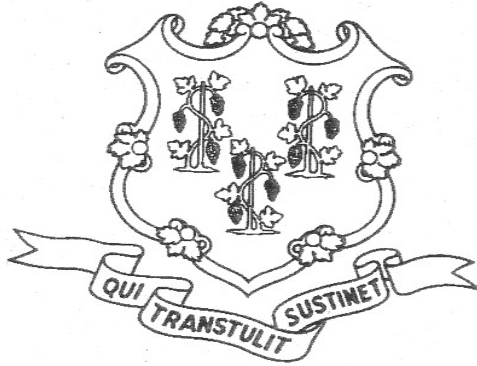


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) Farmington Rehab Center, LLC d/b/a Amberwoods of Farmington	
Address (No. & Street, City, State, Zip Code) 416 Colt Highway, Farmington, CT 06032	
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 10/1/2021	Report for Year Ending 9/30/2022

License Numbers:	CCNH 2332	RHNS	(Specify)	Medicare Provider 07-5419
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Medicaid Provider Numbers:	CCNH 9241	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) Farmington Rehab Center, LLC d/b/a Amberwoods of	License No. 2332	Report for Year Ended 9/30/2022	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 Farmington Rehab Center, LLC d/b/a Amberwoods of Farmington [facility name], for the cost report period beginning October 1, 2021 and ending September 30, 2022, 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.

**Subject to Desk Review audit

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Renata Coccozza			Printed Name (Owner) Moshe Bernstein		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Farmington Rehab Center, LLC d/b/a Amberwoods of Farmington	Period Covered:	From 10/1/2021	To 9/30/2022	
Address of Facility 416 Colt Highway, Farmington, CT 06032				
Report Prepared By Zella Healthcare Consulting, LLC	Phone Number 203-808-8197	Date 1/24/2022		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid \$				
2. Laundry wages paid \$				
3. Housekeeping wages paid \$				
4. Nursing wages paid \$				
5. All other wages paid \$				
6. Total Wages Paid \$				
7. Total salaries paid \$				
8. Total Wages and Salaries Paid (As per page 10 of Report) \$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

	Phone No. of Facility 860-677-1671	Report for Year Ended 9/30/2022	Page 2	of 37
Name of Facility (as shown on license) Farmington Rehab Center, LLC d/b/a Amberwoods of Farmington		Address (No. & Street, City, State, Zip) 416 Colt Highway, Farmington, CT 06032		
License Numbers:	CCNH 2332	RHNS (Specify)	Medicare Provider No. 07-5419	
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 Renata Coccozza		Nursing Home Administrator's License No.:	1533	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire Corporate Owners

Name of Facility Farmington Rehab Center, LLC d/b/a Amber	License No. 2332	Report for Year Ended 9/30/2022	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address		State(s) in Which Incorporated	
N/A				
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
N/A				
Names of Stockholders Owning at Least 10% of Shares				
N/A				

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Farmington Rehab Center, LLC d/b/a Amberwoods	2332	9/30/2022	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

General Information and Questionnaire
Related Parties*

Name of Facility Farmington Rehab Center, LLC d/b/a Amberwoods of	License No. 2332	Report for Year Ended 9/30/2022	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	%**				
Realty of Farmington LLC	2600 Nostrund Avenue, Brooklyn, NY 11210	<input type="radio"/>	<input checked="" type="radio"/>		Rent Expense	Page 22 Line 9	657,810	657,810
Realty of Farmington LLC	2600 Nostrund Avenue, Brooklyn, NY 11210	<input type="radio"/>	<input checked="" type="radio"/>		Property Taxes	Page 22 Line 10a	142,419	142,419
Realty of Farmington LLC	2600 Nostrund Avenue, Brooklyn, NY 11210	<input type="radio"/>	<input checked="" type="radio"/>		Property Insurance	Page 27 Line 14a	26,586	26,586
Realty of Farmington LLC	2600 Nostrund Avenue, Brooklyn, NY 11210	<input type="radio"/>	<input checked="" type="radio"/>		General & Business Liability Insurance	Page 27 Line 14c3	73,185	73,185
Realty of Farmington LLC	2600 Nostrund Avenue, Brooklyn, NY 11210	<input type="radio"/>	<input checked="" type="radio"/>		Umbrella Insurance	Page 27 Line 14c1	10,435	10,435
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Farmington Rehab Center, LLC d/b/a Amberwo	License No. 2332	Report for Year Ended 9/30/2022	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative 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? Yes No If "No," explain fully why such allocation was not made.

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

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

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of
Farmington Rehab Center, LLC d/b/a Amberwoods of Farm			2332	9/30/2022			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						
De Lage Landen	<input type="radio"/>	<input checked="" type="radio"/>	Copier	04/06/15	Auto-renewed	4,629		4,629
Accelerated Care Plus Leasing	<input type="radio"/>	<input checked="" type="radio"/>	Omni Stim			12,361		12,361
	<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"/>						
							Total ***	16,990

Is a Mileage Log Book Maintained for All Leased Vehicles ? Yes No

* 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 Farmington Rehab Center, LLC d/b	License No. 2332	Report for Year Ended 9/30/2022	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

Is the accounting basis for this period the same as for the previous period? Yes No If "No," explain.

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Nesso Accounting	409 Canal Street, Milldale, CT 06467
2 Whittlesey, PC	280 Trumbull St., Hartford, CT 06103
3 SY Consultant	1138 E. 12th Street, Brooklyn, NY 11230
4	

Services Provided by This Firm (*describe fully*)

1 Accounting Services	\$ 19,380
2 401K Audit	\$ 11,500
3 Consulting	\$ 15,000
4	\$
	Charge for Services Provided
	\$ 45,880

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

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Robinson and Cole	860-275-8200
2 American Arbitration Association	917-438-1660
3 Various	Various
4	
5	

Address (<i>No. & Street, City, State, Zip Code</i>)
1 280 Trumbull St., Hartford, CT 06103
2 120 Broadway, Floor 21, New York, NY 10271
3 Various
4
5

Services Provided by This Firm (*describe fully*)

1 General Legal Counsel	\$ 120,971
2 Arbitration Hearing	\$ 650
3 Conservator (Disallowed)	\$ 828
4	\$
5	\$
	Charge for Services Provided
	\$ 122,449

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

Schedule of Resident Statistics

Name of Facility		License No.			Report for Year Ended				Page	of			
Farmington Rehab Center, LLC d/b/a Amberwoods of Farmington		2332			9/30/2022				8	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	130	130			130	130							
B. On last day of THIS report period	130	130							130	130			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	88	88			88	88							
B. As of midnight of THIS report period	107	107							107	107			
3. Total Number of Days Care Provided During Period													
A. Medicare	1,918	1,918			1,402	1,402			516	516			
B. Medicaid (Conn.)	18,715	18,715			13,302	13,302			5,413	5,413			
C. Medicaid (other states)													
D. Private Pay	2,217	2,217			1,458	1,458			759	759			
E. State SSI for RCH													
F. Other (Specify) Insurance, VA, Managed Care	11,556	11,556			8,668	8,668			2,888	2,888			
G. Total Care Days During Period (3A thru F)	34,406	34,406			24,830	24,830			9,576	9,576			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days	365	365			263	263			102	102			
5. Total Resident Days (3G + 4A + 4B)	34,771	34,771			25,093	25,093			9,678	9,678			

Schedule of Resident Statistics (Cont'd)

Name of Facility Farmington Rehab Center, LLC d/b/a Amber	License No. 2332	Report for Year Ended 9/30/2022	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No
 If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

Change in Resident Days	CCNH	RHNS	(Specify)
1st change			
2nd change			
3rd change			
4th change			

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents		58		49				
Per Diem Rate								
a. One bed rm.	Various	274.12		470.00				
b. Two bed rms.	Various	274.12		440.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	445	445		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	260	260		
C. Other	10,459	10,459		
D. Total Physical Therapy Treatments	11,164	11,164		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	99	99		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	66	66		
C. Other	1,386	1,386		
D. Total Speech Therapy Treatments	1,551	1,551		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	779	779		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	266	266		
C. Other	10,459	10,459		
D. Total Occupational Therapy Treatments	11,504	11,504		

Report of Expenditures - Salaries & Wages

Name of Facility Farmington Rehab Center, LLC d/b/a Amberwoods of Farmi	License No. 2332	Report for Year Ended 9/30/2022	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)	193,566	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	102,169	3,156				
5. Dietary Service						
a. Head Dietitian	24,568	629				
b. Food Service Supervisor	72,565	2,465				
c. Dietary Workers	343,649	18,445				
6. Housekeeping Service						
a. Head Housekeeper	38,256	2,129				
b. Other Housekeeping Workers	183,453	10,131				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	54,275	2,080				
b. Other Maintenance Workers	53,911	2,411				
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	250,890	4,764				
b. RN						
1. Direct Care	410,295	9,152				
2. Administrative**	768,682	21,566				
c. LPN						
1. Direct Care	1,090,218	30,311				
2. Administrative**						
d. Aides and Attendants	1,990,961	86,347				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	176,059	8,466				
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	190,606	5,356				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	5,944,123	209,488				

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

Name of Facility				License No.	Report for Year Ended			Page	of	
Farmington Rehab Center, LLC d/b/a Amberwoods of Farmington				2332	9/30/2022			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
Farmington Rehab Center, LLC d/b/a Amberwoods of Farmington				2332	9/30/2022				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***										
Renata Coccozza	193,566			Non Discriminatory	Administrator	2,080	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Farmington Rehab Center, LLC d/b/a Amberwoods	2332	9/30/2022	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						
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	294,338	2,974				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	35,750	300				
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)						
Other Resident Care (Disallowed)	15,283	N/A				
9. Speech Therapist						
a. Resident Care	36,640	567				
b. Other						
10. Occupational Therapist						
a. Resident Care	170,033	3,192				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	16,800	168				
2. Administrative***						
b. LPN						
1. Direct Care	180,619	3,612				
2. Administrative***						
c. Aides	463,467	15,449				
d. Other						
12. Other (Specify)						
See Attached Schedule	43,202	710				
B-13 Total Fees Paid in Lieu of Salaries	1,256,132	26,972				

* 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 Farmington Rehab Center, LLC d/b/a Amberwoods of F		License No. 2332	Report for Year Ended 9/30/2022	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Connecticut Dental Partners, 300 Church Street, Wallingford, CT	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
HHCMG Medical Specialists, PO Box 412744, Boston, MA	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Teresa Skinner, 305 Silver Creek Lane, Norwalk, CT 06850	Nursing Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Preferred Therapy, 850 Silas Dean Highway, Wethersfield, CT	PT, OT, ST	<input type="radio"/>	<input checked="" type="radio"/>		
Towne Agency, Drawer #2877, PO BOX 5935, Troy, MI 48007	Nursing Agency	<input type="radio"/>	<input checked="" type="radio"/>		
Worldwide Staffing, 3622 Lyelkan Parkway, Durham, NC 27707	Nursing Agency	<input type="radio"/>	<input checked="" type="radio"/>		
Medical Training Consultants, 521 Wolcott Street, Waterbury, CT 06705	Nurse Training	<input type="radio"/>	<input checked="" type="radio"/>		
Paramount, 3 Courthouse Lane, Chelmsford, MA 01824	Nurse Agency	<input type="radio"/>	<input checked="" type="radio"/>		
Access Capital, 400 Park Avenue, 19th Floor, NY, NY 10022	Nursing Agency	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

* 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
Farmington Rehab Center, LLC d/b/a Amberwood	2332	9/30/2022		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 306,638	306,638			
2. Disability Insurance	\$ 7,234	7,234			
3. Unemployment Insurance	\$ 57,530	57,530			
4. Social Security (F.I.C.A.)	\$ 465,175	465,175			
5. Health Insurance	\$ 993,541	993,541			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 4,513	4,513			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 170,396	170,396			
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$ 11,132	11,132			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$				
d. Accounting and Auditing	\$ 45,880	45,880			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 122,449	122,449			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 22,268	22,268			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 11,880	11,880			
2. Cellular Phones	\$ 5,640	5,640			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 631,440	631,440			
Subtotal	\$ 2,855,716	2,855,716			

* 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 Training Fund	\$ 5,132		
Other Employee Benefits (Disallowed)	\$ 6,000		
Total	\$ 11,132	\$ -	\$ -

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Farmington Rehab Center, LLC d/b/a Amberwoods of	2332	9/30/2022	16	37	
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		2,855,716	2,855,716		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$	4,276	4,276		
4. Employee Travel	\$	778	778		
5. Education Expenses Related to Seminars and Conventions	\$	19,814	19,814		
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>)	\$	14,619	14,619		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)***	\$	1,438	1,438		
See Attached Schedule					
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	\$	3,009	3,009		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>)	\$	445	445		
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions***	\$				
See Attached Schedule					
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	175,812	175,812		
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>)	\$	17,183	17,183		
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$	3,093,090	3,093,090		

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	\$ -		
Promotional Advertising	\$ 1,438		
Total Other Advertising	\$ 1,438	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	\$ -		
Chase Credit Card (Disallowed)	\$ 95		
CAHCF	\$ 350		
Total Dues	\$ 445	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	\$ -		
Social Services Consultant	\$ 303		
Unemployment Tax Consultant (Disallowed)	\$ 2,380		
Bank Charges	\$ 5,534		
Late Fees / Finance Charges (Disallowed)	\$ 7,416		
Facility Licenses	\$ 1,550		
Total Other Administrative and General	\$ 17,183	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Farmington Rehab Center, LLC d/b/a Am	License No. 2332	Report for Year Ended 9/30/2022	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 #
N/A			

*** 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 Farmington Rehab Center, LLC d/b/a Amberwoods of	License No. 2332	Report for Year Ended 9/30/2022	Page 18	of 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 255,534	255,534		
2. Non-Food Supplies	\$ 40,673	40,673		
3. Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 474	474		
c. Other (Specify) _____ Supplements Dietary Small Equipment	\$ 31,109	31,109		
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 327,790	327,790		
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
Farmington Rehab Center, LLC d/b/a Amberwoods of F		2332	9/30/2022	19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$				
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$	138,947	138,947		
c. Other (<i>Specify</i>) Laundry Supplies	\$	1,293	1,293		
3D. Total Laundry Expenditures (3a + b + c)	\$	140,240	140,240		
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
Farmington Rehab Center, LLC d/b/a Amberw		2332	9/30/2022		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. \$	34,600	34,600		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
C.	Other (<i>Specify</i>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	34,600	34,600		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Pharmerica	\$	417,111	417,111		
b.	Medicine Cabinet Drugs	\$				
c.	Medical and Therapeutic Supplies	\$	142,157	142,157		
d.	Ambulance/Limousine***	\$	1,285	1,285		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	19,326	19,326		
f.	X-rays and Related Radiological Procedures***	\$	6,197	6,197		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	21,455	21,455		
i.	Recreation	\$	19,905	19,905		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	25,053	25,053		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	652,489	652,489		

* 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)
	\$ -		
Medical Equipment Rental	\$ 22,338		
Resident Items - Lost/Stolen (Disallowed)	\$ 1,116		
PT Supplies	\$ 1,599		
Total Other Resident Care	\$ 25,053	\$ -	\$ -

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

Name of Facility Farmington Rehab Center, LLC d/b/a Amberwoods of Farmington			License No. 2332		Report for Year Ended 9/30/2022			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
CWPM, PO Box 415, Plainville, CT 06062	PO Box 415, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal	27,035			22	6e
Jesse's Lawn Care, 30 Bonnie Drive, Farmington, CT 06032	30 Bonnie Drive, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping	29,597			22	6e
MatrixCare	Bin#32, PO Box 1414, Minneapolis, MN 55480	<input type="radio"/>	<input checked="" type="radio"/>		AR/AP Software	28,006			16	m11
Rinaldi Linen	47 Commons Court, Waterbury, CT 06704	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services	138,947			19	3b
Anthony Santino	42 Robin Hill Lane, Hamden, CT 06518	<input type="radio"/>	<input checked="" type="radio"/>		IT Consultant	25,201			16	m11
Select Mechanical Services	PO Box 918, Southington, CT 06489	<input type="radio"/>	<input checked="" type="radio"/>		HVAC Mechanical Repair	15,370			22	6a
Iris Carafaro		<input type="radio"/>	<input checked="" type="radio"/>		AR Services	22,000			16	m11
Broadway Data		<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing	16,020			16	m11
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Farmington Rehab Center, LLC d/b/a Ambervy	2332	9/30/2022			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 69,939	69,939				
b. Heat	\$ 50,357	50,357				
c. Light & Power	\$ 115,631	115,631				
d. Water	\$ 58,177	58,177				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 16,990	16,990				
f. Other (<i>itemize</i>)	\$ 73,660	73,660				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 384,754	384,754				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 7,768	7,768				
b. Building & Building Improvements	\$ 66,599	66,599				
c. Non-Movable Equipment	\$ 131	131				
d. Movable Equipment	\$ 14,995	14,995				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 89,493	89,493				
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	\$ 657,810	657,810				
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 142,419	142,419				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 1,398	1,398				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 891,120	891,120				

* 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)
	\$ -		
Pest Control	\$ 1,383		
Waste Disposal	\$ 30,886		
Grounds Maintenance	\$ 29,587		
Maintenance Purchased Services	\$ 11,804		
Total Other Repairs and Maintenance	\$ 73,660	\$ -	\$ -

Depreciation Schedule

Name of Facility Farmington Rehab Center, LLC d/b/a Amberwoods of Farmington		License No. 2332		Report for Year Ended 9/30/2022				Page 23	of 37				
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals				
A. Land Improvements													
1. Acquired prior to this report period		122,427		122,427	62,952	SL	Various	7,768					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal									7,768				
B. Building and Building Improvements													
1. Acquired prior to this report period		980,644		980,644	581,015	SL	Various	62,715					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		70,330		70,330		SL	Various	3,884					
B-4. Subtotal									66,599				
C. Non-Movable Equipment													
1. Acquired prior to this report period		53,876		53,876	46,037	SL	Various	131					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal									131				
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. 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	824,841		824,841	758,935	SL	Various	12,752	
b. Disposals (attach schedule)													
Acquired during this report period (attach schedule):													
c. Administrative						23,060		23,060		SL	Various	2,243	
d. Standard Resident													
e. Specialized Resident													
Total Acquired during this report period						23,060		23,060				2,243	
D-3. Subtotal													14,995
E. Total Depreciation													89,493

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/30/2021	Remodel Station 3	\$ 62,051	15	\$ 3,792
8/31/2022	Compressor	\$ 8,279	15	\$ 92
Total additions for Building Improvements		\$ 70,330		\$ 3,884 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
12/23/2021	MatrixCare Software	Administrative	\$ 12,950	5	\$ 2,158
9/30/2022	Door & Security	Administrative	\$ 10,110	10	\$ 84
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
Total additions for Movable Equipment			\$ 23,060		\$ 2,243 *
Deletions:					
Total deletions for 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:				
Total additions for Leasehold Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Farmington Rehab Center, LLC d/b/a Amberwoods of Farmi			2332		9/30/2022			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year			Year's Operations				
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 Farmington Rehab Center, LLC d/b/a	License No. 2332	Report for Year Ended 9/30/2022	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	07/07/08				
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	130				
6. Square Footage	39,341				
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)	Fixed				
b. Date Mortgage Obtained	12/30/11				
c. Interest Rate for the Cost Year	3.75%				
d. Term of Mortgage (number of years)	35				
e. Amount of Principal Borrowed	6,341,000				
f. Principal balance outstanding as of 9/30/2022	5,191,633				
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Farmington Rehab Center, LLC d/b/a		2332	9/30/2022		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	
Farmington Rehab Center, LLC d/		2332		9/30/2022		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)				\$	185	185	
Other Interest Expense							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	185	185	
14. Insurance							
a. Insurance on Property (buildings only)				\$	26,586	26,586	
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	10,435	10,435	
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$	73,185	73,185	
Liability Insurance							
14d. Total Insurance Expenditures (14a + b + c)				\$	110,206	110,206	
15. Total All Expenditures (A-13 thru C-14)				\$	12,834,729	12,834,729	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Farmington Rehab Center, LLC d/b/a Amberwoods of Farming				2332	9/30/2022	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.	13	B8e	Resident Care Physicians **	\$ 15,283	15,283		
6.	13	B10	Occupational Therapy	\$ 170,033	170,033		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$ 828	828		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 4,200	4,200		
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.	16	L6	Automobile Expense (e.g. personal use)	\$ 778	778		
18.	16	m3	Unallowable Advertising *	\$ 1,438	1,438		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 15,891	15,891		
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)				\$ 208,451	208,451		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Late Fees / Finance Charges (Disallowed)	\$ 7,416		
16	m13	Unemployment Tax Consultant (Disallowed)	\$ 2,380		
15	1a9	Other Employee Benefits (Disallowed)	\$ 6,000		
16	m8	Chase Credit Card (Disallowed)	\$ 95		
Total Other A&G Adjustments			\$ 15,891	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Farmington Rehab Center, LLC d/b/a Amberwoods of Farmi				2332	9/30/2022	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 208,451	208,451		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 417,111	417,111		
28.	20	5d	Ambulance/Limousine	\$ 1,285	1,285		
29.	20	5f	X-rays, etc	\$ 6,197	6,197		
30.	20	5h	Laboratory	\$ 21,455	21,455		
31.	20	5c	Medical Supplies	\$ 65,937	65,937		
32.	20	5e2	Oxygen (non emergency)	\$ 19,326	19,326		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 9,307	9,307		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 749,070	749,070		

*** 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	5L	Resident Items - Lost/Stolen (Disallowed)	\$ 1,116		
20	5I	Cable in Excess of \$3,600	\$ 8,191		
Total Other Ancillary Costs			\$ 9,307	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility		License No.		Report for Year Ended		Page	of
Farmington Rehab Center, LLC d/b/a Am 2332				9/30/2022		30	37
Item				Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue							
1.	a.	Medicaid Residents (<i>CT only</i>)	\$	8,060,438	8,060,438		
	b.	Medicaid Room and Board Contractual Allowance **	\$	(2,945,007)	(2,945,007)		
2.	a.	Medicaid (<i>All other states</i>)	\$				
	b.	Other States Room and Board Contractual Allowance **	\$				
3.	a.	Medicare Residents (<i>all inclusive</i>)	\$	841,832	841,832		
	b.	Medicare Room and Board Contractual Allowance **	\$	412,173	412,173		
4.	a.	Private-Pay Residents and Other	\$	5,968,244	5,968,244		
	b.	Private-Pay Room and Board Contractual Allowance **	\$	(958,964)	(958,964)		
II. Other Resident Revenue							
1.	a.	Prescription Drugs - Medicare	\$	71,732	71,732		
	b.	Prescription Drugs - Medicare Contractual Allowance **	\$				
	c.	Prescription Drugs - Non-Medicare	\$	353,337	353,337		
	d.	Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2.	a.	Medical Supplies - Medicare	\$				
	b.	Medical Supplies - Medicare Contractual Allowance **	\$				
	c.	Medical Supplies - Non-Medicare	\$				
	d.	Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3.	a.	Physical Therapy - Medicare	\$	97,277	97,277		
	b.	Physical Therapy - Medicare Contractual Allowance **	\$				
	c.	Physical Therapy - Non-Medicare	\$	295,869	295,869		
	d.	Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4.	a.	Speech Therapy - Medicare	\$	36,479	36,479		
	b.	Speech Therapy - Medicare Contractual Allowance **	\$				
	c.	Speech Therapy - Non-Medicare	\$	97,417	97,417		
	d.	Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5.	a.	Occupational Therapy - Medicare	\$	131,232	131,232		
	b.	Occupational Therapy - Medicare Contractual Allowance **	\$				
	c.	Occupational Therapy - Non-Medicare	\$	327,109	327,109		
	d.	Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6.	a.	Other (<i>Specify</i>) - Medicare	\$	(318,114)	(318,114)		
	b.	Other (<i>Specify</i>) - Non-Medicare	\$	(949,776)	(949,776)		
III. Total Resident Revenue (Section I. thru Section II.)				\$	11,521,278	11,521,278	
IV. Other Revenue*							
1.	Meals sold to guests, employees & others		\$				
2.	Rental of rooms to non-residents		\$				
3.	Telephone		\$				
4.	Rental of Television and Cable Services		\$				
5.	Interest Income (<i>Specify</i>)		\$				
6.	Private Duty Nurses' Fees		\$				
7.	Barber, Coffee, Beauty and Gift shops		\$				
8.	Other (<i>Specify</i>)		\$	(26,775)	(26,775)		
V. Total Other Revenue (1 thru 8)				\$	(26,775)	(26,775)	
VI. Total All Revenue (III +V)				\$	11,494,503	11,494,503	

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		\$ -		
30 II6a	Lab	\$ 463		
30 II6a	X-Ray	\$ 215		
30 II6a	IV Therapy	\$ -		
30 II6a	Contractual Allowance	\$ (318,792)		
Total Other Resident Revenue - Medicare		\$ (318,114)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		\$ -		
30 II6b	Lab	\$ 4,454		
30 II6b	X-Ray	\$ 1,787		
30 II6b	IV Therapy	\$ -		
30 II6b	Contractual Allowance	\$ (956,017)		
Total Other Resident Revenue		\$ (949,776)	\$ -	\$ -

Interest Income

Account

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

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		\$ -		
30 IV8	Misc. Adj	\$ (26,775)		
Total Other Revenue		\$ (26,775)	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Farmington Rehab Center, LLC d/b/a A	2332	9/30/2022	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	6,599
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	3,458,440
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4 Inventories			\$	15,000
5. Prepaid Expenses			\$	8,735
a. Prepaid Insurance	1,991			
b. Other Prepaid Expenses	6,744			
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	768,819
Goodwill	147,852			
Deposits	620,967			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	4,257,593
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	122,427	\$	51,707
	Accum. Depreciation	70,720		
	Net			
3. Buildings	*Historical Cost	1,050,974	\$	403,360
	Accum. Depreciation	647,614		
	Net			
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		
	Net			
5. Non-Movable Equipment	*Historical Cost	53,876	\$	7,708
	Accum. Depreciation	46,168		
	Net			
6. Movable Equipment	*Historical Cost	847,901	\$	73,971
	Accum. Depreciation	773,930		
	Net			
7. Motor Vehicles	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		
	Net			
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	(1,601)
NBV Cost Report Adj.	(1,601)			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	535,145

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

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

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

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

Page Ref	Line Ref	Description	
			0
Total Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
			0
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

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

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

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

G. Balance Sheet (cont'd)

Name of Facility Farmington Rehab Center, LLC d/b/a A	License No. 2332	Report for Year Ended 9/30/2022	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	4,792,738
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>)			\$	

See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	4,792,738

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

Annual Report of Long-Term Care Facility

G. Balance Sheet (cont'd)

Name of Facility Farmington Rehab Center, LLC d/b/a Amberly		License No. 2332	Report for Year Ended 9/30/2022	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	2,737,614
2. Notes Payable (<i>itemize</i>)				\$	

See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	486,590
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	35,066
7. Medicare Final Settlement Payable				\$	5,391
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	243,487
Resident Trust		51,947			
Accrued Expenses		16,039			
Accrued Provider Tax		175,501	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru I2)				\$	3,508,148

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Farmington Rehab Center, LLC d/b/a Amb...		License No. 2332	Report for Year Ended 9/30/2022	Page 34	of 37
Account				Amount	
Total Brought Forward:				3,508,148	
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>)					
				\$ 2,996,029	
Name and Address of Lender		Amount	Loan Date		
		2,996,029			
4. Other Long-Term Liabilities (<i>itemize</i>)					
				\$ 1	
Rounding				1	
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 2,996,030	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 6,504,178	

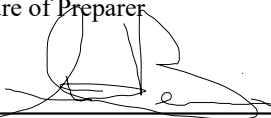
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Farmington Rehab Center, LLC d/b/a	2332	9/30/2022	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			\$	(371,214)
6. Gain or Loss for Period			\$	(1,340,226)
	10/1/2021	thru	9/30/2022	
7. Total Net Worth			\$	(1,711,440)
C. Total Reserves and Net Worth			\$	(1,711,440)
D. Total Liabilities, Reserves, and Net Worth			\$	4,792,738

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Farmington Rehab Center, LLC d/b/a Ar	2332	9/30/2022	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2021			\$	(1,778,276)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	11,494,503
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	12,834,729
D. Net Income or Deficit			\$	(1,340,226)
E. Balance			\$	(3,118,502)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
Prior Period Adjustments	1,407,062			
F-3. Total Additions			\$	1,407,062
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			\$	(1,711,440)
	09/30/22			

I. Preparer's/Reviewer's Certification

Name of Facility Farmington Rehab Center, LLC d/b/a	License No. 2332	Report for Year Ended 9/30/2022	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title President	Date Signed 02/14/2023		
Printed Name of Preparer Stephen Bernier				
Address Address 7 Eastview Drive, Simsbury, CT 06070		Phone Number 203-808-8197		
Contacted Person Regarding Additional Information Needed Regarding This Report Simon Yisroel		Phone Number 347-254-5765		
Contact Email Address simonyisroel@yahoo.com				