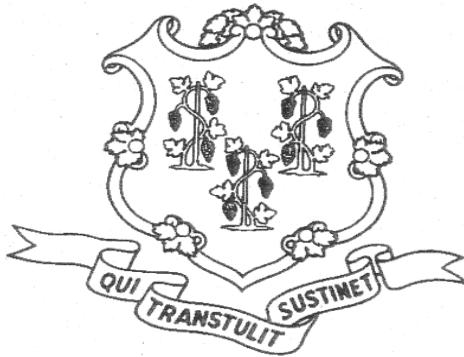


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) Autumn Lake Healthcare at Bucks Hill	
Address (No. & Street, City, State, Zip Code) 2187 North Main Street, Waterbury, CT 06704	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022

License Numbers:	CCNH 2400	RHNS	(Specify)	Medicare Provider 07-5418
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Medicaid Provider Numbers:	CCNH 1275846594	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

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General Information

Name of Facility (as licensed) Autumn Lake Healthcare at Bucks Hill	License No. 2400	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 Autumn Lake Healthcare at Bucks Hill [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.

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Krista Wagner			Printed Name (Owner) Aryeh Stern	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public				

(Notary Seal)

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 Autumn Lake Healthcare at Bucks Hill	Period Covered:		From 10/1/2021	To 9/30/2022
Address of Facility 2187 North Main Street, Waterbury, CT 06704				
Report Prepared By CJLC LLC	Phone Number 860-610-9009	Date		
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	Report for Year Ended	Page	of
203-757-0731	9/30/2022	2	37
Name of Facility (as shown on license) Autumn Lake Healthcare at Bucks Hill		Address (No. & Street, City, State, Zip) 2187 North Main Street, Waterbury, CT 06704	
License Numbers:	CCNH 2400	RHNS	(Specify)
Type of Facility (Check appropriate box(es)) <input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> (Specify) <input type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Supervision only (RHNS)			
Type of Ownership (Check appropriate box)		Date Opened	Date Closed
If this facility opened or closed during report year provide:			
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 Krista Wagner		Nursing Home Administrator's License No.:	2041
Other Operators/Owners who are assistant administrators (full or part time) of this facility.			
Name		License No.:	

General Information and Questionnaire

Partners/Members

General Information and Questionnaire

Corporate Owners

General Information and Questionnaire
Individual Proprietorship

Name of Facility Autumn Lake Healthcare at Bucks Hill	License No. 2400	Report for Year Ended 9/30/2022	Page 3B	of 37
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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 Autumn Lake Healthcare at Bucks Hill	License No. 2400	Report for Year Ended 9/30/2022			Page 4	of 37		
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?				<input checked="" type="radio"/> Yes <input type="radio"/> 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?				<input checked="" type="radio"/> Yes <input type="radio"/> 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	%**				
Autumn Lake Healthcare LLC	4260 Rte 9, Howell, NJ 07731	<input type="radio"/>	<input checked="" type="radio"/>		Management Company	16/m12	108,000	117,373
Ultimate Therapy LLC	4260 Rte 9, Howell, NJ 07731	<input checked="" type="radio"/>	<input type="radio"/>		Therapy Company (ST, PT, OT)	13/5a, 9a, 10a	600,000	600,000
Bucks Hill Realty LLC	4260 Rte 9, Howell, NJ 07731	<input type="radio"/>	<input checked="" type="radio"/>		Lease of Building	22/9	679,807	679,807
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Autumn Lake Healthcare at Bucks Hill	License No. 2400	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 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 rents should not be included in these amounts.

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes

⊕ 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 ?? Line 6e

General Information and Questionnaire

Accounting Basis

Name of Facility Autumn Lake Healthcare at Bucks H	License No. 2400	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 CJLC LLC	225 Pitkin St., East Hartford, CT 06108
2 Brand Sonnenchine	299 Broadway #600, New York, NY 10007
3	
4	

Services Provided by This Firm (*describe fully*)

1	Medicaid Cost Report	\$	9,360
2	Fianancial Statement Preperation & Regular Account Work	\$	47,805
3		\$	
4		\$	
			Charge for Services Provided
			\$ 57,165

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

Yes No Pg 15/1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Goldman, Gruder & Woods LLC	
2	
3	
4	
5	

Address (No. & Street, City, State, Zip Code)

1 200 CT Ave., Norwalk, CT 06854
2
3
4
5

Services Provided by This Firm (*describe fully*)

1	Medicaid eligibility, collections	\$	1,862
2		\$	
3		\$	
4		\$	
5		\$	
		Charge for Services Provided	
		\$	1,862

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

Pg 15/1e

Yes No

Schedule of Resident Statistics

Name of Facility Autumn Lake Healthcare at Bucks Hill			License No. 2400			Report for Year Ended 9/30/2022				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					90	90							
A. On last day of PREVIOUS report period	90	90							90	90			
B. On last day of THIS report period	90	90											
2. Number of Residents					82	82							
A. As of midnight of PREVIOUS report period	82	82							83	83			
B. As of midnight of THIS report period	83	83											
3. Total Number of Days Care Provided During Period					4,154	4,154				1,200	1,200		
A. Medicare	5,354	5,354											
B. Medicaid (Conn.)	19,854	19,854			14,570	14,570				5,284	5,284		
C. Medicaid (other states)													
D. Private Pay	2,169	2,169			1,686	1,686				483	483		
E. State SSI for RCH													
F. Other (Specify) HMO, Private Pay, Hospice	3,075	3,075			2,421	2,421				654	654		
G. Total Care Days During Period (3A thru F)	30,452	30,452			22,831	22,831				7,621	7,621		
Total Number of Days Not Included in Figures in													
4. 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	30,452	30,452			22,831	22,831				7,621	7,621		

Schedule of Resident Statistics (Cont'd)

Name of Facility Autumn Lake Healthcare at Bucks Hill	License No. 2400	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)					

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.

1st change	Change in Resident Days			CCNH	RHNS	(Specify)
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	10	57		16				
Per Diem Rate								
a. One bed rm.	743.22	282.89		375.59				
b. Two bed rms.								
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B	3,004	3,004	
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments	143	143	
2. Restorative Treatments	1,289	1,289	
C. Other			
D. Total Physical Therapy Treatments	4,436	4,436	

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	427	427	
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments	12	12	
2. Restorative Treatments	110	110	
C. Other			
D. Total Speech Therapy Treatments	549	549	

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	3,059	3,059	
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments	110	110	
2. Restorative Treatments	986	986	
C. Other			
D. Total Occupational Therapy Treatments	4,155	4,155	

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2022		10	37
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes		<input type="radio"/> No	
Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)
A. Salaries and Wages*					
1. Operators/Owners (Complete also Sec. I of Schedule A1)	24,000	117			
2. Administrator(s) (Complete also Sec. III of Schedule A1)	158,206	2,176			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	238,683	6,315			
5. Dietary Service					
a. Head Dietitian					
b. Food Service Supervisor					
c. Dietary Workers	353,139	19,977			
6. Housekeeping Service					
a. Head Housekeeper					
b. Other Housekeeping Workers					
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance					
b. Other Maintenance Workers	58,038	2,094			
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					
b. RN					
1. Direct Care					
2. Administrative**					
c. LPN					
1. Direct Care					
2. Administrative**					
d. Aides and Attendants					
e. Physical Therapists					
f. Speech Therapists					
g. Occupational Therapists					
h. Recreation Workers	116,065	6,039			
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	93,635	3,448			
n. Marketing					
o. Other (Specify)					
See Attached Schedule	34,220	1,873			
<i>A-13. Total Salary Expenditures</i>	1,075,986	42,039			

* 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)

Schedule of Other Fees (Page 13)

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

Name of Facility Autumn Lake Healthcare at Bucks Hill			License No. 2400		Report for Year Ended 9/30/2022			Page 11	of 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										
Aryeh Stern	24,000			Oversees buildings, high level executive decisions, etc.		117	A1	Owes multiple buildings in NJ, MD and CT.		
								Portion of 2022 were dedicated to overseeing CT buildings.		
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) Autumn Lake Healthcare at Bucks Hill			License No. 2400		Report for Year Ended 9/30/2022			Page 12	of 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***										
Jason Mervin (10/1/21-12/31/21)	27,616				Administrator	483	A2			
Krista Wagner (1/1/22-9/30/22)	130,590				Administrator	1,693	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 Autumn Lake Healthcare at Bucks Hill	License No. 2400	Report for Year Ended 9/30/2022		Page 13	of 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	57,780	1,417			
2. Dentist	4,200	88			
3. Pharmacist	19,052	318			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	324,226	Contract			
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	33,000	187			
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	27,623	Contract			
b. Other					
10. Occupational Therapist					
a. Resident Care	248,151	Contract			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	815,000	11,329			
2. Administrative***	246,000	6,475			
b. LPN					
1. Direct Care	1,425,000	31,440			
2. Administrative***					
c. Aides	1,883,000	71,545			
d. Other					
12. Other (Specify)					
See Attached Schedule	38,941				
B-13 Total Fees Paid in Lieu of Salaries	5,121,972	122,799			

* 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*

* 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
		9/30/2022		15	37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 18,883	18,883			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 9,770	9,770			
4. Social Security (F.I.C.A.)	\$ 78,530	78,530			
5. Health Insurance	\$ 46,294	46,294			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 1,441	1,441			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 35,678	35,678			
8. Uniform Allowance	\$ 1,325	1,325			
9. Other (Specify) See Attached Schedule	\$ 4,354	4,354			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 10,799	10,799			
d. Accounting and Auditing	\$ 57,165	57,165			
e. Legal (Services should be fully described on Page 7)	\$ 1,862	1,862			
f. Insurance on Lives of Owners and Operators (Specify)*	\$				
g. Office Supplies	\$ 30,763	30,763			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 17,829	17,829			
2. Cellular Phones	\$ 4,468	4,468			
i. Appraisal (Specify purpose and attach copy)*	\$				
j. Corporation Business Taxes (franchise tax)	\$				
k. Other Taxes (Not related to property - See Page 22)					
1. Income*	\$				
2. Other (Specify) See Attached Schedule	\$ 192,000	192,000			
3. Resident Day User Fee	\$ 464,479	464,479			
Subtotal	\$ 975,639	975,639			

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

(Carry Subtotals forward to next page)

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

Attachment Page 15

Schedule of Other Employee Benefits

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
CT PTE Taxes	\$ 192,000		
Total	\$ 192,000	\$ -	\$ -

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

Name of Facility Autumn Lake Healthcare at Bucks Hill	License No. 2400	Report for Year Ended 9/30/2022	Page 16	of 37
Item	Total	CCNH	RHNS	(Specify)
<i>Subtotals Brought Forward:</i>	975,639	975,639		
1. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$	8,882	8,882	
4. Employee Travel	\$	38,088	38,088	
5. Education Expenses Related to Seminars and Conventions	\$	6,500	6,500	
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>)	\$	2,106	2,106	
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)***	\$	51,097	51,097	
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	\$			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>)	\$			
See Attached Schedule				
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$			
10. Contributions***	\$	47,500	47,500	
See Attached Schedule				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$			
12. Administrative Management Services**	\$	108,000	108,000	
13. Other (<i>Specify</i>)	\$	320,765	320,765	
See Attached Schedule				
<i>C-14 Total Administrative & General Expenditures</i>	\$	1,558,577	1,558,577	

* 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)
Office Marketing	\$ 17,351		
Advertising	\$ 33,746		
Total Other Advertising	\$ 51,097	\$ -	\$ -

Schedule of Dues

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

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Contributions	\$ 47,500		
Total Contributions	\$ 47,500	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Fiscal Services	\$ 279,011		
Licenses	\$ 1,095		
Employee Background Check	\$ 2,552		
Data Processing	\$ 19,896		
Consultants	\$ 6,811		
Bank Charges	\$ 3,446		
Penalties	\$ 475		
Internet	\$ 6,355		
Resident paid claims	\$ 1,122		
Total Other Administrative and General	\$ 320,765	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Autumn Lake Healthcare at Bucks Hill	2400	9/30/2022	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 #
Autumn Lake Healthcare, LLC	108,000	Management Services	16/m12

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
	2400	9/30/2022		18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 195,483	195,483			
2. Non-Food Supplies	\$ 24,482	24,482			
3. Other (Specify) _____	\$				
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ 64,881	64,881			
c. Other (Specify) _____	\$				
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 284,846	284,846			
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 Autumn Lake Healthcare at Bucks Hill	License No. 2400	Report for Year Ended 9/30/2022		Page 19	of 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)	\$	171,908	171,908		
c. Other (Specify) Laundry Supplies	\$	152,414	152,414		
3D. Total Laundry Expenditures (3a + b + c)	\$	324,323	324,323		
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 Autumn Lake Healthcare at Bucks Hill	License No. 2400	Report for Year Ended 9/30/2022		Page 20	of 37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt.	\$			
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)					
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.	\$	274,236	274,236	
C. Other (<i>Specify</i>)		\$	13,240	13,240	
Housekeeping Supplies					
4D. Total Housekeeping Expenditures (4a + b + c)		\$	287,476	287,476	
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy		\$			
2. Purchased from		\$	186,807	186,807	
b. Medicine Cabinet Drugs		\$	4,468	4,468	
c. Medical and Therapeutic Supplies		\$	85,173	85,173	
d. Ambulance/Limousine***		\$	20,205	20,205	
e. Oxygen					
1. For Emergency Use		\$			
2. Other***		\$	2,459	2,459	
f. X-rays and Related Radiological Procedures***		\$	8,098	8,098	
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$			
h. Laboratory***		\$	15,212	15,212	
i. Recreation		\$	10,581	10,581	
j. Direct Management Services*		\$			
k. Indirect Management Services*		\$			
l. Other (<i>Specify</i>)****		\$	198,540	198,540	
See Attached Schedule					
5M. Total Resident Care Expenditures (5a - 5j)		\$	531,543	531,543	

* 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)
Diapers	\$ 46,389		
Cable	\$ 19,672		
Medical Waste	\$ 462		
Mattresses	\$ 8,011		
M'caid - I/V	\$ 19,893		
IV Supplies	\$ 13,380		
Picc/midline Insertion	\$ 16,052		
Medical Equipment (Minor)	\$ 31,686		
PPE Expense (covid)	\$ 42,700		
Therapy Supplies	\$ 91		
Respiratory Therapy	\$ 205		
Total Other Resident Care	\$ 198,540	\$ -	\$ -

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

Name of Facility Autumn Lake Healthcare at Bucks Hill			License No. 2400	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
Unitex Textile Rental Services	Pkwy, Mount Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Supply and Services	130,300			19 3c
Healthcare Services	3220 Tillman Dr. #300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Services	64,881			18 2b
Healthcare Services	3220 Tillman Dr. #300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services	171,908			19 3b
Healthcare Services	3220 Tillman Dr. #300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping Services	274,236			20 4b
Med-Apparel Services	Parkway, Mount Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Supply & Services	20,601			19 3c
Furture Care Consultants	14 53rd Street, Suite 220, Brooklyn, NJ 11232	<input type="radio"/>	<input checked="" type="radio"/>		Billing, AP and Payroll Services	252,000			16 m13
Accurate Staffing LLC	920 Blairhill Road, Suite B118. Charlotte NC	<input type="radio"/>	<input checked="" type="radio"/>		Outsourced Nursing Staff/Employees	4,369,000			13
Wast Wanted Solutions	178 Rt 59, Ste 303, Monsey, NY 10952	<input type="radio"/>	<input checked="" type="radio"/>		Garbage	15,187			22 6a
Point Click Care	PO Box 674802,Detroit, MI 48267	<input type="radio"/>	<input checked="" type="radio"/>		Data Processing	11,551			16 m13
Network Dr.	Ave.,Englewood Cliffs, NJ 07632	<input type="radio"/>	<input checked="" type="radio"/>		contract (Provided computers/software, etc)	29,671			16 m13
Hospitality Consulting	Blvd., Jersey City, NJ 07304	<input type="radio"/>	<input checked="" type="radio"/>		Purchasing for Food and Dietary supplies	40,798			18
NCL Services	Wolcott Rd., Wolcott, CT 06716	<input type="radio"/>	<input checked="" type="radio"/>		Snow Removal	15,150			22 6a
		<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 9/30/2022			Page 22	of 37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 62,479	62,479				
b. Heat	\$ 36,732	36,732				
c. Light & Power	\$ 35,262	35,262				
d. Water	\$ 17,474	17,474				
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)	\$ 151,946	151,946				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 104,034	104,034				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 18,967	18,967				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 123,001	123,001				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 85,699	85,699				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 85,699	85,699				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 679,807	679,807				
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 141,150	141,150				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,029,656	1,029,656				

* 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

Depreciation Schedule

Schedule of Land Improvements Acquired during this report period

*Ties to Page 23, Line A3

****Ties to Page 23, Line A2**

Schedule of Building Improvements Acquired during this report period

**Ties to Page 23, Line B3

--Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

*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	PKC One Movable Category	Cost	Useful Life	Depreciation
Additions:					
11/9/2021	Sensor	Administrative	\$ 1,193	5	\$ 239
9/10/2021	Dell Latitude 3420	Administrative	\$ 830	5	\$ 166
9/15/2021	Dell Latitude 3420	Administrative	\$ 830	5	\$ 166
9/1/2020	Heating Pump	Administrative	\$ 3,244	5	\$ 649
5/5/2022	Dell OptiPlex	Administrative	\$ 731	5	\$ 146
6/2/2022	Dell Latitude	Administrative	\$ 754	5	\$ 151
2/25/2022	Dell OptiPlex	Administrative	\$ 731	5	\$ 146
2/28/2022	HP Laptop PC	Administrative	\$ 754	5	\$ 151
6/13/2022	Dell OptiPlex	Administrative	\$ 781	5	\$ 156
5/6/2022	Oven Doors (2)	Administrative	\$ 1,721	5	\$ 344
5/16/2022	Recirculating Pump/Phone Line	Administrative	\$ 2,578	5	\$ 516
2/21/2023	Storage Container	Administrative	\$ 450	5	\$ 110
Total additions for Movable Equipment			\$ 14,697		\$ 2,939
Deletions:					
Total deletions for Movable Equipment			\$ -		\$ -
*View to Page 23, Line D3c.					

*Ties to Page 23, Line B2

**Ties to Page 23, Line D2

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
2/28/2022	Doors	\$ 30,392	15	\$ 2,026
11/29/2021	Staining of Hallway Doors	\$ 5,362	15	\$ 357
4/5/2022	Boilers/Hot Water Tank	\$ 33,200	15	\$ 2,213
9/6/2022	Flooring	\$ 7,846	15	\$ 523
9/19/2022	Millwork	\$ 1,570	15	\$ 105
5/10/2022	Concrete Slab	\$ 8,500	15	\$ 567
4/26/2022	Value and Feeder	\$ 1,069	15	\$ 71
5/5/2022	Mixing Value	\$ 2,707	15	\$ 180
7/8/2022	A/C	\$ 3,483	15	\$ 232
8/5/2022	Plumbing Work	\$ 1,523	15	\$ 102
2/9/2022	Additional Purchasing	\$ 2,152	15	\$ 143
10/21/2021	PM Power Generator	\$ 532	15	\$ 35
1/4/2022	Repairs Generator	\$ 1,840	15	\$ 123
6/16/2022	Blower Motor	\$ 1,236	15	\$ 82
Total additions for Leasehold Improvement		\$ 101,411		\$ 6,761
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ -

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

Amortization Schedule*

Name of Facility Autumn Lake Healthcare at Bucks Hill			License No. 2400		Report for Year Ended 9/30/2022				Page 24	of 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	Var	Var		1,201,731	244,790			78,938		
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)				101,411				6,761		
C-4. Subtotal									85,699	
D. Total Amortization									85,699	

* 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 Autumn Lake Healthcare at Bucks Hill	License No. 2400	Report for Year Ended 9/30/2022	Page 25	of 37
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11. Property Questionnaire

Part A

Is the property either owned by the Facility
or leased from a Related Party?*

Yes

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	01/01/15
2. Date Structure Completed	
3. If NOT Original Owner, Date of Purchase	01/01/15
4. Date of Initial Licensure	01/01/15
5. Total Licensed Bed Capacity	90
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

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 9/30/2022			Page 26	of 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 Autumn Lake Healthcare at Bucks	License No. 2400	Report for Year Ended 9/30/2022			Page 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					
Lender					
Address of Lender					
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)			\$		
12. D. Other Interest Expense (Specify)			\$	1,634	1,634
13. Total All Interest Expense (12B7 + 12C3 + 12D)			\$	1,634	1,634
14. Insurance					
a. Insurance on Property (buildings only)			\$	176,000	176,000
b. Insurance on Automobiles			\$		
c. Insurance other than Property (as specified above)					
1. Umbrella (<i>Blanket Coverage</i>)			\$		
2. Fire and Extended Coverage			\$		
3. Other (Specify)			\$		
14d. Total Insurance Expenditures (14a + b + c)			\$	176,000	176,000
15. Total All Expenditures (A-13 thru C-14)			\$	10,543,960	10,543,960

D. Adjustments to Statement of Expenditures

Name of Facility Autumn Lake Healthcare at Bucks Hill				License No. 2400	Report for Year Ended 9/30/2022		Page of 28 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	10a	Occupational Therapy	\$	248,151	248,151	
7.			Other - See attached Schedule	\$	38,941	38,941	
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$	10,799	10,799	
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.	15	1h	Cellular Telephone	\$	1,668	1,668	
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	m3	Unallowable Advertising *	\$	51,097	51,097	
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$	47,500	47,500	
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$	1,597	1,597	
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)				\$ 399,754	399,754		

* 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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Penalties	\$ 475		
16	m13	Resident paid claims	\$ 1,122		
Total Other A&G Adjustments			\$ 1,597	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended		Page of
Autumn Lake Healthcare at Bucks Hill				2400	9/30/2022		29 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	\$ 399,754	399,754		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 186,807	186,807		
28.	20	5d	Ambulance/Limousine	\$ 20,205	20,205		
29.	20	5f	X-rays, etc	\$ 8,098	8,098		
30.	20	5h	Laboratory	\$ 15,212	15,212		
31.	20	5c	Medical Supplies	\$ 4,794	4,794		
32.	20	5e2	Oxygen (non emergency)	\$ 2,459	2,459		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 33,272	33,272		
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)			\$ 670,601	670,601		

*** 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

Schedule of Excess Movable Equipment Depreciation

Schedule of Other Property Adjustments

Schedule of Other - Indirect Adjustments

Schedule of Other - Miscellaneous Administrative Adjustments

Schedule of Other - Direct Adjustments

Schedule of Unallowable Building Interest

F. Statement of Revenue

Name of Facility Autumn Lake Healthcare at Bucks Hill	License No. 2400	Report for Year Ended 9/30/2022	Page 30	of 37
	Item	Total	CCNH	RHNS
I. Resident Room, Board & Routine Care Revenue				(Specify)
1. a. Medicaid Residents (<i>CT only</i>)	\$ 5,865,975	5,865,975		
b. Medicaid Room and Board Contractual Allowance **	\$			
2. a. Medicaid (<i>All other states</i>)	\$			
b. Other States Room and Board Contractual Allowance **	\$			
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 5,019,486	5,019,486		
b. Medicare Room and Board Contractual Allowance **	\$ (18,701)	(18,701)		
4. a. Private-Pay Residents and Other	\$ 889,377	889,377		
b. Private-Pay Room and Board Contractual Allowance **	\$			
II. Other Resident Revenue				
1. a. Prescription Drugs - Medicare	\$			
b. Prescription Drugs - Medicare Contractual Allowance **	\$			
c. Prescription Drugs - Non-Medicare	\$			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$			
2. a. Medical Supplies - Medicare	\$			
b. Medical Supplies - Medicare Contractual Allowance **	\$			
c. Medical Supplies - Non-Medicare	\$ 7,990	7,990		
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$			
3. a. Physical Therapy - Medicare	\$ 585,321	585,321		
b. Physical Therapy - Medicare Contractual Allowance **	\$ (479,017)	(479,017)		
c. Physical Therapy - Non-Medicare	\$			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$			
4. a. Speech Therapy - Medicare	\$ 162,175	162,175		
b. Speech Therapy - Medicare Contractual Allowance **	\$ (120,396)	(120,396)		
c. Speech Therapy - Non-Medicare	\$			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$			
5. a. Occupational Therapy - Medicare	\$ 539,265	539,265		
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (435,066)	(435,066)		
c. Occupational Therapy - Non-Medicare	\$			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$			
6. a. Other (<i>Specify</i>) - Medicare	\$ 203,694	203,694		
b. Other (<i>Specify</i>) - Non-Medicare	\$ 463,524	463,524		
III. Total Resident Revenue (Section I. thru Section II.)	\$ 12,683,625	12,683,625		
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>)	\$ 459	459		
6. Private Duty Nurses' Fees	\$			
7. Barber, Coffee, Beauty and Gift shops	\$			
8. Other (<i>Specify</i>)	\$ 4,917	4,917		
V. Total Other Revenue (1 thru 8)	\$ 5,376	5,376		
VI. Total All Revenue (III +V)	\$ 12,689,001	12,689,001		

* 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)
	Fluenza Billing	\$ 60,537		
	Phneumonia	\$ 6,135		
	Optum (Part B Capitated)	\$ 120,988		
	Other Rev Mcre B -glucose	\$ 16,034		
	Total Other Resident Revenue - Medicare	\$ 203,694	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
	Grant Income	\$ 320,000		
	ERC FUNDS	\$ 143,059		
	Other Rev Mcre B -TL	\$ 465		
	Total Other Resident Revenue	\$ 463,524	\$ -	\$ -

Interest Income**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest Income	\$ 459			
	Total Interest Income	\$ 459	\$ -	\$ -	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Other Rev. Misc	\$ 4,917		
	Total Other Revenue	\$ 4,917	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare at Bucks Hill	2400	9/30/2022	31	37
Account				Amount
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)				\$ 979,032
2. Resident Accounts Receivable (Less Allowance for Bad Debts)				\$ 696,768
3. Other Accounts Receivable (Excluding Owners or Related Parties)				\$
4. Inventories				\$
5. Prepaid Expenses				\$ 1,174,626
a. _____				
b. _____				
c. _____				
d. See Schedule				1,174,626
6. Interest Receivable				\$
7. Medicare Final Settlement Receivable				\$
8. Other Current Assets (<i>itemize</i>)				\$ 121,400

See Schedule				121,400
A-9. Total Current Assets (Lines A1 thru 8)				\$ 2,971,826
B. Fixed Assets				
1. Land				\$
2. Land Improvements	*Historical Cost			
Accum. Depreciation	_____			
Net	_____			
3. Buildings	*Historical Cost			
Accum. Depreciation	_____			
Net	_____			
4. Leasehold Improvements	*Historical Cost	1,303,141		
Accum. Depreciation	330,490			
Net	_____			
5. Non-Movable Equipment	*Historical Cost			
Accum. Depreciation	_____			
Net	_____			
6. Movable Equipment	*Historical Cost			
Accum. Depreciation	_____			
Net	_____			
7. Motor Vehicles	*Historical Cost			
Accum. Depreciation	_____			
Net	_____			
8. Minor Equipment-Not Depreciable				\$
9. Other Fixed Assets (<i>itemize</i>)				\$
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)				\$ 972,651

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare at Bucks Hill	2400	9/30/2022	32	37
Account				Amount
Total Brought Forward:				\$ 3,944,477
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				\$ 342,482
2. Land Improvements	*Historical Cost			
	Accum. Depreciation			\$
3. Buildings	*Historical Cost	3,121,005		
	Accum. Depreciation	806,260	Net	\$ 2,314,745
4. Non-Movable Equipment	*Historical Cost			
	Accum. Depreciation			\$
5. Movable Equipment	*Historical Cost	473,488		
	Accum. Depreciation	422,226	Net	\$ 51,262
6. Motor Vehicles	*Historical Cost			
	Accum. Depreciation			\$
7. Minor Equipment-Not Depreciable				\$
C-8 Total Leasehold or Like Properties (C1 thru 7)				\$ 2,708,489
D. Investment and Other Assets				
1. Deferred Deposits				\$ 17,555
2. Escrow Deposits				\$
3. Organization Expense	*Historical Cost			
	Accum. Depreciation			\$
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)				\$ 17,555
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				\$ 6,670,522

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

Schedule of Prepaid Expenses Page 31 Line A5

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

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

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2022	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	1,216,724
2. Notes Payable (<i>itemize</i>)			\$	7,624
See Schedule			7,624	
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>)			\$	
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	6,433
7. Medicare Final Settlement Payable			\$	
8. Medicare Current Financing Payable			\$	
9. Mortgage Payable (<i>Current Portion</i>)			\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$	
11. Accrued Income Taxes*			\$	
12. Other Current Liabilities (<i>itemize</i>)			\$	(81,860)
See Schedule			(81,860)	
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	1,148,921

* 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 Autumn Lake Healthcare at Bucks Hill	License No. 2400	Report for Year Ended 9/30/2022	Page 34	of 37
Account				Amount
Total Brought Forward:				1,148,921
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>)				\$ 667,924
Name and Address of Lender	Amount	Loan Date		
Stern/Autumn Lake/Landlord	667,924	Various		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 667,924
C. Total All Liabilities (Lines A-13 + B-5)				\$ 1,816,845

G. Balance Sheet (cont'd)

Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare at Bucks Hill	2400	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				\$ 2,723,206
5. Reserve for funds set aside as donor restricted				\$
6. Total Reserves				\$ 2,723,206
B. Net Worth				
1. Owner's Capital				\$ (1,221,025)
2. Capital Stock				\$
3. Paid-in Surplus				\$
4. Treasury Stock				\$
5. Cumulated Earnings				\$ 1,206,455
6. Gain or Loss for Period		10/1/2021	thru	9/30/2022 \$ 2,145,041
7. Total Net Worth				\$ 2,130,471
C. Total Reserves and Net Worth				\$ 4,853,677
D. Total Liabilities, Reserves, and Net Worth				\$ 6,670,522

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Autumn Lake Healthcare at Bucks Hill	2400	9/30/2022	36	37		
Account				Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2021				\$ 2,772,199		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 12,689,001		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 10,543,960		
D. Net Income or Deficit				\$ 2,145,041		
E. Balance				\$ 4,917,240		
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 (No., City, State, Zip)		Title	Amount			
2. Other Withdrawings (<i>Specify</i>)				\$		
Purpose		Amount				
3. Total Deductions				\$		
H. Balance at End of Period				\$ 4,917,240		

I. Preparer's/Reviewer's Certification

Name of Facility Autumn Lake Healthcare at Bucks Hill	License No. 2400	Report for Year Ended 9/30/2022
<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

I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.

Signature of Preparer	Title	Date Signed
Printed Name of Preparer CJLC LLC		
Address Address 225 Pitkin St., East Hartford, CT 06108		Phone Number 860-610-9009
Contacted Person Regarding Additional Information Needed Regarding This Report CJLC		Phone Number 860-610-9009
Contact Email Address annualreports@cjlc.com		