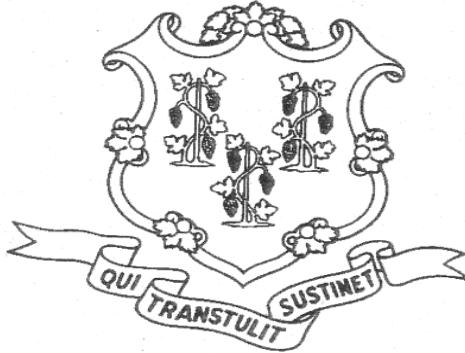


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) Autumn Lake Healthcare at Norwalk				
Address (No. & Street, City, State, Zip Code) 34 Midrocks Drive, Norwalk, CT 06581				
Type of Facility				
Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)		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 2343	RHNS	(Specify)	Medicare Provider 07-5387
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Medicaid Provider Numbers:	CCNH 000021163	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 Norwalk	License No. 2343	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 Norwalk [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) Adrian Thomas			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 Norwalk	Period Covered:	From 10/1/2021	To 9/30/2022
Address of Facility 34 Midrocks Drive, Norwalk, CT 06581			
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
203-847-9686	9/30/2022	2	37
Name of Facility (as shown on license) Autumn Lake Healthcare at Norwalk		Address (No. & Street, City, State, Zip) 34 Midrocks Drive, Norwalk, CT 06581	
License Numbers:	CCNH 2343	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 checked="" 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 Adrian Thomas		Nursing Home Administrator's License No.:	
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

Name of Facility	License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare at Norwalk	2343	9/30/2022	3A	37

If this facility is owned or operated as a corporation, provide the following information:

General Information and Questionnaire

Individual Proprietorship

Name of Facility Autumn Lake Healthcare at Norwalk	License No. 2343	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 Norwalk	License No. 2343	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	4201 Rte 9, Howell, NJ 07731	<input type="radio"/>	<input checked="" type="radio"/>		Management Company	16/m12	330,000	205,402
Ultimate Therapy LLC	4201 Rte 9, Howell, NJ 07731	<input checked="" type="radio"/>	<input type="radio"/>		Therapy Company (PT, ST, OT, Etc.)	13/5a,9a,10a	1,020,000	1,020,000
Norwalk Realty	4201 Rte 9, Howell, NJ 07731	<input type="radio"/>	<input checked="" type="radio"/>		Lease of Building	22/9	1,624,612	1,624,612
		<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 Norwalk	License No. 2343	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 rentals should not be included in these amounts.

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes

• No

Total ***

1,385

* 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 Autumn Lake Heathcare at Norwalk	License No. 2343	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 1 CJLC LLC 2 Brand Sonnechine 3 4	Address (No. & Street, City, State, Zip Code) 225 Pitkin St., East Hartford, CT 06108 299 Broadway #600, New York, NY 10007
---	---

Services Provided by This Firm (*describe fully*)

1 Medicaid & Medicare Cost Report and Accounting Services	\$ 13,510
2 Financial Statements & Regular Accounting Work	\$ 42,782
3	\$
4	\$
	Charge for Services Provided \$ 56,292

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 1 Goldman, Gruder & Woods, LLC 2 Peter Adomeit 3 American Arbitration 4 Susan Meredith 5	Telephone Number 203-899-8900 860-561-8700
--	--

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

1 200 Connecticut Ave., Norwalk, CT 06854
2 3 Arlington Road, #201, West Hartford, CT 06107
3 120 Broadway, 21st Fl., New York, NY 10271
4 200 Leeder Hill Dr., Apt 2612, Hamden, CT 06517
5

Services Provided by This Firm (*describe fully*)

1 Medicaid Eligibility	\$ 6,675
2 Arbitration Services	\$ 2,625
3 Arbitration Services	\$ 1,768
4 Arbitration Services	\$ 6,000
5	\$
	Charge for Services Provided \$ 17,068

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

Yes No Pg 15/1e

Schedule of Resident Statistics

Name of Facility Autumn Lake Healthcare at Norwalk			License No. 2343			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					150	150							
A. On last day of PREVIOUS report period	150	150											
B. On last day of THIS report period	150	150							150	150			
2. Number of Residents					118	118							
A. As of midnight of PREVIOUS report period	118	118				118	118						
B. As of midnight of THIS report period	143	143							143	143			
3. Total Number of Days Care Provided During Period													
A. Medicare	9,669	9,669				7,595	7,595			2,074	2,074		
B. Medicaid (Conn.)	23,949	23,949				17,505	17,505			6,444	6,444		
C. Medicaid (other states)													
D. Private Pay	4,246	4,246				3,494	3,494			752	752		
E. State SSI for RCH													
F. Other (Specify) HMO, Private Ins., Hospice	5,595	5,595				3,660	3,660			1,935	1,935		
G. Total Care Days During Period (3A thru F)	43,459	43,459				32,254	32,254			11,205	11,205		
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													
5. Total Resident Days (3G + 4A + 4B)	43,459	43,459				32,254	32,254			11,205	11,205		

Schedule of Resident Statistics (Cont'd)

Name of Facility Autumn Lake Healthcare at Norwalk	License No. 2343	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	30	74		39				
Per Diem Rate								
a. One bed rm.	783.93	319.13		413.73				
b. Two bed rms.								
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B	TOTAL	CCNH	RHNS	(Specify)
	2,646	2,646		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	149	149		
2. Restorative Treatments	1,343	1,343		
C. Other				
D. Total Physical Therapy Treatments	4,138	4,138		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	TOTAL	CCNH	RHNS	(Specify)
	1,051	1,051		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	37	37		
2. Restorative Treatments	329	329		
C. Other				
D. Total Speech Therapy Treatments	1,417	1,417		

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	TOTAL	CCNH	RHNS	(Specify)
	1,790	1,790		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	141	141		
2. Restorative Treatments	1,271	1,271		
C. Other				
D. Total Occupational Therapy Treatments	3,202	3,202		

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)	176,820	2,160			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	570,572	17,998			
5. Dietary Service					
a. Head Dietitian					
b. Food Service Supervisor					
c. Dietary Workers	718,925	33,415			
6. Housekeeping Service					
a. Head Housekeeper					
b. Other Housekeeping Workers	442,495	22,666			
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance					
b. Other Maintenance Workers	185,057	7,373			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	127,968	6,555			
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	78,818	2,910			
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	120,709	4,296			
n. Marketing					
o. Other (Specify)					
See Attached Schedule					
<i>A-13. Total Salary Expenditures</i>	2,445,364	97,490			

* 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 Norwalk			License No. 2343		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)			License No.		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***										
Megan Smith	176,820				Administrator	2,160	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 Norwalk	License No. 2343	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	130,258	3,246			
2. Dentist	13,585	168			
3. Pharmacist	27,392	457			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	465,395	Contract			
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	78,000	279			
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	114,165	Contract			
b. Other					
10. Occupational Therapist					
a. Resident Care	440,440	Contract			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	1,937,000	28,392			
2. Administrative***	435,000	9,776			
b. LPN					
1. Direct Care	2,113,000	41,180			
2. Administrative***					
c. Aides	3,616,000	109,464			
d. Other					
12. Other (Specify)					
See Attached Schedule	99,184				
B-13 Total Fees Paid in Lieu of Salaries	9,469,419	192,962			

* 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 Autumn Lake Healthcare at Norwalk	License No. 2343	Report for Year Ended 9/30/2022		Page 15	of 37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 52,097	52,097			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 17,716	17,716			
4. Social Security (F.I.C.A.)	\$ 183,291	183,291			
5. Health Insurance	\$ 406,398	406,398			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 274	274			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 126,972	126,972			
8. Uniform Allowance	\$ 8,400	8,400			
9. Other (Specify) See Attached Schedule	\$ 14,592	14,592			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ (35,514)	(35,514)			
d. Accounting and Auditing	\$ 56,292	56,292			
e. Legal (Services should be fully described on Page 7)	\$ 17,068	17,068			
f. Insurance on Lives of Owners and Operators (Specify)*	\$				
g. Office Supplies	\$ 50,886	50,886			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 18,407	18,407			
2. Cellular Phones	\$ 7,799	7,799			
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	\$ 92,000	92,000			
3. Resident Day User Fee	\$ 622,127	622,127			
Subtotal	\$ 1,638,805	1,638,805			

* 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	\$ 92,000		
Total	\$ 92,000	\$ -	\$ -

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

Name of Facility Autumn Lake Healthcare at Norwalk	License No. 2343	Report for Year Ended 9/30/2022	Page 16	of 37
Item	Total	CCNH	RHNS	(Specify)
<i>Subtotals Brought Forward:</i>	1,638,805	1,638,805		
1. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$	12,374	12,374	
4. Employee Travel	\$	32,927	32,927	
5. Education Expenses Related to Seminars and Conventions	\$	11,619	11,619	
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>)	\$	1,876	1,876	
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)***	\$	46,388	46,388	
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***	\$	67,500	67,500	
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**	\$	330,000	330,000	
13. Other (<i>Specify</i>)	\$	606,068	606,068	
See Attached Schedule				
<i>C-14 Total Administrative & General Expenditures</i>	\$ 2,747,557	2,747,557		

* 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	\$ 14,583		
Advertising	\$ 31,805		
Total Other Advertising	\$ 46,388	\$ -	\$ -

Schedule of Dues

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

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Contributions	\$ 67,500		

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Fiscal Services	\$ 511,109		
Internet	\$ 6,182		
Licenses	\$ 9,908		
Employee Background Check	\$ 2,658		
Data Processing	\$ 26,248		
Rosen Expense Account	\$ (58)		
Consultants	\$ 38,539		
Bank Charges	\$ 3,251		
Penalties	\$ 3,789		
Resident Paid Claims	\$ 4,442		
Total Other Administrative and General	\$ 606,068	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Autumn Lake Healthcare at Norwalk	2343	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	330,000	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 Autumn Lake Healthcare at Norwalk	License No. 2343	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	\$ 286,260	286,260			
2. Non-Food Supplies	\$ 33,284	33,284			
3. Other (Specify) _____	\$				
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ 58,619	58,619			
c. Other (Specify) _____	\$				
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 378,163	378,163			
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)					
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 Norwalk	License No. 2343	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)	\$	169,658	169,658		
c. Other (Specify) Laundry Supplies	\$				
3D. Total Laundry Expenditures (3a + b + c)	\$	169,658	169,658		
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 Norwalk	License No. 2343	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.	\$ 44,886	44,886		
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.	\$			
C. Other (<i>Specify</i>)		\$			
Housekeeping Supplies					
4D. Total Housekeeping Expenditures (4a + b + c)		\$ 44,886	44,886		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy		\$			
2. Purchased from		\$ 352,081	352,081		
b. Medicine Cabinet Drugs		\$ 7,606	7,606		
c. Medical and Therapeutic Supplies		\$ 139,481	139,481		
d. Ambulance/Limousine***		\$ 430	430		
e. Oxygen					
1. For Emergency Use		\$			
2. Other***		\$ 6,154	6,154		
f. X-rays and Related Radiological Procedures***		\$ 12,156	12,156		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)					
h. Laboratory***		\$ 44,360	44,360		
i. Recreation		\$ 26,601	26,601		
j. Direct Management Services*					
k. Indirect Management Services*					
l. Other (<i>Specify</i>)****		\$ 269,310	269,310		
See Attached Schedule					
5M. Total Resident Care Expenditures (5a - 5j)		\$ 858,179	858,179		

* 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	\$ 57,278		
Cable	\$ 26,108		
Medical Waste	\$ 317		
Mattresses	\$ 10,546		
M'caid - I/V	\$ 81,411		
IV Supplies	\$ 13,418		
Picc/MidlineInsertion	\$ 7,024		
Medical Equipment (Minor)	\$ 37,123		
Diagnostic Testing	\$ 2,155		
PPE Expense (COVID)	\$ 33,622		
Therapy Supplies	\$ 308		
Total Other Resident Care	\$ 269,310	\$ -	\$ -

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

Name of Facility Autumn Lake Healthcare at Norwalk			License No. 2343	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
Healthcare Services	3220 Tillman Dr. #300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Services	54,041			18 2b
Knob Hill Landscaping	23 Deerwood Court, Norwalk, CT 06851	<input type="radio"/>	<input checked="" type="radio"/>		Snow Removal & Landscaping	28,430			22 6a
Unitex	Pkwy, Mount Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Cleaning Service	169,339			19 3b
Accurate Staffing LLC	14 53rd St., Ste 220, Brooklyn, NY 11232	<input type="radio"/>	<input checked="" type="radio"/>		Nursing	6,600,000			13
Waste Wanted Solutions	178 Rt 59, Ste. 303, Monsey, NY 10592	<input type="radio"/>	<input checked="" type="radio"/>		Garbage	169,339			22 6a
Future Care	14 53rd St. Brooklyn, NY 11232	<input type="radio"/>	<input checked="" type="radio"/>		Billing and AR	480,000			16 m13
Network Dr	Englewood Cliffs, NJ 07632	<input type="radio"/>	<input checked="" type="radio"/>		Computer IT Service Contract	31,109			16 m13
Point Click Care	PF Box 674802, Detroit, MI 48267	<input type="radio"/>	<input checked="" type="radio"/>		Data Processing	21,828			16 m13
Hospitality	Blvd., Jersey City, NJ 07304	<input type="radio"/>	<input checked="" type="radio"/>		Purchasing for Food and Dietary Supplies	54,750			18
Western Environmental Solutions	Blvd., Jersey City, NJ 07304	<input type="radio"/>	<input checked="" type="radio"/>		Maintenance Consulting and Purchasing Service	30,501			22 6a
Altice Media Solutions LLC	Pittsburgh, PA 15251-9090	<input type="radio"/>	<input checked="" type="radio"/>		Advertising	11,100			16 m3
Vital Contingent Planning		<input type="radio"/>	<input checked="" type="radio"/>		Contingency Consulting & Staffing for the Strike	99,184			13 B12
		<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
		9/30/2022		22	37
Item		Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 212,744	212,744			
b. Heat	\$ 91,832	91,832			
c. Light & Power	\$ 306,467	306,467			
d. Water	\$ 25,392	25,392			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 1,385	1,385			
f. Other (<i>itemize</i>)	\$				
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 637,820	637,820			
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements	\$				
b. Building & Building Improvements	\$ 362,445	362,445			
c. Non-Movable Equipment	\$				
d. Movable Equipment	\$ 38,390	38,390			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 400,835	400,835			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$ 67,242	67,242			
d. Other (<i>Specify</i>)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$ 67,242	67,242			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,624,612	1,624,612			
10. Property Taxes					
a. Real estate taxes paid by owner	\$ 247,388	247,388			
b. Real estate taxes paid by lessor	\$				
c. Personal property taxes	\$				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 2,340,077	2,340,077			

* 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 A

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

*Ties to Page 23, Line B

--- Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

**Ties to Page 23, Line C

--- Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Movable Category	Cost	Life	Depreciation
Additions:					
9/30/2022	H&R Healthcare	Administrative	\$ (798)	5	\$ (160)
9/30/2022	Storage Container	Administrative	\$ 515	5	\$ 103
9/30/2022	Kiosk	Administrative	\$ 2,700	5	\$ 540
9/30/2022	Door Locks, Toilet Seats, Caulk, Tiles, Levers	Administrative	\$ 2,649	5	\$ 528
9/30/2022	Telemonitors	Administrative	\$ 2,532	5	\$ 506
9/30/2022	A/C	Administrative	\$ 3,036	5	\$ 607
9/30/2022	Packaged Terminal Heat Pumps	Administrative	\$ 3,228	5	\$ 646
9/30/2022	Installed Roller Shade	Administrative	\$ 805	5	\$ 161
9/30/2022	Floor Lifts	Administrative	\$ 2,328	5	\$ 466
9/30/2022	Touchscreen Computer (2)	Administrative	\$ 2,478	5	\$ 496
9/30/2022	Laptop	Administrative	\$ 754	5	\$ 151
9/30/2022	Laptop	Administrative	\$ 835	5	\$ 167
9/30/2022	Storage Container	Administrative	\$ 548	5	\$ 112
9/30/2022	Storage Container	Administrative	\$ 685	5	\$ 137
9/30/2022	Heating Unit	Administrative	\$ 1,331	5	\$ 266
9/30/2022	Maintenance	Administrative	\$ 3,990	5	\$ 798
9/30/2022	Maintenance	Administrative	\$ 3,807	5	\$ 761
9/30/2022	Maintenance	Administrative	\$ 1,053	5	\$ 211
9/30/2022	Maintenance	Administrative	\$ 9,525	5	\$ 1,905
9/30/2022	Maintenance	Administrative	\$ 821	5	\$ 164
9/30/2022	Maintenance	Administrative	\$ 2,030	5	\$ 406
Total additions for Movable Equipment			\$ 44,843		\$ 8,969
Deletions:					
Total deletions for Movable Equipment			\$ -		\$ -
*Ties to Page 23, in D7c.					

*Ties to Page 23, Line B

**Ties to Page 23, Line D

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
9/30/2022	Repairs	\$ 2,588	15	\$ 173
9/30/2022	Sprinkler Pipe Repairs	\$ 2,409	15	\$ 160
9/30/2022	Escalator Maintenance	\$ 2,476	15	\$ 165
9/30/2022	Install New Furnaces	\$ 28,000	15	\$ 1,867
9/30/2022	Maintenance	\$ 1,262	15	\$ 84
9/30/2022	Maintenance	\$ 4,996	15	\$ 327
9/30/2022	Maintenance	\$ 14,132	15	\$ 942
9/30/2022	Maintenance	\$ 4,598	15	\$ 307
9/30/2022	Maintenance	\$ 2,207	15	\$ 153
9/30/2022	Maintenance	\$ 966	15	\$ 64
9/30/2022	Maintenance	\$ 2,973	15	\$ 198
Total additions for Leasehold Improvement		\$ 66,597		\$ 4,440
Deletions:				
Total deletions for Leasehold Improvement				
		\$ -		\$ -

Amortization Schedule*

Name of Facility Autumn Lake Healthcare at Norwalk			License No. 2343		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		822,498	283,021	SL		62,802	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				66,597				4,440	
C-4. Subtotal									67,242
D. Total Amortization									67,242

* 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 Norwalk	License No. 2343	Report for Year Ended 9/30/2022	Page 25	of 37																				
11. Property Questionnaire																								
Part A Is the property either owned by the Facility <input checked="" type="radio"/> Yes <input type="radio"/> No If "Yes," complete Part B. or leased from a Related Party?* If "No," complete Part C. <small>*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.</small>																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Description</th> <th style="text-align: right;">Total</th> </tr> </thead> <tbody> <tr> <td>1. Date Land Purchased</td> <td style="text-align: right;">01/01/15</td> </tr> <tr> <td>2. Date Structure Completed</td> <td></td> </tr> <tr> <td>3. If NOT Original Owner, Date of Purchase</td> <td style="text-align: right;">01/01/15</td> </tr> <tr> <td>4. Date of Initial Licensure</td> <td style="text-align: right;">01/01/15</td> </tr> <tr> <td>5. Total Licensed Bed Capacity</td> <td style="text-align: right;">150</td> </tr> <tr> <td>6. Square Footage</td> <td></td> </tr> <tr> <td>7. Acquisition Cost</td> <td></td> </tr> <tr> <td> a. Land</td> <td></td> </tr> <tr> <td> b. Building</td> <td></td> </tr> </tbody> </table>		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	150	6. Square Footage		7. Acquisition Cost		a. Land		b. Building				
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	150																							
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	License No.	Report for Year Ended 9/30/2022			Page 27	of 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)		\$	627	627		
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$	627	627		
14. Insurance						
a. Insurance on Property (buildings only)		\$	255,064	255,064		
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)		\$	255,064	255,064		
15. Total All Expenditures (A-13 thru C-14)		\$	19,346,814	19,346,814		

D. Adjustments to Statement of Expenditures

Name of Facility Autumn Lake Healthcare at Norwalk			License No. 2343	Report for Year Ended 9/30/2022		Page 28	of 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	\$	440,440	440,440	
7.			Other - See attached Schedule	\$	99,184	99,184	
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$	(35,514)	(35,514)	
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$	4,999	4,999	
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 *	\$	46,388	46,388	
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$	67,500	67,500	
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$	8,231	8,231	
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)			\$	631,228	631,228		

* 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	\$ 3,789		
16	m13	Resident Paid Claims	\$ 4,442		
Total Other A&G Adjustments			\$ 8,231	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended		Page of
Autumn Lake Healthcare at Norwalk				2343	9/30/2022		29 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	\$ 631,228	631,228		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 352,081	352,081		
28.	20	5d	Ambulance/Limousine	\$ 430	430		
29.	20	5f	X-rays, etc	\$ 12,156	12,156		
30.	20	5h	Laboratory	\$ 44,360	44,360		
31.	20	5c	Medical Supplies	\$ 14,228	14,228		
32.	20	5e2	Oxygen (non emergency)	\$ 6,154	6,154		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 94,829	94,829		
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)			\$ 1,155,466	1,155,466		

*** 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	License No.	Report for Year Ended 9/30/2022		Page 30	of 37
Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)		\$ 7,737,855	7,737,855		
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>)		\$ 9,908,230	9,908,230		
b. Medicare Room and Board Contractual Allowance **		\$ (33,144)	(33,144)		
4. a. Private-Pay Residents and Other		\$ 1,816,368	1,816,368		
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		\$ 28,051,367	28,051,367		
b. Medical Supplies - Medicare Contractual Allowance **		\$ (28,051,235)	(28,051,235)		
c. Medical Supplies - Non-Medicare		\$ 32,348	32,348		
d. Medical Supplies - Non-Medicare Contractual Allowance **		\$			
3. a. Physical Therapy - Medicare		\$ 911,231	911,231		
b. Physical Therapy - Medicare Contractual Allowance **		\$ (811,277)	(811,277)		
c. Physical Therapy - Non-Medicare		\$			
d. Physical Therapy - Non-Medicare Contractual Allowance **		\$			
4. a. Speech Therapy - Medicare		\$ 415,171	415,171		
b. Speech Therapy - Medicare Contractual Allowance **		\$ (298,428)	(298,428)		
c. Speech Therapy - Non-Medicare		\$			
d. Speech Therapy - Non-Medicare Contractual Allowance **		\$			
5. a. Occupational Therapy - Medicare		\$ 869,352	869,352		
b. Occupational Therapy - Medicare Contractual Allowance **		\$ (793,318)	(793,318)		
c. Occupational Therapy - Non-Medicare		\$			
d. Occupational Therapy - Non-Medicare Contractual Allowance **		\$			
6. a. Other (<i>Specify</i>) - Medicare		\$ 325,196	325,196		
b. Other (<i>Specify</i>) - Non-Medicare		\$ 423,574	423,574		
III. Total Resident Revenue (Section I. thru Section II.)		\$ 20,503,290	20,503,290		
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>)		\$ 3,881	3,881		
6. Private Duty Nurses' Fees		\$			
7. Barber, Coffee, Beauty and Gift shops		\$			
8. Other (<i>Specify</i>)		\$ 8,734	8,734		
V. Total Other Revenue (1 thru 8)		\$ 12,615	12,615		
VI. Total All Revenue (III +V)		\$ 20,515,905	20,515,905		

* 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)
	Flueza Billing	\$ 189,452		
	Phneumonia	\$ 20,168		
	Optum (Part B Capitated)	\$ 115,576		
	Total Other Resident Revenue - Medicare	\$ 325,196	\$ -	\$ -

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

Page Ref	Description	CCNH	RHNS	(Specify)
	Grant Income	\$ 105,286		
	ERC FUNDS	\$ 318,288		
	Total Other Resident Revenue	\$ 423,574	\$ -	\$ -

Interest Income**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest Income	\$ 3,881			
	Total Interest Income	\$ 3,881	\$ -	\$ -	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Other Rev. Misc.	\$ 8,734		
	Total Other Revenue	\$ 8,734	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare at Norwalk	2343	9/30/2022	31	37
Account				Amount
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)				\$ 1,236,956
2. Resident Accounts Receivable (Less Allowance for Bad Debts)				\$ 2,656,999
3. Other Accounts Receivable (Excluding Owners or Related Parties)				\$
4. Inventories				\$
5. Prepaid Expenses				\$ 2,912,571
a. _____				
b. _____				
c. _____				
d. See Schedule				2,912,571
6. Interest Receivable				\$
7. Medicare Final Settlement Receivable				\$
8. Other Current Assets (<i>itemize</i>)				\$

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)				\$ 6,806,526
B. Fixed Assets				
1. Land				\$
2. Land Improvements				\$
*Historical Cost _____				\$
Accum. Depreciation _____				Net
3. Buildings				\$
*Historical Cost _____				\$
Accum. Depreciation _____				Net
4. Leasehold Improvements				\$ 889,095
*Historical Cost _____				\$ 538,833
Accum. Depreciation _____				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)				\$ 538,833

* 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 Norwalk	2343	9/30/2022	32	37
Account				Amount
Total Brought Forward:				\$ 7,345,359
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				\$ 1,195,608
2. Land Improvements	*Historical Cost			
	Accum. Depreciation			\$
3. Buildings	*Historical Cost	10,873,341		
	Accum. Depreciation	2,808,946	Net	\$ 8,064,395
4. Non-Movable Equipment	*Historical Cost			
	Accum. Depreciation			\$
5. Movable Equipment	*Historical Cost	728,192		
	Accum. Depreciation	606,913	Net	\$ 121,279
6. Motor Vehicles	*Historical Cost			
	Accum. Depreciation			\$
7. Minor Equipment-Not Depreciable				\$
C-8 Total Leasehold or Like Properties (C1 thru 7)				\$ 9,381,282
D. Investment and Other Assets				
1. Deferred Deposits				\$ 57,015
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)				\$ 57,015
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				\$ 16,783,656

* 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

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

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

Page Ref	Line Ref	Description	
Total Other 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

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

G. Balance Sheet (cont'd)

Name of Facility Autumn Lake Healthcare at Norwalk	License No. 2343	Report for Year Ended 9/30/2022	Page 33 37
Account			Amount
Liabilities			
A. Current Liabilities			
1. Trade Accounts Payable			\$ 2,502,846
2. Notes Payable (<i>itemize</i>)			\$ (33,956)
See Schedule			(33,956)
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			\$ 20,849
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>)			\$ (325,090)
See Schedule			(325,090)
A-13. Total Current Liabilities (Lines A1 thru 12)			\$ 2,164,649

* 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 Norwalk	License No. 2343	Report for Year Ended 9/30/2022	Page 34	of 37
Account				Amount
Total Brought Forward:				2,164,649
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>)				\$ 65,257
Name and Address of Lender	Amount	Loan Date		
Stern/Autumn Lake/Landlord	65,257	Various		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 65,257
C. Total All Liabilities (Lines A-13 + B-5)				\$ 2,229,906

G. Balance Sheet (cont'd)

Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare at Norwalk	2343	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				\$ 12,531,852
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				\$ (2,932,874)
5. Reserve for funds set aside as donor restricted				\$
6. Total Reserves				\$ 9,598,977
B. Net Worth				
1. Owner's Capital				\$ (1,723,230)
2. Capital Stock				\$ 5,508,912
3. Paid-in Surplus				\$
4. Treasury Stock				\$
5. Cumulated Earnings				\$
6. Gain or Loss for Period		10/1/2021	thru	\$ 1,169,091
7. Total Net Worth				\$ 4,954,773
C. Total Reserves and Net Worth				\$ 14,553,750
D. Total Liabilities, Reserves, and Net Worth				\$ 16,783,656

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page of		
Autumn Lake Healthcare at Norwalk	2343	9/30/2022	36 37		
Account			Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2021			\$ 7,003,543		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$ 20,515,905		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$ 19,346,814		
D. Net Income or Deficit			\$ 1,169,091		
E. Balance			\$ 8,172,634		
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			\$ 8,172,634		

I. Preparer's/Reviewer's Certification

Name of Facility Autumn Lake Healthcare at Norwalk	License No. 2343	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		