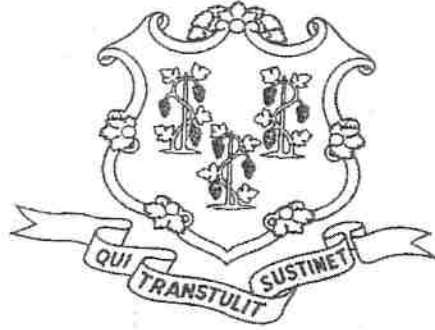


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

| | |
|--|---|
| Name of Facility (as licensed) Cambridge Manor of Fairfield, LLC | |
| Address (No. & Street, City, State, Zip Code) 2428 Easton Turnpike, Fairfield, CT 06824 | |
| Type of Facility | |
| <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) | |
| Report for Year Beginning 10/1/2021 | Report for Year Ending 9/30/2022 |

| | | | | |
|------------------|----------------|------|-----------|------------------------------|
| License Numbers: | CCNH 2048-C | RHNS | (Specify) | Medicare Provider 07-5323 |
|------------------|----------------|------|-----------|------------------------------|

| | | | |
|----------------------------|---------------|------|---------|
| Medicaid Provider Numbers: | CCNH 20488 | RHNS | ICF-IID |
|----------------------------|---------------|------|---------|

For Department Use Only

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

General Information

| | | | | |
|---|-----------------------|------------------------------------|-----------|----------|
| Name of Facility (as licensed) Cambridge Manor of Fairfield, LLC | License No. 2048-C | Report for Year Ended 9/30/2022 | Page 1 | of 37 |
|---|-----------------------|------------------------------------|-----------|----------|

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 Cambridge Manor of Fairfield, LLC [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.

(a) Subject to Desk Audit review

| | | | | | |
|--|----------|------|--|----------------------|------|
| Signed (Administrator) | | Date | Signed (Owner) | | Date |
| Printed Name (Administrator) Anna Durokic | | | Printed Name (Owner) Marvin J. Ostreicher | | |
| Subscribed and Sworn to before me: | State of | Date | Signed (Notary Public) | Comm. Expires / / | |
| Address of Notary Public | | | | | |

(Notary Seal)

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

| Data Required for Real Wage Adjustment | | Page 1A | of 37 |
|---|-------|--------------------------------------|------------------|
| Name of Facility Cambridge Manor of Fairfield, LLC | | Period Covered: From 10/1/2021 | To 9/30/2022 |
| Address of Facility 2428 Easton Turnpike, Fairfield, CT 06824 | | | |
| Report Prepared By Marcum LLP | | Phone Number 203-781-9600 | Date 2/7/2023 |
| 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 203-372-0313 | | Report for Year Ended 9/30/2022 | Page 2 | of 37 |
| Name of Facility (as shown on license) Cambridge Manor of Fairfield, LLC | | Address (No. & Street, City, State, Zip) 2428 Easton Turnpike, Fairfield, CT 06824 | | |
| License Numbers: | CCNH 2048-C | RHNS | (Specify) | Medicare Provider No. 07-5323 |
| Type of Facility (Check appropriate box(es)) | | | | |
| <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify) | | | | |
| Type of Ownership (Check appropriate box) | | | | |
| <input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust | | | | |
| If this facility opened or closed during report year provide: | | Date Opened | Date Closed | |
| Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully. | | | | |
| | | | | |
| Administrator | | | | |
| Name of Administrator Anna Durkovic | | Nursing Home Administrator's License No.: | 1825 | |
| Other Operators/Owners who are assistant administrators (full or part time) of this facility. | | | | |
| Name N/A | | License No.: | | |
| | | | | |
| | | | | |
| | | | | |

General Information and Questionnaire
Partners/Members

| Name of Facility Cambridge Manor of Fairfield, LLC | | License No. 2048-C | Report for Year Ended 9/30/2022 | Page 3 | of 37 |
|--|---|--|------------------------------------|--|----------|
| Legal Name of Partnership/LLC Cambridge Manor of Fairfield, LLC | | Business Address 2428 Easton Turnpike, Fairfield, CT 06824 | | State(s) and/or Town(s) in Which Registered CT | |
| Name of Partners/Members | Business Address | Title | % Owned | | |
| Marvin Ostreicher | 184 Wildacre, Lawrence, NY 11559 | Managing Member | 55 | | |
| Helen Ostreicher | 1 Lakeside Drive, Lawrence, NY 11559 | Member | 35 | | |
| Barry Bokow | 722 Almond Road, Far Rockaway, NY 11691 | Member | 5 | | |
| Ira Geffner | 253 Woodward Avenue, Staten Island, NY 10314 | Member | 5 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

General Information and Questionnaire
Corporate Owners

| | | | | |
|--|-----------------------|------------------------------------|--------------------------------|----------|
| Name of Facility Cambridge Manor of Fairfield, LLC | License No. 2048-C | Report for Year Ended 9/30/2022 | Page 3A | of 37 |
| If this facility is owned or operated as a corporation, provide the following information: | | | | |
| Legal Name of Corporation | Business Address | | State(s) in Which Incorporated | |
| N/A | | | | |
| Name of Directors, Officers | Business Address | Title | No. Shares Held by Each | |
| N/A | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Names of Stockholders Owning at Least 10% of Shares | | | | |
| N/A | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

General Information and Questionnaire
Individual Proprietorship

| | | | |
|---|-----------------------|------------------------------------|--------------------|
| Name of Facility Cambridge Manor of Fairfield, LLC | License No. 2048-C | Report for Year Ended 9/30/2022 | Page of 3B 37 |
|---|-----------------------|------------------------------------|--------------------|

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

| |
|----------------------|
| Owner(s) of Facility |
| N/A |
| |
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**General Information and Questionnaire
 Related Parties***

| | | | | |
|---|-----------------------|------------------------------------|-----------|----------|
| Name of Facility Cambridge Manor of Fairfield, LLC | License No. 2048-C | 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? Yes No

If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

If "Yes," provide the following information:

| Name of Related Individual or Company | Business Address | Also Provides Goods/Services to Non-Related Parties | | Description of Goods/Services Provided | Indicate Where Costs are Included in Annual Report Page # / Line # | Cost Reported | Actual Cost to the Related Party |
|--|---|---|----------------------------------|--|--|---------------|----------------------------------|
| | | Yes | No | | | | |
| National HealthCare Associates | 20 E Sunrise Hwy, Valley Stream NY, 11581 | <input type="radio"/> | <input checked="" type="radio"/> | Consulting Fees | 16 / M12 | 19,759 | 19,759 |
| National HealthCare Associates | 20 E Sunrise Hwy, Valley Stream NY, 11581 | <input type="radio"/> | <input checked="" type="radio"/> | Interest | 27 / 12d | 1,731 | 1,731 |
| National HealthCare Associates | 20 E Sunrise Hwy, Valley Stream NY, 11581 | <input type="radio"/> | <input checked="" type="radio"/> | Shared Expense | 16 / M12 | 758,044 | 758,044 |
| Cambridge Manor Rlty | 46 Stauderman Ave., Lynbrook, NY 850 Silas Deane Hwy Wethersfield, CT 06109 | <input type="radio"/> | <input checked="" type="radio"/> | Facility Lease*** | 22 / 9 | 1,200,000 | 1,200,000 |
| Preferred Therapy Solutions | 850 Silas Deane Hwy Wethersfield, CT 06109 | <input type="radio"/> | <input checked="" type="radio"/> | PT, OT, ST, Consulting | 13 / Various | 916,246 | 862,935 |
| National HealthCare Associates - Aetna | 850 Silas Deane Hwy Wethersfield, CT 06109 | <input type="radio"/> | <input checked="" type="radio"/> | Health Insurance | 15 / 1A5 | 869,146 | 869,146 |
| Procure LTC Pharmacy of CT | 1492 Highland Avenue, Cheshire, CT 06410 | <input type="radio"/> | <input checked="" type="radio"/> | Drugs/OTC/RX Consult | Various / Various | 595,711 | 555,503 |
| PROFESSIONAL SERVICES | 20 Sunrise Highway, Valley Stream NY 11581 | <input type="radio"/> | <input checked="" type="radio"/> | Nursing Agency | 13 / Various | 281,560 | 281,560 |
| See Attached for Continued List | Various | <input type="radio"/> | <input checked="" type="radio"/> | Various | Various | 112,213 | 107,666 |

* Use additional sheets if necessary.

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

**General Information and Questionnaire
 Related Parties***

| Name of Facility Cambridge Health & Rehab | | License No. 20488 | Report for Year Ended 9/30/2022 | Page 4a | of 37 | |
|--|---|--|------------------------------------|--|---|--|
| 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 # | Actual Cost to the Related Party |
| | | Yes | No | | | |
| 850 Silas Deane | 850 Silas Deane Hwy Wethersfield, Ct 06109 | <input type="radio"/> | <input checked="" type="radio"/> | 0% Rent / Other | 16 / m12 | 2,166 |
| 20Sunrise | 20 Sunrise Highway, Valley Stream NY 11581 | <input type="radio"/> | <input checked="" type="radio"/> | 0% Rent / Other | 16 / m12 | 23,267 |
| NOA Diagnostics | 6851 Jericho Tpke, Suite 150, Syosset, NY 11791 | <input type="radio"/> | <input checked="" type="radio"/> | 0% Radiology | 20 / 5f | 42,767 |
| Regency House The Reservoir Center for Health & Rehabilitation | 181 East Maine St Wallingford, CT 06492 | <input type="radio"/> | <input checked="" type="radio"/> | 0% Consulting - Nursing | 13 / b12o | 38,638 |
| | 400 Bolton Street Marlborough, MA 01752-3912 | <input type="radio"/> | <input checked="" type="radio"/> | 0% LPN Nursing | 13 / 11b1 | 5,375 |

* Use additional sheets if necessary.

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

***N/A Rent is replaced by the Medicaid Fair Rental Value System through the rate setting process

General Information and Questionnaire
Basis for Allocation of Costs

| | | | | |
|---|-----------------------|--|-----------|----------|
| Name of Facility Cambridge Manor of Fairfield, LLC | License No. 2048-C | Report for Year Ended 9/30/2022 | Page 5 | of 37 |
| If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows: | | | | |
| Item | | Method of Allocation | | |
| Dietary | | Number of meals served to residents | | |
| Laundry | | Number of pounds processed | | |
| Housekeeping | | Number of square feet serviced | | |
| Nursing | | Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants | | |
| Direct Resident Care Consultants | | Number of hours of resident care provided by EACH specialist <i>(See listing page 13)</i> | | |
| Maintenance and operation of plant | | Square feet | | |
| Property costs (depreciation) | | Square feet | | |
| Employee health and welfare | | Gross salaries | | |
| Management services | | Appropriate cost center involved | | |
| All other General Administrative expenses | | Total of Direct and Allocated Costs | | |
| The preparer of this report must answer the following questions applicable to the cost information provided. | | | | |
| 1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made. | | | | |
| N/A | | | | |
| 2. Explain the allocation of related company expenses and attach copy of appropriate supporting data. | | | | |
| | | | | |
| 3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.) | | | | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made. | | | | |
| | | | | |

**General Information and Questionnaire
 Leases (Excluding Real Property)**

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

| Name of Facility | | License No. | Report for Year Ended | Page | of | |
|---|--|----------------------------------|-----------------------|---------------------|------------------------|----------------|
| Cambridge Manor of Fairfield, LLC | | 2048-C | 9/30/2022 | 6 | 37 | |
| Name and Address of Lessor | Related * to Owners, Operators, Officers | | Date of Lease** | Term of Lease | Annual Amount of Lease | Amount Claimed |
| | Yes | No | | | | |
| Reliable Health Systems, Nostrand Ave, Brooklyn, NY 11230 | <input type="radio"/> | <input checked="" type="radio"/> | 10/01/08 | 60 Months / Ongoing | 5,756 | 5,756 |
| Wescam Solutions, PO Box 674802, Detroit, MI 48267 | <input type="radio"/> | <input checked="" type="radio"/> | 03/07/12 | Ongoing | 45,363 | 45,363 |
| PITNEY BOWES GLOBAL F P.O.Box 3711887 Pittsburgh PA 15250-7887 | <input type="radio"/> | <input checked="" type="radio"/> | 03/07/12 | Ongoing | 812 | 812 |
| The Office Works, Inc., 45 Corporate Ave., Plainville, CT 06062 | <input type="radio"/> | <input checked="" type="radio"/> | 07/29/21 | 39 Months | 12,607 | 12,607 |
| | <input type="radio"/> | <input checked="" type="radio"/> | | | | |
| | <input type="radio"/> | <input checked="" type="radio"/> | | | | |
| | <input type="radio"/> | <input checked="" type="radio"/> | | | | |
| | <input type="radio"/> | <input checked="" type="radio"/> | | | | |
| | <input type="radio"/> | <input checked="" type="radio"/> | | | | |
| | <input type="radio"/> | <input checked="" type="radio"/> | | | | |
| | <input type="radio"/> | <input checked="" type="radio"/> | | | | |
| | | | | | Total *** | 64,538 |

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

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire
Accounting Basis

| | | | | |
|---|--|--|-------------------------------------|----------|
| Name of Facility Cambridge Manor of Fairfield, LLC | License No. 2048-C | Report for Year Ended 9/30/2022 | Page 7 | of 37 |
| The records of this facility for the period covered by this report were maintained on the following basis: <input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash | | | | |
| Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain. | | | | |
| Independent Accounting Firm | | | | |
| Name of Accounting Firm | | Address (No. & Street, City, State, Zip Code) | | |
| 1 | Marcum LLP | 555 Long Wharf Drive, 8th Floor, New Haven, CT 06511 | | |
| 2 | MARTIN FRIEDMAN CPA | 2600 NOSTRAND AVE. BROOKLYN, NY 11210 | | |
| 3 | | | | |
| 4 | | | | |
| Services Provided by This Firm (<i>describe fully</i>) | | | | |
| 1 | Compilation, preparation of Medicare and Medicaid cost reports and YE tax services | \$ | 42,185 | |
| 2 | EE RETENTION CREDIT | \$ | 6,000 | |
| 3 | | \$ | | |
| 4 | | \$ | | |
| | | | Charge for Services Provided | |
| | | | \$ 48,185 | |
| Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. <input checked="" type="radio"/> Yes <input type="radio"/> No Page 15 Line 1d | | | | |
| Legal Services Information | | | | |
| Name of Legal Firm or Independent Attorney | | | Telephone Number | |
| 1 | JACKSON LEWIS P.C. | 914-872-8060 | | |
| 2 | KNOTT, KNOTT & DUNN | 203-375-1433 | | |
| 3 | MURTHA CULLINA LLP | 860-240-6000 | | |
| 4 | REED SMITH LLP | 469-680-4200 | | |
| 5 | Various | Various | | |
| Address (<i>No. & Street, City, State, Zip Code</i>) | | | | |
| 1 | 44 South Broadway, White Plains, NY 10601 | | | |
| 2 | 1656 Main Street, Stratford, CT 06615 | | | |
| 3 | Dept.101011 PO Box 150435 Hartford, CT 06115-0435 | | | |
| 4 | 2850 N. Harwood Street Suite 1500, Dallas, TX 75201 | | | |
| 5 | Various | | | |
| Services Provided by This Firm (<i>describe fully</i>) | | | | |
| 1 | CHRO responses | \$ | 3,517 | |
| 2 | Estate services (Disallowed on Pg 28) | \$ | 1,850 | |
| 3 | Review 2567 in preparation for IDR | \$ | 3,922 | |
| 4 | Loan Modification Fees (Disallowed on Pg 28) | \$ | 16,500 | |
| 5 | Various - See Attached (\$49,254 Disallowed on Pg 28) | \$ | 56,332 | |
| | | | Charge for Services Provided | |
| | | | \$ 82,121 | |
| Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. <input checked="" type="radio"/> Yes <input type="radio"/> No Page 15 Line 1e | | | | |

General Information and Questionnaire
Accounting Basis

| | | | | |
|--|---|------------------------------------|------------------------------|----------|
| Name of Facility Cambridge Health & Rehab | License No. 20488 | Report for Year Ended 9/30/2022 | Page 7a | of 37 |
| Legal Services Information | | | | |
| Name of Legal Firm or Independent Attorney | | Telephone Number | | |
| 1 | ROGIN NASSAU, LLC | 860-256-6300 | | |
| 2 | BERCHEM MOSES & DEVLIN PC | 203-783-1200 | | |
| 3 | GOLDMAN GRUDER & WOOD | 203-899-8900 | | |
| 4 | TREASURER STATE OF CONNECTICUT | 860-702-3000 | | |
| 5 | CONSTABLE | N/A | | |
| 6 | Goff Law Group | 203-399-0000 | | |
| Address (<i>No. & Street, City, State, Zip Code</i>) | | | | |
| 1 | CityPlace I, 22nd Floor, 185 Asylum Street, Hartford, CT 06103-3460 | | | |
| 2 | 75 Broad Street, Milford, CT 06460 | | | |
| 3 | 200 CONNECTICUT AVENUE NORWALK CT 06854 | | | |
| 4 | 55 Elm St #2, Hartford, CT 06106 | | | |
| 5 | N/A | | | |
| 6 | One Enterprise Drive, Suite 405, Shelton, CT 06484 | | | |
| Services Provided by This Firm (<i>describe fully</i>) | | | | |
| 1 | Correspondence and Research services | \$ | 3,449 | |
| 2 | Client Matter Case Settlement (\$1,128 Disallowed on Pg 28) | \$ | 2,257 | |
| 3 | Collections (Disallowed on Pg 28) | \$ | 41,311 | |
| 4 | Conservatorship Court Filing Fee (Disallowed on Pg 28) | \$ | 3,885 | |
| 5 | Conservatorship Court Filing Fee (Disallowed on Pg 28) | \$ | 430 | |
| 6 | Settlement Worker's Comp (\$2,500 Disallowed on Pg 28) | \$ | 5,000 | |
| | | | Charge for Services Provided | |
| | | | \$ | 56,332 |
| Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. | | | | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No Page 15, Line 1e | | | | |

State of Connecticut
 Annual Report of Long-Term Care Facility
 CSP-8 Rev. 9/2002

Schedule of Resident Statistics

| Name of Facility Cambridge Manor of Fairfield, LLC | License No. 2048-C | Report for Year Ended 9/30/2022 | | | | Report for Year Ended 9/30/2022 | | | | | | | | | | | | | | | |
|--|-----------------------|------------------------------------|------------------|----------------------|-----------------|------------------------------------|------|----------------------|-------|--------|--------|-----------|--|--------|--------|--|--|--|--|--|--|
| | | Period 10/1 Thru 6/30 | | Period 7/1 Thru 9/30 | | Period 10/1 Thru 6/30 | | Period 7/1 Thru 9/30 | | | | | | | | | | | | | |
| | | Total All Levels | Total CCNH Level | Total RHNS Level | Total (Specify) | Total | CCNH | RHNS | Total | CCNH | RHNS | (Specify) | | | | | | | | | |
| 1. Certified Bed Capacity | | | | | | | | | | | | | | | | | | | | | |
| A. On last day of PREVIOUS report period | | 160 | 160 | | | 160 | 160 | | | 160 | 160 | | | 160 | 160 | | | | | | |
| B. On last day of THIS report period | | 160 | 160 | | | | | | | | | | | | | | | | | | |
| 2. Number of Residents | | | | | | | | | | | | | | | | | | | | | |
| A. As of midnight of PREVIOUS report period | | 129 | 129 | | | | | | | 129 | 129 | | | | | | | | | | |
| B. As of midnight of THIS report period | | 145 | 145 | | | | | | | | | | | 145 | 145 | | | | | | |
| 3. Total Number of Days Care Provided During Period | | | | | | | | | | | | | | | | | | | | | |
| A. Medicare | | 5,622 | 5,622 | | | | | | | 3,946 | 3,946 | | | 1,676 | 1,676 | | | | | | |
| B. Medicaid (Conn.) | | 36,345 | 36,345 | | | | | | | 26,669 | 26,669 | | | 9,676 | 9,676 | | | | | | |
| C. Medicaid (other states) | | | | | | | | | | | | | | | | | | | | | |
| D. Private Pay | | 3,299 | 3,299 | | | | | | | | | | | 724 | 724 | | | | | | |
| E. State SSI for RCH | | | | | | | | | | | | | | | | | | | | | |
| F. Other (Specify) Managed Care / Hospice | | 5,728 | 5,728 | | | | | | | 4,257 | 4,257 | | | 1,471 | 1,471 | | | | | | |
| G. Total Care Days During Period (3A thru F) | | 50,994 | 50,994 | | | | | | | 37,447 | 37,447 | | | 13,547 | 13,547 | | | | | | |
| Total Number of Days Not Included in Figures in | | | | | | | | | | | | | | | | | | | | | |
| 4. 3G for Which Revenue Was Received for Reserved Beds | | | | | | | | | | | | | | | | | | | | | |
| A. Medicaid Bed Reserve Days | | 16 | 16 | | | | | | | 1 | 1 | | | 15 | 15 | | | | | | |
| B. Other Bed Reserve Days | | 29 | 29 | | | | | | | 25 | 25 | | | 4 | 4 | | | | | | |
| 5. Total Resident Days (3G + 4A + 4B) | | 51,039 | 51,039 | | | | | | | 37,473 | 37,473 | | | 13,566 | 13,566 | | | | | | |

Schedule of Resident Statistics (Cont'd)

| | | | | |
|---|-----------------------|------------------------------------|-----------|----------|
| Name of Facility Cambridge Manor of Fairfield, LLC | License No. 2048-C | Report for Year Ended 9/30/2022 | Page 9 | of 37 |
|---|-----------------------|------------------------------------|-----------|----------|

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 (1) | RHNS (2) | (Specify) (3) | Lost | | | Gained | | | CCNH | RHNS | (Specify) | |
| | | | | (1) | (2) | (3) | (1) | (2) | (3) | | | | |
| N/A | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

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

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

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

| Item | Medicare | Medicaid | | Self-Pay | | | Other State Assisted | |
|---------------------------|----------|----------|------|----------|------|-----------|----------------------|--------|
| | CCNH | CCNH | RHNS | CCNH | RHNS | (Specify) | R.C.H. | ICF-MR |
| No. of Residents | 17 | 93 | | 35 | | | | |
| Per Diem Rate | | | | | | | | |
| a. One bed rm. | Various | 333.66 | | 570.00 | | | | |
| b. Two bed rms. | Various | 333.66 | | 555.00 | | | | |
| c. Three or more bed rms. | | | | | | | | |

7. Total Number of Physical Therapy Treatments

| | TOTAL | CCNH | RHNS | (Specify) |
|--|---------------|---------------|------|-----------|
| A. Medicare - Part B | 738 | 738 | | |
| B. Medicaid (Exclusive of Part B) | | | | |
| 1. Maintenance Treatments | | | | |
| 2. Restorative Treatments | | | | |
| C. Other | 15,791 | 15,791 | | |
| D. Total Physical Therapy Treatments | 16,529 | 16,529 | | |
| 8. Total Number of Speech Therapy Treatments | | | | |
| A. Medicare - Part B | 249 | 249 | | |
| B. Medicaid (Exclusive of Part B) | | | | |
| 1. Maintenance Treatments | | | | |
| 2. Restorative Treatments | | | | |
| C. Other | 1,896 | 1,896 | | |
| D. Total Speech Therapy Treatments | 2,145 | 2,145 | | |
| 9. Total Number of Occupational Therapy Treatments | | | | |
| A. Medicare - Part B | 852 | 852 | | |
| B. Medicaid (Exclusive of Part B) | | | | |
| 1. Maintenance Treatments | | | | |
| 2. Restorative Treatments | | | | |
| C. Other | 16,632 | 16,632 | | |
| D. Total Occupational Therapy Treatments | 17,484 | 17,484 | | |

Report of Expenditures - Salaries & Wages

| Name of Facility | License No. | Report for Year Ended | Page | of | | |
|--|-------------|-----------------------|------|-------|-----------|-------|
| Cambridge Manor of Fairfield, LLC | 2048-C | 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) | Hours |
| A. Salaries and Wages* | | | | | | |
| 1. Operators/Owners (Complete also Sec. I of Schedule A1) | 16,721 | 55 | | | | |
| 2. Administrator(s) (Complete also Sec. III of Schedule A1) | 166,198 | 2,080 | | | | |
| 3. Assistant Administrator (Complete also Sec. IV of Schedule A1) | 45,265 | 1,296 | | | | |
| 4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.) | 294,700 | 11,136 | | | | |
| 5. Dietary Service | | | | | | |
| a. Head Dietitian | 70,374 | 1,745 | | | | |
| b. Food Service Supervisor | 112,055 | 3,511 | | | | |
| c. Dietary Workers | 476,325 | 24,137 | | | | |
| 6. Housekeeping Service | | | | | | |
| a. Head Housekeeper | 72,851 | 2,040 | | | | |
| b. Other Housekeeping Workers | 457,780 | 24,117 | | | | |
| 7. Repairs & Maintenance Services | | | | | | |
| a. Engineer or Chief of Maintenance | 84,848 | 2,142 | | | | |
| b. Other Maintenance Workers | 52,726 | 2,280 | | | | |
| 8. Laundry Service | | | | | | |
| a. Supervisor | | | | | | |
| b. Other Laundry Workers | 132,615 | 7,471 | | | | |
| 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 | 210,294 | 2,992 | | | | |
| b. RN | | | | | | |
| 1. Direct Care | 706,350 | 15,683 | | | | |
| 2. Administrative** | 347,702 | 6,400 | | | | |
| c. LPN | | | | | | |
| 1. Direct Care | 1,606,822 | 41,752 | | | | |
| 2. Administrative** | 101,840 | 2,438 | | | | |
| d. Aides and Attendants | 3,064,377 | 144,442 | | | | |
| e. Physical Therapists | | | | | | |
| f. Speech Therapists | | | | | | |
| g. Occupational Therapists | | | | | | |
| h. Recreation Workers | 147,420 | 6,093 | | | | |
| 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 | 217,225 | 6,951 | | | | |
| n. Marketing | 87,920 | 2,080 | | | | |
| o. Other (Specify) | | | | | | |
| See Attached Schedule | 191,204 | 4,337 | | | | |
| <i>A-13. Total Salary Expenditures</i> | 8,663,612 | 315,178 | | | | |

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

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

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

Schedule of Other Salaries and Wages (Page 10)

| Position | CCNH | | RHNS | | (Specify) | |
|--|-------------------|--------------|-------------|----------|-------------|----------|
| | \$ | Hours | \$ | Hours | \$ | Hours |
| | - | | | | | |
| Admissions (\$36,835 Disallowed Relating to Marketing) | \$ 184,176 | 4,160 | | | | |
| Respiratory Therapy (Disallowed on Pg 28a) | 7,028 | 177 | | | | |
| | | | | | | |
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| | | | | | | |
| Total | \$ 191,204 | 4,337 | \$ - | - | \$ - | - |

Schedule of Other Fees (Page 13)

| Service | CCNH | | RHNS | | (Specify) | |
|---|-------------------|------------|-------------|----------|-------------|----------|
| | \$ | Hours | \$ | Hours | \$ | Hours |
| | - | | | | | |
| Physician Services (Disallowed on Pg 28a) | \$ 55,000 | 104 | | | | |
| Consulting Rehab (Disallowed on Pg 28a) | 25 | 1 | | | | |
| Respiratory Therapy (Disallowed on Pg 28a) | 55 | 1 | | | | |
| IV Nursing Consultant / Nursing Consultant (Disallowed on Pg 28a) | 63,938 | 703 | | | | |
| | | | | | | |
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| | | | | | | |
| Total | \$ 119,018 | 809 | \$ - | - | \$ - | - |

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

| Name of Facility Cambridge Manor of Fairfield, LLC | License No. 2048-C | Report for Year Ended 9/30/2022 | | Page 11 | of 37 |
|---|-----------------------|------------------------------------|----------------|------------|----------|
| | | CCNH | RHNS (Specify) | | |
| Section I - Operators/Owners | | | | | |
| Marvin J Ostreicher | 16,721 | | | | |
| | | | | | |
| | | | | | |
| 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). | | | | | |
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* 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.

| | TOTAL | BEDS | AllocatedBenefits | Total w/ Bnft |
|------------------|----------------|--------------|--------------------------|----------------------|
| Augusta | 38.75 | 72 | 5.41 | 44.16 |
| Belair | 45.50 | 102 | 7.67 | 53.17 |
| Bethel | 37.25 | 161 | 12.10 | 49.35 |
| Bloomfield | 54.75 | 120 | 9.02 | 63.77 |
| Brattleboro | 38.75 | 80 | 6.01 | 44.76 |
| Brentwood | 40.75 | 78 | 5.86 | 46.61 |
| Brewer | 39.75 | 111 | 8.34 | 48.09 |
| Bristol | 37.75 | 132 | 9.92 | 47.67 |
| Cambridge | 42.75 | 160 | 12.03 | 54.78 |
| Catskill | 37.75 | 136 | 10.22 | 47.97 |
| Colony | 47.75 | 92 | 6.92 | 54.67 |
| Country | 51.75 | 111 | 8.34 | 60.09 |
| Dover | 47.50 | 112 | 8.42 | 55.92 |
| Eastside | 44.50 | 69 | 5.19 | 49.69 |
| Eliot | 47.00 | 114 | 8.57 | 55.57 |
| Glen Falls | 38.00 | 120 | 9.02 | 47.02 |
| Hebrew Home | 63.75 | 257 | 19.32 | 83.07 |
| Huntington | 40.50 | 320 | 24.05 | 64.55 |
| Kennebunk | 46.25 | 78 | 5.86 | 52.11 |
| Ludlowe | 37.00 | 144 | 10.82 | 47.82 |
| Maple View | 56.75 | 120 | 9.02 | 65.77 |
| Marlborough | 40.25 | 120 | 9.02 | 49.27 |
| Maywood | 42.00 | 120 | 9.02 | 51.02 |
| Milford | 42.50 | 120 | 9.02 | 51.52 |
| Newton Wellseley | 49.75 | 110 | 8.27 | 58.02 |
| Norway | 41.75 | 70 | 5.26 | 47.01 |
| Poughkeepsie | 42.00 | 200 | 15.03 | 57.03 |
| Regency | 43.50 | 130 | 9.77 | 53.27 |
| Reservoir | 45.75 | 144 | 10.82 | 56.57 |
| Riverside | 61.75 | 345 | 25.93 | 87.68 |
| Rutland | 41.50 | 125 | 9.40 | 50.90 |
| Sachem | 50.00 | 111 | 8.34 | 58.34 |
| Sands Point | 48.50 | 180 | 13.53 | 62.03 |
| Utica | 45.75 | 117 | 8.79 | 54.54 |
| Village Crest | 42.00 | 95 | 7.14 | 49.14 |
| Water's Edge | 42.50 | 150 | 11.28 | 53.78 |
| Westgate | 44.50 | 104 | 7.82 | 52.32 |
| Winship | 45.75 | 72 | 5.41 | 51.16 |
| Vacation | 328.00 | | | |
| Sick | 0.00 | | | |
| Personal | 0.00 | | | |
| Holiday | 48.00 | | | |
| Total | 2080.25 | 5,002 | 376 | 2,080.25 |

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

| Name of Facility (as licensed) Cambridge Manor of Fairfield, LLC | | License No. 2048-C | | 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*** | | | | | | | | | |
| Anna Durkovic | 166,198 | | Non Discriminatory | Administrator | 2,080 | A2 | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Section IV - Assistant Administrators | | | | | | | | | |
| Krista Romano (12/14/21-8/7/22) | 45,265 | | Non Discriminatory | Assistant Administrator | 1,296 | A3 | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

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

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

B. Report of Expenditures - Professional Fees

| Name of Facility | License No. | Report for Year Ended | Page | of | | |
|---|------------------|-----------------------|------|-------|-----------|-------|
| Cambridge Manor of Fairfield, LLC | 2048-C | 9/30/2022 | 13 | 37 | | |
| Total Cost and Hours | | | | | | |
| Item | CCNH | Hours | RHNS | Hours | (Specify) | Hours |
| *B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1) | | | | | | |
| 1. Dietitian | | | | | | |
| 2. Dentist | 9,541 | 64 | | | | |
| 3. Pharmacist | 18,102 | 181 | | | | |
| 4. Podiatrist | | | | | | |
| 5. Physical Therapy | | | | | | |
| a. Resident Care | 389,595 | 6,375 | | | | |
| b. Other | | | | | | |
| 6. Social Worker | | | | | | |
| 7. Recreation Worker | | | | | | |
| 8. Physicians | | | | | | |
| a. Medical Director (entire facility) | 38,400 | 67 | | | | |
| 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 | 130,910 | 1,995 | | | | |
| b. Other | | | | | | |
| 10. Occupational Therapist | | | | | | |
| a. Resident Care | 405,257 | 9,362 | | | | |
| b. Other | | | | | | |
| 11. Nurses and aides and attendants | | | | | | |
| a. RN | | | | | | |
| 1. Direct Care | 193,455 | 2,265 | | | | |
| 2. Administrative*** | | | | | | |
| b. LPN | | | | | | |
| 1. Direct Care | 281,381 | 5,314 | | | | |
| 2. Administrative*** | | | | | | |
| c. Aides | 28,779 | 1,055 | | | | |
| d. Other | | | | | | |
| 12. Other (Specify) | | | | | | |
| See Attached Schedule | 119,018 | 809 | | | | |
| B-13 Total Fees Paid in Lieu of Salaries | 1,614,438 | 27,487 | | | | |

* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

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

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

Report of Expenditures
Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis*

| Name of Facility Cambridge Manor of Fairfield, LLC | | License No. 2048-C | Report for Year Ended 9/30/2022 | Page 14 | of 37 |
|--|------------------------------------|--|------------------------------------|-----------------------------|----------|
| Name & Address of Individual | Full Explanation of Service | Related** to Owners, Operators, Officers | | Explanation of Relationship | |
| | | Yes | No | | |
| Gerident Solutions, P.O. Box 290539, Wethersfield, CT 06129 | Dentist | <input type="radio"/> | <input checked="" type="radio"/> | N/A | |
| Procure LTC of CT, 111 Executive Blvd, Farmingdale, NY 11735 | Pharmacist / IV Nursing Consultant | <input checked="" type="radio"/> | <input type="radio"/> | Common Ownership | |
| Preferred Thearpy-809 Main St., E.Hartford,CT, 06108 | PT, OT, ST / Consulting Rehab | <input checked="" type="radio"/> | <input type="radio"/> | Common Ownership | |
| TRISTINE EDWARD M. 38 Block Farm Road Monroe CT 06468 | Medical Director | <input type="radio"/> | <input checked="" type="radio"/> | N/A | |
| Goldfarb, George MD 1305 Post Road, STE 102 Fairfield CT 06824 | Physician Services | <input type="radio"/> | <input checked="" type="radio"/> | N/A | |
| DOCS MEDICAL INC 521 BOSTON POST RD ORANGE CT 06477 | Physician Services | <input type="radio"/> | <input checked="" type="radio"/> | N/A | |
| MASSTEX IMAGING 3 ELECTRONICS AVE DANVERS MA 01923 | ST | <input type="radio"/> | <input checked="" type="radio"/> | N/A | |
| SDX 21 WATERVILLE RD AVON, CT 06001 | ST | <input type="radio"/> | <input checked="" type="radio"/> | N/A | |
| PREFERRED PROFESSIONAL SERVICES 850 Silas Deane Hwy Wethersfield, CT 06109 | Contract RNs / LPNs / CNAs | <input checked="" type="radio"/> | <input type="radio"/> | Common Ownership | |
| AAA Nursing Care 3303 Main St, Stratford, CT 06614 | Contract RNs / LPNs / CNAs | <input type="radio"/> | <input checked="" type="radio"/> | N/A | |
| INTELYCARE INC PO BOX 200413 PITTSBURGH PA 15262 | Contract RNs / LPNs / CNAs | <input type="radio"/> | <input checked="" type="radio"/> | N/A | |
| JP AMERICAN STAFFING & HEALTH SERVICES LLC 1825 BARNUM AVE | Contract RNs / LPNs / CNAs | <input type="radio"/> | <input checked="" type="radio"/> | N/A | |
| The Reservoir Center for Health & Rehabilitation 400 Bolton Street Marlborough, MA | Contract LPNs / Nursing Consultant | <input checked="" type="radio"/> | <input type="radio"/> | Common Ownership | |
| MAS MEDICAL STAFFING PO BOX 4473 HOUSTON TX 77210 | Contract LPNs / CNAs | <input type="radio"/> | <input checked="" type="radio"/> | N/A | |
| Five Star Care | Contract CNAs | <input checked="" type="radio"/> | <input type="radio"/> | N/A | |
| Regency House of Wallingford, Inc. 181 East Main Street, Wallingford CT, 06492 | Nursing Consultants | <input checked="" type="radio"/> | <input type="radio"/> | Common Ownership | |
| ACUTE CARE GASES 23 NUTMEG VALLEY RD WOLCOTT CT 06716 | Respiratory Therapist | <input type="radio"/> | <input checked="" type="radio"/> | N/A | |
| | | <input checked="" type="radio"/> | <input type="radio"/> | | |
| | | <input type="radio"/> | <input checked="" type="radio"/> | | |
| | | <input type="radio"/> | <input checked="" type="radio"/> | | |
| | | <input type="radio"/> | <input checked="" type="radio"/> | | |
| | | <input type="radio"/> | <input checked="" type="radio"/> | | |

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

C. Expenditures Other Than Salaries - Administrative and General

| Name of Facility | License No. | Report for Year Ended | | Page | of |
|--|--------------|-----------------------|------|-----------|----|
| Cambridge Manor of Fairfield, LLC | 2048-C | 9/30/2022 | | 15 | 37 |
| Item | Total | CCNH | RHNS | (Specify) | |
| 1. Administrative and General | | | | | |
| a. Employee Health & Welfare Benefits | | | | | |
| 1. Workmen's Compensation | \$ 488,806 | 488,806 | | | |
| 2. Disability Insurance | \$ | | | | |
| 3. Unemployment Insurance | \$ 75,522 | 75,522 | | | |
| 4. Social Security (F.I.C.A.) | \$ 651,882 | 651,882 | | | |
| 5. Health Insurance | \$ 869,146 | 869,146 | | | |
| 6. Life Insurance (employees only) (not-owners and not-operators) | \$ | | | | |
| 7. Pensions (Non-Discriminatory) (not-owners and not-operators) | \$ 307,934 | 307,934 | | | |
| 8. Uniform Allowance | \$ | | | | |
| 9. Other (<i>Specify</i>) See Attached Schedule | \$ 6,484 | 6,484 | | | |
| b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* | \$ | | | | |
| c. Bad Debts* | \$ 794,635 | 794,635 | | | |
| d. Accounting and Auditing | \$ 48,185 | 48,185 | | | |
| e. Legal (<i>Services should be fully described on Page 7</i>) | \$ 82,121 | 82,121 | | | |
| f. Insurance on Lives of Owners and Operators (<i>Specify</i>)* | \$ | | | | |
| g. Office Supplies | \$ 36,822 | 36,822 | | | |
| h. Telephone and Cellular Phones | | | | | |
| 1. Telephone & Pagers | \$ 34,594 | 34,594 | | | |
| 2. Cellular Phones | \$ 2,943 | 2,943 | | | |
| i. Appraisal (<i>Specify purpose and attach copy</i>)* | \$ | | | | |
| j. Corporation Business Taxes (<i>franchise tax</i>) | \$ 89,170 | 89,170 | | | |
| k. Other Taxes (<i>Not related to property - See Page 22</i>) | | | | | |
| 1. Income* | \$ | | | | |
| 2. Other (<i>Specify</i>) See Attached Schedule | \$ | | | | |
| 3. Resident Day User Fee | \$ 841,345 | 841,345 | | | |
| Subtotal | \$ 4,329,589 | 4,329,589 | | | |

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

| Description | CCNH | RHNS | (Specify) |
|-------------------|-----------------|-------------|-------------|
| | - | | |
| Background Checks | \$ 6,484 | | |
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| | | | |
| Total | \$ 6,484 | \$ - | \$ - |

Schedule of Other Taxes

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

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

| Name of Facility | License No. | Report for Year Ended | | Page | of |
|---|--------------|-----------------------|------|-----------|----|
| Cambridge Manor of Fairfield, LLC | 2048-C | 9/30/2022 | | 16 | 37 |
| Item | Total | CCNH | RHNS | (Specify) | |
| Subtotals Brought Forward: | 4,329,589 | 4,329,589 | | | |
| l. Travel and Entertainment | | | | | |
| 1. Resident Travel and Entertainment | \$ | | | | |
| 2. Holiday Parties for Staff | \$ 209 | 209 | | | |
| 3. Gifts to Staff and Residents | \$ 23,301 | 23,301 | | | |
| 4. Employee Travel | \$ 5,297 | 5,297 | | | |
| 5. Education Expenses Related to Seminars and Conventions | \$ 9,340 | 9,340 | | | |
| 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>) | \$ 1,200 | 1,200 | | | |
| 2. Advertising Telephone Directory (<i>all such expenses</i>)*** | \$ | | | | |
| 3. Advertising Other (<i>Specify</i>)*** See Attached Schedule | \$ 14,381 | 14,381 | | | |
| 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 | \$ 2,233 | 2,233 | | | |
| * 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule | \$ 11,233 | 11,233 | | | |
| 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** | \$ 1,476 | 1,476 | | | |
| 9. Subscriptions | \$ 7,956 | 7,956 | | | |
| 10. Contributions*** See Attached Schedule | \$ 1,250 | 1,250 | | | |
| 11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>) | \$ 199,006 | 199,006 | | | |
| 12. Administrative Management Services** | \$ 803,236 | 803,236 | | | |
| 13. Other (<i>Specify</i>) See Attached Schedule | \$ 29,419 | 29,419 | | | |
| C-14 Total Administrative & General Expenditures | \$ 5,439,126 | 5,439,126 | | | |

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

| Description | CCNH | RHNS | (Specify) |
|---|-----------|------|-----------|
| | - | | |
| Promotional Advertising (Disallowed on Pg 28) | \$ 14,381 | | |
| Total Other Advertising | \$ 14,381 | \$ - | \$ - |

Schedule of Dues

| Description | CCNH | RHNS | (Specify) |
|-------------------|-----------|------|-----------|
| | - | | |
| ALTCFM Dues | \$ 85 | | |
| CAHCF Dues | 11,148 | | |
| | | | |
| | | | |
| | | | |
| Total Dues | \$ 11,233 | \$ - | \$ - |

Schedule of Contributions

| Description | CCNH | RHNS | (Specify) |
|---|----------|------|-----------|
| | - | | |
| Political Contributions (Disallowed on Pg 28) | \$ 1,250 | | |
| Total Contributions | \$ 1,250 | \$ - | \$ - |

Schedule of Other Administrative and General

| Description | CCNH | RHNS | (Specify) |
|---|-----------|------|-----------|
| | - | | |
| Licenses and Permits-Cambridge-Administration | \$ 4,294 | | |
| Penalties-Cambridge-Administration (Disallowed on Pg 28a) | 900 | | |
| Bank Charges-Cambridge-Administration | 22,275 | | |
| Misc. Expense-Cambridge-Administration (Disallowed on Pg 28a) | 1,950 | | |
| | | | |
| | | | |
| Total Other Administrative and General | \$ 29,419 | \$ - | \$ - |

Schedule C-1 - Management Services*

| Name of Facility Cambridge Manor of Fairfield, LLC | License No. 2048-C | Report for Year Ended 9/30/2022 | Page of 17 37 |
|---|----------------------------|--|--|
| Name & Address of Individual or Company Supplying Service | Cost of Management Service | Full Description of Mgmt. Service Provided | Indicate Where Costs are Included in Annual Report Page #/Line # |
| National Healthcare Associates, Inc. | 803,236 | Shared Expenses | Page 16, Line 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 |
|--|-------------------|-----------------------|------|-----------|
| Cambridge Manor of Fairfield, LLC | 2048-C | 9/30/2022 | 18 | 37 |
| Item | Total | CCNH | RHNS | (Specify) |
| 2. Dietary | | | | |
| a. In-House Preparation & Service | | | | |
| 1. Raw Food | \$ 513,392 | 513,392 | | |
| 2. Non-Food Supplies | \$ 44,409 | 44,409 | | |
| 3. Other (Specify) _____ | \$ | | | |
| b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) | \$ 22,816 | 22,816 | | |
| c. Other (Specify) _____ Dietary Equipment Rental | \$ 3,230 | 3,230 | | |
| 2D. Total Dietary Expenditures (2a + b + c + d) | \$ 583,847 | 583,847 | | |
| 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 Cambridge Manor of Fairfield, LLC | | License No. 2048-C | 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. \$ | 12,888 | 12,888 | |
| 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 (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) | | \$ | | | |
| c. Other (Specify) Supplies / Diapers | | \$ | 84,435 | 84,435 | |
| 3D. Total Laundry Expenditures (3a + b + c) | | \$ | 97,323 | 97,323 | |
| 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 | | License No. | Report for Year Ended | | Page | of |
|--|----------------------------------|--------------|-----------------------|------|-----------|----|
| Cambridge Manor of Fairfield, LLC | | 2048-C | 9/30/2022 | | 20 | 37 |
| Item | | Total | CCNH | RHNS | (Specify) | |
| 4. Housekeeping | Sq. Ft. Serviced by Personnel | | | | | |
| a. In-House Care | | | | | | |
| 1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>) | Amt. \$ | 57,892 | 57,892 | | | |
| b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>) | Sq. Ft. Serviced by Personnel | | | | | |
| | Amt. \$ | | | | | |
| C. Other (<i>Specify</i>) | | \$ | | | | |
| 4D. Total Housekeeping Expenditures (4a + b + c) | | \$ 57,892 | 57,892 | | | |
| 5. Resident Care (Supplies)** | | | | | | |
| a. Prescription Drugs*** | | | | | | |
| 1. Own Pharmacy | \$ | 540,822 | 540,822 | | | |
| 2. Purchased from | \$ | | | | | |
| b. Medicine Cabinet Drugs | \$ | 29,702 | 29,702 | | | |
| c. Medical and Therapeutic Supplies | \$ | 205,416 | 205,416 | | | |
| d. Ambulance/Limousine*** | \$ | 4,316 | 4,316 | | | |
| e. Oxygen | | | | | | |
| 1. For Emergency Use | \$ | | | | | |
| 2. Other*** | \$ | 8,753 | 8,753 | | | |
| f. X-rays and Related Radiological Procedures*** | \$ | 42,767 | 42,767 | | | |
| g. Dental (<i>Not dentists who should be included under salaries or fees</i>) | \$ | | | | | |
| h. Laboratory*** | \$ | 81,701 | 81,701 | | | |
| i. Recreation | \$ | 42,503 | 42,503 | | | |
| j. Direct Management Services* | \$ | | | | | |
| k. Indirect Management Services* | \$ | | | | | |
| l. Other (Specify)**** See Attached Schedule | \$ | 93,597 | 93,597 | | | |
| 5M. Total Resident Care Expenditures (5a - 5j) | | \$ 1,049,577 | 1,049,577 | | | |

* 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) |
|--|------------------|-------------|-------------|
| | - | | |
| IV Thy Supplies-Cambridge-Rehab Tpy and Ancllry (Disallowed on Pg 29a) | \$ 12,994 | | |
| Minor Equip-Cambridge-Nursing (\$6,322 Disallowed on Pg 29a) | 8,507 | | |
| Purch Services-Cambridge-Nursing | 5,548 | | |
| Equip Rental-Cambridge-Nursing (Disallowed on Pg 29a) | 23,649 | | |
| Equip Rental-Cambridge-Rehab Tpy and Ancllry (Disallowed on Pg 29a) | 15,005 | | |
| Equip Rental-Cambridge-Respiratory (Disallowed on Pg 29a) | 27,894 | | |
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| | | | |
| Total Other Resident Care | \$ 93,597 | \$ - | \$ - |

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

| Name of Facility Cambridge Manor of Fairfield, LLC | | License No. 2048-C | Report for Year Ended 9/30/2022 | Page of 21 37 | | | | | |
|---|---|--|------------------------------------|--|--------|------|-----------|----|--------|
| Name of Individual or Company | Address | Related ** to Owners, Operators, Officers | | Full Explanation of Service Provided* | CCNH | RHNS | (Specify) | Pg | Line |
| | | Yes | No | | | | | | |
| ADM Environmental Group | 1370 Coney Island Ave. Brooklyn, NY 11230 | O | ⊙ | N/A | 44,679 | | | | 22 6f |
| ADP | P.O. Box 842875, Boston, MA 02284 | O | ⊙ | N/A | 17,792 | | | | 16 m11 |
| MANHATTAN TECH SUPPORT | 55 W 39TH ST, NEW YORK, NY 10018 | O | ⊙ | N/A | 51,261 | | | | 16 m11 |
| Smartlinx | 333 Thornhall St. 4th Floor Edison, NJ 08837 | O | ⊙ | N/A | 12,449 | | | | 16 m11 |
| Iron Mountain | PO Box 27128 New York NY 10087 | O | ⊙ | N/A | 31,370 | | | | 16 m11 |
| SMART CARE | P.O. Box 74008980 Chicago, IL 60674-8980 | O | ⊙ | N/A | 20,582 | | | | 18 2b |
| Agnello Landscaping | P.O. Box 320295 Fairfield, CT 06825 | O | ⊙ | N/A | 14,159 | | | | 22 6f |
| Milford Quality Landscaping | PO Box 329, Milford CT 06460 | O | ⊙ | N/A | 25,998 | | | | 22 6f |
| Schindler Elevator | 850 Brook St, Rocky Hill, CT 06067 | O | ⊙ | N/A | 23,956 | | | | 22 6f |
| EMCORE SERVICES | 30 Lindeman Drive Trumbull, CT 06611 | O | ⊙ | N/A | 22,481 | | | | 22 6f |
| | | O | ⊙ | | | | | | |
| | | O | ⊙ | | | | | | |
| | | O | ⊙ | | | | | | |
| | | O | ⊙ | | | | | | |

* 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 |
|--|--------------|-----------------------|------|-----------|------|----|
| Cambridge Manor of Fairfield, LLC | 2048-C | 9/30/2022 | | | 22 | 37 |
| Item | Total | CCNH | RHNS | (Specify) | | |
| 6. Maintenance & Operation of Plant | | | | | | |
| a. Repairs & Maintenance | \$ | | | | | |
| b. Heat | \$ 56,132 | 56,132 | | | | |
| c. Light & Power | \$ 124,898 | 124,898 | | | | |
| d. Water | \$ 77,431 | 77,431 | | | | |
| e. Equipment Lease (<i>Provide detail on page 6</i>) | \$ 64,538 | 64,538 | | | | |
| f. Other (<i>itemize</i>) | \$ 205,397 | 205,397 | | | | |
| See Attached Schedule | | | | | | |
| 6g. Total Maint. & Operating Expense (6a - 6f) | \$ 528,396 | 528,396 | | | | |
| 7. Depreciation (<i>complete schedule page 23*</i>) | | | | | | |
| a. Land Improvements | \$ | | | | | |
| b. Building & Building Improvements | \$ 326,554 | 326,554 | | | | |
| c. Non-Movable Equipment | \$ | | | | | |
| d. Movable Equipment | \$ 122,171 | 122,171 | | | | |
| *7e. Total Depreciation Costs (7a + b + c + d) | \$ 448,725 | 448,725 | | | | |
| 8. Amortization (<i>Complete att. Schedule Page 24*</i>) | | | | | | |
| a. Organization Expense | \$ | | | | | |
| b. Mortgage Expense | \$ | | | | | |
| c. Leasehold Improvements | \$ 60,666 | 60,666 | | | | |
| d. Other (<i>Specify</i>) | \$ | | | | | |
| *8e. Total Amortization Costs (8a + b + c + d) | \$ 60,666 | 60,666 | | | | |
| 9. Rental payments on leased real property less real estate taxes included in item 10b | \$ 1,200,000 | 1,200,000 | | | | |
| 10. Property Taxes | | | | | | |
| a. Real estate taxes paid by owner | \$ | | | | | |
| b. Real estate taxes paid by lessor | \$ 117,845 | 117,845 | | | | |
| c. Personal property taxes | \$ 18,517 | 18,517 | | | | |
| 11. Total Property Expenses (7e + 8e + 9 + 10) | \$ 1,845,753 | 1,845,753 | | | | |

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

Schedule of Other Repairs and Maintenance

| Description | CCNH | RHNS | (Specify) |
|--|-------------------|-------------|-------------|
| | - | | |
| Supplies-Cambridge-Maintenance | \$ 33,249 | | |
| Minor Equip-Cambridge-Maintenance | 83 | | |
| Purch Services-Cambridge-Maintenance | 84,910 | | |
| Ground Services-Cambridge-Maintenance | 40,157 | | |
| Pest Control-Cambrdg-Maintenance | 1,643 | | |
| Carting-Cambridge-Maintenance | 45,355 | | |
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| | | | |
| Total Other Repairs and Maintenance | \$ 205,397 | \$ - | \$ - |

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3
 **Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

| Acquisition Date | Description of Item | Cost | Useful Life | Depreciation |
|---|---------------------|------|-------------|--------------|
| Additions: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total additions for Building Improvement | | \$ - | | \$ - |
| Deletions: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total deletions for Building Improvement | | \$ - | | \$ - |

*Ties to Page 23, Line B3
 **Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3
 **Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

| Acquisition Date | Description of Item | Pick One | Cost | Useful Life | Depreciation |
|---|--------------------------------|-------------------|------------------|-------------|------------------|
| | | Movable Category | | | |
| Additions: | | | | | |
| 10/6/2021 | Dell Desktops x 2 | Administrative | \$ 2,372 | 3 | \$ 791 |
| 10/29/2021 | Life, Reliant 450 Power Low Ba | Standard Resident | 2,207 | 10 | 221 |
| 11/5/2021 | Dell Latitude Laptop | Administrative | 1,266 | 3 | 422 |
| 11/15/2021 | Desktop Face Recognition Temp | Administrative | 1,295 | 3 | 432 |
| 11/18/2021 | Dell Latitude Laptop | Administrative | 1,710 | 3 | 570 |
| 1/6/2022 | Convection Steamer, Contertop | Administrative | 9,811 | 10 | 981 |
| 1/14/2022 | LG 32 HDTV TV" | Administrative | 1,149 | 5 | 230 |
| 1/17/2022 | AC Voltage General Motor | Administrative | 1,728 | 3 | 576 |
| 1/28/2022 | Carpet Extactor & Vacuum | Administrative | 5,658 | 8 | 707 |
| 2/2/2022 | Wheelchairs | Standard Resident | 1,189 | 5 | 238 |
| 3/8/2022 | Blood Pressure Monitor | Standard Resident | 2,102 | 8 | 263 |
| 4/7/2022 | Dell Optiplex Desktop | Administrative | 1,312 | 3 | 437 |
| 4/19/2022 | Dell Latitude Laptop | Administrative | 1,732 | 3 | 577 |
| 4/21/2022 | LG 32" HDTV With Pro Audio | Administrative | 1,034 | 5 | 207 |
| 5/11/2022 | Power Lift Recliner | Standard Resident | 1,186 | 10 | 119 |
| 5/13/2022 | Dell Latitude Laptop | Administrative | 1,190 | 3 | 397 |
| 5/20/2022 | Dell Optiplex Desktop | Administrative | 1,326 | 3 | 442 |
| 5/20/2022 | Dell Optiplex Desktop/Monitor | Administrative | 1,326 | 3 | 442 |
| 6/8/2022 | Dell Latitude Laptop | Administrative | 1,193 | 3 | 398 |
| 6/8/2022 | Dell Latitude Laptop | Administrative | 1,192 | 3 | 397 |
| 6/15/2022 | Floor Bed/ Assist Bar | Standard Resident | 2,558 | 10 | 256 |
| 6/15/2022 | Floor Bed/ Assist Bar | Standard Resident | 2,558 | 10 | 256 |
| 6/30/2022 | BED FRAME | Standard Resident | 1,212 | 10 | 121 |
| 7/27/2022 | LG 32" Healthcare Pro HDTV | Administrative | 1,040 | 5 | 208 |
| 8/2/2022 | Dell Latitude Laptop | Administrative | 1,190 | 3 | 397 |
| 8/31/2022 | Signa Pressure Pump /Mattress | Standard Resident | 1,482 | 5 | 296 |
| 9/1/2022 | LG 32 HDTV WITH PRO" | Administrative | 1,040 | 5 | 208 |
| Total additions for Movable Equipmen | | | \$ 53,058 | | \$ 10,589 |
| Deletions: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total deletions for Movable Equipmen | | | \$ - | | \$ - |

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

| Acquisition Date | Description of Item | Cost | Useful Life | Depreciation |
|---|------------------------------|------------------|-------------|-----------------|
| | | | | |
| 12/17/2021 | Installed Combustion Fan | \$ 3,019 | 10 | \$ 302 |
| 1/19/2022 | Glass & Mirror Installations | 1,320 | 10 | 132 |
| 1/24/2022 | Landscaping Improvement | 5,278 | 10 | 528 |
| 5/12/2022 | 4 Insulated Glass/Mirror | 1,320 | 3 | 440 |
| 5/27/2022 | 2 Prefinished Red Oak Doors | 3,084 | 15 | 206 |
| Total additions for Leasehold Improvemem | | \$ 14,021 | | \$ 1,608 |
| Deletions: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total deletions for Leasehold Improvemem | | \$ - | | \$ - |

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

| Name of Facility Cambridge Manor of Fairfield, LLC | License No. 2048-C | Report for Year Ended 9/30/2022 | | Page 24 | of 37 | | | | | | |
|---|-----------------------|------------------------------------|-----------------------------------|------------|-----------|------------------------|----------------------|--|------------------------------------|--------|----------------------------|
| | | Item | Date of Acquisition Month Year | | | Length of Amortization | Cost to Be Amortized | Accumulated Amort. to Beginning of Year's Operations | Basis for Computing Amortization** | Rate % | Amortization for This 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 | Various | 2,017,166 | 1,632,836 | S/L | Var | 59,058 | | |
| 2. Disposals (attach schedule) | | | | | | | | | | | |
| 3. Acquired during this report period (attach schedule) | | Var | Var | Various | 14,021 | | S/L | Var | 1,608 | | |
| C-4. Subtotal | | | | | | | | | | | 60,666 |
| D. Total Amortization | | | | | | | | | | | 60,666 |

* 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.

Cambridge Health & Rehab
FIXED ASSET / DEPRECIATION SCHEDULE

| Asset Type | Description | Date In Service | Method | Life | Historical Cost | 2020 A/D | 2021 Deprec. | 2021 A/D | 2022 Deprec. | 2022 A/D | NBV |
|-------------------------------------|--|-----------------|--------|---------|-----------------|------------------|---------------|------------------|---------------|------------------|----------------|
| LI | Prior Period Acquisitions (Per 9/30/18 CR) | Various | S/L | Various | 1,938,105 | 1,566,437 | 54,722 | 1,621,159 | 49,935 | 1,671,094 | 267,011 |
| 2019 Additions | | | | | | | | | | | |
| LI | Glass Installations 2nd floor | 3/31/2019 | S/L | 15 | 1,825 | 244 | 122 | 366 | 122 | 488 | 1,337 |
| LI | Water Purifying | 4/30/2019 | S/L | 10 | 4,024 | 804 | 402 | 1,206 | 402 | 1,608 | 2,416 |
| LI | Water Purifying | 4/30/2019 | S/L | 10 | 3,669 | 734 | 367 | 1,101 | 367 | 1,468 | 2,201 |
| LI | Precast Concrete Parking Curbs | 8/9/2019 | S/L | 15 | 2,391 | 318 | 159 | 477 | 159 | 636 | 1,755 |
| LI | Furnish & Install 6 units Glas | 9/30/2019 | S/L | 15 | 1,916 | 256 | 128 | 384 | 128 | 512 | 1,404 |
| 2020 Additions | | | | | | | | | | | |
| LI | Install New Bioler Fan | 12/30/2019 | S/L | 10 | 4,615 | 231 | 462 | 693 | 462 | 1,155 | 3,460 |
| LI | Replace Water Storage Tank | 2/29/2020 | S/L | 10 | 45,996 | 1,150 | 4,600 | 5,750 | 4,600 | 10,350 | 35,646 |
| LI | Expansion Storage Tank | 4/30/2020 | S/L | 10 | 4,585 | 29 | 459 | 488 | 459 | 947 | 3,638 |
| 2021 Additions | | | | | | | | | | | |
| LI | FAN3035 Combustion Fan Assembl | 3/29/2021 | S/L | 10 | 2,943 | - | 147 | 147 | 294 | 441 | 2,502 |
| LI | Replace EEV metering device & | 8/13/2021 | S/L | 3 | 2,381 | - | 397 | 397 | 794 | 1,191 | 1,190 |
| LI | Glass Installations | 9/20/2021 | S/L | 5 | 1,774 | - | 177 | 177 | 355 | 532 | 1,242 |
| LI | Replace condenser coil | 9/30/2021 | S/L | 3 | 2,943 | - | 491 | 491 | 981 | 1,472 | 1,472 |
| 2022 Additions | | | | | | | | | | | |
| LI | Installed Combustion Fan | 12/17/2021 | S/L | 10 | 3,019 | - | - | - | 302 | 302 | 2,717 |
| LI | Glass & Mirror Installations | 1/19/2022 | S/L | 10 | 1,320 | - | - | - | 132 | 132 | 1,188 |
| LI | Landscaping Improvement | 1/24/2022 | S/L | 10 | 5,278 | - | - | - | 528 | 528 | 4,750 |
| LI | 4 Insulated Glass/Mirror | 5/12/2022 | S/L | 3 | 1,320 | - | - | - | 440 | 440 | 880 |
| LI | 2 Prefinished Red Oak Doors | 5/27/2022 | S/L | 15 | 3,084 | - | - | - | 206 | 206 | 2,878 |
| TOTAL LEASEHOLD IMPROVEMENTS | | | | | | 1,570,203 | 62,633 | 1,632,836 | 60,666 | 1,693,502 | 337,686 |
| TOTAL LEASEHOLD IMPROVEMENTS | | | | | | 2,031,188 | | | | | |

**Cambridge Health & Rehab
FIXED ASSET / DEPRECIATION SCHEDULE**

| Asset Type | Description | Date In Service | Method | Life | Historical Cost | 2020 A/D | 2021 Deprec. | 2021 A/D | 2022 Deprec. | 2022 A/D | NBV |
|------------------------------------|--|-----------------|--------|---------|------------------|----------|------------------|------------------|----------------|------------------|------------------|
| Building Imp | Prior Period Acquisitions (Per 9/30/18 CR) | Various | S/L | Various | 8,168,076 | | 6,048,850 | 6,048,850 | 326,554 | 6,375,404 | 1,792,672 |
| TOTAL Building Improvements | | | | | 8,168,076 | - | 6,048,850 | 6,048,850 | 326,554 | 6,375,404 | 1,792,672 |

MOVABLE EQUIPMENT

| | | | | | | | | | | | |
|-----------------------|--|------------|-----|---------|-----------|-----------|---------|-----------|--------|-----------|---------|
| MME | Prior Period Acquisitions (Per 9/30/18 CR) | Various | S/L | Various | 1,838,809 | 1,243,723 | 120,458 | 1,364,181 | 81,862 | 1,446,043 | 392,766 |
| 2019 Additions | | | | | | | | | | | |
| MME | Monitor, Vital Spot OXII Temp | 10/31/2018 | S/L | 7 | 2,034 | 582 | 291 | 873 | 291 | 1,164 | 870 |
| MME | Commercial Blender/Mixer | 11/30/2018 | S/L | 10 | 3,025 | 606 | 303 | 909 | 303 | 1,212 | 1,813 |
| MME | Beverage Service Cart | 11/30/2018 | S/L | 10 | 850 | 170 | 85 | 255 | 85 | 340 | 510 |
| MME | Based, for Smart-Term STS-11 | 12/8/2018 | S/L | 5 | 2,264 | 906 | 453 | 1,359 | 453 | 1,812 | 452 |
| MME | HP 260 Desktop & Software | 12/17/2018 | S/L | 3 | 775 | 516 | 258 | 774 | 1 | 775 | 0 |
| MME | 2 x Power Recliners TOBACO | 12/28/2018 | S/L | 10 | 1,307 | 262 | 131 | 393 | 131 | 524 | 783 |
| MME | HP 260 Desktop Mini PC | 2/28/2019 | S/L | 3 | 772 | 514 | 257 | 771 | 1 | 772 | 0 |
| MME | 22 iSeries kiosk Tablet" | 4/30/2019 | S/L | 3 | 2,459 | 1,640 | 819 | 2,459 | - | 2,459 | 0 |
| MME | Ice Maker | 6/30/2019 | S/L | 10 | 2,666 | 534 | 267 | 801 | 267 | 1,068 | 1,598 |
| MME | Dinex Base Charger | 6/30/2019 | S/L | 5 | 2,411 | 964 | 482 | 1,446 | 482 | 1,928 | 483 |
| MME | Rice Lake Digital Chair Scale | 8/31/2019 | S/L | 10 | 1,372 | 274 | 137 | 411 | 137 | 548 | 824 |
| MME | Capri Two-Way Lift Chair | 8/31/2019 | S/L | 10 | 1,072 | 214 | 107 | 321 | 107 | 428 | 644 |
| MME | Circulator for Lochinvar boiler | 9/13/2019 | S/L | 10 | 2,635 | 528 | 264 | 792 | 264 | 1,056 | 1,579 |
| MME | Refrigerator | 9/13/2019 | S/L | 10 | 2,857 | 572 | 286 | 858 | 286 | 1,144 | 1,713 |
| MME | Tablet Equipment - SPRINT | 9/21/2019 | S/L | 3 | 1,127 | 752 | 375 | 1,127 | - | 1,127 | 0 |
| MME | HP Mini Desktop Mini PC+Office | 9/30/2019 | S/L | 3 | 971 | 648 | 323 | 971 | - | 971 | 0 |
| MME | Firewall Sophos XG135 Appliance | 9/30/2019 | S/L | 3 | 847 | 564 | 282 | 846 | 1 | 847 | 0 |
| MME | HP Desktop Mini PC+Office | 9/30/2019 | S/L | 3 | 971 | 648 | 323 | 971 | - | 971 | 0 |
| 2019 Disposals | | | | | (1,163) | - | - | - | - | - | (1,163) |

2020 Additions

| | | | | | | | | | | | |
|-----|--------------------------------|------------|-----|----|--------|-----|-------|-------|-------|-------|--------|
| MME | UniMac Washer | 10/31/2019 | S/L | 7 | 14,771 | 492 | 2,110 | 2,602 | 2,110 | 4,712 | 10,059 |
| MME | 15x20 Cafeteria Trays x 15 pks | 10/31/2019 | S/L | 10 | 4,688 | 234 | 469 | 703 | 469 | 1,172 | 3,516 |
| MME | Latitude Laptop | 10/31/2019 | S/L | 5 | 1,663 | 277 | 333 | 610 | 333 | 943 | 720 |
| MME | Sales Tax-Refrigerator | 10/31/2019 | S/L | 5 | 181 | 1 | 26 | 27 | 26 | 53 | 129 |
| MME | LG32 LED TV w Pillow Speaker" | 12/1/2019 | S/L | 5 | 544 | 54 | 109 | 163 | 109 | 272 | 272 |
| MME | LG32 LED TV Pillow Spkr x 2" | 12/1/2019 | S/L | 5 | 1,072 | 107 | 214 | 321 | 214 | 535 | 537 |
| MME | Installed Camera for Laundry | 12/30/2019 | S/L | 7 | 1,148 | 57 | 164 | 221 | 164 | 385 | 762 |
| MME | Conveyor Tostler | 12/30/2019 | S/L | 5 | 2,522 | 126 | 504 | 630 | 504 | 1,388 | 1,388 |
| MME | Cart, Beverage | 12/30/2019 | S/L | 7 | 4,466 | 223 | 638 | 861 | 638 | 1,499 | 2,966 |
| MME | Circulating Pump Potable Water | 12/30/2019 | S/L | 10 | 744 | 124 | 74 | 198 | 74 | 272 | 472 |
| MME | Capri Two-Way Lift Chair x 2 | 12/31/2019 | S/L | 10 | 1,059 | 53 | 106 | 159 | 106 | 265 | 794 |
| MME | Mechanical Push Button Lockset | 1/7/2020 | S/L | 5 | 621 | 104 | 124 | 228 | 124 | 352 | 270 |
| MME | Platform Scale for Laundry | 1/29/2020 | S/L | 5 | 882 | 29 | 176 | 205 | 176 | 381 | 500 |
| MME | SmartBuy 800G3 Computer | 1/29/2020 | S/L | 10 | 1,306 | 131 | 131 | 262 | 131 | 393 | 914 |
| MME | Capri Two-Way Lift Chairs x 2 | 1/31/2020 | S/L | 7 | 1,059 | 53 | 151 | 204 | 151 | 355 | 704 |
| MME | Dinex DX821061 Base Food Serve | 2/1/2020 | S/L | 7 | 2,275 | 227 | 325 | 552 | 325 | 877 | 1,397 |

Cambridge Health & Rehab
FIXED ASSET / DEPRECIATION SCHEDULE

| Asset Type | Description | Date In Service | Method | Life | Historical Cost | 2020 | | 2021 | | 2022 | | NBV |
|------------|---------------------------------|-----------------|--------|------|-----------------|------|---------|-------|---------|-------|---------|-------|
| | | | | | | A/D | Deprec. | A/D | Deprec. | A/D | Deprec. | |
| MME | Tray Starter Station, Mobile | 2/1/2020 | S/L | 10 | 4,991 | 250 | 499 | 749 | 1,248 | 1,248 | 499 | 3,743 |
| MME | Alphone Installation at Receipt | 3/25/2020 | S/L | 5 | 5,918 | 592 | 1,184 | 1,776 | 2,960 | 2,960 | 1,184 | 2,958 |
| MME | COVID-Ipad Tablets x 2 | 3/31/2020 | S/L | 5 | 542 | 90 | 108 | 198 | 306 | 306 | 108 | 236 |
| MME | Pump Kangaroo E Pump | 4/1/2020 | S/L | 5 | 3,054 | 305 | 611 | 916 | 1,527 | 1,527 | 611 | 1,527 |

**Cambridge Health & Rehab
FIXED ASSET / DEPRECIATION SCHEDULE**

| Asset Type | Description | Date In Service | Method | Life | Historical Cost | 2020 | | 2021 | | 2022 | | NBV |
|-----------------------|--------------------------------|-----------------|--------|------|-----------------|------|---------|-------|---------|-------|---------|-----|
| | | | | | | A/D | Deprec. | A/D | Deprec. | A/D | Deprec. | |
| MME | 5 Liter Oxygen Concentrator | 4/3/2020 | S/L | 5 | 609 | 102 | 122 | 224 | 122 | 346 | 263 | |
| MME | Desktop | 4/10/2020 | S/L | 5 | 1,077 | 180 | 215 | 395 | 215 | 610 | 468 | |
| MME | Victory Electro Hand Sprayer | 4/16/2020 | S/L | 7 | 1,072 | 107 | 153 | 260 | 153 | 413 | 659 | |
| MME | COVID-Lenovo Ideapad Laptop | 4/30/2020 | S/L | 5 | 845 | 141 | 169 | 310 | 169 | 479 | 366 | |
| MME | 5 LTR Concentrators Oxygen x 5 | 5/4/2020 | S/L | 5 | 2,919 | 487 | 584 | 1,071 | 584 | 1,655 | 1,265 | |
| MME | Pellet Ice Maker | 5/26/2020 | S/L | 10 | 5,949 | 297 | 595 | 892 | 595 | 1,487 | 4,462 | |
| MME | Desktop OPTIPIX3070 MLK 13 9- | 6/15/2020 | S/L | 3 | 654 | 65 | 218 | 283 | 218 | 501 | 152 | |
| MME | 32 Healthcare Television" | 6/15/2020 | S/L | 5 | 509 | 51 | 102 | 153 | 102 | 255 | 254 | |
| MME | Desktop-OPTIPIX 3070 MLK 13 9 | 7/3/2020 | S/L | 3 | 667 | 111 | 222 | 333 | 222 | 555 | 112 | |
| MME | 32 Healthcare Television" | 7/14/2020 | S/L | 5 | 509 | 51 | 102 | 153 | 102 | 255 | 254 | |
| MME | Desktop & Software-OPTIPIX 30 | 7/22/2020 | S/L | 3 | 1,162 | 194 | 387 | 581 | 387 | 968 | 194 | |
| MME | Phone expansion module install | 7/31/2020 | S/L | 10 | 3,159 | 316 | 316 | 632 | 316 | 948 | 2,211 | |
| MME | Desktop OPTIPIX 2070 MLK 13 9 | 8/1/2020 | S/L | 3 | 1,092 | 182 | 364 | 546 | 364 | 910 | 182 | |
| MME | LG 32 HDTV with Speaker Port" | 9/30/2020 | S/L | 10 | 509 | 85 | 51 | 136 | 51 | 187 | 322 | |
| MME | Storage/Drying Cart x 2 | 9/30/2020 | S/L | 7 | 4,567 | 457 | 652 | 1,109 | 652 | 1,761 | 2,806 | |
| 2021 Additions | | | | | | | | | | | | |
| MME | Pump Kangaroo E Pump | 11/30/2020 | S/L | 5 | 1,527 | - | 153 | 153 | 305 | 458 | 1,069 | |
| MME | Lift Patient Reliant | 12/9/2020 | S/L | 10 | 1,721 | - | 86 | 86 | 172 | 258 | 1,463 | |
| MME | APC Smart-UPS 1500 LCD System | 1/6/2021 | S/L | 5 | 1,130 | - | 113 | 113 | 226 | 339 | 791 | |
| MME | Color Printer Identification | 1/15/2021 | S/L | 5 | 1,521 | - | 152 | 152 | 304 | 456 | 1,065 | |
| MME | SIGNA Pump & APM With LAL | 2/9/2021 | S/L | 3 | 1,234 | - | 206 | 206 | 411 | 617 | 1,469 | |
| MME | Monitor, BP Spot 4400 | 3/31/2021 | S/L | 5 | 2,099 | - | 210 | 210 | 420 | 630 | 1,469 | |
| MME | Cradlepoint NetCloud License | 4/1/2021 | S/L | 3 | 1,221 | - | 204 | 204 | 407 | 611 | 1,469 | |
| MME | Install Com2000 system | 4/1/2021 | S/L | 5 | 1,366 | - | 273 | 273 | 410 | 611 | 956 | |
| MME | Capri Two-Way Lift Chair | 5/1/2021 | S/L | 10 | 1,072 | - | 54 | 54 | 107 | 161 | 911 | |
| MME | Monitor, BP Spot 4400 w/NIBP | 5/1/2021 | S/L | 3 | 2,113 | - | 352 | 352 | 704 | 1,057 | 1,057 | |
| MME | Dell Desktop Computer | 5/14/2021 | S/L | 3 | 1,093 | - | 182 | 182 | 364 | 546 | 547 | |
| MME | Dell Desktop Computer | 5/18/2021 | S/L | 3 | 1,093 | - | 182 | 182 | 364 | 546 | 547 | |
| MME | Monitor, BP Spot 4400 W/NIBP | 5/18/2021 | S/L | 3 | 2,113 | - | 352 | 352 | 704 | 1,057 | 1,057 | |
| MME | Dell Desktop Computer | 5/24/2021 | S/L | 3 | 1,129 | - | 188 | 188 | 376 | 564 | 565 | |
| MME | Dell Desktop Computer | 5/24/2021 | S/L | 3 | 1,215 | - | 202 | 202 | 405 | 607 | 607 | |
| MME | Dell Desktop Computers x 4 | 5/24/2021 | S/L | 3 | 4,174 | - | 696 | 696 | 1,391 | 2,087 | 2,087 | |
| MME | Monitor, BP Spot 4400W/NIBP | 6/9/2021 | S/L | 3 | 2,115 | - | 352 | 352 | 705 | 1,057 | 1,057 | |
| MME | ELOView Control Managed Device | 6/28/2021 | S/L | 3 | 2,489 | - | 415 | 415 | 830 | 1,245 | 1,244 | |
| MME | MX105 Security License | 7/9/2021 | S/L | 3 | 12,107 | - | 2,018 | 2,018 | 4,036 | 6,054 | 6,053 | |
| MME | Dell Desktop | 7/16/2021 | S/L | 3 | 1,129 | - | 188 | 188 | 376 | 564 | 565 | |
| MME | Dell Desktop | 7/16/2021 | S/L | 3 | 1,236 | - | 206 | 206 | 412 | 618 | 618 | |
| MME | Rech-In Refrigerator & Parts | 8/17/2021 | S/L | 10 | 6,700 | - | 335 | 335 | 670 | 1,005 | 5,695 | |
| MME | LG 32 HDTV with Pro' Idio" | 9/10/2021 | S/L | 5 | 1,149 | - | 115 | 115 | 230 | 345 | 804 | |
| MME | SIGNA Pumps x 2 | 9/30/2021 | S/L | 3 | 1,234 | - | 206 | 206 | 411 | 617 | 617 | |
| 2022 Additions | | | | | | | | | | | | |
| MME | Dell Desktops x 2 | 10/6/2021 | S/L | 3 | 2,372 | - | - | - | 791 | 791 | 1,581 | |
| MME | Life, Reliant 450 Power Low Ba | 10/29/2021 | S/L | 10 | 2,207 | - | - | - | 221 | 221 | 1,986 | |
| MME | Dell Latitude Laptop | 11/5/2021 | S/L | 3 | 1,266 | - | - | - | 422 | 422 | 844 | |
| MME | Desktop Face Recognition Temp | 11/15/2021 | S/L | 3 | 1,295 | - | - | - | 432 | 432 | 863 | |
| MME | Dell Latitude Laptop | 11/18/2021 | S/L | 3 | 1,710 | - | - | - | 570 | 570 | 1,140 | |
| MME | Convection Steamer, Contertop | 1/6/2022 | S/L | 10 | 9,811 | - | - | - | 981 | 981 | 8,830 | |
| MME | LG 32 HDTV TV" | 1/14/2022 | S/L | 5 | 1,149 | - | - | - | 230 | 230 | 919 | |
| MME | AC Voltage General Motor | 1/17/2022 | S/L | 3 | 1,728 | - | - | - | 576 | 576 | 1,152 | |
| MME | Carpet Extractor & Vacuum | 1/28/2022 | S/L | 8 | 5,658 | - | - | - | 707 | 707 | 4,951 | |

Cambridge Health & Rehab
FIXED ASSET / DEPRECIATION SCHEDULE

| Asset Type | Description | Date In Service | Method | Life | Historical Cost | 2020 | | 2021 | | 2022 | | NBV |
|---------------------------------------|-------------------------------|-----------------|--------|------|-----------------|--------------------|------------------|----------------|------------------|----------------|------------------|--------------------|
| | | | | | | A/D | Deprec. | A/D | Deprec. | A/D | Deprec. | |
| MME | Wheelchairs | 2/2/2022 | S/L | 5 | 1,189 | - | - | - | - | 238 | 238 | 951 |
| MME | Blood Pressure Monitor | 3/8/2022 | S/L | 8 | 2,102 | - | - | - | - | 263 | 263 | 1,839 |
| MME | Dell Optiplex Desktop | 4/7/2022 | S/L | 3 | 1,312 | - | - | - | - | 437 | 437 | 875 |
| MME | Dell Latitude Laptop | 4/19/2022 | S/L | 3 | 1,732 | - | - | - | - | 577 | 577 | 1,155 |
| MME | LG 32" HDTV With Pro Audio | 4/21/2022 | S/L | 5 | 1,034 | - | - | - | - | 207 | 207 | 827 |
| MME | Power Lift Recliner | 5/11/2022 | S/L | 10 | 1,186 | - | - | - | - | 119 | 119 | 1,067 |
| MME | Dell Latitude Laptop | 5/13/2022 | S/L | 3 | 1,190 | - | - | - | - | 397 | 397 | 793 |
| MME | Dell Optiplex Desktop | 5/20/2022 | S/L | 3 | 1,326 | - | - | - | - | 442 | 442 | 884 |
| MME | Dell Optiplex Desktop/Monitor | 5/20/2022 | S/L | 3 | 1,326 | - | - | - | - | 442 | 442 | 884 |
| MME | Dell Latitude Laptop | 6/8/2022 | S/L | 3 | 1,193 | - | - | - | - | 398 | 398 | 795 |
| MME | Dell Latitude Laptop | 6/8/2022 | S/L | 3 | 1,192 | - | - | - | - | 397 | 397 | 795 |
| MME | Floor Bed/ Assist Bar | 6/15/2022 | S/L | 10 | 2,558 | - | - | - | - | 256 | 256 | 2,302 |
| MME | Floor Bed/ Assist Bar | 6/15/2022 | S/L | 10 | 2,558 | - | - | - | - | 256 | 256 | 2,302 |
| MME | BED FRAME | 6/30/2022 | S/L | 10 | 1,212 | - | - | - | - | 121 | 121 | 1,091 |
| MME | LG 32" Healthcare Pro HDTV | 7/27/2022 | S/L | 5 | 1,040 | - | - | - | - | 208 | 208 | 832 |
| MME | Dell Latitude Laptop | 8/2/2022 | S/L | 3 | 1,190 | - | - | - | - | 397 | 397 | 793 |
| MME | Sigma Pressure Pump /Mattress | 8/31/2022 | S/L | 5 | 1,482 | - | - | - | - | 296 | 296 | 1,186 |
| MME | LG 32 HDTV WITH PRO" | 9/1/2022 | S/L | 5 | 1,040 | - | - | - | - | 208 | 208 | 832 |
| TOTAL MOVABLE EQUIPMENT | | | | | | 2,053,906 | 1,260,973 | 145,512 | 1,406,485 | 122,171 | 1,528,656 | 525,250 |
| TOTAL ASSETS PER CR SCHEDULE | | | | | | 12,253,170 | 2,831,176 | 208,145 | 9,088,171 | 509,391 | 9,597,562 | 2,655,608 |
| TOTAL ASSETS PER TRIAL BALANCE | | | | | | 4,085,094 | 1,693,502 | 182,837 | 3,222,158 | 182,837 | 3,222,158 | 862,936 |
| LESS REALTY ASSETS | | | | | | (8,168,076) | | | | | | (1,792,672) |
| ROUNDING | | | | | | (0) | | | | | | (0) |
| VARIANCE | | | | | | (0) | 1,137,674 | 25,208 | 5,866,013 | 326,554 | 6,375,404 | (0) |

F/S vs C/R NBV - Page 31, Line B9 0
 F/S vs C/R Depreciation - Page 36, Line F1 (326,554)

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

| | | | | | |
|---|-----------------------|------------------------------------|-------------------------------------|---|--------------|
| Name of Facility Cambridge Manor of Fairfield, LLC | License No. 2048-C | Report for Year Ended 9/30/2022 | Page 25 | of 37 | |
| 11. Property Questionnaire | | | | | |
| Part A | | | | | |
| Is the property either owned by the Facility or leased from a Related Party?* | | <input type="radio"/> Yes | <input checked="" type="radio"/> No | If "Yes," complete Part B. If "No," complete Part C. | |
| *If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction. | | | | | |
| Description | | Total | | | |
| 1. Date Land Purchased | | | | | |
| 2. Date Structure Completed | | | | | |
| 3. If NOT Original Owner, Date of Purchase | | 01/01/01 | | | |
| 4. Date of Initial Licensure | | | | | |
| 5. Total Licensed Bed Capacity | | 160 | | | |
| 6. Square Footage | | 65,490 | | | |
| 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) | | Variable | Variable | | |
| b. Date Mortgage Obtained | | 03/04/16 | | | |
| c. Interest Rate for the Cost Year | | Libor | | | |
| d. Term of Mortgage (number of years) | | 6 Year - Baloon | 5 Years | | |
| e. Amount of Principal Borrowed | | 5,172,753 | | | |
| f. Principal balance outstanding as of 9/30/2022 | | 3,857,939 | | | |
| Complete if Mortgage was Refinanced During Current Cost Year | | | | | |
| g. Type of Financing (e.g., fixed, variable) | | | | | |
| h. Date of Refinancing | | | | | |
| i. New Interest Rate | | | | | |
| j. Term of Mortgage (number of years) | | | | | |
| k. Amount of Principal Borrowed | | | | | |
| l. Principal Outstanding on Note Paid-Off | | | | | |
| Part C - Arms-Length Leases for Real Property Improvements Only | | | | | |
| Name and Address of Lessor | Property Leased | Date of Lease | Term of Lease | Annual Amount of Lease | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

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

| Name of Facility | | License No. | Report for Year Ended | | Page | of |
|--|--|-------------|-----------------------|------|------|-----------|
| Cambridge Manor of Fairfield, LLC | | 2048-C | 9/30/2022 | | 26 | 37 |
| Item | | | Total | CCNH | RHNS | (Specify) |
| 12. Interest | | | | | | |
| A. Building, Land Improvement & Non-Movable Equipment | | | | | | |
| 1. First Mortgage | | | \$ | | | |
| Name of Lender | | Rate | | | | |
| Address of Lender | | | | | | |
| 2. Second Mortgage | | | \$ | | | |
| Name of Lender | | Rate | | | | |
| Address of Lender | | | | | | |
| 3. Third Mortgage | | | \$ | | | |
| Name of Lender | | Rate | | | | |
| Address of Lender | | | | | | |
| 4. Fourth Mortgage | | | \$ | | | |
| Name of Lender | | Rate | | | | |
| Address of Lender | | | | | | |
| B. CHEFA Loan Information | | | | | | |
| 1. Original Loan Amount | | | \$ | | | |
| 2. Loan Origination Date | | | | | | |
| 3. Interest Rate % | | | | | | |
| 4. Term | | | | | | |
| 5. CHEFA Interest Expense | | | | | | |
| 12 B7. Total Building Interest Expense (A1 - A4 + B5) | | | \$ | | | |

(Carry Subtotals forward to next page)

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

| Name of Facility | | License No. | | Report for Year Ended | | | Page | of |
|---|--|-------------|--------|-----------------------|------------|------------|-----------|----|
| Cambridge Manor of Fairfield, LLC | | 2048-C | | 9/30/2022 | | | 27 | 37 |
| Item | | | | Total | CCNH | RHNS | (Specify) | |
| Subtotals Brought Forward: | | | | | | | | |
| 12. C. Movable Equipment | | | | | | | | |
| 1. Automotive Equipment | | | | \$ | | | | |
| A. Item | | Rate | Amount | | | | | |
| Lender | | | | | | | | |
| Address of Lender | | | | | | | | |
| 2. Other (Specify) | | | | \$ | | | | |
| A. Item | | Rate | Amount | | | | | |
| Lender | | | | | | | | |
| Address of Lender | | | | | | | | |
| B. Item | | Rate | Amount | | | | | |
| Lender | | | | | | | | |
| Address of Lender | | | | | | | | |
| 12. C. 3. Total Movable Equipment Interest Expense (C1 + 2) | | | | \$ | | | | |
| 12. D. Other Interest Expense (Specify) | | | | \$ | 3,505 | 3,505 | | |
| Admin / Computer Loan Interest | | | | | | | | |
| 13. Total All Interest Expense (12B7 + 12C3 + 12D) | | | | \$ | 3,505 | 3,505 | | |
| 14. Insurance | | | | | | | | |
| a. Insurance on Property (buildings only) | | | | \$ | 29,134 | 29,134 | | |
| b. Insurance on Automobiles | | | | \$ | | | | |
| c. Insurance other than Property (as specified above) | | | | | | | | |
| 1. Umbrella (Blanket Coverage) | | | | \$ | | | | |
| 2. Fire and Extended Coverage | | | | \$ | | | | |
| 3. Other (Specify) | | | | \$ | 104,013 | 104,013 | | |
| Liability / Crime Insurance | | | | | | | | |
| 14d. Total Insurance Expenditures (14a + b + c) | | | | \$ | 133,147 | 133,147 | | |
| 15. Total All Expenditures (A-13 thru C-14) | | | | \$ | 20,016,616 | 20,016,616 | | |

D. Adjustments to Statement of Expenditures

| Name of Facility Cambridge Manor of Fairfield, LLC | | | License No. 2048-C | 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 | \$ 131,783 | 131,783 | | |
| Page 13 - Professional Fees | | | | | | | |
| 5. | | | Resident Care Physicians ** | \$ | | | |
| 6. | 13 | b10a | Occupational Therapy | \$ 405,257 | 405,257 | | |
| 7. | | | Other - See attached Schedule | \$ 119,018 | 119,018 | | |
| Pages 15 & 16 - Administrative and General | | | | | | | |
| 8. | | | Discriminatory Benefits | \$ | | | |
| 9. | 15 | 1c | Bad Debts | \$ 794,635 | 794,635 | | |
| 10. | | | Accounting | \$ | | | |
| 10a. | 15 | 1e | Legal | \$ 67,604 | 67,604 | | |
| 11. | | | Telephone | \$ | | | |
| 12. | 15 | 1h2 | Cellular Telephone | \$ 143 | 143 | | |
| 13. | | | Life insurance premiums on the life of Owners, Partners, Operators | \$ | | | |
| 14. | 16 | L3 | Gifts, flowers and coffee shops | \$ 23,301 | 23,301 | | |
| 15. | | | Education expenditures to colleges or universities for tuition and related costs for owners and employees | \$ | | | |
| 16. | 16 | L4 | Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative | \$ 4,723 | 4,723 | | |
| 17. | | | Automobile Expense (e.g. personal use) | \$ | | | |
| 18. | 16 | m2/3 | Unallowable Advertising * | \$ 14,381 | 14,381 | | |
| 19. | 15 | 1j | Income Tax / Corporate Business Tax | \$ 88,920 | 88,920 | | |
| 20. | 16 | m10 | Fund Raising / Contributions | \$ 1,250 | 1,250 | | |
| 21. | 16 | m12 | Unallowable Management Fees | \$ 409,185 | 409,185 | | |
| 22. | | | Barber and Beauty | \$ | | | |
| 23. | | | Other - See attached Schedule | \$ 29,689 | 29,689 | | |
| 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) | | | | \$ 2,089,889 | 2,089,889 | | |

* All except "Help Wanted"

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

| Page Ref | Line Ref | Description | CCNH | RHNS | (Specify) |
|--|----------|---|------------|------|-----------|
| 10 | 12o | Admissions Salary Relating to Marketing | \$ 36,835 | | |
| 10 | 12o | Respiratory Therapy | 7,028 | | |
| 10 | 12n | Marketing Salary | 87,920 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Other Salaries Adjustment | | | \$ 131,783 | \$ - | \$ - |

Schedule of Fees Adjustments

| Page Ref | Line Ref | Description | CCNH | RHNS | (Specify) |
|-------------------------------------|----------|--|------------|------|-----------|
| 13 | b12o | Physician Services | \$ 55,000 | | |
| 13 | b12o | Consulting Rehab | 25 | | |
| 13 | b12o | Respiratory Therapy | 55 | | |
| 13 | b12o | IV Nursing Consultant / Nursing Consultant | 63,938 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Other Fees Adjustments | | | \$ 119,018 | \$ - | \$ - |

Schedule of Other A&G Adjustments

| Page Ref | Line Ref | Description | CCNH | RHNS | (Specify) |
|--|----------|---|-----------|------|-----------|
| 16 | m13 | Penalties-Cambridge-Administration | \$ 900 | | |
| 16 | m13 | Misc. Expense-Cambrdg-Administration | 1,950 | | |
| 15 | Var | Benefits Associated with Marketing and Respiratory Therapy Salary | 17,497 | | |
| 15 | Var | Benefits Associated with Admissions Salary relating to Marketing | 7,866 | | |
| 16 | m8a | Chamber Dues | 1,476 | | |
| | | | | | |
| Total Other A&G Adjustments | | | \$ 29,689 | \$ - | \$ - |

Marketing / Resp Therapist Benefits Disallowance

| | | |
|--|------------------|--------------------|
| Marketing / Resp Therapy Salaries | 94,948 | Page 10 |
| Total Salaries | <u>8,663,612</u> | TB Linked |
| Percent to Total Salaries | 1.10% | |
| | | |
| Total Benefits (Pg 15, Line 1a3 - 1a6) | 1,596,550 | TB Linked |
| | | |
| Total Benefits Disallowed | 17,497 | Page 28 attachment |

Cambridge Health & Rehab
Disallowance Schedule for Cell Phones
September 30, 2022

Pg. 28b

| | <u>Amount</u> | |
|---|----------------------|-----------|
| Total Cell Phone Expense | 2,943 | TB Linked |
| Total Allowable Cost | \$ 2,800 | |
| Days in Cost Report (365out of 365 Days) | 365 | |
| Days in Cost Report Year | <u>365</u> | |
| Partial Year Allowable % | 100% | |
| Revised Allowable Cost | \$ 2,800 | |
| Disallowed Cell Phone (Page 28, Line 12) | <u><u>\$ 143</u></u> | |

Cambridge Health & Rehab
 Calculation of Allowable Management Fee
 September 30, 2022

| <u>Description</u> | <u>Amount</u> | |
|---|---------------------------------|-------------------|
| Management fees Charged | 803,236 | Page 16, Line m12 |
| Accounting Charges | 48,185 | Page 15, Line 1d |
| Total Management Fees Per Agreement | <u>851,421</u> | |
| Patient Days | 51,039 | Page 8 of C/R |
| Imputed Days - 90% Occupancy (365/365 Days) | <u>52,560</u> | Calculation |
| Amount Per Patient Day (Greater of 90% or Actaul Days) | \$ 16.20 | |
| PPD Allowance Per Client 2021 | 7.84 | |
| 2022 CPI Increase % | <u>1.0732</u> | J.01b |
| PPD Allowance 9/30/2022 | <u>8.41</u> | |
| Amount over (Under) | \$ 7.7851 | |
| Total Days | <u>52,560</u> | Page 8 of C/R |
| Disallowed Management Fee | <u><u>\$ 409,185</u></u> | |

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

| Name of Facility | | | License No. | Report for Year Ended | Page | of | |
|--|----------|----------|---|--------------------------|-----------|------|-----------|
| Cambridge Manor of Fairfield, LLC | | | 2048-C | 9/30/2022 | 29 | 37 | |
| Item No. | Page No. | Line No. | Item Description | Total Amount of Decrease | CCNH | RHNS | (Specify) |
| Subtotals Brought Forward | | | | \$ 2,089,889 | 2,089,889 | | |
| Page 20 - Resident Care Supplies*** | | | | | | | |
| 27. | | | Prescription Drugs | \$ 540,822 | 540,822 | | |
| 28. | | | Ambulance/Limousine | \$ 4,316 | 4,316 | | |
| 29. | | | X-rays, etc | \$ 42,767 | 42,767 | | |
| 30. | | | Laboratory | \$ 81,701 | 81,701 | | |
| 31. | | | Medical Supplies | \$ | | | |
| 32. | | | Oxygen (non emergency) | \$ 8,753 | 8,753 | | |
| 33. | | | Occupational Therapy | \$ | | | |
| 34. | | | Other - See Attached Schedule | \$ 131,171 | 131,171 | | |
| Page 22 - Maintenance and Property | | | | | | | |
| 35. | | | Excess Movable Equipment Depreciation See Attached Schedule | \$ 3,882 | 3,882 | | |
| 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 | \$ 2,708 | 2,708 | | |
| 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) | | | | \$ 2,906,009 | 2,906,009 | | |

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

Schedule of Other Ancillary Costs

| Page Ref | Line Ref | Description | CCNH | RHNS | (Specify) |
|------------------------------------|----------|---|-------------------|-------------|-------------|
| 20 | 5l | IV Thy Supplies-Cambridge-Rehab Tpy and Ancllry | \$ 12,994 | | |
| 20 | 5l | Equip Rental-Cambridge-Rehab Tpy and Ancllry | 15,005 | | |
| 20 | 5l | Equip Rental-Cambridge-Respiratory | 27,894 | | |
| 20 | 5l | Equip Rental-Cambridge-Nursing | 23,649 | | |
| 20 | 5l | Minor Equip-Cambridge-Nursing | 6,322 | | |
| 20 | 5i | Cable Television Disallowance | 12,504 | | |
| 20 | 5c | Med B Nursing Supplies | 32,803 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Other Ancillary Costs | | | \$ 131,171 | \$ - | \$ - |

Schedule of Excess Movable Equipment Depreciation

| Page Ref | Line Ref | Description | CCNH | RHNS | (Specify) |
|--|----------|---|-----------------|-------------|-------------|
| 22 | 7d | Non Allowable Depreciation on Movable Equipment | \$ 3,882 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Excess Movable Equipment Depreciation | | | \$ 3,882 | \$ - | \$ - |

Schedule of Other Property Adjustments

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

Schedule of Other - Indirect Adjustments

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

Schedule of Other - Miscellaneous Administrative Adjustments

| Page Ref | Line Ref | Description | CCNH | RHNS | (Specify) |
|--------------------------------|----------|-------------------------|----------|------|-----------|
| 30 | IV 8 | Rebates / Refunds | \$ 2,228 | | |
| 30 | IV 8 | Medical Records Revenue | 480 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Other Adjustments | | | \$ 2,708 | \$ - | \$ - |

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

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

**Cambridge Health & Rehab
Cable TV Disallowance
September 30, 2022**

Pg. 29b

| | | |
|--|-------------------------|-----------|
| Total Cable TV Expense | 19,704 | TB Linked |
| Total Monthly Fee Allowed | \$ 600 | |
| Total Months | 12 | |
| Total Allowable Expense | <u>\$ 7,200</u> | |
| Partial Year Cost Report (365 out of 365 Days) | \$ 365 | |
| Days in Cost Report Year | 365 | |
| Partial Year Allowable % | <u>100.00%</u> | |
| Revised Allowable Cost | \$ 7,200 | |
| Disallowed Expense | <u><u>\$ 12,504</u></u> | {a} |

Tickmark
{a}

Ties to page 29a

F. Statement of Revenue

| Name of Facility Cambridge Manor of Fairfield, LLC | License No. 2048-C | 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>) | \$ 17,322,115 | 17,322,115 | | | | |
| b. Medicaid Room and Board Contractual Allowance ** | \$ (6,847,885) | (6,847,885) | | | | |
| 2. a. Medicaid (<i>All other states</i>) | \$ | | | | | |
| b. Other States Room and Board Contractual Allowance ** | \$ | | | | | |
| 3. a. Medicare Residents (<i>all inclusive</i>) | \$ 3,129,250 | 3,129,250 | | | | |
| b. Medicare Room and Board Contractual Allowance ** | \$ (2,620,072) | (2,620,072) | | | | |
| 4. a. Private-Pay Residents and Other | \$ 6,859,210 | 6,859,210 | | | | |
| b. Private-Pay Room and Board Contractual Allowance ** | \$ (1,858,937) | (1,858,937) | | | | |
| II. Other Resident Revenue | | | | | | |
| 1. a. Prescription Drugs - Medicare | \$ 402,902 | 402,902 | | | | |
| b. Prescription Drugs - Medicare Contractual Allowance ** | \$ (465,613) | (465,613) | | | | |
| c. Prescription Drugs - Non-Medicare | \$ 552,547 | 552,547 | | | | |
| d. Prescription Drugs - Non-Medicare Contractual Allowance ** | \$ (591,391) | (591,391) | | | | |
| 2. a. Medical Supplies - Medicare | \$ 294 | 294 | | | | |
| b. Medical Supplies - Medicare Contractual Allowance ** | \$ | | | | | |
| c. Medical Supplies - Non-Medicare | \$ | | | | | |
| d. Medical Supplies - Non-Medicare Contractual Allowance ** | \$ | | | | | |
| 3. a. Physical Therapy - Medicare | \$ 391,593 | 391,593 | | | | |
| b. Physical Therapy - Medicare Contractual Allowance ** | \$ 220,256 | 220,256 | | | | |
| c. Physical Therapy - Non-Medicare | \$ 477,164 | 477,164 | | | | |
| d. Physical Therapy - Non-Medicare Contractual Allowance ** | \$ (320,557) | (320,557) | | | | |
| 4. a. Speech Therapy - Medicare | \$ 146,046 | 146,046 | | | | |
| b. Speech Therapy - Medicare Contractual Allowance ** | \$ 166,394 | 166,394 | | | | |
| c. Speech Therapy - Non-Medicare | \$ 126,664 | 126,664 | | | | |
| d. Speech Therapy - Non-Medicare Contractual Allowance ** | \$ (72,818) | (72,818) | | | | |
| 5. a. Occupational Therapy - Medicare | \$ 433,771 | 433,771 | | | | |
| b. Occupational Therapy - Medicare Contractual Allowance ** | \$ 142,245 | 142,245 | | | | |
| c. Occupational Therapy - Non-Medicare | \$ 521,139 | 521,139 | | | | |
| d. Occupational Therapy - Non-Medicare Contractual Allowance ** | \$ (374,203) | (374,203) | | | | |
| 6. a. Other (<i>Specify</i>) - Medicare | \$ 2,296,761 | 2,296,761 | | | | |
| b. Other (<i>Specify</i>) - Non-Medicare | \$ 607,634 | 607,634 | | | | |
| III. Total Resident Revenue (Section I. thru Section II.) | \$ 20,644,509 | 20,644,509 | | | | |
| IV. Other Revenue* | | | | | | |
| 1. Meals sold to guests, employees & others | \$ 2,915 | 2,915 | | | | |
| 2. Rental of rooms to non-residents | \$ | | | | | |
| 3. Telephone | \$ | | | | | |
| 4. Rental of Television and Cable Services | \$ | | | | | |
| 5. Interest Income (<i>Specify</i>) | \$ 1,356 | 1,356 | | | | |
| 6. Private Duty Nurses' Fees | \$ | | | | | |
| 7. Barber, Coffee, Beauty and Gift shops | \$ | | | | | |
| 8. Other (<i>Specify</i>) | \$ 116,544 | 116,544 | | | | |
| V. Total Other Revenue (1 thru 8) | \$ 120,815 | 120,815 | | | | |
| VI. Total All Revenue (III +V) | \$ 20,765,324 | 20,765,324 | | | | |

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

| Page Ref | Description | CCNH | RHNS | (Specify) |
|--|---------------------------------------|---------------------|-------------|-------------|
| | | - | | |
| 30 II 6a | Medicare A NTA Contra-Cambridge | \$ 834,531 | | |
| 30 II 6a | Medicare A Nsnq Comp Contra-Cambridge | 1,290,610 | | |
| 30 II 6a | Medicare Pt A IV Therapy-Cambridge | 63,697 | | |
| 30 II 6a | Medicare Pt A Lab-Cambridge | 65,154 | | |
| 30 II 6a | Medicare Pt A X-Cambridge | 43,154 | | |
| 30 II 6a | Medicare Pt B Prior Period-Cambridge | (385) | | |
| Total Other Resident Revenue - Medicare | | \$ 2,296,761 | \$ - | \$ - |

Schedule of Other Non-Medicare Resident Revenue

Related Exp

| Page Ref | Description | CCNH | RHNS | (Specify) |
|-------------------------------------|---|-------------------|-------------|-------------|
| | | - | | |
| 30 II 6b | Hospice Contra Other-Cambridge | \$ (318) | | |
| 30 II 6b | Hospice Lab-Cambridge | 318 | | |
| 30 II 6b | Medicaid Lab-Cambridge | 5,730 | | |
| 30 II 6b | Medicaid X-Cambridge | 804 | | |
| 30 II 6b | Private Lab-Cambridge | 72 | | |
| 30 II 6b | Comm Ins Lab-Cambridge | 8,434 | | |
| 30 II 6b | Comm Ins X-Cambridge | 2,598 | | |
| 30 II 6b | Mgd Medicare NTA Contra-Cambridge | 185,159 | | |
| 30 II 6b | Mgd Medicare Nsnq Comp Contra-Cambridge | 265,919 | | |
| 30 II 6b | Mgd Medicare IV Therapy-Cambridge | 46,318 | | |
| 30 II 6b | Mgd Medicare Lab-Cambridge | 55,997 | | |
| 30 II 6b | Mgd Medicare X-Cambridge | 44,163 | | |
| 30 II 6b | Mgd Medicare Prior Period-Cambridge | (7,560) | | |
| Total Other Resident Revenue | | \$ 607,634 | \$ - | \$ - |

Interest Income

Account

| Page Ref | Account | Balance | CCNH | RHNS | (Specify) |
|------------------------------|-----------------------------------|---------|-----------------|-------------|-------------|
| | | | - | | |
| 30 IV 5 | Interest on Managed Care Payments | N/A | \$ 1,356 | | |
| Total Interest Income | | | \$ 1,356 | \$ - | \$ - |

Schedule of Other Revenue

| Page Ref | Description | CCNH | RHNS | (Specify) |
|----------------------------|--|-------------------|-------------|-------------|
| | | - | | |
| 30 IV 8 | Rebates / Refunds (\$2,228 Disallowed on Pg 29a) | \$ 21,329 | | |
| 30 IV 8 | Stimulus Revenue | 70,931 | | |
| 30 IV 8 | Medical Records Revenue (Disallowed on Pg 29a) | 480 | | |
| 30 IV 8 | CT PET Tax Income | 7,503 | | |
| 30 IV 8 | Reversal of Prior Period Expenses | 16,301 | | |
| Total Other Revenue | | \$ 116,544 | \$ - | \$ - |

G. Balance Sheet

| Name of Facility | License No. | Report for Year Ended | Page | of |
|--|--------------------------------------|-----------------------|-----------|------------------|
| Cambridge Manor of Fairfield, LLC | 2048-C | 9/30/2022 | 31 | 37 |
| Account | | | Amount | |
| Assets | | | | |
| A. Current Assets | | | | |
| 1. Cash (<i>on hand and in banks</i>) | | | \$ | 2,226,617 |
| 2. Resident Accounts Receivable (Less Allowance for Bad Debts) | | | \$ | 3,091,560 |
| 3. Other Accounts Receivable (Excluding Owners or Related Parties) | | | \$ | 2,369,650 |
| 4 Inventories | | | \$ | 45,181 |
| 5. Prepaid Expenses | | | \$ | 129,500 |
| a. _____ | | | | |
| b. _____ | | | | |
| c. _____ | | | | |
| d. See Schedule | 129,500 | | | |
| 6. Interest Receivable | | | \$ | |
| 7. Medicare Final Settlement Receivable | | | \$ | |
| 8. Other Current Assets (<i>itemize</i>) | | | \$ | 9,111 |
| CT PET Deferred Tax-Cambridge | 27,355 | | | |
| CT PET Tax Receivable-Cambrdg- | (18,244) | | | |
| See Schedule | | | | |
| A-9. Total Current Assets (Lines A1 thru 8) | | | \$ | 7,871,619 |
| 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 <u>2,031,187</u> | | \$ | 337,685 |
| | Accum. Depreciation <u>1,693,502</u> | Net | | |
| 5. Non-Movable Equipment | *Historical Cost _____ | | \$ | |
| | Accum. Depreciation _____ | Net | | |
| 6. Movable Equipment | *Historical Cost <u>2,053,904</u> | | \$ | 525,248 |
| | Accum. Depreciation <u>1,528,656</u> | Net | | |
| 7. Motor Vehicles | *Historical Cost _____ | | \$ | |
| | Accum. Depreciation _____ | Net | | |
| 8. Minor Equipment-Not Depreciable | | | \$ | |
| 9. Other Fixed Assets (<i>itemize</i>) | | | \$ | 3 |
| Rounding | 3 | | | |
| See Schedule | | | | |
| B-10. Total Fixed Assets (Lines B1 thru 9) | | | \$ | 862,936 |

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

| Page Ref | Line Ref | Description | |
|-------------------------------|----------|---|-------------------|
| 31 | A5 | Prepaid Workers Comp-Cambridge | \$ 34,235 |
| 31 | A5 | Prepaid Gen. Ins-Cambridge | 30,874 |
| 31 | A5 | Prepaid Expense Other-Cambridge | 41,974 |
| 31 | A5 | Prepaid Personal Property Taxes-Cambridge | 4,159 |
| 31 | A5 | Prepaid Mgmt Assets-Cambridge | 18,258 |
| Total Prepaid Expenses | | | \$ 129,500 |

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

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

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

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

Schedule of Other Assets Page 32 Line D7

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

Schedule of Notes Payable (Itemize) Page 33 Line A2

| Page Ref | Line Ref | Description | |
|----------------------------|----------|-------------|-------------|
| | | | |
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| | | | |
| Total Notes Payable | | | \$ - |

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

| Page Ref | Line Ref | Description | |
|--|----------|---------------------------------------|-------------------|
| 33 | A12 | Loans and Exchange-Cambridge | \$ 5,790 |
| 33 | A12 | Unclaimed ADP checks-Cambridge | 5,871 |
| 33 | A12 | Patients Fund-Cambridge | 113,310 |
| 33 | A12 | Patient Recreation Fund-Cambridge | 1,332 |
| 33 | A12 | Sec Deposit Private Patient-Cambridge | 9,105 |
| 33 | A12 | Accrued Expenses-Cambridge | 266,606 |
| 33 | A12 | Accrued Pension-Cambridge | 307,934 |
| 33 | A12 | Accrued Worker's Comp-Cambridge | 110,794 |
| Total Other Current Liabilities (Itemize) | | | \$ 820,742 |

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

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

G. Balance Sheet (cont'd)

| Name of Facility | License No. | Report for Year Ended | Page | of |
|--|-------------|-----------------------|--------------------------------------|------------|
| Cambridge Manor of Fairfield, LLC | 2048-C | 9/30/2022 | 32 | 37 |
| Account | | | Amount | |
| Total Brought Forward: | | | \$ | 8,734,555 |
| C. Leasehold or like property recorded for Equity Purposes. | | | | |
| 1. Land | | | \$ | |
| 2. Land Improvements | | | *Historical Cost _____ | |
| | | | Accum. Depreciation _____ | Net |
| | | | \$ | |
| 3. Buildings | | | *Historical Cost <u>8,168,076</u> | |
| | | | Accum. Depreciation <u>6,375,404</u> | Net |
| | | | \$ | 1,792,672 |
| 4. Non-Movable Equipment | | | *Historical Cost _____ | |
| | | | Accum. Depreciation _____ | Net |
| | | | \$ | |
| 5. Movable Equipment | | | *Historical Cost _____ | |
| | | | Accum. Depreciation _____ | Net |
| | | | \$ | |
| 6. Motor Vehicles | | | *Historical Cost _____ | |
| | | | Accum. Depreciation _____ | Net |
| | | | \$ | |
| 7. Minor Equipment-Not Depreciable | | | \$ | |
| C-8 Total Leasehold or Like Properties (C1 thru 7) | | | \$ | 1,792,672 |
| D. Investment and Other Assets | | | | |
| 1. Deferred Deposits | | | \$ | |
| 2. Escrow Deposits | | | \$ | |
| 3. Organization Expense | | | *Historical Cost <u>22,019</u> | |
| | | | Accum. Depreciation <u>22,019</u> | Net |
| | | | \$ | |
| 4. Goodwill (Purchased Only) | | | \$ | |
| 5. Investments Related to Resident Care (<i>itemize</i>) | | | \$ | |
| _____ | | | | |
| 6. Loans to Owners or Related Parties (<i>itemize</i>) | | | \$ | |
| Name and Address | | Amount | Loan Date | |
| _____ | | | | |
| 7. Other Assets (<i>itemize</i>) | | | \$ | 15,269 |
| Security Deposits-Cambridge | | 15,269 | | |
| _____ | | | | |
| See Schedule | | | | |
| D-8. Total Investments and Other Assets (Lines D1 thru 7) | | | \$ | 15,269 |
| D-9. Total All Assets (Lines A9 + B10 + C8 + D8) | | | \$ | 10,542,496 |

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

G. Balance Sheet (cont'd)

| Name of Facility | | License No. | Report for Year Ended | Page | of |
|--|--|----------------------|-----------------------|----------|------------------|
| Cambridge Manor of Fairfield, LLC | | 2048-C | 9/30/2022 | 33 | 37 |
| Account | | | | Amount | |
| Liabilities | | | | | |
| A. Current Liabilities | | | | | |
| 1. Trade Accounts Payable | | | | \$ | 764,866 |
| 2. Notes Payable (<i>itemize</i>) | | | | \$ | |
| _____ _____ _____ See Schedule | | | | | |
| 3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>) | | | | \$ | 10,289 |
| Name of Lender | | Purpose | Amount | Date Due | |
| | | Equipment Obligation | 10,289 | | |
| 4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>) | | | | \$ | 573,381 |
| 5. Accrued Payroll (<i>Owners and/or Stockholders only</i>) | | | | \$ | |
| 6. Accrued Payroll Taxes Payable | | | | \$ | |
| 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>) | | | | \$ | 820,742 |
| _____ _____ _____ See Schedule | | | | | 820,742 |
| A-13. Total Current Liabilities (Lines A1 thru 12) | | | | \$ | 2,169,278 |

* 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 Cambridge Manor of Fairfield, LLC | | License No. 2048-C | Report for Year Ended 9/30/2022 | Page 34 | of 37 |
| Account | | | | Amount | |
| Total Brought Forward: | | | | 2,169,278 | |
| Liabilities (cont'd) | | | | | |
| B. Long-Term Liabilities | | | | | |
| 1. Loans Payable-Equipment (<i>itemize</i>) | | | | | |
| | | | | \$ | 15,916 |
| Name of Lender | Purpose | Amount | Date Due | | |
| | Equipment Obligation LT | 15,916 | | | |
| 2. Mortgages Payable | | | | \$ | |
| 3. Loans from Owners or Related Parties (<i>itemize</i>) | | | | \$ | 3,169,410 |
| Name and Address of Lender | Amount | Loan Date | | | |
| Due to Realty / Medicaid / Related | 3,169,410 | | | | |
| 4. Other Long-Term Liabilities (<i>itemize</i>) | | | | \$ | |
| _____ _____ See Schedule | | | | | |
| B-5. Total Long-Term Liabilities (Lines B1 thru 4) | | | | \$ | 3,185,326 |
| C. Total All Liabilities (Lines A-13 + B-5) | | | | \$ | 5,354,604 |

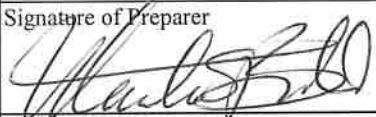
G. Balance Sheet (cont'd)
Reserves and Net Worth

| Name of Facility | License No. | Report for Year Ended | Page | of |
|---|-------------|-----------------------|-----------|------------|
| Cambridge Manor of Fairfield, LLC | 2048-C | 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 | | | \$ | 1,792,672 |
| 3. Reserve for depreciation value of leased personal property (<i>Equity</i>) | | | \$ | |
| 4. Reserve for leasehold real properties on which fair rental value is based | | | \$ | |
| 5. Reserve for funds set aside as donor restricted | | | \$ | |
| 6. Total Reserves | | | \$ | 1,792,672 |
| B. Net Worth | | | | |
| 1. Owner's Capital | | | \$ | |
| 2. Capital Stock | | | \$ | |
| 3. Paid-in Surplus | | | \$ | |
| 4. Treasury Stock | | | \$ | |
| 5. Cumulated Earnings | | | \$ | 2,319,958 |
| 6. Gain or Loss for Period | | | \$ | 1,075,262 |
| | 10/1/2021 | thru | 9/30/2022 | |
| 7. Total Net Worth | | | \$ | 3,395,220 |
| C. Total Reserves and Net Worth | | | \$ | 5,187,892 |
| D. Total Liabilities, Reserves, and Net Worth | | | \$ | 10,542,496 |

H. Changes in Total Net Worth

| Name of Facility | License No. | Report for Year Ended | Page | of | | |
|---|-------------|-----------------------|--------|------------|--------|--|
| Cambridge Manor of Fairfield, LLC | 2048-C | 9/30/2022 | 36 | 37 | | |
| Account | | | Amount | | | |
| A. Balance at End of Prior Period as shown on Report of 09/30/2021 | | | \$ | 2,319,958 | | |
| B. Total Revenue <i>(From Statement of Revenue Page 30)</i> | | | \$ | 20,765,324 | | |
| C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i> | | | \$ | 19,690,062 | | |
| D. Net Income or Deficit | | | \$ | 1,075,262 | | |
| E. Balance | | | \$ | 3,395,220 | | |
| F. Additions | | | | | | |
| 1. Additional Capital Contributed <i>(itemize)</i> | | | | | | |
| Total Expenses per Page 27 \$20,016,616 | | | | | | |
| F/S vs C/R Depreciation (326,554) | | | | | | |
| Total Expenses Per FS \$19,690,062 | | | | | | |
| 2. Other <i>(itemize)</i> | | | | | | |
| F-3. Total Additions | | | | | \$ | |
| G. Deductions | | | | | | |
| 1. Drawings of Owners/Operators/Partners <i>(Specify)</i> | | | | | \$ | |
| Name and Address <i>(No., City, State, Zip)</i> | | Title | | | Amount | |
| | | | | | | |
| 2. Other Withdrawings <i>(Specify)</i> | | | \$ | | | |
| Purpose | | Amount | | | | |
| | | | | | | |
| 3. Total Deductions | | | \$ | | | |
| H. Balance at End of Period | | | \$ | 3,395,220 | | |

I. Preparer's/Reviewer's Certification

| | | | | |
|--|---|------------------------------------|------------|----------|
| Name of Facility Cambridge Manor of Fairfield, LLC | License No. 2048-C | Report for Year Ended 9/30/2022 | Page 37 | of 37 |
| <i>Check appropriate category</i> | | | | |
| <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) | <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) | <input type="checkbox"/> (Specify) | | |
| Preparer/Reviewer Certification | | | | |
| <p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p> | | | | |
| Signature of Preparer  | Title PRINCIPAL | Date Signed 2/9/23 | | |
| Printed Name of Preparer Matthew S. Bovolack | | | | |
| Address 555 Long Wharf Drive, New Haven, CT 06511 | | Phone Number 203-781-9600 | | |
| Contacted Person Regarding Additional Information Needed Regarding This Report John Phelps | | Phone Number 516-705-4813 | | |
| Contact Email Address jphelps@nathealthcare.com | | | | |