaid Residents (CT only)	(4,544,087.00)	0.00	(4,544,087.00)
Subgroup : [3A]	Medicare Residents (All inclusive)			
40-102-00	Room & Board Revenue>Medicare A	(5,827,049.00)	0.00	(5,827,049.00)
Subtotal [3A]	Medicare Residents (All inclusive)	(5,827,049.00)	0.00	(5,827,049.00)
Subgroup : [3B]	Medicare room and board contractual allowance			
40-102-14	Room & Board Revenue>Medicare A>Sequester	59,007.00	0.00	59,007.00
Subtotal [3B]	Medicare room and board contractual allowance	59,007.00	0.00	59,007.00
	-			
Subgroup : [4A]	Private-pay residents and other			
40-104-00	Room & Board Revenue>Private	(1,474,774.00)	0.00	(1,474,774.00)
40-105-00	Room & Board Revenue>HMO	(1,232,393.00)	0.00	(1,232,393.00)
40-109-00	Room & Board Revenue>Hospice	(201,247.00)	0.00	(201,247.00)
40-109-14	Room & Board>Hospice>Sequester	(63,884.00)	0.00	(63,884.00)
Subtotal [4A]	Private-pay residents and other	(2,972,298.00)	0.00	(2,972,298.00)
Subaroup : [4P]	Brivate new room and heard contractual allowance			
Subgroup : [4B] 40-105-14	Private-pay room and board contractual allowance Room & Board Revenue>HMO>Sequester	17,299.00	0.00	17,299.00
Subtotal [4B]	Private-pay room and board contractual allowance	17,299.00	0.00	17,299.00
		,		,
Subgroup : [5A]	Prescription Drugs - Medicare			
41-102-00	Pharmacy Rev>Medicare A	(242,488.00)	0.00	(242,488.00)
41-102-01	Pharmacy Rev>Medicare A>C/A	242,488.00	0.00	242,488.00
Subtotal [5A]	Prescription Drugs - Medicare	0.00	0.00	0.00
Subgroup : [5B]	Prescription Drugs - Medicare Contractual Allowance	(4.007.00)	0.00	(4.007.00)
41-105-00	Pharmacy Rev>HMO	(1,027.00)	0.00	(1,027.00)
41-105-01 Subtotal [5B]	Pharmacy Rev>HMO>C/A	1,027.00	0.00	1,027.00
Subtotal [56]	Prescription Drugs - Medicare Contractual Allowance	0.00	0.00	0.00
Subgroup : [7A]	Physical Therapy - Medicare			
42-102-00	PT Revenue>Medicare A	(380,531.00)	0.00	(380,531.00)
42-103-00	PT Revenue>Medicare B	(159,763.00)	0.00	(159,763.00)
Subtotal [7A]	Physical Therapy - Medicare	(540,294.00)	0.00	(540,294.00)
	_			
Subgroup : [7B]	Physical Therapy - Medicare Contractual Allowance			
42-102-01	PT Revenue>Medicare A>C/A	380,531.00	0.00	380,531.00
Subtotal [7B]	Physical Therapy - Medicare Contractual Allowance	380,531.00	0.00	380,531.00
Subgroup : [7C]	Physical Therapy - Non-medicare			
42-104-00	PT Revenue>Private	(854.00)	0.00	(854.00)
42-105-00	PT Revenue>HMO	(140,236.00)	0.00	(140,236.00)
		· · · · · · · · · · · · · · · · · · ·	*:**	(-,====)

Subtotal [7C]	Physical Therapy - Non-medicare	(141,090.00)	0.00	(141,090.00)
Oh	Bhariad Thamas Namadiana Cantur to Allaman			
Subgroup : [7D] 42-105-01	Physical Therapy - Non-medicare Contractual Allowan PT Revenue>HMO>C/A	ce 102,212.00	0.00	102,212.00
Subtotal [7D]	Physical Therapy - Non-medicare Contractual Allowan		0.00	102,212.00
	,	,		
Subgroup : [8A]	Speech Therapy - Medicare			
44-102-00	ST Revenue>Medicare A	(148,202.00)	0.00	(148,202.00)
44-103-00	ST Revenue>Medicare B	(43,298.00)	0.00	(43,298.00)
Subtotal [8A]	Speech Therapy - Medicare	(191,500.00)	0.00	(191,500.00)
Subgroup : [8B]	Speech Therapy - Medicare Contractual Allowance			
3ubgroup . [8В] 44-102-01	ST Revenue>Medicare A>C/A	148,202.00	0.00	148,202.00
Subtotal [8B]	Speech Therapy - Medicare Contractual Allowance	148,202.00	0.00	148,202.00
	,	<u> </u>		· · · · · · · · · · · · · · · · · · ·
Subgroup : [8C]	Speech Therapy - Non-medicare			
44-104-00	ST Revenue>Private	(191.00)	0.00	(191.00)
44-105-00	ST Revenue>HMO	(42,832.00)	0.00	(42,832.00)
44-111-00	ST Revenue>Medicaid	(14,083.00)	0.00 0.00	(14,083.00)
Subtotal [8C]	Speech Therapy - Non-medicare	(57,106.00)	0.00	(57,106.00)
Subgroup : [8D]	Speech Therapy - Non-medicare Contractual Allowanc	e		
44-105-01	ST Revenue>HMO>C/A	30,600.00	0.00	30,600.00
44-111-01	ST Revenue>Medicaid>C/A	14,083.00	0.00	14,083.00
Subtotal [8D]	Speech Therapy - Non-medicare Contractual Allowance	44,683.00	0.00	44,683.00
Subgroup : [9A]	Occupational Therapy - Medicare			/
43-102-00	OT Revenue>Medicare A	(386,655.00)	0.00	(386,655.00)
43-103-00 Subtotal [9A]	OT Revenue>Medicare B Occupational Therapy - Medicare	(139,404.00) (526,059.00)	0.00	(139,404.00) (526,059.00)
Subtotal [9A]	Occupational Therapy - Medicare	(320,039.00)	0.00	(320,039.00)
Subgroup : [9B]	Occupational Therapy - Medicare Contractual Allowan	ce		
43-102-01	OT Revenue>Medicare A>C/A	386,655.00	0.00	386,655.00
Subtotal [9B]	Occupational Therapy - Medicare Contractual Allowan	386,655.00	0.00	386,655.00
Subgroup : [9C]	Occupational Therapy - Non-medicare			
43-104-00	OT Revenue>Private	(333.00)	0.00	(333.00)
43-105-00	OT Revenue>HMO	(132,899.00)	0.00	(132,899.00)
43-111-00 Subtotal [9C]	OT Revenue>Medicaid Occupational Therapy - Non-medicare	(28,453.00) (161,685.00)	0.00 0.00	(28,453.00) (161,685.00)
oubtotal [50]	Occupational Therapy - Non-medicare	(101,000.00)	0.00	(101,000.00)
Subgroup : [9D]	Occupational Therapy - Non-medicare Contractual Allo	owance		
43-105-01	OT Revenue>HMO>C/A	98,245.00	0.00	98,245.00
43-111-01	OT Revenue>Medicaid>C/A	28,453.00	0.00	28,453.00
Subtotal [9D]	Occupational Therapy - Non-medicare Contractual Allo	126,698.00	0.00	126,698.00
0	Others Medices			
Subgroup : [10A] 46-102-00	Other - Medicare Lab Rev>Medicare A	(33.047.00)	0.00	(22.047.00)
46-102-00 46-102-01	Lab Rev>Medicare A Lab Rev>Medicare A>C/A	(33,047.00) 33,047.00	0.00	(33,047.00) 33,047.00
47-103-00	Other Ancillary Rev>Medicare B	(2,431.00)	0.00	(2,431.00)
52-102-00	Revenue Adjustments>Medicare A	133.00	0.00	133.00
Subtotal [10A]	Other - Medicare	(2,298.00)	0.00	(2,298.00)
Subgroup : [10B]	Other - Non-medicare			
46-104-00	Lab Rev>Private	(154.00)	0.00	(154.00)
47-102-00	Other Ancillary Rev>Medicare A	(11,381.00)	0.00	(11,381.00)
47-102-01 47-104-00	Other Ancillary Revenues Private	9,420.00	0.00	9,420.00
47-104-00 47-105-00	Other Ancillary Revenue>Private Other Ancillary Rev>HMO	(306.00) (1,022.00)	0.00 0.00	(306.00) (1,022.00)
47-105-00	Other Ancillary Rev>HMO>C/A	204.00	0.00	204.00
47-103-01	Other Ancillary Rev>Medicaid	(578.00)	0.00	(578.00)
52-104-00	Revenue Adjustments>Private	613.00	0.00	613.00
52-105-00	Revenue Adjustments>HMO	(1,821.00)	0.00	(1,821.00)
52-111-34	Revenue Adjustments>Medicaid>COVID19	(37,113.00)	0.00	(37,113.00)
52-123-00	Revenue Adjustments>Ancillary	638.00	0.00	638.00
Subtotal [10B]	Other - Non-medicare	(41,500.00)	0.00	(41,500.00)
0	lada arand la arana			
Subgroup : [15] 51-160-00	Interest Income Other Rev>Interest	(522.00)	0.00	(522.00)
Subtotal [15]	Interest Income	(522.00) (522.00)	0.00	(522.00)
		((322.03)
Subgroup : [18]	Other Revenue			
51-100-00	Other Rev>Miscellaneous	(1,058.00)	0.00	(1,058.00)
51-818-00	Other Rev>Medical Records	(237.00)	0.00	(237.00)

Subtotal [18]	Other Revenue	(1,295.00)	0.00	(1,295.00)
Total [30]	Statement of Revenue	(13,741,496.00)	0.00	(13,741,496.00)
0	Accepta			
Group : [31-32] Subgroup : [A1]	Assets Cash			
10-001-02	Cash>Clearing>Payroll	(110,265.00)	0.00	(110,265.00)
10-001-02	Cash>Operating>Salmon Brook	709,485.00	0.00	709,485.00
10-014-00	Cash>Petty Cash Facility	500.00	0.00	500.00
10-015-00	Cash>Petty Cash PNA	500.00	0.00	500.00
10-030-40	Cash>Govt>Salmon Brook	1.00	0.00	1.00
10-060-40	Cash>Resident Trust>Salmon Brook	82,339.00	0.00	82,339.00
10-061-00	Cash>Care Cost	500.00	0.00	500.00
Subtotal [A1]	Cash	683,060.00	0.00	683,060.00
Subgroup : [A2]	Resident A/R	4 040 400 00	2.22	1 010 100 00
11-102-00	Accounts Receivable>Medicare A	1,619,499.00	0.00	1,619,499.00
11-104-00	Accounts Receivable>Private	459,460.00	0.00	459,460.00
11-105-00	Accounts Receivable>HMO	308,163.00	0.00	308,163.00
11-109-00	Accounts Receivable>Hospice	60,497.00	0.00	60,497.00
11-111-00	Accounts Receivable>Medicaid	981,038.00	0.00	981,038.00
11-112-00	Accounts Receivable>Income	41,366.00	0.00	41,366.00
11-120-00	Accounts Receivable>Allow for Doubtful Accts	(185,531.00)	0.00	(185,531.00)
11-122-00	Accounts Receivable>Medicare Colns Write Off	5,401.00	0.00	5,401.00
11-123-00	Accounts Receivable>Ancillary	116,229.00	0.00	116,229.00
Subtotal [A2]	Resident A/R	3,406,122.00	0.00	3,406,122.00
Subgroup : [A5]	Prepaid Expenses			
12-000-00	Prepaid Expenses	4,539.00	0.00	4,539.00
12-124-00	Prepaid Expenses>Insurance	8,883.00	0.00	8,883.00
12-124-00	Prepaid Expenses>Traces	37,614.00	0.00	37,614.00
Subtotal [A5]	Prepaid Expenses	51,036.00	0.00	51,036.00
Subtotal [A3]	Frepaid Expenses	31,030.00		31,030.00
Subgroup : [B4]	Leasehold Improvements			
14-131-00	Fixed Assets>Leasehold Improvements	88,471.00	0.00	88,471.00
14-137-01	Fixed Asset>Capital Lease>Copier	50,184.00	0.00	50,184.00
15-131-00	Accum Depn>Leasehold Improvements	(4,427.00)	0.00	(4,427.00)
15-137-01	Accumulated Depn>Capital Lease>Copier	(8,440.00)	0.00	(8,440.00)
Subtotal [B4]	Leasehold Improvements	125,788.00	0.00	125,788.00
			·	
Subgroup : [B6]	Movable Equipment			
14-132-00	Fixed Assets>Furniture, Fixtures and Equipment	20,976.00	0.00	20,976.00
14-133-00	Fixed Assets>Medical Equipment	1,235.00	0.00	1,235.00
14-134-00	Fixed Assets>Computer Hardware	7,103.00	0.00	7,103.00
14-305-00	Fixed Assets>Sales Use Tax	3,840.00	0.00	3,840.00
15-132-00	Accum Depn>Furniture, Fixtures and Equipment	(2,193.00)	0.00	(2,193.00)
15-133-00	Accum Depn>Medical Equipment	(172.00)	0.00	(172.00)
15-134-00	Accum Depn>Computer Hardware	(1,411.00)	0.00	(1,411.00)
15-305-00	Accum Depn>Sales Use Tax	(934.00)	0.00	(934.00)
Subtotal [B6]	Movable Equipment	28,444.00	0.00	28,444.00
Subgroup : [B9]	Other Fixed Assets			
14-136-00	Fixed Assets>CIP	7,400.00	0.00	7,400.00
Subtotal [B9]	Other Fixed Assets	7,400.00	0.00	7,400.00
• •		<u> </u>		<u> </u>
Subgroup : [D1]	Deferred Deposits			
13-128-00	Due From>Vendor Security Deposits	500.00	0.00	500.00
Subtotal [D1]	Deferred Deposits	500.00	0.00	500.00
Subgroup : [D3]	Organization Expense			
14-252-00	Fixed Assets>Startup Costs	93,120.00	0.00	93,120.00
15-252-00	Accum Depn>Startup Costs	(100,904.00)	0.00	(100,904.00)
17-000-00	Deferred Financing Costs	1,003.00	0.00	1,003.00
Subtotal [D3]	Organization Expense	(6,781.00)	0.00	(6,781.00)
Subgroup : [D6]	Loans to Owners or Related Parties			
27-000-41	Due To/(From)>Sky View	75,057.00	0.00	75,057.00
27-000-41	Due To/(From)>Realty Salmon Brook	(2,565,874.00)	0.00	(2,565,874.00)
27-000-42	Due To/(From)>Reality Salmon Brook Due To/(From)>West Haven	(2,565,674.00)	0.00	(2,565,674.00)
27-000-90	Due To/(From)>West Haven Due To/(From)>Waterbury	839.00	0.00	839.00
Subtotal [D6]	Loans to Owners or Related Parties	(2,489,101.00)	0.00	(2,489,101.00)
Subtotal [D0]	Louis to Omiters Of Melaten Fallies	(2,403,101.00)	0.00	(2,403,101.00)
Subgroup : [D7]	Other Assets			
13-127-00	Due From>Old Owner	(110,181.00)	0.00	(110,181.00)
				, ,

27-000-78	Due To/(From)>Maplewood	(149,078.00)	0.00	(149,078.00)
27-000-82	Due To/(From)>Saugus	738.00	0.00	738.00
27-111-00	Due To/(From)>Medicaid	2,305.00	0.00	2,305.00
27-172-00	Due To/(From)>Vendor	371.00	0.00	371.00
Subtotal [D7]	Other Assets	(255,845.00)	0.00	(255,845.00)
oubtotal [D1]	Other Assets	(200,040.00)	0.00	(233,043.00)
Total [31-32]	Assets	1,550,623.00	0.00	1,550,623.00
Group : [33-34]	Liabilities			
Subgroup : [A1]	Trade A/P			
20-000-00	Accounts Payable	(970,783.00)	0.00	(970,783.00)
21-141-00	Other Current Payables>Employee Benefits	(153.00)	0.00	(153.00)
21-150-00	Other Current Payables>Union Dues W/H	(736.00)	0.00	(736.00)
21-350-00	Other Current Payables>Resident Funds	(82,339.00)	0.00	(82,339.00)
	•			
21-884-00	Other Current Payable>Disability & Other Insurance	(21.00)	0.00	(21.00)
Subtotal [A1]	Trade A/P	(1,054,032.00)	0.00	(1,054,032.00)
Subgroup : [A2]	Notes Payable (Current)			
22-000-34	Note Payable>PPP Loan>COVID19	(1,009,000.00)	0.00	(1,009,000.00)
	•	, , , , , , , , , , , , , , , , , , , ,		
22-310-00	Note Payable>Misc	200,000.00	0.00	200,000.00
Subtotal [A2]	Notes Payable (Current)	(809,000.00)	0.00	(809,000.00)
Subgroup : [A4]	Accrued Payroll			
23-000-00	Accrued Wages & Related	(62,066.00)	0.00	(62,066.00)
	· ·	, , ,		, , ,
23-157-00	Accrued Expenses>PTO	(154,800.00)	0.00	(154,800.00)
Subtotal [A4]	Accrued Payroll	(216,866.00)	0.00	(216,866.00)
C., b	Asserted Devicell Toyon Develop			
Subgroup : [A6]	Accrued Payroll Taxes Payable	(044.00)	0.00	(044.00)
21-274-00	Other Current Payables>SUI Payable	(211.00)	0.00	(211.00)
21-276-00	Other Current Payables>SWT Payable	(101,638.00)	0.00	(101,638.00)
Subtotal [A6]	Accrued Payroll Taxes Payable	(101,849.00)	0.00	(101,849.00)
Subgroup : [A7]	Medicare Final Settlement Payable			
27-102-00	Due To/(From)>Medicare A	(9,579.00)	0.00	(9,579.00)
Subtotal [A7]	Medicare Final Settlement Payable	(9,579.00)	0.00	(9,579.00)
Subgroup : [A12]	Other Current Liabilities			
24-000-00	Accrued Expenses	(210,961.00)	0.00	(210,961.00)
24-137-01	Accrued Expenses>Capital Lease>Copier	(45,551.00)	0.00	(45,551.00)
24-162-00	Accrued Expenses>Insurance - General Liability & Other	(1,090.00)	0.00	(1,090.00)
			0.00	
24-165-00	Accrued Expenses>Insurance - Property	1,339.00		1,339.00
24-285-00	Accrued Expenses>Year End Adjustments	(1,255.00)	0.00	(1,255.00)
25-102-34	Deferred Revenue>Medicare>COVID19	(791,372.00)	0.00	(791,372.00)
25-111-34	Deferred Revenue>Medicaid>COVID19	(295,244.00)	0.00	(295,244.00)
Subtotal [A12]	Other Current Liabilities	(1,344,134.00)	0.00	(1,344,134.00)
		-		
Subgroup : [B3]	Loans from Owners or Related Parties			
27-000-31	Due To/(From)>Salmon Partners	879.00	0.00	879.00
27-000-50	Due To/(From)>Sharon	20,000.00	0.00	20,000.00
27-000-87	Due To/(From)>Torrington	963.00	0.00	963.00
27-000-88	Due To/(From)>New Haven	1,588.00	0.00	1,588.00
27-000-92	Due To/(From)>Regal Care Management Group	989,015.00	0.00	989,015.00
27-000-93	Due To/(From)>RC Holdings	(8,572.00)	0.00	(8,572.00)
27-000-95	Due To/(From)>Norwich	701.00	0.00	701.00
27-000-96	Due To/(From)>New London	(236.00)	0.00	(236.00)
27-152-00	Due To/(From)>Employee	(5,364.00)	0.00	(5,364.00)
27-315-00	Due To/(From)>Fairview at Southport	1,136.00	0.00	1,136.00
27-316-00	Due To/(From)>Fairview at Greenwich	1,267.00	0.00	1,267.00
27-328-00	Due To/(From)>Michelle Cortina	50,000.00	0.00	50,000.00
27-400-00	Due to/(from)>Eli Mirlis	105,000.00	0.00	105,000.00
Subtotal [B3]	Loans from Owners or Related Parties	1,156,377.00	0.00	1,156,377.00
Subgroup : [B4]	Other Long-Term Liabilities			
27-000-83	Due To/(From)>Twin Oaks	(149,353.00)	0.00	(149,353.00)
27-105-00	Due To/(From)>HMO	(20,417.00)	0.00	(20,417.00)
Subtotal [B4]	Other Long-Term Liabilities	(169,770.00)	0.00	(169,770.00)
Total [33-34]	Liabilities	(2,548,853.00)	0.00	(2,548,853.00)
Group : [35]	Equity			
Subgroup : [B5]	Cumulated Earnings			
	_	400.045.00	0.00	402.045.00
30-000-00	Retained Earnings	483,045.00	0.00	483,045.00
Subtotal [B5]	Cumulated Earnings	483,045.00	0.00	483,045.00

Total [35]	Equity	483,045.00	0.00	483,045.00
	NET (INCOME) LOSS	0.00	0.00	0.00
	Sum of Account Groups	0.00	0.00	0.00

Client: Salmon Brook

Engagement: Medicaid - Salmon Brook
Period Ending: 9/30/2020
Trial Balance: A.01 - TB-CCNH

Trial Balance:	A.01 - TB-CCNH				
Account	Description	ADJ	JE Ref#	RJE	FINAL
		9/30/2020			9/30/2020
10-001-02	Cash>Clearing>Payroll	(110,265.00)			(110,265.00)
10-010-40	Cash>Operating>Salmon Brook	709,485.00			709,485.00
10-014-00	Cash>Petty Cash Facility	500.00			500.00
10-015-00	Cash>Petty Cash PNA	500.00			500.00
10-030-40	Cash>Govt>Salmon Brook	1.00			1.00
10-060-40	Cash>Resident Trust>Salmon Brook	82,339.00			82,339.00
10-061-00	Cash>Care Cost	500.00			500.00
11-102-00	Accounts Receivable>Medicare A	1,619,499.00			1,619,499.00
11-104-00	Accounts Receivable>Private	459,460.00			459,460.00
11-105-00	Accounts Receivable>HMO	308,163.00			308,163.00
11-109-00	Accounts Receivable>Hospice	60,497.00			60,497.00
11-111-00	Accounts Receivable>Medicaid	981,038.00			981,038.00
11-112-00	Accounts Receivable>Income	41,366.00			41,366.00
11-120-00	Accounts Receivable>Allow for Doubtful Accts	(185,531.00)			(185,531.00)
11-122-00	Accounts Receivable>Medicare Colns Write Off	5,401.00			5,401.00
11-123-00	Accounts Receivable>Ancillary	116,229.00			116,229.00
12-000-00	Prepaid Expenses	4,539.00			4,539.00
12-124-00 12-126-00	Prepaid Expenses>Insurance Prepaid Expenses>Taxes	8,883.00 37,614.00			8,883.00 37,614.00
13-127-00	Due From>Old Owner	(110,181.00)			(110,181.00)
13-127-00	Due From>Vendor Security Deposits	500.00			500.00
14-131-00	Fixed Assets>Leasehold Improvements	88,471.00			88,471.00
14-132-00	Fixed Assets>Furniture, Fixtures and Equipment	20,976.00			20,976.00
14-133-00	Fixed Assets>Medical Equipment	1,235.00			1,235.00
14-134-00	Fixed Assets>Computer Hardware	7,103.00			7,103.00
14-136-00	Fixed Assets>CIP	7,400.00			7,400.00
14-137-01	Fixed Asset>Capital Lease>Copier	50,184.00			50,184.00
14-252-00	Fixed Assets>Startup Costs	93,120.00			93,120.00
14-305-00	Fixed Assets>Sales Use Tax	3,840.00			3,840.00
15-131-00	Accum Depn>Leasehold Improvements	(4,427.00)			(4,427.00)
15-132-00	Accum Depn>Furniture, Fixtures and Equipment	(2,193.00)			(2,193.00)
15-133-00	Accum Depn>Medical Equipment	(172.00)			(172.00)
15-134-00	Accum Depn>Computer Hardware	(1,411.00)			(1,411.00)
15-137-01	Accumulated Depn>Capital Lease>Copier	(8,440.00)			(8,440.00)
15-252-00	Accum Depn>Startup Costs	(100,904.00)			(100,904.00)
15-305-00	Accum Depn>Sales Use Tax	(934.00)			(934.00)
17-000-00	Deferred Financing Costs	1,003.00			1,003.00
20-000-00	Accounts Payable	(970,783.00)			(970,783.00)
21-141-00	Other Current Payables>Employee Benefits	(153.00)			(153.00)
21-150-00 21-274-00	Other Current Payables>Union Dues W/H Other Current Payables>SUI Payable	(736.00) (211.00)			(736.00) (211.00)
21-274-00	· · · · · · · · · · · · · · · · · · ·	,			,
21-350-00	Other Current Payables>SWT Payable Other Current Payables>Resident Funds	(101,638.00) (82,339.00)			(101,638.00) (82,339.00)
21-884-00	Other Current Payables Resident Punds Other Current Payables Disability & Other Insurance	(02,339.00)			(21.00)
22-000-34	Note Payable>PPP Loan>COVID19	(1,009,000.00)			(1,009,000.00)
22-310-00	Note Payable>Misc	200,000.00			200,000.00
23-000-00	Accrued Wages & Related	(62,066.00)			(62,066.00)
23-157-00	Accrued Expenses>PTO	(154,800.00)			(154,800.00)
24-000-00	Accrued Expenses	(210,961.00)			(210,961.00)
24-137-01	Accrued Expenses>Capital Lease>Copier	(45,551.00)			(45,551.00)
24-162-00	Accrued Expenses>Insurance - General Liability & Other	(1,090.00)			(1,090.00)
24-163-00	Accrued Expenses>Insurance - EPLI	363.00			363.00
24-164-00	Accrued Expenses>Insurance - Surety Bond	43.00			43.00
24-165-00	Accrued Expenses>Insurance - Property	1,339.00			1,339.00
24-285-00	Accrued Expenses>Year End Adjustments	(1,255.00)			(1,255.00)
25-102-34	Deferred Revenue>Medicare>COVID19	(791,372.00)			(791,372.00)
25-111-34	Deferred Revenue>Medicaid>COVID19	(295,244.00)			(295,244.00)
27-000-31	Due To/(From)>Salmon Partners	879.00			879.00

Account	Description	ADJ JE Ref#	RJE FINAL
		9/30/2020	9/30/2020
27-000-41	Due To/(From)>Sky View	75,057.00	75,057.00
27-000-42	Due To/(From)>Realty Salmon Brook	(2,565,874.00)	(2,565,874.00)
27-000-50	Due To/(From)>Sharon	20,000.00	20,000.00
27-000-78	Due To/(From)>Maplewood	(149,078.00)	(149,078.00)
27-000-82	Due To/(From)>Saugus	738.00	738.00
27-000-83 27-000-87	Due To/(From)>Twin Oaks Due To/(From)>Torrington	(149,353.00) 963.00	(149,353.00) 963.00
27-000-87	Due To/(From)>New Haven	1,588.00	1,588.00
27-000-90	Due To/(From)>West Haven	877.00	877.00
27-000-91	Due To/(From)>Waterbury	839.00	839.00
27-000-92	Due To/(From)>Regal Care Management Group	989,015.00	989,015.00
27-000-93	Due To/(From)>RC Holdings	(8,572.00)	(8,572.00)
27-000-95	Due To/(From)>Norwich	701.00	701.00
27-000-96	Due To/(From)>New London	(236.00)	(236.00)
27-102-00 27-105-00	Due To/(From)>HMO	(9,579.00)	(9,579.00)
27-103-00	Due To/(From)>HMO Due To/(From)>Medicaid	(20,417.00) 2,305.00	(20,417.00) 2,305.00
27-111-00	Due To/(From)>Employee	(5,364.00)	(5,364.00)
27-172-00	Due To/(From)>Vendor	371.00	371.00
27-315-00	Due To/(From)>Fairview at Southport	1,136.00	1,136.00
27-316-00	Due To/(From)>Fairview at Greenwich	1,267.00	1,267.00
27-328-00	Due To/(From)>Michelle Cortina	50,000.00	50,000.00
27-400-00	Due to/(from)>Eli Mirlis	105,000.00	105,000.00
30-000-00	Retained Earnings	483,045.00	483,045.00
40-102-00	Room & Board Revenue>Medicare A	(5,827,049.00)	(5,827,049.00)
40-102-14 40-104-00	Room & Board Revenue>Medicare A>Sequester Room & Board Revenue>Private	59,007.00 (1,474,774.00)	59,007.00 (1,474,774.00)
40-105-00	Room & Board Revenue>HMO	(1,474,774.00)	(1,232,393.00)
40-105-14	Room & Board Revenue>HMO>Sequester	17,299.00	17,299.00
40-109-00	Room & Board Revenue>Hospice	(201,247.00)	(201,247.00)
40-109-14	Room & Board>Hospice>Sequester	(63,884.00)	(63,884.00)
40-111-00	Room & Board Revenue>Medicaid	(4,544,087.00)	(4,544,087.00)
41-102-00	Pharmacy Rev>Medicare A	(242,488.00)	(242,488.00)
41-102-01	Pharmacy Rev>Medicare A>C/A	242,488.00	242,488.00
41-105-00	Pharmacy Rev>HMO	(1,027.00)	(1,027.00)
41-105-01 42-102-00	Pharmacy Rev>HMO>C/A PT Revenue>Medicare A	1,027.00 (380,531.00)	1,027.00 (380,531.00)
42-102-00	PT Revenue>Medicare A>C/A	380,531.00	380,531.00
42-103-00	PT Revenue>Medicare B	(159,763.00)	(159,763.00)
42-104-00	PT Revenue>Private	(854.00)	(854.00)
42-105-00	PT Revenue>HMO	(140,236.00)	(140,236.00)
42-105-01	PT Revenue>HMO>C/A	102,212.00	102,212.00
43-102-00	OT Revenue>Medicare A	(386,655.00)	(386,655.00)
43-102-01	OT Revenue>Medicare A>C/A	386,655.00	386,655.00
43-103-00	OT Revenue>Medicare B	(139,404.00)	(139,404.00)
43-104-00	OT Revenue>Private	(333.00)	(333.00)
43-105-00 43-105-01	OT Revenue>HMO OT Revenue>HMO>C/A	(132,899.00) 98,245.00	(132,899.00) 98,245.00
43-111-00	OT Revenue>Medicaid	(28,453.00)	(28,453.00)
43-111-01	OT Revenue>Medicaid>C/A	28,453.00	28,453.00
44-102-00	ST Revenue>Medicare A	(148,202.00)	(148,202.00)
44-102-01	ST Revenue>Medicare A>C/A	148,202.00	148,202.00
44-103-00	ST Revenue>Medicare B	(43,298.00)	(43,298.00)
44-104-00	ST Revenue>Private	(191.00)	(191.00)
44-105-00	ST Revenue>HMO	(42,832.00)	(42,832.00)
44-105-01	ST Revenue>HMO>C/A	30,600.00	30,600.00
44-111-00	ST Revenue>Medicaid	(14,083.00)	(14,083.00)
44-111-01 46-102-00	ST Revenue>Medicaid>C/A Lab Rev>Medicare A	14,083.00	14,083.00
46-102-00 46-102-01	Lab Rev>Medicare A Lab Rev>Medicare A>C/A	(33,047.00) 33,047.00	(33,047.00) 33,047.00
46-104-00	Lab Rev>Private	(154.00)	(154.00)
47-102-00	Other Ancillary Rev>Medicare A	(11,381.00)	(11,381.00)
	•		· · · · · · · · · · · · · · · · · · ·

47-102-01	Account	Description	ADJ	JE Ref#	RJE	FINAL
47-102-01 Other Ancillary Rev-Medicare A C/A						
47-103-00 Other Ancillary Rev=Medicare B (2,431-00) (2,431-00) (306.00) (306.00) (306.00) (306.00) (47-105-00) Other Ancillary Rev=HMO (1,022-00) (1,022-00) (1,022-00) (1,022-00) (1,022-00) (1,022-00) (1,022-00) (1,022-00) (2,024-00) (2,0	47-102-01	Other Ancillary Rev>Medicare A>C/A				
47-104-00 Other Ancillary ReventMO			,			,
47-105-00 Other Ancillary Rev-HIMO			V - 1			
47-110-501 Other Ancillary Rev-PMoCo/A (578.00) (578.00) 51-100-00 Other Ancillary Rev-Medicaid (578.00) (1,058.00) 51-100-00 Other Rev-Interest (522.00) (522.00) 51-818-00 Other Rev-Interest (522.00) (522.00) 51-818-00 Other Rev-Inderest (522.00) (522.00) 52-102-00 Revenue Adjustments-Private (613.00 (613.00) 52-102-00 Revenue Adjustments-Private (613.00 (613.00) 52-101-13-14 Revenue Adjustments-Private (613.00 (613.00) 52-111-13-14 Revenue Adjustments-Private (613.00 (613.00) 52-111-13-14 Revenue Adjustments-Private (613.00 (613.00) 52-112-13-00 Revenue Adjustments-Private (613.00 (613.00) 52-112-13-00 Revenue Adjustments-Ancillary (638.00) (638.00) 50-183-01 Revenue Adjustments-Ancillary (638.00) (638.00) 60-183-01 Revenue Adjustments-Ancillary (638.00) (638.00) 60-204-00 Nursing Expenses-Supplies (709.00) (709.00) (709.00) 60-205-00 Nursing Expenses-Supplies (709.00) (709.00) (709.00) 60-205-00 Nursing Expenses-Training & Education (618.00) (709.00) 60-206-00 Nursing Expenses-Training & Education (709.00) (709.00) 60-206-00 Nursing Expenses-Training & Education (709.00) (709.00) 60-206-00 Nursing Expenses-Clinical Services (709.00) (709.00) 60-206-00 Nursing Expenses-Clinical Services (709.00) (709.00) 60-206-00 Nursing Expenses-Clinical Services (709.00) (709.00) 60-207-00 Nursing Expenses-Clinical Services (709.00) (709.00) 60-207-00 Nursing Expenses-Clinical Consultants (709.00) (709.00) 60-208-00 Nursing Expenses-Clinical Consultants (709.00) (709.00) 60-209-00 Nursing Expenses-Clinical Consultants (709.00) (709.00) 60-209-00 Nursing Expenses-Contracted Services-CNA (709.00) (709.00) 60-209-00 Nursing Expenses-Contracted Services-CNA (709.00) (709.00) 60-209-00 Nursing Expenses-Contracted Services-CNA (709.00) (709.00) (709.00) 60-209-00 Nursing Expenses-Contracted						,
47-11-00 Other Ancillary Rev-Medicald (578-00) (1,058-00) (1	47-105-01		204.00			
51-180-00 Other Rev-Netricial Records (237.00)	47-111-00		(578.00)			(578.00)
51-818-00 Other Rev>Medicial Records (237,00) (339,00 133,00 132,100 132	51-100-00	Other Rev>Miscellaneous	(1,058.00)			
S2-102-00 Revenue Adjustments>Medicare A 133.00 613.00 613.00 613.00 613.00 613.00 613.00 613.00 613.00 613.00 613.00 613.00 613.00 613.00 613.00 613.00 62-105.			,			
52-104-00 Revenue Adjustments=Private 613.00 (1,821.00) (1,821.00) (1,821.00) (2,711.34) (1,821.00) (3,7113.0			,			,
S2-1105-00 Revenue AdjustmentsHMO (1,821-00) (37.113.00) (37.1		•				
S2-111-34 Revenue Adjustments-Medicaid>COVID19		•				
S2-123-00 Revenue Adjustments-Ancillary 638.00 129,198.00 12						
60-183-00 Nursing Expense>Supplies		•				
60-18-3-34 Nursing Expense>Supplies>COVID19 49,281.00 3,597.00 RE - 5 0,00 60-206-00 Nursing Expense>Sanitation & Incineration 618.00 618.00 60-206-00 RE - 1 (5,100.00) 60-206-00 Nursing Expense>Colinical Services 41,982.00 RJE - 1 (5,100.00) RJE - 1 (5,100.00) 7.262.00 7.26						
60-204-00 Nursing Expense>Canitation & Incineration			•			•
Ref			· ·			
60-205-00 Nursing Expense>Clinical Services 41,982.00 RJE - 1 (5,100.00) 9,620.00	00 204 00	Training a Education	0,007.00	RJE - 5	0.00	0,007.00
60-206-00 Nursing Expense>Clinical Services	60-205-00	Nursing Expense>Sanitation & Incineration	618.00	0	0.00	618.00
RJE - 8 (27,262.00)		- ·			(32,362.00)	9,620.00
60-220-34 Nursing Expense>Clinical Services>COVID19 152.00 3.162.00 3.162.00 60-207-00 Nursing Expense>Requip-Rental 21,623.00 21,623.00 60-212-00 Nursing Expense>Clinical Consultants 18,523.00 18,523.00 60-212-00 Nursing Expense>Clinical Consultants 18,523.00 18,523.00 42,929.00 4,929.00 4,929.00 4,929.00 60-230-00 Nursing Expense>Data Processing 6,749.00 60-230-34 Nursing Expense>Data Processing 6,749.00 774.00 774.00 60-700-18 Nursing Expense>Contracted Service>RN 111,973.00 111,973.00 774.00 60-700-19 Nursing Expense>Contracted Service>LPN 71,363.00 71,363.00 71,363.00 60-700-20 Nursing Expense>Contracted Service>CNA 39,268.00 39,268.00 71,363.00 60-700-20 Nursing Expense>Contracted Service>CNA 39,268.00 39,268.00 9,268.00 18,625.534.00 16,625.534.00 16,625.534.00 16,625.534.00 16,625.534.00 16,625.534.00 16,625.534.00 16,625.534.00 16,625.534.00 16,625.534.00 16,625.534.00 16,625.634.00 16,625		- '		RJE - 1	(5,100.00)	
60-207-00 Nursing Expense>Repairs & Maint 3,162.00 21,623.00 60-208-00 Nursing Expense>Equip-Rental 21,623.00 18,523.00 60-213-00 Nursing Expense>Clinical Consultants 18,523.00 18,523.00 60-213-00 Nursing Expense>Transportation 4,929.00 RJE-14 0.00 60-230-00 Nursing Expense>Transportation 4,929.00 RJE-14 0.00 60-230-30 Nursing Expense>Data Processing 6,749.00 774.00 774.00 60-700-18 Nursing Expense>Data Processing>COVID19 774.00 774.00 774.00 60-700-18 Nursing Expense>Contracted Service>RN 111,973.00 111,973.00 111,973.00 60-700-19 Nursing Expense>Contracted Service>LPN 71,363.00 71,363.00 71,363.00 71,363.00 71,363.00 71,363.00 9.00-700-20 Nursing Expense>Contracted Service>CNA 39,268.00 39,268.00 60-700-34 Nursing Expense>Contracted Service>CNA 39,268.00 9.268.00 9.268.00 60-700-34 Nursing Expense>CONEAD Service>CNA 39,268.00 9.268.00 9.268.00 60-700-34 Nursing Expense>CNA>Wages 1,652,534.00 1,652,534.00 1,652,534.00 60-801-80 Nursing Expense>CNA>Wages 1,652,534.00 1,652,534.00 1,652,534.00 60-801-92 Nursing Expense>PN>Wages 1,021,308.00 1,021,308.00 1,021,308.00 60-805-80 Nursing Expense>RN>PTO Accrual 6,191.00 60-808-80 Nursing Expense>Navery Mages 626,281.00 626,281.00 626,281.00 60-808-80 Nursing Expense>Navery Mages 304,962.00 304,962.00 304,962.00 61-750-00 Nursing Admin Expense>Nedical Director 34,000.00 34,000.00 61-811-80 Nursing Admin Expense>Nedical Director Wages 116,810.00 116,810.00 116,810.00 61-811-80 Nursing Admin Expense>Nurse Liaisons-Wages 116,810.00 1172,778.00 1172,778.00 1172,778.00 1172,778.00 1172,778.00 1172,778.00 1172,77				RJE - 8	(27,262.00)	
60-208-00 Nursing Expense>Equip-Rental 21,623.00 18,523.00 60-212-00 Nursing Expense>Clinical Consultants 18,523.00 18,523.00 60-213-00 Nursing Expense>Clinical Consultants 4,929.00 RJE - 4 0.00 60-230-30 Nursing Expense>Data Processing 6,749.00 774.00 774.00 774.00 60-230-34 Nursing Expense>Data Processing COVID19 774.00 774.00 774.00 60-700-18 Nursing Expense>Contracted Service>RN 111,973.00 1111,973.00 1111,973.00 60-700-19 Nursing Expense>Contracted Service>LPN 71,363.00 71,363.00 71,363.00 71,363.00 90-700-20 Nursing Expense>Contracted Service>CNA 39,268.00 39,268.00 60-700-24 Nursing Expense>Contracted Service>COVID19 42,075.00 42,075.00 42,075.00 60-801-80 Nursing Expense>CNA>Wages 1,652,534.00 1,652,534.00 1,652,534.00 60-801-80 Nursing Expense>CNA>Wages 1,652,534.00 1,172,78.00 (90-801-80) Nursing Expense>CNA>POAccrual (17,278.00) (17,278.00) 60-808-80 Nursing Expense>CNA>POAccrual 6,191.00 60-808-80 Nursing Expense>CNA>Wages 626,281.00 60-808-80 Nursing Expense>CNA>Wages 626,281.00 60-808-80 Nursing Expense>PN>POAccrual 6,191.00 60-808-92 Nursing Expense>RN>PTO Accrual 4,027.00 60-808-92 Nursing Expense>RN>PTO Accrual 4,027.00 60-808-92 Nursing Expense>RN>PTO Accrual 4,027.00 60-808-90 Nursing Expense>RN>PTO Accrual 4,027.00 60-808-90 Nursing Expense>RN>PTO Accrual 4,027.00 60-808-90 Nursing Expense>RN>PTO Accrual 6,191.00 61-81-80 Nursing Admin Expense>Nursing Expense>RN>PTO Accrual 6,181-80 Nursing Admin Expense>Nursing Expense>RN>PTO Accrual 6,834.00 61-81-80 Nursing Admin Expense>Nursing Expense RN>PTO Accrual 6,834.00 61-81-80 Nursing Admin Expense>Nursing Expense RN>PTO Accrual 6,834.00 61-81-80 Nursing Admin Expense>Nursing Expense RNS (RNAC>PTO Accrual 416.00 416.00 416.00 61-82-80 Nursing Admin Expense>Nursing RNAC>PTO Accrual 416.00 416.00 416.00 61-82-80 Nursing Admin Expense>Nursing RNAC>PTO Accrual 416.00 416.00 416.00 61-82-80 Nursing Admin Expense>Nursing RNAC>PTO Accrual 416.00 61-82-80 Nursing Admin Expense>Nursing RNAC>PTO Accrual 416.00 61-82-80 Nursing Admin Expense>Nursing RNAC>P	60-206-34	Nursing Expense>Clinical Services>COVID19				
60-212-00 Nursing Expense>Clinical Consultants	60-207-00	· · ·	,			
60-213-00 Nursing Expense>Transportation			•			
RJE - 4 0.00		0 1	•			•
60-230-04 Nursing Expense>Data Processing 6,749.00 774.00 60-230-34 Nursing Expense>Data Processing>COVID19 774.00 774.00 60-700-18 Nursing Expense>Contracted Service>RN 111,973.00 111,973.00 60-700-19 Nursing Expense>Contracted Service>LPN 71,363.00 71,363.00 60-700-20 Nursing Expense>Contracted Service>COVID19 42,075.00 42,075.00 60-700-34 Nursing Expense>Contracted Service>COVID19 42,075.00 42,075.00 60-801-80 Nursing Expense>CNA>Wages 1,652,534.00 1,652,534.00 60-801-92 Nursing Expense>CNA>PTO Accrual (17,278.00) (17,278.00) 60-805-80 Nursing Expense>RN>Wages 1,021,308.00 1,021,308.00 60-805-92 Nursing Expense>RN>Wages 6,191.00 6,191.00 60-808-92 Nursing Expense>RN>Wages 304,962.00 304,962.00 60-809-80 Nursing Expense>RN Supervisor>Wages 304,962.00 304,962.00 61-811-80 Nursing Admin Expense>Medical Director 34,000.00 34,000.00 61-821-80 Nursing Admin Expense>	60-213-00	Nursing Expense>Transportation	4,929.00	D.IE 4	0.00	4,929.00
60-230-34	60 220 00	Nursing Evenes Data Processing	6 740 00	RJE - 4	0.00	6 740 00
60-700-18 Nursing Expense>Contracted Service>LPN 71,363.00 111,973.00 71,363.00 60-700-20 Nursing Expense>Contracted Service>CNA 39,268.00 39,268.00 39,268.00 60-700-34 Nursing Expense>Contracted Service>COVID19 42,075.00 42,075.00 60-801-80 Nursing Expense>CNA>Wages 1,652,534.00 1,552,534.00 60-801-92 Nursing Expense>CNA>Wages 1,652,534.00 1,7278.00) 60-805-80 Nursing Expense>CNA>PTO Accrual (17,278.00) 1,021,308.00 60-805-92 Nursing Expense>RN>Wages 6,691.00 6,791.00 60-808-92 Nursing Expense>RN>PTO Accrual 4,027.00 6,62,81.00 60-809-80 Nursing Expense>RN>PTO Accrual 4,027.00 4,027.00 60-809-80 Nursing Expense>RN>PTO Accrual 4,027.00 304,962.00 61-750-00 Nursing Admin Expense>Pulserotor>Wages 304,962.00 304,962.00 61-811-80 Nursing Admin Expense>Director>Wages 116,810.00 116,810.00 61-811-80 Nursing Admin Expense>Palar Director>Wages 116,810.00 6,834.00		• •	· ·			
60-700-19 Nursing Expense>Contracted Service>LPN 71,363.00 71,363.00 39,268.00 60-700-20 Nursing Expense>Contracted Service>CNA 39,268.00 39,268.00 39,268.00 60-700-34 Nursing Expense>Contracted Service>COVID19 42,075.00 42,075.00 42,075.00 60-801-80 Nursing Expense>Contracted Service>COVID19 42,075.00 42,075.00 60-801-80 Nursing Expense>CNA>Wages 1,652,534.00 1,652,534.00 1,021,308.00 1,021,308.00 1,021,308.00 1,021,308.00 1,021,308.00 1,021,308.00 60-805-92 Nursing Expense>LPN>PTO Accrual 6,191.00 6,191.00 6,191.00 6,191.00 6,262,81.00 60-808-80 Nursing Expense>RN>Vages 626,281.00 626,281.00 626,281.00 60-808-92 Nursing Expense>RN>PTO Accrual 4,027.00 4,027.00 4,027.00 60-809-80 Nursing Expense>RN>Upervisor>Wages 304,962.00 304,962.00 304,962.00 61-811-80 Nursing Admin Expense>Medical Director 34,000.00 34,000.00 61-811-80 Nursing Admin Expense>Director>Wages 116,810.00 116,810.00 61-811-92 Nursing Admin Expense>Absistant Director>Wages 116,810.00 116,810.00 61-817-80 Nursing Admin Expense>Nasistant Director>Wages 114,388.00 114,000 14,000 14,000 14,000 14,000 14,000 14,000 14,000 14,000 14,000 14,000 14,000 14,000 14,000 14,000 14,0		· · · · · · · · · · · · · · · · · · ·				
60-700-20 Nursing Expense>Contracted Service>CNA 39,268.00 39,268.00 60-700-34 Nursing Expense>Contracted Service>COVID19 42,075.00 42,075.00 60-801-92 Nursing Expense>CNA>Wages 1,652,534.00 1,652,534.00 60-805-80 Nursing Expense>CNA>PTO Accrual (17,278.00) (17,278.00) 60-805-80 Nursing Expense>LPN>Wages 1,021,308.00 1,021,308.00 60-808-92 Nursing Expense>LPN>PTO Accrual 6,191.00 626,281.00 60-808-92 Nursing Expense>RN>PTO Accrual 4,027.00 4,027.00 60-809-80 Nursing Expense>RN>PTO Accrual 4,027.00 4,027.00 60-809-80 Nursing Admin Expense>Nuspervisor>Wages 304,962.00 304,962.00 61-811-80 Nursing Admin Expense>Director>Wages 116,810.00 116,810.00 61-811-80 Nursing Admin Expense>NDS / RNAC>Wages 116,810.00 30,641.00 61-811-90 Nursing Admin Expense>MDS / RNAC>PTO Accrual (5,834.00) (58,344.00) 61-818-80 Nursing Admin Expense>MDS / RNAC>PTO Accrual 416,00 416,00 61-82-80		•	·			
60-700-34 Nursing Expense>Contracted Service>COVID19 42,075.00 42,075.00 60-801-80 Nursing Expense>CNA>PTO Accrual 1,652,534.00 1,652,534.00 60-801-92 Nursing Expense>CNA>PTO Accrual (17,278.00) (17,278.00) 60-805-80 Nursing Expense>LPN>Wages 1,021,308.00 1,021,308.00 60-808-92 Nursing Expense>LPN>PTO Accrual 6,191.00 6,191.00 60-808-80 Nursing Expense>RN>PTO Accrual 4,027.00 4,027.00 60-809-80 Nursing Expense>RN Supervisor>Wages 304,962.00 304,962.00 61-750-00 Nursing Admin Expense>Newsepnse>Pirector>Wages 116,810.00 34,000.00 61-811-80 Nursing Admin Expense>Director>PTO Accrual (5,834.00) (5,834.00) 61-811-92 Nursing Admin Expense>NBS / RNAC>Wages 114,388.00 114,388.00 61-817-80 Nursing Admin Expense>MDS / RNAC>Wages 114,388.00 107,303.00 61-828-80 Nursing Admin Expense>Nurse Liaison>Wages 107,303.00 49,165.00 61-828-80 Nursing Admin Expense>Value Director>Wages 172,778.00 177,78.00		- ·				
60-801-80		• .				
60-805-80 Nursing Expense>LPN>Wages 1,021,308.00 6,905-92 Nursing Expense>LPN>PTO Accrual 6,191.00 6,191.00 6,191.00 60-808-80 Nursing Expense>LPN>PTO Accrual 6,191.00 62,281.00 626,281.00 60-808-80 Nursing Expense>RN>Wages 626,281.00 4,027.00 4,027.00 60-809-80 Nursing Expense>RN Supervisor>Wages 304,962.00 304,962.00 61-750-00 Nursing Admin Expense>Director>Wages 116,810.00 116,810.00 16-811-80 Nursing Admin Expense>Director>Wages 116,810.00 (5,834.00) (5,834.00) 61-811-80 Nursing Admin Expense>Director>Wages 30,641.00 30,641.00 61-812-80 Nursing Admin Expense>Assistant Director>Wages 114,388.00 114,388.00 61-817-92 Nursing Admin Expense>MDS / RNAC>Wages 114,388.00 114,388.00 61-817-92 Nursing Admin Expense>MDS / RNAC>PTO Accrual 416.00 416.00 416.00 61-820-80 Nursing Admin Expense>MDS / RNAC>PTO Accrual 416.00 416.00 61-820-80 Nursing Admin Expense>NDS / RNAC>PTO Accrual 416.00 416.00 61-824-80 Nursing Admin Expense>Nurse Liaison>Wages 107,303.00 107,303.00 107,303.00 61-824-80 Nursing Admin Expense>Nurse Liaison>Wages 49,165.00 49,165.00 61-825-80 Nursing Admin Expense>Unit Manager>Wages 172,778.00 172,778.00 61-825-90 Nursing Admin Expense>Unit Manager>PTO Accrual (2,213.00) 61-881-00 Nursing Admin Expense>Unit Manager>PTO Accrual (2,213.00) 61-881-00 Nursing Admin Expense>Unit Manager>PTO Accrual (2,213.00) 61-881-00 Nursing Admin Expense>Unit Manager>PTO Accrual (2,213.00) 61-882-00 Nursing Admin Expense>Unit Manager>PTO Accrual (2,213.00) 61-881-00 Nursing Admin Expense>Unit Manager>PTO Accrual (2,213.00) 61-881-00 Nursing Admin Expense>Nurse Gomp 92,655.00 92,655.00 61-882-00 Nursing Admin Expense>Nurse Gomp 92,655.00 61-882-00 Nursing Admin Expense>Nurse Gomp 92,655.00 61-881-00 Pharmacy Expense>Other Benefits 200,385.00 738.00 738.00 62-2145-00 Pharmacy Expense>OTC 1,960.00 14,229.00 14,229.00 62-222-00 Pharmacy Expense>Contracted Service 14,229.00 4,078.00 64-223-00 Other Ancillary Expense>Contracted Service 14,229.00 4,078.00 64-223-00 Other Ancillary Expense>Contracted Service 14,229.00 4,078.00	60-801-80	Nursing Expense>CNA>Wages	1,652,534.00			1,652,534.00
60-805-92 Nursing Expense>LPN>PTO Accrual 6,191.00 6,191.00 60-808-80 Nursing Expense>RN>Wages 626,281.00 626,281.00 60-808-92 Nursing Expense>RN>PTO Accrual 4,027.00 4,027.00 60-808-92 Nursing Expense>RN Supervisor>Wages 304,962.00 304,962.00 61-8750-00 Nursing Admin Expense>Medical Director 34,000.00 34,000.00 61-811-80 Nursing Admin Expense>Director>PTO Accrual (5,834.00) (5,834.00) 61-811-80 Nursing Admin Expense>Assistant Director>Wages 30,641.00 30,641.00 61-817-80 Nursing Admin Expense>MDS / RNAC>Wages 114,388.00 114,388.00 61-817-92 Nursing Admin Expense>Nurse Liaison>Wages 107,303.00 107,303.00 61-820-80 Nursing Admin Expense>Nurse Liaison>Wages 107,303.00 107,303.00 61-825-80 Nursing Admin Expense>Varif Devel Director>Wages 49,165.00 49,165.00 61-825-92 Nursing Admin Expense>Varif Manager>PTO Accrual (2,213.00) (2,213.00) 61-881-00 Nursing Admin Expense>Payroll Taxes 369,764.00 369,764.00	60-801-92	Nursing Expense>CNA>PTO Accrual	(17,278.00)			(17,278.00)
60-808-80 Nursing Expense>RN>Wages 620,281.00 626,281.00 60-808-92 Nursing Expense>RN>PTO Accrual 4,027.00 4,027.00 60-809-80 Nursing Expense>RN Supervisor>Wages 304,962.00 304,962.00 304,962.00 61-750-00 Nursing Admin Expense>Medical Director 34,000.00 116,810.00 116,810.00 61-811-80 Nursing Admin Expense>Director>Wages 116,810.00 116,810.00 61-811-92 Nursing Admin Expense>Director>PTO Accrual (5,834.00) (5,834.00) (5,834.00) 61-812-80 Nursing Admin Expense>Nurse Linicetor>Wages 114,388.00 114,388.00 114,388.00 61-817-92 Nursing Admin Expense>MDS / RNAC>Wages 114,388.00 114,388.00 416.00 416.00 61-820-80 Nursing Admin Expense>Nurse Liaison>Wages 107,303.00 107,303.00 61-824-80 Nursing Admin Expense>Nurse Liaison>Wages 107,303.00 49,165.00 49,165.00 61-825-92 Nursing Admin Expense>Unit Manager>PTO Accrual (2,213.00) 61-825-92 Nursing Admin Expense>Unit Manager>PTO Accrual (2,213.00) 61-825-90 Nursing Admin Expense>Unit Manager>PTO Accrual (2,213.00) 61-880-00 Nursing Admin Expense>Unit Manager>PTO Accrual (2,213.00) 61-880-00 Nursing Admin Expense>Health Insurance 694,241.00 694,241.00 61-881-00 Nursing Admin Expense>Payroll Taxes 369,764.00 369,764.00 61-882-00 Nursing Admin Expense>Payroll Taxes 369,764.00 369,764.00 61-882-00 Nursing Admin Expense>Payroll Taxes 369,764.00 369,764.00 61-880-00 Pharmacy Expense>RX 306,999.00 306,999.00 738.00 62-000-00 Pharmacy Expense>RX 306,999.00 306,999.00 306,999.00 62-222-00 Pharmacy Expense>Cort 1,960.00 14,229.00 64-223-00 Other Ancillary Expense>Oxygen 4,078.00 4,078.00			1,021,308.00			1,021,308.00
60-808-92 Nursing Expense>RN>PTÖ Accrual 4,027.00 4,027.00 60-809-80 Nursing Expense>RN Supervisor>Wages 304,962.00 304,962.00 61-750-00 Nursing Admin Expense>Director>Wages 116,810.00 116,810.00 61-811-80 Nursing Admin Expense>Director>Wages 116,810.00 (5,834.00) (5,834.00) (6,834.00) 61-811-92 Nursing Admin Expense>Director>PTO Accrual (5,834.00) (5,834.00) (6,834.00) 61-817-80 Nursing Admin Expense>MDS / RNAC>Wages 114,388.00 114,388.00 114,388.00 61-817-92 Nursing Admin Expense>MDS / RNAC>PTO Accrual 416.00 416.00 416.00 416.00 61-820-80 Nursing Admin Expense>Nurse Liaison>Wages 107,303.00 107,303.00 107,303.00 61-824-80 Nursing Admin Expense>Staff Devel Director>Wages 49,165.00 49,165.00 61-825-80 Nursing Admin Expense>Unit Manager>PTO Accrual 61-825-80 Nursing Admin Expense>Unit Manager>PTO Accrual 61-825-80 Nursing Admin Expense>Payroll Taxes 369,764.00 369,764.00 61-881-00 Nursing Admin Expense>Payroll Taxes 369,764.00 369,764.00 61-881-00 Nursing Admin Expense>Health Insurance 694,241.00 61-882-00 Nursing Admin Expense>Health Insurance 694,241.00 61-883-00 Nursing Admin Expense>Payroll Taxes 369,764.00 369,764.00 61-882-00 Pharmacy Expense>Other Benefits 738.00 (200,385.00) 738.00 62-000-00 Pharmacy Expense>RX 306,999.00 306,999.00 306,999.00 62-222-00 Pharmacy Expense>COTC 1,960.00 14,229.00 64-223-00 Other Ancillary Expense>Outpen 4,078.00 4,078.00		5 1	·			
60-809-80 Nursing Expense>RN Supervisor>Wages 304,962.00 304,962.00 61-750-00 Nursing Admin Expense>Picetor>Wages 116,810.00 34,000.00 61-811-80 Nursing Admin Expense>Director>Wages 116,810.00 116,810.00 61-811-92 Nursing Admin Expense>Director>PTO Accrual (5,834.00) (5,834.00) 61-812-80 Nursing Admin Expense>Assistant Director>Wages 30,641.00 30,641.00 61-817-80 Nursing Admin Expense>MDS / RNAC>Wages 114,388.00 114,388.00 61-817-92 Nursing Admin Expense>Nurse Liaison>Wages 107,303.00 416.00 61-820-80 Nursing Admin Expense>Nurse Liaison>Wages 107,303.00 107,303.00 61-824-80 Nursing Admin Expense>Varif Devel Director>Wages 49,165.00 49,165.00 61-825-80 Nursing Admin Expense>Unit Manager>Wages 172,778.00 172,778.00 61-825-92 Nursing Admin Expense>Payroll Taxes 369,764.00 369,764.00 61-880-00 Nursing Admin Expense>Payroll Taxes 369,764.00 92,655.00 61-881-00 Nursing Admin Expense>Vorkers Comp 92,655.00 92,655.00			•			
61-750-00 Nursing Admin Expense>Medical Director 34,000.00 33,000.00 61-811-80 Nursing Admin Expense>Director>Wages 116,810.00 116,810.00 61-811-92 Nursing Admin Expense>Director>PTO Accrual (5,834.00) (5,834.00) 61-812-80 Nursing Admin Expense>Assistant Director>Wages 30,641.00 30,641.00 61-817-80 Nursing Admin Expense>MDS / RNAC>Wages 114,388.00 114,388.00 61-817-92 Nursing Admin Expense>MDS / RNAC>PTO Accrual 416.00 416.00 61-820-80 Nursing Admin Expense>Nurse Liaison>Wages 107,303.00 107,303.00 61-824-80 Nursing Admin Expense>Nurse Liaison>Wages 172,778.00 49,165.00 61-825-80 Nursing Admin Expense>Unit Manager>Wages 172,778.00 172,778.00 61-825-92 Nursing Admin Expense>Payroll Taxes 369,764.00 369,764.00 61-881-00 Nursing Admin Expense>Payroll Taxes 369,764.00 369,764.00 61-881-00 Nursing Admin Expense>Workers Comp 92,655.00 92,655.00 61-883-00 Nursing Admin Expense>Other Benefits 200,385.00 738.00 <td></td> <td>•</td> <td>•</td> <td></td> <td></td> <td></td>		•	•			
61-811-80 Nursing Admin Expense>Director>Wages 116,810.00 61-811-92 Nursing Admin Expense>Director>PTO Accrual (5,834.00) 61-812-80 Nursing Admin Expense>Assistant Director>Wages 30,641.00 61-817-80 Nursing Admin Expense>MDS / RNAC>Wages 114,388.00 61-817-92 Nursing Admin Expense>MDS / RNAC>PTO Accrual 416.00 61-820-80 Nursing Admin Expense>Nurse Liaison>Wages 107,303.00 61-824-80 Nursing Admin Expense>Staff Devel Director>Wages 49,165.00 61-825-80 Nursing Admin Expense>Unit Manager>Wages 172,778.00 61-825-92 Nursing Admin Expense>Unit Manager>PTO Accrual (2,213.00) 61-880-00 Nursing Admin Expense>Payroll Taxes 369,764.00 61-881-00 Nursing Admin Expense>Payroll Taxes 369,764.00 61-882-00 Nursing Admin Expense>Health Insurance 694,241.00 61-883-00 Nursing Admin Expense>Cother Benefits 200,385.00 62-000-00 Pharmacy Expense 738.00 62-202-00 Pharmacy Expense>N 306,999.00 62-222-00 Pharmacy Expense>Contracted Service 14,229.00 64-223-00 Other Ancillary Expense>Oxyge						
61-811-92 Nursing Admin Expense>Director>PTO Accrual (5,834.00) (5,834.00) 61-812-80 Nursing Admin Expense>Assistant Director>Wages 30,641.00 30,641.00 61-817-80 Nursing Admin Expense>MDS / RNAC>Wages 114,388.00 114,388.00 61-817-92 Nursing Admin Expense>MDS / RNAC>PTO Accrual 416.00 416.00 61-820-80 Nursing Admin Expense>Nurse Liaison>Wages 107,303.00 107,303.00 61-824-80 Nursing Admin Expense>Staff Devel Director>Wages 49,165.00 49,165.00 61-825-80 Nursing Admin Expense>Unit Manager>Wages 172,778.00 172,778.00 61-825-92 Nursing Admin Expense>Payroll Taxes 369,764.00 369,764.00 61-880-00 Nursing Admin Expense>Payroll Taxes 369,764.00 369,764.00 61-881-00 Nursing Admin Expense>Workers Comp 92,655.00 92,655.00 61-882-00 Nursing Admin Expense>Health Insurance 694,241.00 694,241.00 61-883-00 Nursing Admin Expense>Other Benefits 200,385.00 (200,385.00) 62-000-00 Pharmacy Expense 738.00 738.00						
61-812-80 Nursing Admin Expense>Assistant Director>Wages 30,641.00 30,641.00 61-817-80 Nursing Admin Expense>MDS / RNAC>Wages 114,388.00 114,388.00 61-817-92 Nursing Admin Expense>MDS / RNAC>PTO Accrual 416.00 416.00 61-820-80 Nursing Admin Expense>Nurse Liaison>Wages 107,303.00 107,303.00 61-824-80 Nursing Admin Expense>Staff Devel Director>Wages 49,165.00 49,165.00 61-825-80 Nursing Admin Expense>Unit Manager>Wages 172,778.00 172,778.00 61-825-92 Nursing Admin Expense>Unit Manager>PTO Accrual (2,213.00) (2,213.00) 61-880-00 Nursing Admin Expense>Payroll Taxes 369,764.00 369,764.00 61-881-00 Nursing Admin Expense>Workers Comp 92,655.00 92,655.00 61-882-00 Nursing Admin Expense>Health Insurance 694,241.00 694,241.00 61-883-00 Nursing Admin Expense>Other Benefits 200,385.00 (200,385.00) 62-000-00 Pharmacy Expense 738.00 306,999.00 62-202-00 Pharmacy Expense>OTC 1,960.00 1,960.00 6			·			
61-817-80 Nursing Admin Expense>MDS / RNAC>Wages 114,388.00 61-817-92 Nursing Admin Expense>MDS / RNAC>PTO Accrual 416.00 61-820-80 Nursing Admin Expense>Nurse Liaison>Wages 107,303.00 61-824-80 Nursing Admin Expense>Staff Devel Director>Wages 49,165.00 61-825-80 Nursing Admin Expense>Unit Manager>Wages 172,778.00 61-825-92 Nursing Admin Expense>Unit Manager>PTO Accrual (2,213.00) 61-880-00 Nursing Admin Expense>Payroll Taxes 369,764.00 61-881-00 Nursing Admin Expense>Payroll Taxes 369,764.00 61-882-00 Nursing Admin Expense>Workers Comp 92,655.00 61-882-00 Nursing Admin Expense>Health Insurance 694,241.00 61-883-00 Nursing Admin Expense>Other Benefits 200,385.00 62-000-00 Pharmacy Expense 738.00 62-000-00 Pharmacy Expense>RX 306,999.00 62-222-00 Pharmacy Expense>OTC 1,960.00 62-700-00 Pharmacy Expense>Contracted Service 14,229.00 64-223-00 Other Ancillary Expense>Oxygen 4,078.00						
61-817-92 Nursing Admin Expense>MDS / RNAC>PTO Accrual 416.00 416.00 61-820-80 Nursing Admin Expense>Nurse Liaison>Wages 107,303.00 107,303.00 61-824-80 Nursing Admin Expense>Staff Devel Director>Wages 49,165.00 49,165.00 61-825-80 Nursing Admin Expense>Unit Manager>Wages 172,778.00 172,778.00 61-825-92 Nursing Admin Expense>Unit Manager>PTO Accrual (2,213.00) (2,213.00) 61-880-00 Nursing Admin Expense>Payroll Taxes 369,764.00 369,764.00 61-881-00 Nursing Admin Expense>Workers Comp 92,655.00 92,655.00 61-882-00 Nursing Admin Expense>Health Insurance 694,241.00 694,241.00 61-883-00 Nursing Admin Expense>Other Benefits 200,385.00 (200,385.00) 0.00 62-000-00 Pharmacy Expense 738.00 306,999.00 306,999.00 306,999.00 62-222-00 Pharmacy Expense>OTC 1,960.00 14,229.00 14,229.00 64-223-00 Other Ancillary Expense>Oxygen 4,078.00 4,078.00			· ·			
61-820-80 Nursing Admin Expense>Nurse Liaison>Wages 107,303.00 107,303.00 61-824-80 Nursing Admin Expense>Staff Devel Director>Wages 49,165.00 49,165.00 61-825-80 Nursing Admin Expense>Unit Manager>Wages 172,778.00 172,778.00 61-825-92 Nursing Admin Expense>Unit Manager>PTO Accrual (2,213.00) (2,213.00) 61-880-00 Nursing Admin Expense>Payroll Taxes 369,764.00 369,764.00 61-881-00 Nursing Admin Expense>Workers Comp 92,655.00 92,655.00 61-882-00 Nursing Admin Expense>Health Insurance 694,241.00 694,241.00 61-883-00 Nursing Admin Expense>Other Benefits 200,385.00 (200,385.00) 0.00 62-000-00 Pharmacy Expense 738.00 738.00 738.00 62-145-00 Pharmacy Expense>RX 306,999.00 306,999.00 306,999.00 62-222-00 Pharmacy Expense>OTC 1,960.00 1,960.00 14,229.00 64-223-00 Other Ancillary Expense>Oxygen 4,078.00 4,078.00			•			
61-824-80 Nursing Admin Expense>Staff Devel Director>Wages 49,165.00 61-825-80 Nursing Admin Expense>Unit Manager>Wages 172,778.00 61-825-92 Nursing Admin Expense>Unit Manager>PTO Accrual (2,213.00) 61-880-00 Nursing Admin Expense>Payroll Taxes 369,764.00 61-881-00 Nursing Admin Expense>Workers Comp 92,655.00 61-882-00 Nursing Admin Expense>Health Insurance 694,241.00 61-883-00 Nursing Admin Expense>Other Benefits 200,385.00 (200,385.00) 62-000-00 Pharmacy Expense 738.00 62-145-00 Pharmacy Expense>RX 306,999.00 62-222-00 Pharmacy Expense>OTC 1,960.00 62-700-00 Pharmacy Expense>Contracted Service 14,229.00 64-223-00 Other Ancillary Expense>Oxygen 4,078.00						
61-825-92 Nursing Admin Expense>Unit Manager>PTO Accrual (2,213.00) 61-880-00 Nursing Admin Expense>Payroll Taxes 369,764.00 61-881-00 Nursing Admin Expense>Workers Comp 92,655.00 61-882-00 Nursing Admin Expense>Health Insurance 694,241.00 61-883-00 Nursing Admin Expense>Other Benefits 200,385.00 (200,385.00) 62-000-00 Pharmacy Expense 738.00 62-145-00 Pharmacy Expense>RX 306,999.00 62-222-00 Pharmacy Expense>OTC 1,960.00 62-700-00 Pharmacy Expense>Contracted Service 14,229.00 64-223-00 Other Ancillary Expense>Oxygen 4,078.00		•				
61-880-00 Nursing Admin Expense>Payroll Taxes 369,764.00 369,764.00 61-881-00 Nursing Admin Expense>Workers Comp 92,655.00 92,655.00 61-882-00 Nursing Admin Expense>Health Insurance 694,241.00 694,241.00 61-883-00 Nursing Admin Expense>Other Benefits 200,385.00 (200,385.00) RJE - 3 (200,385.00) 738.00 62-000-00 Pharmacy Expense 738.00 62-145-00 Pharmacy Expense>RX 306,999.00 62-222-00 Pharmacy Expense>OTC 1,960.00 62-700-00 Pharmacy Expense>Contracted Service 14,229.00 64-223-00 Other Ancillary Expense>Oxygen 4,078.00	61-825-80	Nursing Admin Expense>Unit Manager>Wages	172,778.00			172,778.00
61-881-00 Nursing Admin Expense>Workers Comp 92,655.00 61-882-00 Nursing Admin Expense>Health Insurance 694,241.00 61-883-00 Nursing Admin Expense>Other Benefits 200,385.00 (200,385.00) 62-000-00 Pharmacy Expense 738.00 62-145-00 Pharmacy Expense>RX 306,999.00 62-222-00 Pharmacy Expense>OTC 1,960.00 62-700-00 Pharmacy Expense>Contracted Service 14,229.00 64-223-00 Other Ancillary Expense>Oxygen 4,078.00	61-825-92	Nursing Admin Expense>Unit Manager>PTO Accrual	(2,213.00)			(2,213.00)
61-882-00 Nursing Admin Expense>Health Insurance 694,241.00 694,241.00 694,241.00 61-883-00 Nursing Admin Expense>Other Benefits 200,385.00 (200,385.00) 0.00 62-000-00 Pharmacy Expense 738.00 738.00 62-145-00 Pharmacy Expense>RX 306,999.00 306,999.00 62-222-00 Pharmacy Expense>OTC 1,960.00 1,960.00 62-700-00 Pharmacy Expense>Contracted Service 14,229.00 14,229.00 64-223-00 Other Ancillary Expense>Oxygen 4,078.00 4,078.00	61-880-00	Nursing Admin Expense>Payroll Taxes	369,764.00			369,764.00
61-883-00 Nursing Admin Expense>Other Benefits 200,385.00 RJE - 3 (200,385.00) (200,385.00) 0.00 62-000-00 Pharmacy Expense 738.00 738.00 62-145-00 Pharmacy Expense>RX 306,999.00 306,999.00 62-222-00 Pharmacy Expense>OTC 1,960.00 1,960.00 62-700-00 Pharmacy Expense>Contracted Service 14,229.00 14,229.00 64-223-00 Other Ancillary Expense>Oxygen 4,078.00 4,078.00		•	•			
RJE - 3 (200,385.00) 62-000-00 Pharmacy Expense 738.00 738.00 62-145-00 Pharmacy Expense>RX 306,999.00 306,999.00 62-222-00 Pharmacy Expense>OTC 1,960.00 1,960.00 62-700-00 Pharmacy Expense>Contracted Service 14,229.00 14,229.00 64-223-00 Other Ancillary Expense>Oxygen 4,078.00 4,078.00		•	· ·			•
62-000-00 Pharmacy Expense 738.00 738.00 62-145-00 Pharmacy Expense>RX 306,999.00 306,999.00 62-222-00 Pharmacy Expense>OTC 1,960.00 1,960.00 62-700-00 Pharmacy Expense>Contracted Service 14,229.00 14,229.00 64-223-00 Other Ancillary Expense>Oxygen 4,078.00 4,078.00	61-883-00	Nursing Admin Expense>Other Benefits	200,385.00	DIE 0	V	0.00
62-145-00 Pharmacy Expense>RX 306,999.00 306,999.00 62-222-00 Pharmacy Expense>OTC 1,960.00 1,960.00 62-700-00 Pharmacy Expense>Contracted Service 14,229.00 14,229.00 64-223-00 Other Ancillary Expense>Oxygen 4,078.00 4,078.00	62 000 00	Pharmacy Evnense	720 00	KJE - 3	(200,385.00)	720 00
62-222-00 Pharmacy Expense>OTC 1,960.00 1,960.00 62-700-00 Pharmacy Expense>Contracted Service 14,229.00 14,229.00 64-223-00 Other Ancillary Expense>Oxygen 4,078.00 4,078.00		· ·				
62-700-00 Pharmacy Expense>Contracted Service 14,229.00 64-223-00 Other Ancillary Expense>Oxygen 4,078.00 4,078.00 4,078.00		· ·	· ·			
64-223-00 Other Ancillary Expense>Oxygen 4,078.00 4,078.00		·	•			
		, ,	•			
			•			

Account	Description	ADJ	JE Ref#	RJE	FINAL
		9/30/2020			9/30/2020
64-224-34	Other Ancillary Expense>Lab>COVID19	9,513.00			9,513.00
64-225-00	Other Ancillary Expense>Radiology	23,079.00			23,079.00
64-225-34	Other Ancillary Expense>Radiology>COVID19	600.00			600.00
65-000-00	PT Expense	437,768.00			437,768.00
66-000-00	OT Expense	399,333.00			399,333.00
67-000-00	ST Expense	92,874.00			92,874.00
68-183-00	Therapy Expense>Supplies	567.00			567.00
69-811-80	Social Services Expense>Director>Wages	66,362.00			66,362.00
69-830-80 69-830-92	Social Services Expense>Assistant>Wages Social Services Expense>Assistant>PTO Accrual	20,687.00 3,108.00			20,687.00 3,108.00
69-880-00	Social Services Expense>Assistant>FTO Accidant	7,828.00			7,828.00
69-881-00	Social Services Expense>Various Taxes Social Services Expense>Workers Comp	1,981.00			1,981.00
69-882-00	Social Services Expense>Health Insurance	14,938.00			14,938.00
69-883-00	Social Services Expense>Other Benefits	4,170.00		(4,170.00)	0.00
		1,110100	RJE - 3	(4,170.00)	
70-177-00	Dietary Expense>Supplements	774.00		,	774.00
70-178-00	Dietary Expense>Food	218,495.00			218,495.00
70-178-34	Dietary Expense>Food>COVID19	335.00			335.00
70-183-00	Dietary Expense>Supplies	26,310.00			26,310.00
70-183-34	Dietary Expense>Supplies>COVID19	197.00			197.00
70-207-00	Dietary Expense>Repairs & Maint	779.00			779.00
70-208-00	Dietary Expense>Equip-Rental	1,608.00			1,608.00
70-700-00	Dietary Expense>Contracted Service	80,235.00			80,235.00
70-831-80	Dietary Expense>Aide>Wages	239,373.00			239,373.00
70-832-80 70-833-80	Dietary Expense>Cook>Wages	149,957.00			149,957.00
70-880-00	Dietary Expense>Dietician>Wages	47,935.00 38,503.00			47,935.00 38,503.00
70-881-00	Dietary Expense>Payroll Taxes Dietary Expense>Workers Comp	9,684.00			9,684.00
70-882-00	Dietary Expense>Health Insurance	72,648.00			72,648.00
70-883-00	Dietary Expense>Other Benefits	21,010.00		(21,010.00)	0.00
. 0 000 00	Distanty Expenses States Demonite	2.,0.0.00	RJE - 3	(21,010.00)	0.00
71-178-00	Activity Expense>Food	287.00		,	287.00
71-183-00	Activity Expense>Supplies	1,617.00			1,617.00
71-202-00	Activity Expense>Resident Missing Items	238.00			238.00
71-700-00	Activity Expense>Contracted Service	3,225.00			3,225.00
71-811-80	Activity Expense>Director>Wages	95,805.00			95,805.00
71-831-92	Activity Expense>Aide>PTO Accrual	1,331.00			1,331.00
71-880-00	Activity Expense>Payroll Taxes	8,528.00			8,528.00
71-881-00	Activity Expense>Workers Comp	2,119.00			2,119.00
71-882-00 71-883-00	Activity Expense>Health Insurance Activity Expense>Other Benefits	15,767.00 4,626.00		(4,626.00)	15,767.00 0.00
7 1-003-00	Activity Expense-Other benefits	4,020.00	RJE - 3	(4,626.00)	0.00
72-183-00	Housekeeping Expense>Supplies	19,036.00	NOL - 3	(4,020.00)	19,036.00
72-183-34	Housekeeping Expense>Supplies>COVID19	1,640.00			1,640.00
72-700-00	Housekeeping Expense>Contracted Service	1,330.00			1,330.00
72-811-80	Housekeeping Expense>Director>Wages	17,522.00			17,522.00
72-831-80	Housekeeping Expense>Aide>Wages	323,068.00			323,068.00
73-183-00	Laundry Expense>Supplies	8,487.00			8,487.00
73-831-80	Laundry Expense>Aide>Wages	65,141.00			65,141.00
74-880-00	Housekeeping & Laundry Expense>Payroll Taxes	35,617.00			35,617.00
74-881-00	Housekeeping & Laundry Expense>Workers Comp	8,946.00			8,946.00
74-882-00	Housekeeping & Laundry Expense>Health Insurance	67,901.00			67,901.00
74-883-00	Housekeeping & Laundry Expense>Other Benefits	19,914.00	D.E. 0	(19,914.00)	0.00
75 400 00	Maintenance Evnences Cur-II	40,000,00	RJE - 3	(19,914.00)	10 000 00
75-183-00	Maintenance Expense>Supplies	10,229.00			10,229.00
75-205-00 75-207-00	Maintenance Expense>Sanitation & Incineration Maintenance Expense>Repairs & Maint	28,422.00 41,957.00			28,422.00 41,957.00
75-207-00 75-217-00	Maintenance Expense>Extermination	2,026.00			2,026.00
75-217-00 75-218-00	Maintenance Expense>Snow Removal	9,704.00			9,704.00
75-219-00	Maintenance Expense>Show Removal	6,042.00			6,042.00
75-220-00	Maintenance Expense>Fire Drill	14,379.00			14,379.00
75-700-00	Maintenance Expense>Contracted Service	26,446.00			26,446.00
	•	•			

Account	Description	ADJ	JE Ref#	RJE	FINAL
		9/30/2020			9/30/2020
75-700-34	Maintenance Expense>Contracted Service>COVID19	19,568.00			19,568.00
75-811-92	Maintenance Expense>Director>PTO Accrual	(514.00)			(514.00)
75-829-80	Maintenance Expense>Staff>Wages	85,952.00			85,952.00
75-829-92	Maintenance Expense>Staff>PTO Accrual	1,907.00			1,907.00
75-837-00	Maintenance Expense>Security	2,761.00			2,761.00
75-838-80 75-838-92	Maintenance Expense>Security Desk>Wages	92,753.00			92,753.00
75-880-00	Maintenance Expense>Security Desk>PTO Accrual Maintenance Expense>Payroll Taxes	(992.00) 15,766.00			(992.00) 15,766.00
75-881-00	Maintenance Expense>Vayion Taxes Maintenance Expense>Workers Comp	3,962.00			3,962.00
75-882-00	Maintenance Expense>Health Insurance	29,849.00			29,849.00
75-883-00	Maintenance Expense>Other Benefits	8,548.00		(8,548.00)	0.00
	'	,	RJE - 3	(8,548.00)	
76-227-00	Utility Expense>Gas	16,130.00			16,130.00
76-228-00	Utility Expense>Electric	389,814.00			389,814.00
76-229-00	Utility Expense>Water/Sewer	47,901.00			47,901.00
80-101-00	Admin Expense>Provider Tax	498,510.00			498,510.00
80-162-00	Admin Expense>Insurance - General Liability & Other	160,778.00			160,778.00
80-163-00	Admin Expense>Insurance - EPLI	10,878.00			10,878.00
80-164-00 80-165-00	Admin Expense>Surety Bond	549.00			549.00
80-183-00	Admin Expense>Insurance - Property Admin Expense>Supplies	16,937.00 13,679.00			16,937.00 13,679.00
80-183-34	Admin Expense>Supplies Admin Expense>Supplies>COVID19	4.00			4.00
80-208-00	Admin Expense>Equip-Rental	10,042.00			10,042.00
80-209-00	Admin Expense>Postage	1,787.00			1,787.00
80-209-34	Admin Expense>Postage>COVID19	70.00			70.00
80-210-00	Admin Expense>Internet	2,008.00			2,008.00
80-230-00	Admin Expense>Data Processing	58,988.00			58,988.00
80-231-00	Admin Expense>Telephone	13,635.00			13,635.00
			RJE - 2	0.00	
80-232-00	Admin Expense>Cable TV	16,238.00			16,238.00
80-233-00	Admin Expense>Seminars	0.00	ם ב	0.00	0.00
80-234-00	Admin Expense>Licenses	1,451.00	RJE - 5	0.00	1,451.00
00-234-00	Admin Expense-Licenses	1,431.00	RJE - 5	0.00	1,431.00
80-235-00	Admin Expense>Dues & Subscriptions	350.00	NOL - O	0.00	350.00
00 200 00	, taniii. 2, peniee 2 ace a cazosi, piiciic	000.00	RJE - 5	0.00	000.00
80-236-00	Admin Expense>Travel	1,810.00			1,810.00
80-236-04	Admin Expense>Travel>Allowable	2,252.00			2,252.00
80-236-34	Admin Expense>Travel>COVID19	186.00			186.00
80-238-00	Admin Expense>Legal Fees	45,320.00		4,155.00	49,475.00
			RJE - 7	4,155.00	
80-239-00	Admin Expense>Accounting Fees	24,225.00	D.IE 0	0.00	24,225.00
00 000 04	Admin Expense>Accounting Fees>COVID19	457.00	RJE - 6	0.00	457.00
80-239-34 80-240-00	Admin Expense>Professional Fees	188,316.00		(4,155.00)	184,161.00
00-240-00	Admin Expenser Polessional Fees	100,510.00	RJE - 6	0.00	104,101.00
			RJE - 7	(4,155.00)	
			RJE - 9	0.00	
80-242-00	Admin Expense>Fines, Penalties & Settlements	6,120.00			6,120.00
80-243-00	Admin Expense>Late Fees	2,790.00			2,790.00
80-244-00	Admin Expense>Bank Fees	4,679.00			4,679.00
80-247-00	Admin Expense>Corporate Tax	600.00			600.00
80-249-00	Admin Expense>Recruiting	943.00			943.00
80-250-00	Admin Expense>Marketing & Advertising	15,800.00			15,800.00
80-250-34 80-251-00	Admin Expense>Marketing & Advertising>COVID19 Admin Expense>Bad Debt	1,643.00 137,501.00			1,643.00 137,501.00
80-252-00	Admin Expense>Bad Debt Admin Expense>Startup Costs	(1,837.00)			(1,837.00)
80-279-00	Admin Expense>Startup Costs Admin Expense>Management Fee	0.00			0.00
20 2.0 00		0.00	RJE - 9	0.00	0.00
80-700-00	Admin Expense>Contracted Service	120,391.00			120,391.00
80-811-80	Admin Expense>Director>Wages	102,767.00			102,767.00
80-811-92	Admin Expense>Director>PTO Accrual	(759.00)			(759.00)

80-812-80 80-839-80 80-840-80 80-840-92 80-842-80 80-880-00	Admin Expense>Assistant Director>Wages Admin Expense>Admissions>Wages Admin Expense>Business Office>Wages Admin Expense>Business Office>PTO Accrual Admin Expense>Marketing>Wages Admin Expense>Payroll Taxes Admin Expense>Workers Comp Admin Expense>Health Insurance Admin Expense>Other Benefits	9/30/2020 (2,327.00) 64,735.00 85,433.00 (287.00) 15,083.00 23,519.00 5,899.00 44,338.00			9/30/2020 (2,327.00) 64,735.00 85,433.00 (287.00)
80-839-80 80-840-80 80-840-92 80-842-80	Admin Expense>Admissions>Wages Admin Expense>Business Office>Wages Admin Expense>Business Office>PTO Accrual Admin Expense>Marketing>Wages Admin Expense>Payroll Taxes Admin Expense>Workers Comp Admin Expense>Health Insurance	64,735.00 85,433.00 (287.00) 15,083.00 23,519.00 5,899.00			64,735.00 85,433.00
80-840-80 80-840-92 80-842-80	Admin Expense>Business Office>Wages Admin Expense>Business Office>PTO Accrual Admin Expense>Marketing>Wages Admin Expense>Payroll Taxes Admin Expense>Workers Comp Admin Expense>Health Insurance	85,433.00 (287.00) 15,083.00 23,519.00 5,899.00			85,433.00
80-840-92 80-842-80	Admin Expense>Business Office>PTO Accrual Admin Expense>Marketing>Wages Admin Expense>Payroll Taxes Admin Expense>Workers Comp Admin Expense>Health Insurance	(287.00) 15,083.00 23,519.00 5,899.00			
80-842-80	Admin Expense>Marketing>Wages Admin Expense>Payroll Taxes Admin Expense>Workers Comp Admin Expense>Health Insurance	15,083.00 23,519.00 5,899.00			(287 00)
	Admin Expense>Payroll Taxes Admin Expense>Workers Comp Admin Expense>Health Insurance	23,519.00 5,899.00			(201.00)
80-880-00	Admin Expense>Workers Comp Admin Expense>Health Insurance	5,899.00			15,083.00
	Admin Expense>Health Insurance	•			23,519.00
80-881-00		44 338 00			5,899.00
80-882-00		77,000.00			44,338.00
80-883-00		12,850.00		(12,850.00)	0.00
	·	,	RJE - 3	(12,850.00)	
85-200-79	Employee Benefits Expense>Training Fund>Union	0.00		26,322.00	26,322.00
	1 , 1 3 -		RJE - 3	26,322.00	.,.
85-245-00	Employee Benefits Expense>Background Checks	0.00		2,340.00	2,340.00
00 2 10 00	Zimproyee Zeneme Zixpenee Zuengreum emeene	0.00	RJE - 3	2,340.00	2,0.0.00
85-255-79	Employee Benefits Expense>Pension>Union	0.00	1102 0	214,481.00	214,481.00
00 200 70	Employee Behelike Expenses I enden emen	0.00	RJE - 3	214,481.00	211,101.00
91-121-00	Property Expense>Rent	1,320,000.00	NOL O	214,401.00	1,320,000.00
91-161-00	Property Expense>RE Taxes	122,623.00			122,623.00
91-261-00	Property Expense>Personal Prop Taxes	30,782.00			30,782.00
92-000-00	Depreciation Expense	81,669.00			81,669.00
94-000-00	Interest Expense	952,297.00			952,297.00
Marcum 101	Dentist	,		5,100.00	5,100.00
Marcum 101	Dentist	0.00	RJE - 1	,	5,100.00
Maraum 100	Call Dhana	0.00	KJE - I	5,100.00	0.00
Marcum 102	Cell Phone	0.00	DIE 0	0.00	0.00
Manager 400	Ameliande	0.00	RJE - 2	0.00	0.00
Marcum 108	Ambulance	0.00	DIE 4	0.00	0.00
1400	Fundama Farat	0.00	RJE - 4	0.00	4 400 00
Marcum 109	Employee Food	0.00	D.IE. O	1,438.00	1,438.00
			RJE - 3	1,438.00	
Marcum 110	Employee Relations	0.00		1,490.00	1,490.00
	5 5		RJE - 3	1,490.00	
Marcum 111	Discriminatory Bonus	0.00		5,258.00	5,258.00
			RJE - 3	5,258.00	
Marcum 113	Subscriptions	0.00			0.00
			RJE - 5	0.00	
Marcum 117	IV Insertion Nurse	0.00		26,807.00	26,807.00
			RJE - 8	26,807.00	
Marcum 118	Respiratory Therapist	0.00		455.00	455.00
			RJE - 8	455.00	
Marcum 119	Pulmonary Therapist	0.00			0.00
			RJE - 8	0.00	
Marcum 120	Indirect COVID Expense	0.00		2,683.00	2,683.00
			RJE - 3	2,683.00	
Marcum 121	Admin & General> COVID Related Expense	0.00		17,141.00	17,141.00
	·		RJE - 3	17,141.00	•
Marcum 122	Holiday Party	0.00		350.00	350.00
_	•		RJE - 3	350.00	
Total		0.00		0.00	0.00
	Net (Income) Loss	0.00		0.00	0.00



Workpaper Index:

Prepared By:

Reviewed By: Workpaper Date: 1/30/2021

Run Date:

1/30/2021

B.04

Provider Name: Salmon Brook
Provider Number: 000010926
Period Ended: 9/30/20

Name of Workpaper: VHCL CKLST

VEHICLE COMPLIANCE CHECKLIST

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

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

Conclusion: