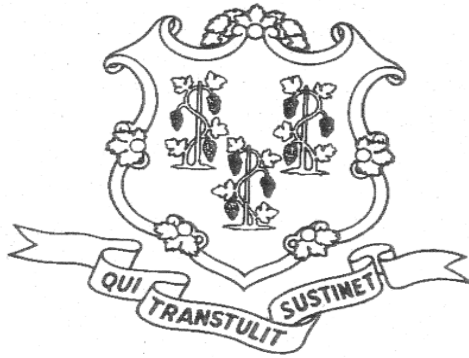


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2020

Name of Facility (as licensed) HBR Trumbull, LLC -d/b/a: St. Joseph's Manor	
Address (No. & Street, City, State, Zip Code) 6448 Main Street, Trumbull, CT 06611	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH) (RHNS)	
Report for Year Beginning 10/1/2019	Report for Year Ending 9/30/2020

License Numbers:	CCNH 2321-C	RHNS	(Specify)	Medicare Provider 07-5001
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Medicaid Provider Numbers:	CCNH 6841	RHNS	ICF-IID
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For Department Use Only

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

General Information

Name of Facility (as licensed) HBR Trumbull, LLC -d/b/a: St. Joseph's Manor	License No. 2321-C	Report for Year Ended 9/30/2020	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for HBR Trumbull, LLC -d/b/a: St. Joseph's Manor [facility name], for the cost report period beginning October 1, 2019 and ending September 30, 2020, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Marian Gaudio			Printed Name (Owner) Lashuan Bethea-VP-Legislative Affairs-Genesis Healthcare		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule 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. 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 Services
 55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's Manor		Period Covered:	From 10/1/2019	To 9/30/2020
Address of Facility 6448 Main Street, Trumbull, CT 06611				
Report Prepared By Thomas Farnan		Phone Number 978-247-5029	Date 12/28/2020	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$	8,788,685	8,776,491	12,194
5. All other wages paid	\$	1,642,156	1,527,205	114,951
6. Total Wages Paid	\$	10,430,841	10,303,696	127,145
7. Total salaries paid	\$	667,392	649,977	17,415
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$	11,098,233	10,953,673	144,560

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-268-6204		Report for Year Ended 9/30/2020	Page 2	of 37
Name of Facility (as shown on license) HBR Trumbull, LLC -d/b/a: St. Joseph's Manor		Address (No. & Street, City, State, Zip) 6448 Main Street, Trumbull, CT 06611		
License Numbers:	CCNH 2321-C	RHNS	(Specify)	Medicare Provider No. 07-5001
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Marian Gaudio		Nursing Home Administrator's License No.:	1650	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire
Related Parties***

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's Manor	License No. 2321-C	Report for Year Ended 9/30/2020	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? Yes No If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Genesis Administrative Services LLC	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Home Office	Pg 16/m12	1,118,079	1,118,079
Genesis ElderCare Rehabilitation Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	64%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	781,557	781,557
Genesis ElderCare Staffing Services	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>	37%	Staffing Pool	Pg 10/A12, p15-1		
Genesis ElderCare Physician Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	85%	Medical Director /NP	Pg 13/B8, Pg 10/A12	17,120	17,120
Career Staffing	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	66%	Outside Agency	Pg 13/B11 pg 10-12, 15		
Respiratory Health Services	515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	<input checked="" type="radio"/>	<input type="radio"/>	50%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E2	12,365	12,365
Genesis Healthcare Ins Program	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Insurance	Pg 27/14	551,443	551,443
		<input checked="" type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's Manor	License No. 2321-C	Report for Year Ended 9/30/2020	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item		Method of Allocation		
Dietary		Number of meals served to residents		
Laundry		Number of pounds processed		
Housekeeping		Number of square feet serviced		
Nursing		Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants		
Direct Resident Care Consultants		Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)		
Maintenance and operation of plant		Square feet		
Property costs (depreciation)		Square feet		
Employee health and welfare		Gross salaries		
Management services		Appropriate cost center involved		
All other General Administrative expenses		Total of Direct and Allocated Costs		
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's Manor			License No. 2321-C			Report for Year Ended 9/30/2020		Page of 6 37		
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed			
	Yes	No								
	<input type="radio"/>	<input checked="" type="radio"/>								
	<input type="radio"/>	<input checked="" type="radio"/>								
	<input type="radio"/>	<input checked="" type="radio"/>								
	<input type="radio"/>	<input checked="" type="radio"/>								
	<input type="radio"/>	<input checked="" type="radio"/>								
	<input type="radio"/>	<input checked="" type="radio"/>								
	<input type="radio"/>	<input checked="" type="radio"/>								
	<input type="radio"/>	<input checked="" type="radio"/>								
	<input type="radio"/>	<input checked="" type="radio"/>								
Is a Mileage Log Book Maintained for All Leased Vehicles ?								<input type="radio"/> Yes	<input checked="" type="radio"/> No	Total ***

* 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 HBR Trumbull, LLC -d/b/a: St. Jos	License No. 2321-C	Report for Year Ended 9/30/2020	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain.				
Independent Accounting Firm				
Name of Accounting Firm 1 KPMG Peat Marwick 2 3 4		Address (No. & Street, City, State, Zip Code) 1600 Market Street, Philadelphia, PA 19103		
Services Provided by This Firm (<i>describe fully</i>)				
1	Year end financial audit		\$	
2			\$	
3			\$	
4			\$	
			Charge for Services Provided	
			\$	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No Included in Management Fee pg. 16 m-12				
Legal Services Information				
Name of Legal Firm or Independent Attorney 1 Gerald J. Broderick CT State Marshal Fairfield County 2 3 4 5			Telephone Number 203-209-3503	
Address (<i>No. & Street, City, State, Zip Code</i>) 1 PO BOX 110428, Trumbull, CT 06611 2 3 4 5				
Services Provided by This Firm (<i>describe fully</i>)				
1	State Marshall fee for Citation Appointment of Conservator		\$	177
2			\$	
3			\$	
4			\$	
5			\$	
			Charge for Services Provided	
			\$	177
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No				

Schedule of Resident Statistics

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's Manor			License No. 2321-C			Report for Year Ended 9/30/2020			Page 8		of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	297	274		23	297	274		23				
B. On last day of THIS report period	292	269		23					292	269		23
2. Number of Residents												
A. As of midnight of PREVIOUS report period	258	244		14	258	244		14				
B. As of midnight of THIS report period	262	245		17					262	245		17
3. Total Number of Days Care Provided During Period												
A. Medicare	3,698	3,698			3,104	3,104			594	594		
B. Medicaid (Conn.)	66,271	66,271			52,462	52,462			13,809	13,809		
C. Medicaid (other states)												
D. Private Pay	4,099	4,099			3,226	3,226			873	873		
E. State SSI for RCH	5,471			5,471	4,256			4,256	1,215			1,215
F. Other (Specify)	3,221	3,221			2,785	2,785			436	436		
G. Total Care Days During Period (3A thru F)	82,760	77,289		5,471	65,833	61,577		4,256	16,927	15,712		1,215
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	333			333	295			295	38			38
B. Other Bed Reserve Days	27	27			27	27						
5. Total Resident Days (3G + 4A + 4B)	83,120	77,316		5,804	66,155	61,604		4,551	16,965	15,712		1,253

Schedule of Resident Statistics (Cont'd)

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's Man			License No. 2321-C			Report for Year Ended 9/30/2020			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	9		152		15			13					
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.	675.53		275.00		571.22			94.00					
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									2,732	2,732			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									1,735	1,735			
C. Other									10,634	10,634			
D. Total Physical Therapy Treatments									15,101	15,101			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									393	393			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									420	420			
C. Other									1,318	1,318			
D. Total Speech Therapy Treatments									2,131	2,131			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									4,857	4,857			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									2,313	2,313			
C. Other									12,709	12,709			
D. Total Occupational Therapy Treatments									19,879	19,879			

Report of Expenditures - Salaries & Wages

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's Manor	License No. 2321-C	Report for Year Ended 9/30/2020	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	182,106	2,009			13,707	151
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	49,267	1,860			3,708	140
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	479,207	21,407			36,069	1,611
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers						
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	140,636	3,820			10,585	287
b. Other Maintenance Workers	278,240	13,921			20,943	1,048
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	418,604	7,414				
b. RN						
1. Direct Care	1,308,303	32,958		RN		
2. Administrative**	190,174	4,244		NUMD		
c. LPN						
1. Direct Care	3,277,537	101,803		LPN		
2. Administrative**				NLN1		
d. Aides and Attendants	3,838,465	199,903		PCA		
e. Physical Therapists				ACN1		
f. Speech Therapists				CNA		
g. Occupational Therapists						
h. Recreation Workers	338,605	17,819			25,486	1,341
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	290,518	9,659			21,867	727
n. Marketing						
o. Other (Specify)						
See Attached Schedule	162,011	8,183			12,194	616
A-13. Total Salary Expenditures	10,953,672	424,999			144,560	5,922

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Ward Clerks	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Clerk-Central Supply	\$ 55,158	\$ 2,645	\$ -	\$ -	\$ 4,152	\$ 199
Medical Records	\$ 64,632	\$ 3,488	\$ -	\$ -	\$ 4,865	\$ 263
	0 \$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Coordinator-Staffing Centers	\$ 42,220	\$ 2,050	\$ -	\$ -	\$ 3,178	\$ 154
Total	\$ 162,011	8,183	\$ -	-	\$ 12,194	616

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	0 \$	Hours	\$	Hours	\$	Hours
Consulting Fees	\$ 3,159	n/a	\$ -	\$ -	\$ -	\$ -
Purchased Services	\$ 3,510	n/a	\$ -	\$ -	\$ -	\$ -
Purchased Services	\$ 11,170	n/a	\$ -	\$ -	\$ -	\$ -
Purchased Services	\$ 12,322	n/a	\$ -	\$ -	\$ -	\$ -
Purchased Services	\$ 616	n/a	\$ -	\$ -	\$ -	\$ -
Total	\$ 30,778	-	\$ -	-	\$ -	-

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

Name of Facility				License No.	Report for Year Ended			Page	of	
HBR Trumbull, LLC -d/b/a: St. Joseph's Manor				2321-C	9/30/2020			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
HBR Trumbull, LLC -d/b/a: St. Joseph's Manor				2321-C	9/30/2020			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Marian Gaudioso	182,106		13,707		Management of Center	2,160	2			
Section IV - Assistant Administrators										
Beard,Nicole Elizabeth	49,267		3,708		Assists in overseeing facility operations	2,000	3			

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

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

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

Annual Report of Long-Term Care Facility

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
HBR Trumbull, LLC -d/b/a: St. Joseph's Manor	2321-C	9/30/2020	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	22,200					
3. Pharmacist	27,930	698				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	677,417	11,290				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	61,802	192				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	30,788	581				
b. Other						
10. Occupational Therapist						
a. Resident Care	165,135	3,058				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	30,778					
B-13 Total Fees Paid in Lieu of Salaries	1,016,050	15,819				

* 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
HBR Trumbull, LLC -d/b/a: St. Joseph's Manor	2321-C	9/30/2020		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Genesis Eldercare Hospitality Services, 101 East State Street, Kennett Square, PA 19348	Dietary Services	<input type="radio"/>	<input checked="" type="radio"/>	Common Ownership	
Genesis Eldercare Rehabilitation Services, 101 East State Street, Kennett Square, PA 19348	Physical, Occupational, and Speech Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Genesis Eldercare Physician Services, 101 East State Street, Kennett Square, PA 19348	Medical Director	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Genesis Eldercare Staffing Services, 101 East State Street, Kennett Square, PA 19348	Nursing Pool	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Respiratory Health Services, 515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	Respiratory and Oxygen Supplies	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
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		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
HBR Trumbull, LLC -d/b/a: St. Joseph's Manor	2321-C	9/30/2020		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 540,023	534,623			5,400
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 117,353	116,179			1,174
4. Social Security (F.I.C.A.)	\$ 812,292	804,169			8,123
5. Health Insurance	\$ 1,220,770	1,208,562			12,208
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 485,482	480,627			4,855
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$ 20,825	20,617			208
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 216,232	201,096			15,136
d. Accounting and Auditing	\$				
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 177	165			12
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 27,057	25,163			1,894
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 25,870	24,059			1,811
2. Cellular Phones	\$ 3,810	3,543			267
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$ 867	806			61
3. Resident Day User Fee	\$ 1,137,940	1,137,940			
Subtotal	\$ 4,608,698	4,557,549			51,149

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Union Health & Welfare	\$ 43	\$ -	\$ 0
Union Health & Welfare	\$ 9,255	\$ -	\$ 93
Union Health & Welfare	\$ 10,920	\$ -	\$ 110
Benefit Allocations	\$ 399	\$ -	\$ 4
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
Total	\$ 20,617	\$ -	\$ 208

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Sales Tax	\$ 806	\$ -	\$ 61
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
Total	\$ 806	\$ -	\$ 61

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

Name of Facility	License No.	Report for Year Ended		Page	of
HBR Trumbull, LLC -d/b/a: St. Joseph's Manor	2321-C	9/30/2020		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	4,608,698	4,557,549		51,149	
i. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 5,708	5,308		400	
5. Education Expenses Related to Seminars and Conventions	\$				
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$				
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 12,101	11,254		847	
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 8,344	7,760		584	
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 31,413	29,214		2,199	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 339	315		24	
10. Contributions*** See Attached Schedule	\$ 3,055	2,841		214	
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 10,842	10,083		759	
12. Administrative Management Services**	\$ 1,291,505	1,201,100		90,405	
13. Other (<i>Specify</i>) See Attached Schedule	\$ 95,906	89,192		6,713	
C-14 Total Administrative & General Expenditures	\$ 6,067,911	5,914,617		153,294	

* 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	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising	\$ 1,970	\$ -	\$ 148
Marketing Expense	\$ 5,093	\$ -	\$ 383
Marketing Expense	\$ (317)	\$ -	\$ (24)
Marketing Exp- Corporate Spend	\$ 4,507	\$ -	\$ 339
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
Total Other Advertising	\$ 11,254	\$ -	\$ 847

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Licenses and Certification fee	\$ 29,214	\$ -	\$ 2,199
Total Dues	\$ 29,214	\$ -	\$ 2,199

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Political Contributions	\$ 2,841	\$ -	\$ 214
Total Contributions	\$ 2,841	\$ -	\$ 214

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank Service Charges	\$ 6,519	\$ -	\$ 491
Collection Fees	\$ 60,545	\$ -	\$ 4,557
Education Expense	\$ 2	\$ -	\$ 0
Employee Physicals	\$ 9,305	\$ -	\$ 700
Employee Relations	\$ 4,680	\$ -	\$ 352
Printing	\$ 271	\$ -	\$ 20
Training Expense	\$ 262	\$ -	\$ 20
Uniforms	\$ 95	\$ -	\$ 7
Fines & Penalties	\$ -	\$ -	\$ -
Miscellaneous	\$ 4	\$ -	\$ 0
Rental Expense	\$ 167	\$ -	\$ 13
Accrued Expense Estimation	\$ (4,467)	\$ -	\$ (336)
State Tax Annual Report Filing	\$ 298	\$ -	\$ 22
Landlord Operating Taxes	\$ 558	\$ -	\$ 42
Non-recurring Charges	\$ -	\$ -	\$ -
Interest Expense	\$ 7	\$ -	\$ 1
Foreign Recruitment Cost	\$ 10,625	\$ -	\$ 800
Recruiting Fees	\$ 321	\$ -	\$ 24
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
Total Other Administrative and General	\$ 89,192	\$ -	\$ 6,713

Schedule C-1 - Management Services*

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's N	License No. 2321-C	Report for Year Ended 9/30/2020	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Genesis Administrative Services LLC, 101 East St., Kennett Square, PA 19348	1,118,079	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
HBR Trumbull, LLC -d/b/a: St. Joseph's Manor		2321-C	9/30/2020		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 427,866	397,915			29,951
2.	Non-Food Supplies	\$ 69,336	64,482			4,854
3.	Other (Specify) _____	\$ 2,107	1,960			147
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)						
		\$ 1,893,344	1,760,810			132,534
c. Other (Specify) _____						
		\$				
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 2,392,653	2,225,167			167,486
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
F.	Resident Meals: Total no. of meals served per day:*					
G.	Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.	
K.	Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.	
N.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.	
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)						

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
HBR Trumbull, LLC -d/b/a: St. Joseph's Manor		2321-C	9/30/2020	19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	13,013	12,102		911
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$	14,052	13,068		984
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	595,567	553,877		41,690
c. Other (Specify)	\$				
3D. Total Laundry Expenditures (3a + b + c)	\$	622,632	579,047		43,585
3E. Laundry Questionnaire					
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
 All allocations should add to total recorded in 3D.
 *** Pounds of Laundry only required for multi-level facilities.

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

Name of Facility		License No.	Report for Year Ended		Page	of
HBR Trumbull, LLC -d/b/a: St. Joseph's Manor		2321-C	9/30/2020		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	25,336	23,562		1,774
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$	953,674	886,917		66,757
C. Other (<i>Specify</i>)			\$			
4D. Total Housekeeping Expenditures (4a + b + c)			\$ 979,010	910,479		68,531
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	227,582	227,582		
b.	Medicine Cabinet Drugs	\$	23,074	23,074		
c.	Medical and Therapeutic Supplies	\$	246,768	246,768		
d.	Ambulance/Limousine***	\$	179	179		
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	9,043	9,043		
f.	X-rays and Related Radiological Procedures***	\$	18,359	18,359		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	57,006	57,006		
i.	Recreation	\$	44,680	41,552		3,128
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	163,290	151,860		11,430
5M. Total Resident Care Expenditures (5a - 5j)			\$ 789,981	775,423		14,558

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Incontinency	\$ 105,979	\$ -	\$ 7,977
Advertising-Help Wanted	\$ 3,276	\$ -	\$ 247
Education Expense	\$ 823	\$ -	\$ 62
Meetings & Seminars	\$ -	\$ -	\$ -
Supplies	\$ 902	\$ -	\$ 68
Supplies	\$ 18,879	\$ -	\$ 1,421
Supplies	\$ 649	\$ -	\$ 49
Office Supplies	\$ 1,218	\$ -	\$ 92
Office Supplies	\$ -	\$ -	\$ -
Supplies	\$ 65	\$ -	\$ 5
Rental Expense	\$ -	\$ -	\$ -
Rental Expense	\$ 8,053	\$ -	\$ 606
Consolidated Billing	\$ 11,461	\$ -	\$ 863
Books, Dues & Subscriptions	\$ 58	\$ -	\$ 4
Tuition Reimbursement	\$ -	\$ -	\$ -
Office Supplies	\$ 31	\$ -	\$ 2
Licenses & Certifications	\$ -	\$ -	\$ -
Incontinency - Rebates	\$ (343)	\$ -	\$ (26)
Tuition Reimbursement	\$ (614)	\$ -	\$ (46)
Training Expense	\$ 1,395	\$ -	\$ 105
T&E-Lodging/Transportation	\$ 28	\$ -	\$ 2
	0	\$ -	\$ -
	0	\$ -	\$ -
Total Other Resident Care	\$ 151,860	\$ -	\$ 11,430

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

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's Manor			License No. 2321-C		Report for Year Ended 9/30/2020			Page of 21 37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Laundry Purchased Services	595,567			19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Housekeeping Purchased Services	953,674			20	4b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Dietary Purchased Services	1,893,344			18	2b
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
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		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
HBR Trumbull, LLC -d/b/a: St. Joseph's Man	2321-C	9/30/2020			22	37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	531,240	494,053			37,187
b. Heat	\$	196,072	182,347			13,725
c. Light & Power	\$	297,070	276,275			20,795
d. Water	\$	388,631	361,427			27,204
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$					
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	1,413,013	1,314,102			98,911
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$	18,639	17,334			1,305
c. Non-Movable Equipment	\$	1,051	977			74
d. Movable Equipment	\$	16,692	15,524			1,168
*7e. Total Depreciation Costs (7a + b + c + d)	\$	36,382	33,835			2,547
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	867,440	806,719			60,721
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	235,158	218,697			16,461
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	1,138,980	1,059,251			79,729

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Total Other Repairs and Maintenance	\$ -	\$ -	\$ -

Schedule of Land Improvements Acquired during this report period

Table with columns: Acquisition Date, Description of Item, Cost, Useful Life, Depreciation. Includes additions and deletions for land improvements.

**Ties to Page 23, Line A1

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Table with columns: Acquisition Date, Description of Item, Cost, Useful Life, Depreciation. Lists various building improvements like architecture assessments, HVAC systems, and flooring.

**Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Table with columns: Acquisition Date, Description of Item, Cost, Useful Life, Depreciation. Lists non-movable equipment such as heat exchangers and kitchen equipment.

**Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Table with columns: Acquisition Date, Description of Item, Cost, Useful Life, Depreciation. Lists movable equipment including office furniture, IT equipment, and kitchenware.

**Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Table with columns: Acquisition Date, Description of Item, Cost, Useful Life, Depreciation. Lists leasehold improvements, primarily showing zero values.

**Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
HBR Trumbull, LLC -d/b/a: St. Joseph's Manor			2321-C		9/30/2020			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph	License No. 2321-C	Report for Year Ended 9/30/2020	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	292				
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of					
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	
GMF-CT	Facility Lease	7/1/2019-12/31	10 years	806,719	
650 Madison Avenue New York, NY 10022					

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
HBR Trumbull, LLC -d/b/a: St. Josep		2321-C	9/30/2020			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
HBR Trumbull, LLC -d/b/a: St. Jos		2321-C		9/30/2020		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$			
14. Insurance							
a. Insurance on Property (buildings only)				\$ 58,008	53,947		4,061
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)			\$ 493,435	458,895			34,540
2. Fire and Extended Coverage			\$				
3. Other (Specify)			\$				
14d. Total Insurance Expenditures (14a + b + c)				\$ 551,443	512,842		38,601
15. Total All Expenditures (A-13 thru C-14)				\$ 26,069,905	25,260,649		809,256

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
HBR Trumbull, LLC -d/b/a: St. Joseph's Manor				2321-C	9/30/2020	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 63,233	58,807		4,426
Page 13 - Professional Fees							
5.	13	8-c	Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 900,343	900,343		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1-c	Bad Debts	\$ 216,232	201,096		15,136
10.			Accounting	\$			
10a.			Legal	\$			
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	m-2 &	Unallowable Advertising *	\$ 12,101	11,254		847
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 3,055	2,841		214
21.			Unallowable Management Fees	\$ 173,426	161,287		12,139
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 87,524	83,031		4,493
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,455,914	1,418,658		37,256

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	2	Administrator's salary disallowed	\$ 58,807	\$ -	\$ 4,426
10	a12o		0 \$ -	\$ -	\$ -
10	a12o		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
Total Other Salaries Adjustment			\$ 58,807	\$ -	\$ 4,426

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	\$ 172,392	\$ -	\$ -
13	5	Rehabilitation Services	\$ 505,025	\$ -	\$ -
13	9	Speech Therapist	\$ 30,788	\$ -	\$ -
13	10	Occupational Therapist	\$ 165,135	\$ -	\$ -
13	12	Other	\$ 3,510	\$ -	\$ -
13	12	Other	\$ 11,170	\$ -	\$ -
13	12	Respiratory Purchased Servies	\$ 12,322	\$ -	\$ -
Total Other Fees Adjustments			\$ 900,343	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m-8a	1020630310	\$ -	\$ -	\$ -
16	m-13	1020630120	\$ 60,545	\$ -	\$ 4,557
16	m-13	1020660990	\$ (4,467)	\$ -	\$ (336)
16	m-13	7010800030	\$ -	\$ -	\$ -
16	m-13	1020640080	\$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
15	1a3		0 \$ -	\$ -	\$ -
15	1a4		0 \$ -	\$ -	\$ -
15	1-a-1	adj workers comp	\$ 26,953	\$ -	\$ 272
Total Other A&G Adjustments			\$ 83,031	\$ -	\$ 4,493

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

Name of Facility				License No.	Report for Year Ended	Page	of
HBR Trumbull, LLC -d/b/a: St. Joseph's Manor				2321-C	9/30/2020	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,455,914	1,418,658		37,256
Page 20 - Resident Care Supplies***							
27.	20	5-a-2	Prescription Drugs	\$ 227,582	227,582		
28.	20	5-d	Ambulance/Limousine	\$ 179	179		
29.	20	5-f	X-rays, etc	\$ 18,359	18,359		
30.	20	5-h	Laboratory	\$ 57,006	57,006		
31.			Medical Supplies	\$			
32.	20	5-e-2	Oxygen (non emergency)	\$ 9,043	9,043		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 41,282	41,282		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ (300,792)	(300,792)		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 22,080	22,080		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$ 30,494	28,360		2,135
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 339,972	316,174		23,798
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,901,119	1,837,931		63,189

*** 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	5-j	Consolidated Billing	\$ 12,323	\$ -	\$ -
20	5-j	Respiratory Supplies	\$ 20,300	\$ -	\$ -
20	5-j	Respiratory Rental	\$ 8,659	\$ -	\$ -
0	0-Jan		0 \$	\$ -	\$ -
0	0-Jan		0 \$	\$ -	\$ -
0	0-Jan		0 \$	\$ -	\$ -
0	0-Jan		0 \$	\$ -	\$ -
Total Other Ancillary Costs			\$ 41,282	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Page 22	7a	Land Imp	\$ (21,592)	\$ -	\$ -
Page 22	7b	Bldg Imp	\$ (191,946)	\$ -	\$ -
Page 22	7c	Non Movable Equip	\$ (31,339)	\$ -	\$ -
Page 22	7d	Movable Equip	\$ (55,914)	\$ -	\$ -
Total Excess Movable Equipment Depreciation			\$ (300,792)	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	6b		0 \$	\$ -	\$ -
22	6c		0 \$	\$ -	\$ -
22	6d		0 \$	\$ -	\$ -
22	6a	Teresian Towers Misc Revenue - Maint Dept	\$ 7,891	\$ -	\$ -
22	6b	Teresian Towers Misc Revenue- Electricity revenue	\$ 14,189	\$ -	\$ -
Total Other Property Adjustments			\$ 22,080	\$ -	\$ -

Schedule of Other - Indirect Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-i	Cable TV	\$ 28,360	allow \$3600	\$ 2,135
Total Other Adjustments			\$ 28,360	\$ -	\$ 2,135

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14 c1	General liability Insurance Adjust	\$ 316,174	\$ -	\$ 23,798
Total Other Adjustments			\$ 316,174	\$ -	\$ 23,798

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
HBR Trumbull, LLC -d/b/a: St. Joseph's 12321-C		9/30/2020			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ (36,489,624)	(35,030,039)		(1,459,585)		
b. Medicaid Room and Board Contractual Allowance **	\$ 18,423,434	17,686,497		736,937		
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ (2,032,638)	(2,032,638)				
b. Medicare Room and Board Contractual Allowance **	\$ 213,352	213,352				
4. a. Private-Pay Residents and Other	\$ (4,162,863)	(4,162,863)				
b. Private-Pay Room and Board Contractual Allowance **	\$ 962,975	962,975				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ (102,765)	(102,765)				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ 10,787	10,787				
c. Prescription Drugs - Non-Medicare	\$ (137,021)	(127,430)		(9,591)		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ 37,837	35,188		2,649		
2. a. Medical Supplies - Medicare	\$ (57)	(57)				
b. Medical Supplies - Medicare Contractual Allowance **	\$ 6	6				
c. Medical Supplies - Non-Medicare	\$ (235)	(219)		(16)		
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ 116	108		8		
3. a. Physical Therapy - Medicare	\$ (364,836)	(364,836)				
b. Physical Therapy - Medicare Contractual Allowance **	\$ 38,294	38,294				
c. Physical Therapy - Non-Medicare	\$ (390,633)	(363,289)		(27,344)		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ 113,394	105,456		7,938		
4. a. Speech Therapy - Medicare	\$ (119,918)	(119,918)				
b. Speech Therapy - Medicare Contractual Allowance **	\$ 12,587	12,587				
c. Speech Therapy - Non-Medicare	\$ (115,820)	(107,713)		(8,107)		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ 38,402	35,714		2,688		
5. a. Occupational Therapy - Medicare	\$ (553,314)	(553,314)				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ 58,078	58,078				
c. Occupational Therapy - Non-Medicare	\$ (498,466)	(463,573)		(34,893)		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ 149,614	139,141		10,473		
6. a. Other (<i>Specify</i>) - Medicare	\$ (62,340)	(57,977)		(4,364)		
b. Other (<i>Specify</i>) - Non-Medicare	\$ (373,166)	(347,045)		(26,122)		
III. Total Resident Revenue (Section I. thru Section II.)	\$ (25,344,821)	(24,535,492)		(809,328)		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$ (16,419)	(15,270)		(1,149)		
5. Interest Income (<i>Specify</i>)	\$ (3,990)	(3,990)				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$ (12,871)	(11,970)		(901)		
8. Other (<i>Specify</i>)	\$ (1,322,768)	(1,322,768)				
V. Total Other Revenue (1 thru 8)	\$ (1,356,048)	(1,353,998)		(2,050)		
VI. Total All Revenue (III +V)	\$ (26,700,869)	(25,889,491)		(811,378)		

* 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)
II-6-a	Medicare	X-Ray	\$ (9,967)	\$ -	\$ (750)
II-6-a	Medicare	Laboratory	\$ (25,066)	\$ -	\$ (1,887)
II-6-a	Medicare	Respiratory Thera	\$ (2,121)	\$ -	\$ (160)
II-6-a	Medicare	Nursing Treatment	\$ -	\$ -	\$ -
II-6-a	Medicare	Audiology	\$ -	\$ -	\$ -
II-6-a	Medicare	Incontinency	\$ -	\$ -	\$ -
II-6-a	Medicare	Oxygen & Suppl	\$ -	\$ -	\$ -
II-6-a	Medicare	Physician Visit	\$ (285)	\$ -	\$ (21)
II-6-a	Medicare	Ambulance	\$ (12,129)	\$ -	\$ (913)
II-6-a	Medicare	Flu Shot	\$ (15,208)	\$ -	\$ (1,145)
II-6-a	Medicare	Capitation Contr	\$ -	\$ -	\$ -
II-6-a	Medicare	Radiology Service	\$ -	\$ -	\$ -
II-6-a	Medicare	Outpatient Therap	\$ -	\$ -	\$ -
II-6-a	Medicare	Case Management	\$ -	\$ -	\$ -
II-6-a	Contractuals-Medicare	X-Ray	\$ 1,046	\$ -	\$ 79
II-6-a	Contractuals-Medicare	Laboratory	\$ 2,631	\$ -	\$ 198
II-6-a	Contractuals-Medicare	Respiratory Thera	\$ 223	\$ -	\$ 17
II-6-a	Contractuals-Medicare	Nursing Treatment	\$ -	\$ -	\$ -
II-6-a	Contractuals-Medicare	Audiology	\$ -	\$ -	\$ -
II-6-a	Contractuals-Medicare	Incontinency	\$ -	\$ -	\$ -
II-6-a	Contractuals-Medicare	Oxygen & Suppl	\$ -	\$ -	\$ -
II-6-a	Contractuals-Medicare	Physician Visit	\$ 30	\$ -	\$ 2
II-6-a	Contractuals-Medicare	Ambulance	\$ 1,273	\$ -	\$ 96
II-6-a	Contractuals-Medicare	Flu Shot	\$ 1,596	\$ -	\$ 120
II-6-a	Contractuals-Medicare	Capitation Contr	\$ -	\$ -	\$ -
II-6-a	Contractuals-Medicare	Radiology Service	\$ -	\$ -	\$ -
II-6-a	Contractuals-Medicare	Outpatient Therap	\$ -	\$ -	\$ -
II-6-a	Contractuals-Medicare	Case Management	\$ -	\$ -	\$ -
Total Other Resident Revenue - Medicare			\$ (57,977)	\$ -	\$ (4,364)

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description		CCNH	RHNS	(Specify)
II-6-b	Medicaid	X-Ray	\$ (145)	\$ -	\$ (11)
II-6-b	Medicaid	Laboratory	\$ 432	\$ -	\$ 33
II-6-b	Medicaid	Respiratory Thera	\$ (3,239)	\$ -	\$ (244)
II-6-b	Medicaid	Nursing Treatment	\$ -	\$ -	\$ -
II-6-b	Medicaid	Audiology	\$ -	\$ -	\$ -
II-6-b	Medicaid	Incontinency	\$ -	\$ -	\$ -
II-6-b	Medicaid	Oxygen & Suppl	\$ -	\$ -	\$ -
II-6-b	Medicaid	Physician Visit	\$ -	\$ -	\$ -
II-6-b	Medicaid	Ambulance	\$ -	\$ -	\$ -
II-6-b	Medicaid	Flu Shot	\$ -	\$ -	\$ -
II-6-b	Medicaid	Capitation Contr	\$ -	\$ -	\$ -
II-6-b	Medicaid	Radiology Service	\$ -	\$ -	\$ -
II-6-b	Medicaid	Outpatient Therap	\$ -	\$ -	\$ -
II-6-b	Medicaid	0	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	X-Ray	\$ 73	\$ -	\$ 6
II-6-b	Contractuals-Medicaid	Laboratory	\$ (218)	\$ -	\$ (16)
II-6-b	Contractuals-Medicaid	Respiratory Thera	\$ 1,636	\$ -	\$ 123
II-6-b	Contractuals-Medicaid	Nursing Treatment	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Audiology	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Incontinency	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Oxygen & Suppl	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Physician Visit	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Ambulance	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Flu Shot	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Capitation Contr	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Radiology Service	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Outpatient Therap	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Daycare	\$ -	\$ -	\$ -
II-6-b	Private insurance, other	X-Ray	\$ (6,799)	\$ -	\$ (512)
II-6-b	Private insurance, other	Laboratory	\$ (30,806)	\$ -	\$ (2,319)
II-6-b	Private insurance, other	Respiratory Thera	\$ (1,828)	\$ -	\$ (138)
II-6-b	Private insurance, other	Nursing Treatment	\$ -	\$ -	\$ -
II-6-b	Private insurance, other	Audiology	\$ -	\$ -	\$ -
II-6-b	Private insurance, other	Incontinency	\$ -	\$ -	\$ -
II-6-b	Private insurance, other	Oxygen & Suppl	\$ -	\$ -	\$ -
II-6-b	Private insurance, other	Physician Visit	\$ -	\$ -	\$ -
II-6-b	Private insurance, other	Ambulance	\$ (3,281)	\$ -	\$ (247)
II-6-b	Private insurance, other	Flu Shot	\$ -	\$ -	\$ -
II-6-b	Private insurance, other	Capitation Contr	\$ (406,869)	\$ -	\$ (30,625)
II-6-b	Private insurance, other	Radiology Service	\$ -	\$ -	\$ -
II-6-b	Private insurance, other	Outpatient Therap	\$ -	\$ -	\$ -
II-6-b	Private insurance, other	Daycare	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	X-Ray	\$ 1,573	\$ -	\$ 118
II-6-b	Contractuals-Non-Medicaid	Laboratory	\$ 7,126	\$ -	\$ 536
II-6-b	Contractuals-Non-Medicaid	Respiratory Thera	\$ 423	\$ -	\$ 32
II-6-b	Contractuals-Non-Medicaid	Nursing Treatment	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Audiology	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Incontinency	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Oxygen & Suppl	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Physician Visit	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Ambulance	\$ 759	\$ -	\$ 57
II-6-b	Contractuals-Non-Medicaid	Flu Shot	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Capitation Contr	\$ 94,119	\$ -	\$ 7,084
II-6-b	Contractuals-Non-Medicaid	Radiology Service	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Outpatient Therap	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Daycare	\$ -	\$ -	\$ -
Total Other Resident Revenue			\$ (347,045)	\$ -	\$ (26,122)

Interest Income

Page Ref	Account	Account	Balance	CCNH	RHNS	(Specify)
IV-5	Interest on Overdue Accts	Interest	\$ (3,990)	\$ -	\$ -	
Total Interest Income			\$ (3,990)	\$ -	\$ -	

Schedule of Other Revenue

Page Ref	Description		CCNH	RHNS	(Specify)
IV-8	Federal Stimulus 1	0	\$ (147,600)	\$ -	\$ -
IV-8	Federal Stimulus 2	0	\$ (381,488)	\$ -	\$ -
IV-8	Federal Stimulus 3	0	\$ (735,000)	\$ -	\$ -
IV-8	Rental Fee	0	\$ (45,176)	\$ -	\$ -
IV-8	ABI Document Support GL 600500-3090	0	\$ (116)	\$ -	\$ -
IV-8	Rehab settlement	0	\$ (600)	\$ -	\$ -
IV-8	Rehab Settlement Administrator	0	\$ (398)	\$ -	\$ -
IV-8	0	0	\$ (40)	\$ -	\$ -
IV-8	0	0	\$ (20)	\$ -	\$ -
IV-8	Instamed Test Payment EFT - Cap Osc 0730	0	\$ (4)	\$ -	\$ -
IV-8	Aging and Disability Services	0	\$ (20)	\$ -	\$ -
IV-8	Rehab Screen	0	\$ (1,560)	\$ -	\$ -
IV-8	Resord Carp Deposits for September 2020-University of Pittsburgh CK326	0	\$ (10,780)	\$ -	\$ -
Total Other Revenue			\$ (1,822,768)	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
HBR Trumbull, LLC -d/b/a: St. Joseph's	2321-C	9/30/2020	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	12,461
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,757,618
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(737,486)
4. Inventories			\$	132,246
5. Prepaid Expenses			\$	23,524
a. _____				
b. _____				
c. _____				
d. See Schedule		23,524		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,188,364
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>220,234</u>		\$	195,940
	Accum. Depreciation <u>24,294</u>	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost <u>14,038</u>		\$	12,988
	Accum. Depreciation <u>1,050</u>	Net		
6. Movable Equipment	*Historical Cost <u>128,091</u>		\$	110,325
	Accum. Depreciation <u>17,766</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
PPE CIP				
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	319,253

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
30	A5	Prepaid Expenses	\$ 14,646
30	A5	Prepaid Prop Taxes	\$ 4,092
30	A5	Prepaid Personal Property Tax	\$ 4,786
30	A5		
30	A5		
30	A5		
30	A5		
Total Prepaid Expenses			\$ 23,524

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	D7	Elimination Intercompany	\$ 15,957,236
32	D7	I/C Due to/Due From GHCLLC	\$ 163,047,819
		I/C Due to/Due From GHCLLC PR	\$ (115,312,331)
		I/C Due to/Due From GHCLLC A/P	\$ (56,682,172)
		I/C Due to/Due From GHCLLC EX	\$ 1,174
		I/C Due to/Due From GHCLLC AR	\$ (7,396,504)
		I/C Due to/Due From GHCLLC IN	\$ (347,987)
Total Other Assets			\$ (732,765)

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

Page Ref	Line Ref	Description	
33	A12	A/R Credit Gross Up Liability	\$ 111,497
33	A12	Accrued Provider/Bed Tax	\$ 237,547
33	A12	Accr Gross Rec Tax-FY11	\$ 2,640
33	A12	Accr Gross Rec Tax-FY12	\$ 2,400
33	A12	Accr Gross Rec Tax-FY13	\$ 2,400
33	A12	Accr Gross Rec Tax-FY14	\$ 2,400
33	A12	Accr Gross Rec Tax-FY15	\$ 2,400
33	A12	Accr Gross Rec Tax-FY16	\$ 2,400
33	A12	Accr Gross Rec Tax-FY17	\$ 2,400
33	A12	Accr Gross Rec Tax-FY18	4800
33	A12	Accr Sales and Use Tax - FY18	282
Total Other Current Liabilities (Itemize)			\$ 371,166

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

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
HBR Trumbull, LLC -d/b/a: St. Joseph'	2321-C	9/30/2020	32	37
Account			Amount	
Total Brought Forward:			\$	1,507,616
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
3. Buildings		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
4. Non-Movable Equipment		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
5. Movable Equipment		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
6. Motor Vehicles		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$	3,334,181
ROU Bldg Asset-Oper Lease		4,575,109		
AccumAmort-ROU Bldg OprLease		(508,162)		
See Schedule		(732,765)		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	3,334,181
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	4,841,797

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

G. Balance Sheet (cont'd)

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's M	License No. 2321-C	Report for Year Ended 9/30/2020	Page 34	of 37
Account				Amount
Total Brought Forward:				2,937,100
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
Name of Lender	Purpose	Amount	Date Due	\$
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		\$
4. Other Long-Term Liabilities (<i>itemize</i>)				\$
LT Debt-Financing Obligation		4,170,601		
Escheatable Funds		1,728		
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 4,172,329
C. Total All Liabilities (Lines A-13 + B-5)				\$ 7,109,429

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

Name of Facility	License No.	Report for Year Ended	Page	of
HBR Trumbull, LLC -d/b/a: St. Joseph	2321-C	9/30/2020	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(2,898,602)
6. Gain or Loss for Period			\$	630,970
	10/1/2019	thru 9/30/2020		
7. Total Net Worth			\$	(2,267,631)
C. Total Reserves and Net Worth			\$	(2,267,631)
D. Total Liabilities, Reserves, and Net Worth			\$	4,841,798

H. Changes in Total Net Worth

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's	License No. 2321-C	Report for Year Ended 9/30/2020	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2019			\$	(2,898,597)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	26,700,871
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	26,069,905
D. Net Income or Deficit			\$	630,966
E. Balance			\$	(2,267,631)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	(2,267,631)