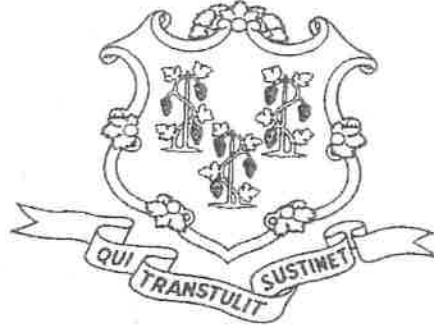


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) Stamford Acquisition I, LLC d/b/a Cassena Care at Stamford	
Address (No. & Street, City, State, Zip Code) 53 Courtland Avenue, Stamford, CT 06902	
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 1084-C	RHNS	(Specify)	Medicare Provider 07-5061
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Medicaid Provider Numbers:	CCNH 10843	RHNS	ICF-IID
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**For Department Use Only**

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

**General Information**

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Stamford Acquisition I, LLC d/b/a Cassena Care at Sta	1084-C	9/30/2022	1	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 Stamford Acquisition I, LLC d/b/a Cassena Care at Stamford [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	Date
Printed Name (Administrator) Cris Antipuesto			Printed Name Ojeaga Russel	
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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Stamford Acquisition I, LLC d/b/a Cassena Care at Stamford	Period Covered:	From 10/1/2021	To 9/30/2022	
Address of Facility 53 Courtland Avenue, Stamford, CT 06902				
Report Prepared By Marcum LLP	Phone Number 203-781-9600	Date 1/17/2023		
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. <b>Total Wages Paid</b> \$				
7. Total salaries paid \$				
8. <b>Total Wages and Salaries Paid</b> (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 203-853-0010		Report for Year Ended 9/30/2022	Page 2	of 37
Name of Facility (as shown on license) Stamford Acquisition I, LLC d/b/a Cassena Care at Stamford		Address (No. & Street, City, State, Zip ) 53 Courtland Avenue, Stamford, CT 06902		
License Numbers:	CCNH 1084-C	RHNS (Specify)	Medicare Provider No. 07-5061	
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.				
N/A				
<b>Administrator</b>				
Name of Administrator Cris Antipuesto		Nursing Home Administrator's License No.:	2105	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		
N/A				

**General Information and Questionnaire**  
**Partners/Members**

Name of Facility Stamford Acquisition I, LLC d/b/a Cassena Care at Stamford		License No. 1084-C	Report for Year Ended 9/30/2022	Page 3	of 37
Legal Name of Partnership/LLC Stamford Acquisition I, LLC d/b/a Cassena Care at Stamford		Business Address 53 Courtland Avenue, Stamford, CT 06902		State(s) and/or Town(s) in Which Registered CT	
Name of Partners/Members	Business Address	Title	% Owned		
Pasquale DeBenedictis	53 Courtland Avenue, Stamford, CT 06902	Managing Member	0.34		
Alexander Solovey	53 Courtland Avenue, Stamford, CT 06902	Managing Member	0.34		
Soloman Rutenberg	53 Courtland Avenue, Stamford, CT 06902	Managing Member	0.17		
Ojeaga Russel	53 Courtland Avenue, Stamford, CT 06902	Managing Member	0.15		

**General Information and Questionnaire  
 Corporate Owners**

Name of Facility Stamford Acquisition I, LLC d/b/a Cassena C	License No. 1084-C	Report for Year Ended 9/30/2022	Page 3A	of 37
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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	Business Address	Title	No. Shares Held by Each
N/A			






**General Information and Questionnaire  
 Related Parties\***

Name of Facility Stamford Acquisition I, LLC d/b/a Cassena Care at Star		License No. 1084-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? <input checked="" type="radio"/> Yes <input type="radio"/> No						If "Yes," provide the Name/Address and complete the information on Page 11 of the report.		
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input checked="" type="radio"/> Yes <input type="radio"/> No						If "Yes," provide the following information:		
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Cassena Care, LLC	225 Crossways Park Drive, Woodbury, NY 11797	<input type="radio"/>	<input checked="" type="radio"/>		Management Fees	Var/Var	213,525	213,525
Advanced Promo & Printing	Baychester Station, PO Box 657, Bronx NY 10469	<input type="radio"/>	<input checked="" type="radio"/>		Advertising	Pg 16 / Line M3	7,816	7,816
LI Script	333 Crossways Park Dr, Woodbury, NY 11797	<input type="radio"/>	<input checked="" type="radio"/>		Pharmacy	Var/Var	430,277	430,277
Stamford Acquisition II, LLC	53 Courtland Avenue, Stamford, CT 06902	<input type="radio"/>	<input checked="" type="radio"/>		Rent	Pg 22 / Line 9	960,000	370,902
Medd Max	360 Industrial Loop, Staten Island, NY, 10309-1162	<input type="radio"/>	<input checked="" type="radio"/>		Consulting Services	Var/Var	413,697	413,697
Lighthouse Indemnity	10 Main Street Suite 202, Ballston Lake, NY 12019	<input type="radio"/>	<input checked="" type="radio"/>		Consulting Services	16 / M11	208,183	208,183
Perfect Choice Staffing	225 Crossways Park Drive, Suite 2, Woodbury, NY 11797	<input type="radio"/>	<input checked="" type="radio"/>		Staffing	Var / Var	84,955	84,955
Smartlinx Solutions LLC	333 Thomall Street 4th floor, Edison, NJ 08837	<input type="radio"/>	<input checked="" type="radio"/>		Web Based Payroll	Pg 16 / m11	18,002	18,002
Various - See Attached	Various	<input type="radio"/>	<input checked="" type="radio"/>		Various	var/var	931,226	931,226

\* Use additional sheets if necessary.

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

State of Connecticut

**Annual Report of Long-Term Care Facility**

CSP-4 Rev. 10/2005

**General Information and Questionnaire  
Related Parties\***

Name of Facility Stamford Acquisition I, LLC d/b/a Cassena Care at Stamford		License No. 1084-C			Report for Year Ended 9/30/2021		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 #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Theradynamics Rehab Management	225 Crossways, Park Drive, Woodbury, NY 11797	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0%	Therapy Software	Var/ Var	776,400	776,400
We Staff LLC	225 Crossways, Park Drive, Woodbury, NY 11797	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0%	Staffing	Var / Var	154,825	154,825
		<input type="checkbox"/>	<input type="checkbox"/>	0%				
		<input type="checkbox"/>	<input type="checkbox"/>	0%				
		<input type="checkbox"/>	<input type="checkbox"/>	0%				
		<input type="checkbox"/>	<input type="checkbox"/>	0%				
		<input type="checkbox"/>	<input type="checkbox"/>	0%				
		<input type="checkbox"/>	<input type="checkbox"/>	0%				

\* Use additional sheets if necessary.

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

**General Information and Questionnaire**  
**Basis for Allocation of Costs**

Name of Facility Stamford Acquisition I, LLC d/b/a Cassena Care	License No. 1084-C	Report for Year Ended 9/30/2022	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (See listing page 13 )
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required?       Yes       No      If "No," explain fully why such allocation was not made.

N/A

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

N/A

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

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

N/A

**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	
Stamford Acquisition I, LLC d/b/a Cassena Care at Stamford			1084-C	9/30/2022			6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed		
	Yes	No							
De Lage Landen, 1111 Old Eagle School Rd, Wayne, PA 19087	<input type="radio"/>	<input checked="" type="radio"/>	Copier	05/19/16	Ongoing	3,517	3,517		
Pitney Bowes, 3001 Summer St, Stamford, CT 06905	<input type="radio"/>	<input checked="" type="radio"/>	Postage Machine	03/16/16	Ongoing	2,091	2,091		
Wells Fargo	<input type="radio"/>	<input checked="" type="radio"/>	Copier	03/10/14	Ongoing	3,684	3,684		
New York Business Systems	<input type="radio"/>	<input checked="" type="radio"/>	Copier	02/18/22	Ongoing	1,096	1,096		
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Total ***</b>	10,388

\* 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 Stamford Acquisition I, LLC d/b/a	License No. 1084-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. N/A				
<b>Independent Accounting Firm</b>				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1	Marcum LLP	555 Long Wharf Drive, New Haven, CT		
2	Povol & Company, CPA, PC	1981 Marcus Ave, Ste C100, Lake Success, NY 11042		
3				
4				
Services Provided by This Firm ( <i>describe fully</i> )				
1	Auditing / Cost Report Preparation	\$	29,882	
2	Tax Preparation	\$	8,000	
3		\$		
4		\$		
			Charge for Services Provided	
			\$	37,882
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				
<b>Legal Services Information</b>				
Name of Legal Firm or Independent Attorney			Telephone Number	
1	Wilson, Elser, Moskowitz, Edelman & Dicker, LLP		212-490-3000	
2	Goldman, Gruder, & Woods		203-899-8900	
3	Jackson Lewis		212-545-4000	
4	Scheinman Arbitration & Mediation		516-944-1700	
5	Various - See Attached		Var	
Address (No. & Street, City, State, Zip Code)				
1	150 East 42nd St, New York, NY 10017			
2	200 Connecticut Ave, Norwalk, CT 06854			
3	666 Third Ave., 29th Floor, New York, NY 10017			
4	322 Main Street, Port Washington, NY 11050			
5	Var			
Services Provided by This Firm ( <i>describe fully</i> )				
1	Lawsuit against old owners - Regency Heights (Disallowed on Pg 28)	\$	8,323	
2	General Legal Matters	\$	10,304	
3	Employee Relations / Union Negotiations	\$	15,457	
4	Annual Retainer (Disallowed on Pg 28)	\$	6,450	
5	Various - See Attached (\$1,676 Disallowed on Pg 28)	\$	3,727	
			Charge for Services Provided	
			\$	44,261
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**  
**Legal Firm Continued**

Name of Facility Stamford Acquisition I, LLC d/b/a Cassena Care at Stamford	License No. 1084-C	Report for Year Ended 9/30/2022	Page 7a	of 37
<b>Legal Services Information</b>				
Name of Legal Firm or Independent Attorney			Telephone Number	
1	Certilman Balin Adler & Hyman LLP		516-296-7000	
2	Constable Connecticut State		203-899-8900	
3	Treasurer, State of Connecticut		972-702-8222	
4	Stamford Probate		203-323-2149	
5	Perfect Choice Staffing		516-422-7803	
6	Colby Attorneys Service Co		800-832-1220	
Address (No. & Street, City, State, Zip Code)				
1	90 Merrick Ave 9th Floor, East Meadow, NY 11554			
2	N/A			
3	55 Elm St, Hartford, CT 06106			
4	888 Washington Blvd 5th Floor, Stamford, CT 06901			
5	225 Crossways Park Dr, Woodbury, NY 11797			
6	PO Box 737, Albany, NY 12201			
Services Provided by This Firm (describe fully)				
1	Signature Bank Documents		\$	1,750
2	Probate Court Hearing (Disallowed on Pg 28)			120
3	Probate Court Hearing (Disallowed on Pg 28)			250
4	Probate Court Hearing (Disallowed on Pg 28)			1,250
5	Lawyer(Disallowed on Page 28)			57
6	Registered Agent			300
			Charge for Services Provided	
			\$	3,727

### Schedule of Resident Statistics

Name of Facility		License No.				Report for Year Ended				Page		of	
Stamford Acquisition I, LLC d/b/a Cassena Care at Stamford		1084-C				9/30/2022				8		37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	156	156			156	156							
B. On last day of THIS report period	156	156							156	156			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	126	126			126	126							
B. As of midnight of THIS report period	114	114							114	114			
3. Total Number of Days Care Provided During Period													
A. Medicare	5,769	5,769			4,651	4,651			1,118	1,118			
B. Medicaid (Conn.)	30,438	30,438			22,050	22,050			8,388	8,388			
C. Medicaid (other states)													
D. Private Pay	1,375	1,375			1,109	1,109			266	266			
E. State SSI for RCH													
F. Other (Specify)	3,998	3,998			3,998	3,998							
G. Total Care Days During Period (3A thru F)	41,580	41,580			31,808	31,808			9,772	9,772			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. <b>Total Resident Days (3G + 4A + 4B)</b>	41,580	41,580			31,808	31,808			9,772	9,772			

### Schedule of Resident Statistics (Cont'd)

Name of Facility Stamford Acquisition I, LLC d/b/a Cassena C			License No. 1084-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? <input type="radio"/> Yes <input checked="" type="radio"/> No										If "YES", provide the following information:			
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days										CCNH	RHNS	(Specify)	
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	9		93		12								
Per Diem Rate													
a. One bed rm.	Var		311.37		630.00								
b. Two bed rms.	Var		311.37		595.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments										TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B										1,333	1,333		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments										1,678	1,678		
2. Restorative Treatments													
C. Other										9,750	9,750		
D. Total Physical Therapy Treatments										12,761	12,761		
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B										264	264		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments										181	181		
2. Restorative Treatments													
C. Other										1,398	1,398		
D. Total Speech Therapy Treatments										1,843	1,843		
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B										561	561		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments										1,217	1,217		
2. Restorative Treatments													
C. Other										9,424	9,424		
D. Total Occupational Therapy Treatments										11,202	11,202		



**Report of Expenditures - Salaries & Wages**

Name of Facility	License No.	Report for Year Ended	Page	of		
Stamford Acquisition I, LLC d/b/a Cassena Care at Stamford	1084-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
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	155,896	2,240				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	354,236	10,111				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	648,076	32,497				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	353,814	22,073				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	198,182	9,994				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	24,978	1,484				
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	274,784	4,254				
b. RN						
1. Direct Care	593,876	12,767				
2. Administrative**	186,672	3,415				
c. LPN						
1. Direct Care	1,136,814	36,071				
2. Administrative**						
d. Aides and Attendants	2,106,561	111,777				
e. Physical Therapists	39,279	1,997				
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	182,647	7,303				
i. Physicians						
1. Medical Director						
2. Utilization Review	315,465	4,947				
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	169,464	6,590				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	310,072	9,660				
<b>A-13. Total Salary Expenditures</b>	<b>7,050,816</b>	<b>277,180</b>				

\* 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.



State of Connecticut

**Annual Report of Long-Term Care Facility**

CSP-11 Rev. 10/2005

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

Name of Facility				License No.	Report for Year Ended			Page	of	
Stamford Acquisition I, LLC d/b/a Cassena Care at Stamford				1084-C	9/30/2022			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
<b>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).</b>										
Ojeaga Russel	133,878			Non Discriminatory	Regional Administrator	994	A4	Cassena Care at Norwalk	133,878	994

\* 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.

State of Connecticut

**Annual Report of Long-Term Care Facility**

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Stamford Acquisition I, LLC d/b/a Cassena Care at Stamford				1084-C	9/30/2022			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Cris Antipuestro	155,896			Non Discriminatory	Administrator	2,240	A2			
<b>Section IV - Assistant Administrators</b>										

\*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		
Stamford Acquisition I, LLC d/b/a Cassena Care at	1084-C	9/30/2022	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian	2,848	27				
2. Dentist	5,500	Monthly				
3. Pharmacist	31,905	Monthly				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	215,269	4,097				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	48,000	Monthly				
b. Utilization Review (Title 18 and 19 only) monthly meeting	7,140	Monthly				
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	229,373	3,227				
b. Other						
10. Occupational Therapist						
a. Resident Care	202,549	3,693				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	226,366	3,906				
2. Administrative***	41,822	Monthly				
b. LPN						
1. Direct Care	2,508	57				
2. Administrative***						
c. Aides	88,139	3,237				
d. Other						
12. Other (Specify)						
See Attached Schedule	20,009					
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>1,121,428</b>	<b>18,244</b>				

\* 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 Stamford Acquisition I, LLC d/b/a Cassena Care at Stamford		License No. 1084-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		
Priority Care Staffing, 42 W 38th Street, New York, NY 10018	Dietary Consulting	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Jeffrey Cahn, D.M.D., 1435 Bedford St Ste 1P, Stamford, CT 06905	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Guardian Consulting Services, 263 Tresser Boulevard 9th Floor, Stamford, CT 06901	Pharmacy Consulting	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Theradynamics Rehab Mgmt., LLC, 225 Crossways Park Dr, Woodbury, NY 11797	PT/ST/OT Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Common ownership	
Santi Neuberger M.D.	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
RJV Consulting, 3361 Maplewood Dr N Wantagh, NY 11793	Utilization Review Consulting	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Perfect Choice Staffing, 225 Crossways Park Drive, Suite 2, Woodbury, NY 11797	RN Supervisors	<input checked="" type="radio"/>	<input type="radio"/>	Common ownership	
Vertical Staffing Corporation, 708 3rd Avenue 5th Floor, New York, NY 10017	RN/LPN/Aides Staffing	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
We Staff LLC 337 Crossways Park Dr Woodbury NY 11797	Aides Staffing	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Global Care Management 999A Rutland Road Brooklyn, NY 11212	Mock Survey/Offsite Chart Review	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
O2 Safe Respiratory Services	Respiratory Therapist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

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

**C. Expenditures Other Than Salaries - Administrative and General**

Name of Facility	License No.	Report for Year Ended		Page	of
Stamford Acquisition I, LLC d/b/a Cassena Care	1084-C	9/30/2022		15	37
Item	Total	CCNH	RHNS	(Specify)	
<b>1. Administrative and General</b>					
<b>a. Employee Health &amp; Welfare Benefits</b>					
1. Workmen's Compensation	\$ 209,153	209,153			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 69,755	69,755			
4. Social Security (F.I.C.A.)	\$ 518,220	518,220			
5. Health Insurance	\$ 1,024,862	1,024,862			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 390,560	390,560			
8. Uniform Allowance	\$ 23,625	23,625			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 34,797	34,797			
<b>b. Personal Retirement Plans, Pensions, and         Profit Sharing Plans for Owners and         Operators (Discriminatory)*</b>	\$				
<b>c. Bad Debts*</b>	\$ 1,290,406	1,290,406			
<b>d. Accounting and Auditing</b>	\$ 37,882	37,882			
<b>e. Legal (<i>Services should be fully described on Page 7</i>)</b>	\$ 44,261	44,261			
<b>f. Insurance on Lives of Owners and         Operators (<i>Specify</i>)*</b>	\$				
<b>g. Office Supplies</b>	\$ 34,212	34,212			
<b>h. Telephone and Cellular Phones</b>					
1. Telephone & Pagers	\$ 7,757	7,757			
2. Cellular Phones	\$ 480	480			
<b>i. Appraisal (<i>Specify purpose and         attach copy</i>)*</b>	\$				
<b>j. Corporation Business Taxes (<i>franchise tax</i>)</b>	\$				
<b>k. Other Taxes (<i>Not related to property - See Page 22</i>)</b>					
1. Income*	\$ 132,796	132,796			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$ 5,758	5,758			
3. Resident Day User Fee	\$ 717,624	717,624			
<b>Subtotal</b>	\$ 4,542,148	4,542,148			

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

(Carry Subtotals forward to next page)





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

Name of Facility	License No.	Report for Year Ended		Page	of
Stamford Acquisition I, LLC d/b/a Cassena Care at Sta	1084-C	9/30/2022		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>		4,542,148	4,542,148		
<b>l. Travel and Entertainment</b>					
1. Resident Travel and Entertainment	\$ 133	133			
2. Holiday Parties for Staff	\$ 2,375	2,375			
3. Gifts to Staff and Residents	\$ 66,039	66,039			
4. Employee Travel	\$ 6,353	6,353			
5. Education Expenses Related to Seminars and Conventions	\$ 3,505	3,505			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 2,550	2,550			
7. Other ( <i>Specify</i> ) See Attached Schedule	\$ 7,050	7,050			
<b>m. Other Administrative and General Expenses</b>					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 1,945	1,945			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 61,861	61,861			
4. Fund-Raising***	\$				
5. Medical Records	\$ 101	101			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 26,909	26,909			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 16,906	16,906			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 1,267	1,267			
10. Contributions*** See Attached Schedule	\$ 650	650			
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 193,737	193,737			
12. Administrative Management Services**	\$ 146,797	146,797			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 35,806	35,806			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 5,116,132	5,116,132			

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

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

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

## Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
	0		
Meals & Entertainment(Disallowed on Page 28a)	\$ 7,050		
<b>Total Other Travel and Entertainment</b>	\$ 7,050	\$ -	\$ -

## Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	0		
Promotional Advertising(Disallowed on Page 28)	\$ 61,861		
<b>Total Other Advertising</b>	\$ 61,861	\$ -	\$ -

## Schedule of Dues

Description	CCNH	RHNS	(Specify)
	0		
CAHCF Dues	\$ 16,906		
<b>Total Dues</b>	\$ 16,906	\$ -	\$ -

## Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	0		
Charitable Contributions(Disallowed on Pg 28)	\$ 650		
<b>Total Contributions</b>	\$ 650	\$ -	\$ -

## Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	0		
Physician Credential Fees(Disallowed on Pg 28a)	\$ 3		
Fiscal - Licenses	\$ 640		
Member Fees	\$ (131)		
Admin - License and Taxes	\$ 1,220		
Bank Charges(\$20,998 Disallowed on Pg 28a)	\$ 29,784		
Other Direct	\$ (639)		
Penalties(Disallowed on Pg 28a)	\$ 1,105		
Employee Fingerprinting	\$ 3,824		
<b>Total Other Administrative and General</b>	\$ 35,806	\$ -	\$ -

**Schedule C-1 - Management Services\***

Name of Facility	License No.	Report for Year Ended	Page of
Stamford Acquisition I, LLC d/b/a Casser	1084-C	9/30/2022	17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Cassena Care Consulting	146,797	A&G - Management Fees	Line 16 / Line m12
Cassena Care Consulting	11,692	Direct - Management Fees	Line 20 / Line 5j
Cassena Care Consulting	20,466	Indirect - Management Fees	Line 20 / Line 5k

**\* 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
Stamford Acquisition I, LLC d/b/a Cassena Care at Sta		1084-C	9/30/2022		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 397,002	397,002			
2.	Non-Food Supplies	\$ 73,999	73,999			
3.	Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 961	961			
c. Other (Specify) _____		\$				
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>		<b>\$ 471,962</b>	<b>471,962</b>			
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
F. Resident Meals: Total no. of meals served per day:*						
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No						
H. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify cost.	
K. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify cost.	
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify amt.	
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)						

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Stamford Acquisition I, LLC d/b/a Cassena Care at Stamford		1084-C	9/30/2022	19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	197,372	197,372		
c. Other (Specify) Other Laundry Supplies	\$	66,537	66,537		
<b>3D. Total Laundry Expenditures (3a + b + c)</b>	\$	263,909	263,909		
<b>3E. Laundry Questionnaire</b>					
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
Stamford Acquisition I, LLC d/b/a Cassena Car		1084-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. \$				
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. \$	339	339		
C.	Other ( <i>Specify</i> ) Other Housekeeping Supplies		\$ 55,649	55,649		
4D.	<b>Total Housekeeping Expenditures</b> (4a + b + c)		\$ 55,988	55,988		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from LI Scripts	\$	312,101	312,101		
b.	Medicine Cabinet Drugs	\$	52,820	52,820		
c.	Medical and Therapeutic Supplies	\$				
d.	Ambulance/Limousine***	\$	15,196	15,196		
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	8,123	8,123		
f.	X-rays and Related Radiological Procedures***	\$	15,123	15,123		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$	27,142	27,142		
i.	Recreation	\$	46,775	46,775		
j.	Direct Management Services*	\$	11,692	11,692		
k.	Indirect Management Services*	\$	20,466	20,466		
l.	Other (Specify)**** See Attached Schedule	\$	420,869	420,869		
5M.	<b>Total Resident Care Expenditures</b> (5a - 5j)	\$	930,307	930,307		

\* 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)
	0		
Nsg Admin-Rental Expense	\$ 298		
SNF- Other Supplies	\$ 75		
SNF - Rental Expense	\$ 32,651		
Central Supply- IV Solutions(Disallowed on Page 29a)	\$ 22,994		
Central Supply- Gloves	\$ 6,699		
Central Supply- Other Medical	\$ 84,485		
Central Supply- Wipes	\$ 5,337		
Central Supply- Other Supplies	\$ 53,914		
Central Supply- Rental Expense(\$88,395 Disallowed on Page 29a)	\$ 107,654		
PT - Medical Supplies	\$ 2,239		
PT- Other Supplies	\$ 2,366		
PT- Rental Expense	\$ 4,546		
Utilization Review- Rental Ex	\$ 1,436		
COVID-19 Supplies	\$ 96,175		
<b>Total Other Resident Care</b>	\$ 420,869	\$ -	\$ -

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

Name of Facility Stamford Acquisition I, LLC d/b/a Cassena Care at Stamford				License No. 1084-C	Report for Year Ended 9/30/2022	Page of 21   37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
AplusVolP, LLC	1128 Stratford Ave, Stratford, CT 06615	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Cable TV	10,297			20	5l
Nelson Ambulance	64 Magee Ave, Stamford, CT 06902	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Ambulance	11,662			20	5d
City Carting & Recycling	8 Viaduct Rd, Stamford, CT 06907	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Garbage	55,729			22	6f
Clarity Water Tech., LLC	1704 Boone Ave, The Bronx, NY 10460	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Water Testing	11,433			22	6f
CT Telecommunications Services, LLC	1128 Stratford Ave, Stratford, CT 06615	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Phones	13,222			15	1h
JC Ramos Landscaping	83 Glenbrook Ave, Hamden, CT 06514	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Landscaping	39,994			22	6f
OPTIMUM	PO Box 742698, Cincinnati, OH 45274	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Cable TV/Internet	33,394			20	5l
Patient Care Associates, Inc.	141 Halstead Ave, Mamroneck, NY 10543	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Contracted Service - Lab	15,123			20	5h
Priority Care Staffing	42 W 38th Street, New York, NY 10018	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Security/Housekeeping/Dietary Purchased Service	64,203			Var	Var
Stamford Hospital	1 Hospital Plaza, Stamford, CT 06902	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Contracted Service - Lab	26,855			20	5h
Unitex Textile Rental Services	100 Turnpike Drive, Middlebury, CT 06762	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Laundry Purchased Services	197,372			20	5h
Westaff	639 Research Pkwy, Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Staffing	13,774			Var	Var
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

\* List all contracted services over \$10,000. Use additional sheets if necessary.

\*\* Refer to Page 4 for definition of related.

\*\*\* Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).



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

Name of Facility	License No.	Report for Year Ended			Page	of
Stamford Acquisition I, LLC d/b/a Cassena Ca	1084-C	9/30/2022			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 151,913	151,913				
b. Heat	\$ 128,717	128,717				
c. Light & Power	\$ 174,903	174,903				
d. Water	\$ 42,883	42,883				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 10,388	10,388				
f. Other ( <i>itemize</i> ) See Attached Schedule	\$ 161,559	161,559				
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$ 670,363	670,363				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 45,539	45,539				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 78,948	78,948				
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$ 124,487	124,487				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 960,000	960,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 175,089	175,089				
c. Personal property taxes	\$					
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$ 1,259,576	1,259,576				

\* 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)
	0		
Plant- Minor Non Medical Equip	\$ (115)		
Plant- Purchased Services	\$ 21,250		
Plant- Contracted Services	\$ 136,667		
Plant- Rental Expense	\$ 3,757		
<b>Total Other Repairs and Maintenance</b>	<b>\$ 161,559</b>	<b>\$ -</b>	<b>\$ -</b>





Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
<b>Additions:</b>					
Var	See Attached	Administrative	\$ 28,757	Var	\$ 7,587
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
<b>Total additions for Movable Equipmen</b>			\$ 28,757		\$ 7,587
<b>Deletions:</b>					
<b>Total deletions for Movable Equipmen</b>			\$ -		\$ -

\*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
<b>Additions:</b>				
<b>Total additions for Leasehold Improvemen</b>		\$ -		\$ -
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvemen</b>		\$ -		\$ -

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Annual Report of Long-Term Care Facility**

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Stamford Acquisition I, LLC d/b/a Cassena Care at Stamford			1084-C		9/30/2022			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									

\* 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.

**Stamford Acquisition SNFF  
Depreciation Schedule  
9/30/22**

Description	Classification	Date of Acquisition	Historical Cost	Cost to be Depreciated	Useful Life (in months)	2021 Depr	2021 Accum	2022 Depr	2022 Accum	Net Book Value
<b>Building Improvements</b>										
<b>2016 Acquisitions</b>										
Walk in freezer	Building Improvements	9/30/2016	9,363	9,363	360	312	1,586	312	1,898	7,465
Furnishing and installing new partition with 42" doors and safety glass	Building Improvements	9/30/2016	12,793	12,793	360	426	2,166	426	2,592	10,202
Zoning analysis	Building Improvements	9/30/2016	1,400	1,400	360	47	239	47	286	1,114
Environmental Testing	Building Improvements	5/31/2016	7,975	7,975	360	266	1,441	266	1,707	6,268
Electrical Wiring and Lighting	Building Improvements	9/18/2016	16,000	16,000	360	533	2,709	533	3,242	12,758
Automated Doors	Building Improvements	1/15/2016	2,478	2,478	360	83	477	83	560	1,918
Permit re: renovation	Building Improvements	8/16/2016	200	200	360	7	36	7	43	157
Permit re: renovation	Building Improvements	9/16/2016	168	168	360	6	30	6	36	131
Wood Panels, reception & nursing stations, cabinets, picture boards	Building Improvements	9/23/2016	18,300	18,300	360	610	3,101	610	3,711	14,589
Architect	Building Improvements	10/7/2015	170	170	360	6	36	6	42	128
Installation of cold water faucet	Building Improvements	12/8/2015	495	495	360	17	99	17	116	379
Installation of cold water faucet	Building Improvements	12/8/2015	495	495	360	17	99	17	116	379
Kitchen sink drain replacement	Building Improvements	12/8/2015	750	750	360	25	146	25	171	579
Installation of shut off and supply line for kitchen faucet	Building Improvements	12/9/2015	385	385	360	13	76	13	89	296
Installation of new drainage pipe	Building Improvements	12/17/2015	895	895	360	30	175	30	205	690
Installation of boiler room copper line	Building Improvements	12/17/2015	650	650	360	22	128	22	150	500
Construction Supplies	Building Improvements	7/25/2016	7,643	7,643	360	255	1,339	255	1,594	6,049
Patio	Building Improvements	9/18/2016	15,000	15,000	360	500	2,542	500	3,042	11,958
Patio	Building Improvements	9/27/2016	15,000	15,000	360	500	2,542	500	3,042	11,958
Environmental Testing	Building Improvements	3/21/2016	7,975	7,975	360	266	1,485	266	1,751	6,224
construction Supplies - Tiles, wood	Building Improvements	8/6/2016	24,426	24,426	360	814	4,206	814	5,020	19,406
Crate and Barrel	Building Improvements	9/1/2016	487	487	360	16	81	16	97	390
Building Supplies - 2x2 NDF Sq Edge 64, SC Fiber Skimcoat	Building Improvements	9/1/2016	1,006	1,006	360	34	173	34	207	799
Building Supplies - Self leveling underlay, paint primer	Building Improvements	9/1/2016	2,777	2,777	360	93	473	93	566	2,211
Building Supplies - Wall angle	Building Improvements	9/1/2016	1,559	1,559	360	52	264	52	316	1,242
Building Supplies - silhouette main, 10' track	Building Improvements	9/1/2016	2,596	2,596	360	87	442	87	529	2,067
Furniture	Building Improvements	9/1/2016	1,239	1,239	360	41	208	41	249	989
Building Supplies - Wall angle	Building Improvements	9/1/2016	1,329	1,329	360	44	224	44	268	1,061
Building Supplies - beige tile	Building Improvements	9/1/2016	679	679	360	23	117	23	140	539
Building Supplies - Marjam	Building Improvements	9/1/2016	8,053	8,053	360	268	1,362	268	1,630	6,423
Building Supplies - Marjam	Building Improvements	9/1/2016	1,771	1,771	360	59	300	59	359	1,412
Building Supplies Tile	Building Improvements	9/1/2016	905	905	360	30	153	30	183	723
Building Supplies - Cement	Building Improvements	9/1/2016	202	202	360	7	36	7	43	160
Building Supplies - Prime	Building Improvements	9/1/2016	69	69	360	2	10	2	12	57
Building Supplies - Marjam	Building Improvements	9/1/2016	562	562	360	19	97	19	116	447
<b>Total 2016 Acquisitions</b>			<b>165,795</b>	<b>165,795</b>		<b>5,530</b>	<b>28,595</b>	<b>5,530</b>	<b>34,125</b>	<b>131,671</b>
<b>2017 Acquisitions</b>										
Electrical Wiring and Lighting	Building Improvements	9/30/2016	16,008	16,008	360	534	2,546	534	3,080	12,928
Window Treatments	Building Improvements	10/1/2016	3,981	3,981	360	133	634	133	767	3,214
Construction - Demo walls, install doors, framing, drop ceiling	Building Improvements	10/3/2016	50,000	50,000	360	1,667	7,950	1,667	9,617	40,383
Construction - Demo walls, install doors, framing, drop ceiling	Building Improvements	10/3/2016	33,500	33,500	360	1,117	5,327	1,117	6,444	27,056
Construction - Demo walls, install doors, framing, drop ceiling	Building Improvements	10/3/2016	40,000	40,000	360	1,333	6,358	1,333	7,691	32,309
Window Treatments	Building Improvements	10/5/2016	371	371	360	12	58	12	70	301
Window Treatments	Building Improvements	10/5/2016	219	219	360	7	34	7	41	178
Air Conditioners	Building Improvements	10/21/2016	7,817	7,817	360	261	1,244	261	1,505	6,311
Patio and Walkway redone	Building Improvements	10/21/2016	12,500	12,500	360	417	1,989	417	2,406	10,094
Brick wall entrance/Landscaping - Planted trees/flowers	Building Improvements	10/22/2016	16,277	16,277	360	543	2,589	543	3,132	13,145
Building Supplies - Marjam	Building Improvements	10/24/2016	14,973	14,973	360	499	2,380	499	2,879	12,094
Double Doors	Building Improvements	10/26/2016	7,200	7,200	360	240	1,145	240	1,385	5,815
Fixed broken stucco/installed concrete	Building Improvements	11/1/2016	3,500	3,500	360	117	558	117	675	2,825
Window Treatments	Building Improvements	11/3/2016	13,439	13,439	360	448	2,108	448	2,556	10,883
Construction - New Ceiling, Paint, Flooring	Building Improvements	11/4/2016	50,500	50,500	360	1,683	7,919	1,683	9,602	40,898
Construction - New Ceiling, Paint, Flooring	Building Improvements	11/4/2016	48,000	48,000	360	1,600	7,528	1,600	9,128	38,872
Patio and Walkway redone	Building Improvements	11/11/2016	11,000	11,000	360	367	1,727	367	2,094	8,906
Door	Building Improvements	12/23/2016	2,200	2,200	360	73	339	73	412	1,788
Install new controls/thermostat/wiring service AC System	Building Improvements	12/31/2016	2,831	2,831	360	94	436	94	530	2,300
Construction - New Ceiling, Floor Tiles, Electrical Wiring	Building Improvements	1/4/2017	44,500	44,500	360	1,483	6,788	1,483	8,271	36,229
Construction - New Ceiling, Floor Tiles, Electrical Wiring	Building Improvements	1/4/2017	30,000	30,000	360	1,000	4,577	1,000	5,577	24,423
Replaced Mixing Valve and Pressure Gauge	Building Improvements	1/6/2017	1,492	1,492	360	50	229	50	279	1,214
Building Supplies - Marjam and Exterior/Interior Doors - Automata	Building Improvements	1/6/2017	5,576	5,576	360	186	851	186	1,037	4,539
Various supplies for building	Building Improvements	1/12/2017	22,320	22,320	360	744	3,405	744	4,149	18,170
25FT and 30FT Waste Containers for construction work	Building Improvements	1/13/2017	6,277	6,277	360	209	957	209	1,166	5,111
Building Supplies - Home Depot and Walmart	Building Improvements	2/6/2017	1,639	1,639	360	55	248	55	303	1,336

**Stamford Acquisition SNFF  
Depreciation Schedule  
9/30/22**

Description	Classification	Date of Acquisition	Historical Cost	Cost to be Depreciated	Useful Life (in months)	2021	2021	2022	2022	Net Book Value
						Depr	Accum	Depr	Accum	
Roof Repaired	Building Improvements	2/23/2017	3,500	3,500	360	117	528	117	645	2,855
Roof Repaired	Building Improvements	2/23/2017	3,500	3,500	360	117	528	117	645	2,855
Construction - Install Outlets/Door/Wiring,Painting	Building Improvements	3/6/2017	21,750	21,750	360	725	3,225	725	3,950	17,800
Construction - Install Outlets/Door/Wiring,Painting	Building Improvements	3/6/2017	21,750	21,750	360	725	3,225	725	3,950	17,800
Plumbing	Building Improvements	3/15/2017	7,700	7,700	360	257	1,143	257	1,400	6,300
Plumbing	Building Improvements	3/15/2017	8,000	8,000	360	267	1,188	267	1,455	6,545
Cubical Curtains	Building Improvements	3/20/2017	1,018	1,018	360	34	151	34	185	833
Marjam - Building Supplies	Building Improvements	4/27/2017	7,803	7,803	360	260	1,140	260	1,400	6,402
Construction - Paint, Install Outlets and Tile, Cut Doors	Building Improvements	5/3/2017	21,900	21,900	360	730	3,154	730	3,884	18,016
Construction - Paint, Install Outlets and Tile, Cut Doors	Building Improvements	5/3/2017	21,900	21,900	360	730	3,154	730	3,884	18,016
Hazardous Waste Permit	Building Improvements	5/5/2017	200	200	360	7	30	7	37	163
Patched Roof	Building Improvements	6/1/2017	900	900	360	30	128	30	158	742
Patched Roof	Building Improvements	6/1/2017	1,014	1,014	360	34	145	34	179	836
Order equipment, Oversee kitchen operation, Consulting during n	Building Improvements	6/1/2017	5,000	5,000	360	167	711	167	878	4,122
Order equipment, Oversee kitchen operation, Consulting during n	Building Improvements	6/1/2017	5,000	5,000	360	167	711	167	878	4,122
Order equipment, Oversee kitchen operation, Consulting during n	Building Improvements	6/1/2017	5,000	5,000	360	167	711	167	878	4,122
Patched Roof	Building Improvements	6/23/2017	1,014	1,014	360	34	145	34	179	836
Re route roof drainage	Building Improvements	7/19/2017	1,200	1,200	360	40	168	40	208	992
Rebuilt dining room ceiling/Carpet removal and installed floor	Building Improvements	8/23/2017	7,200	7,200	360	240	991	240	1,231	5,969
Various supplies for building	Building Improvements	8/31/2017	15,073	15,073	360	502	2,072	502	2,574	12,499
Replaced condensing unit for AC System	Building Improvements	9/20/2017	9,254	9,254	360	308	1,252	308	1,560	7,695
Paint, Repair doors and cabinets, Install ceramic tiles	Building Improvements	9/20/2017	22,250	22,250	360	742	3,016	742	3,758	18,492
Paint, Repair doors and cabinets, Install ceramic tiles	Building Improvements	9/20/2017	22,250	22,250	360	742	3,016	742	3,758	18,492
New hot water circulator motor and pump	Building Improvements	9/22/2017	1,233	1,233	360	41	167	41	208	1,026
<b>Total 2017 Acquisitions</b>			<b>661,530</b>	<b>661,530</b>		<b>22,055</b>	<b>100,619</b>	<b>22,055</b>	<b>122,674</b>	<b>538,856</b>
<b>2018 Acquisitions/Disposals</b>										
Reversal of Invoice from last cost report period	Building Improvements	3/15/2017	(7,700)	(7,700)	360	(771)	(1,143)	(771)	(1,914)	(5,786)
Sand and Clean Hand Rails, Install new sing, touch up pain	Building Improvements	11/15/2017	11,500	11,500	180	767	3,068	767	3,835	7,665
Thyssenkrupp Elevator one new pump motor	Building Improvements	8/9/2018	10,252	10,252	240	513	2,052	513	2,565	7,687
New Fence	Building Improvements	6/8/2018	9,146	9,146	120	915	3,660	915	4,575	4,571
Various supplies for building	Building Improvements	12/12/2017	3,839	3,839	60	768	3,072	768	3,840	(1)
Fabricate and install 1 shed stye metal canopy	Building Improvements	1/30/2018	15,326	15,326	120	1,533	6,132	1,533	7,665	7,661
Installed 208V electrical line in the kitchen, replacement of power	Building Improvements	5/3/2018	2,513	2,513	240	126	504	126	630	1,883
Major Elevator Repairs	Building Improvements	8/7/2018	69,128	69,128	240	3,456	13,824	3,456	17,280	51,848
<b>Total 2018 Acquisitions/Disposals</b>			<b>114,004</b>	<b>114,004</b>		<b>7,307</b>	<b>31,169</b>	<b>7,307</b>	<b>38,476</b>	<b>75,528</b>
<b>2019 Acquisitions/Disposals</b>										
Painting, Install floor tiles, run new electric	Building Improvements	5/20/2019	17,920	17,920	468	459	1,377	459	1,836	16,084
Demo Kitchen and 4 bathrooms - redo	Building Improvements	5/14/2019	32,580	32,580	468	835	2,505	835	3,340	29,240
Change Order #1 to above Major Elevator Repairs Project	Building Improvements	8/1/2019	8,275	8,275	468	212	636	212	848	7,427
Change Order #2 to above Major Elevator Repairs Project	Building Improvements	9/4/2019	3,993	3,993	468	102	306	102	408	3,585
Outdoor 3 Phase Panel and breakers and wiring of new elevator	Building Improvements	8/23/2019	14,435	14,435	468	370	1,110	370	1,480	12,955
<b>Total 2019 Acquisitions/Disposals</b>			<b>77,203</b>	<b>77,203</b>		<b>1,978</b>	<b>5,934</b>	<b>1,978</b>	<b>7,912</b>	<b>69,291</b>
<b>2020 Acquisitions/Disposals</b>										
Prepare and Provide Property/Boundary Survey and ALTA/NSPS	Building Improvements	9/17/2020	5,000	5,000	468	128	256	128	384	4,616
Sales Tax - Prepare and Provide Property/Boundary Survey and A	Building Improvements	9/30/2020	318	318	468	8	16	8	24	294
Replacement of one 500K BTU Commercial Hot Water Heater in	Building Improvements	2/25/2020	17,964	17,964	468	461	922	461	1,383	16,581
Home Depot - Various Supplies - Drywall makes up most of the	Building Improvements	5/5/2020	2,999	2,999	468	77	154	77	231	2,768
Repair of rear parking lot damaged post light, Replacement of R	Building Improvements	6/11/2020	5,115	5,115	468	131	262	131	393	4,722
Sales Tax - Repair of rear parking lot damaged post light, Replac	Building Improvements	7/31/2020	325	325	468	8	16	8	24	301
<b>Total 2020 Acquisitions/Disposals</b>			<b>31,721</b>	<b>31,721</b>		<b>813</b>	<b>1,626</b>	<b>813</b>	<b>2,439</b>	<b>29,282</b>
<b>2021 Acquisitions/Disposals</b>										
Split Case Pump for Main Recirculating Heating Line	Building Improvements	3/4/2021	5,018	5,018	180	335	335	335	670	4,348
Boiler - New Burner controller, Fire eye, and Spark cables	Building Improvements	3/2/2021	3,705	3,705	240	185	185	185	370	3,335
Install one 500K BTU Commercial Hot Water Heater	Building Improvements	7/26/2021	23,990	23,990	180	1,599	1,599	1,599	3,198	20,792
2015 - 2018 Sales Tax Audit Adjustment on Fixed Assets	Building Improvements	9/30/2021	40,639	40,639	180	2,709	2,709	2,709	5,418	35,221
<b>Total 2021 Acquisitions/Disposals</b>			<b>73,352</b>	<b>73,352</b>		<b>4,828</b>	<b>4,828</b>	<b>4,828</b>	<b>9,656</b>	<b>63,696</b>
<b>2022 Acquisitions/Disposals</b>										
Install one 500K BTU Commercial Hot Water Heater	Building Improvements	3/31/2021	19,723	19,723	180	-	-	1,315	1,315	18,408
Install one 500K BTU Commercial Hot Water Heater	Building Improvements	4/5/2022	25,695	25,695	180	-	-	1,713	1,713	23,982
<b>Total 2022 Acquisitions/Disposals</b>			<b>45,418</b>	<b>45,418</b>		<b>-</b>	<b>-</b>	<b>3,028</b>	<b>3,028</b>	<b>42,390</b>



Stamford Acquisition SNFF  
 Depreciation Schedule  
 9/30/22

Description	Classification	Date of Acquisition	Historical Cost	Cost to be Depreciated	Useful Life (in months)	2021 Depr	2021 Accum	2022 Depr	2022 Accum	Net Book Value
TOTAL BUILDING IMPROVEMENTS			1,169,023	1,169,023		42,511	172,771	45,539	218,310	950,713

**Stamford Acquisition SNFF  
Depreciation Schedule  
9/30/22**

Description	Classification	Date of Acquisition	Historical Cost	Cost to be Depreciated	Useful Life (in months)	2021 Depr	2021 Accum	2022 Depr	2022 Accum	Net Book Value
<b>Moveable Equipment</b>										
<b>2016 Acquisitions</b>										
Telephone System	Movable Equipment	12/1/2015	1,260	1,260	36	0	1,260	-	1,260	-
Telephone System	Movable Equipment	12/1/2015	1,058	1,058	36	0	1,058	-	1,058	-
Telephone System	Movable Equipment	12/1/2015	1,095	1,095	36	(0)	1,095	-	1,095	-
Video Surveillance	Movable Equipment	12/1/2015	10,848	10,848	36	0	10,848	-	10,848	-
Video Surveillance	Movable Equipment	12/1/2015	10,848	10,848	36	0	10,848	-	10,848	-
Computers	Movable Equipment	9/20/2016	5,850	5,850	36	0	5,850	-	5,850	-
Computers	Movable Equipment	1/21/2016	4,317	4,317	60	217	4,317	-	4,317	-
Computers	Movable Equipment	1/25/2016	711	711	60	48	711	-	711	-
installation of cold water faucet	Movable Equipment	6/27/2016	495	495	60	17	495	-	495	-
Installation of shut off and supply line for kitchen faucet	Movable Equipment	12/3/2015	385	385	60	13	385	-	385	-
Installation of boiler room copper line	Movable Equipment	12/14/2015	650	650	60	22	650	-	650	-
Therapy Equipment	Movable Equipment	12/14/2015	3,250	3,250	60	596	3,250	-	3,250	-
Wandergard	Movable Equipment	9/30/2016	857	857	60	44	857	-	857	-
Wandergard	Movable Equipment	9/30/2016	1,414	1,414	60	70	1,414	-	1,414	-
Beds	Movable Equipment	5/6/2016	928	928	60	122	928	-	928	-
Mattresses	Movable Equipment	6/20/2016	2,223	2,223	60	73	2,223	-	2,223	-
Beds	Movable Equipment	8/2/2016	974	974	60	31	974	-	974	-
Mattresses	Movable Equipment	9/8/2016	398	398	60	11	398	-	398	-
Construction - opening with fascia for dining room, hallway, rehab various murals	Movable Equipment	1/22/2016	3,981	3,981	60	730	3,981	-	3,981	-
	Movable Equipment	3/8/2016	12,749	12,749	60	2,337	12,749	-	12,749	-
Best buy - Computer	Movable Equipment	3/8/2016	1,618	1,618	60	187	1,618	-	1,618	-
HDTV 1 High Def 16 Channel DVR hard drive or outside camera	Movable Equipment	4/7/2016	838	838	60	110	838	-	838	-
40" LED tv with mount and install, transmitter/receiver	Movable Equipment	9/1/2016	1,384	1,384	60	229	1,384	-	1,384	-
Video Surveillance	Movable Equipment	9/1/2016	225	225	60	42	225	-	225	-
Air Curtain Heater	Movable Equipment	9/1/2016	1,602	1,602	60	82	1,602	-	1,602	-
Wayfair	Movable Equipment	9/1/2016	350	350	60	29	350	-	350	-
Computers	Movable Equipment	9/1/2016	11,975	11,975	60	998	11,975	-	11,975	-
Walmart - equipment	Movable Equipment	9/1/2016	3,153	3,153	60	313	3,153	-	3,153	-
clinton training stairs	Movable Equipment	9/1/2016	1,286	1,286	60	237	1,286	-	1,286	-
mirrors	Movable Equipment	9/1/2016	467	467	60	87	467	-	467	-
Computers	Movable Equipment	9/1/2016	992	992	60	184	992	-	992	-
wall décor	Movable Equipment	9/1/2016	266	266	60	49	266	-	266	-
14 swivel chairs	Movable Equipment	9/1/2016	1,741	1,741	60	320	1,741	-	1,741	-
Movable Equipment	Movable Equipment	9/1/2016	1,596	1,596	60	293	1,596	-	1,596	-
12 chairs	Movable Equipment	9/1/2016	1,490	1,490	60	273	1,490	-	1,490	-
mirrors	Movable Equipment	9/1/2016	455	455	60	83	455	-	455	-
plants	Movable Equipment	9/1/2016	2,531	2,531	60	465	2,531	-	2,531	-
meganite glue and stone canvas	Movable Equipment	9/1/2016	3,157	3,157	60	580	3,157	-	3,157	-
Therapy Equipment	Movable Equipment	9/1/2016	313	313	60	56	313	-	313	-
Movable Equipment	Movable Equipment	9/1/2016	(1,573)	(1,573)	60	-	(1,573)	-	(1,573)	-
<b>Total 2016 Acquisitions</b>			<b>98,157</b>	<b>98,157</b>		<b>8,950</b>	<b>98,157</b>	<b>-</b>	<b>98,157</b>	<b>-</b>
<b>2017 Acquisitions</b>										
Relocation of multiple extensions - Telephone system	Movable Equipment	10/31/2016	1,580	1,580	60	105	1,580	-	1,580	-
Dishwasher/Dolly/Beverage Carrier/Display Case	Movable Equipment	12/31/2016	2,276	2,276	60	279	2,276	-	2,276	-
Steamtable, Serving Overshell, Food Pan Cart	Movable Equipment	12/31/2016	28,090	28,090	60	3,433	28,090	-	28,090	-
Diagnostic Station/Mobile Stand	Movable Equipment	9/30/2017	9,306	9,306	60	1,861	7,702	1,603	9,305	0
Printer/Scanner, Laptop Carts and Mouse for Carts	Movable Equipment	10/4/2016	5,565	5,565	60	371	5,565	-	5,565	-
New Telephone System	Movable Equipment	11/2/2016	9,934	9,934	60	937	9,934	-	9,934	-
New Telephone System	Movable Equipment	11/2/2016	9,934	9,934	60	938	9,934	-	9,934	-
New Telephone System	Movable Equipment	12/1/2016	8,338	8,338	60	1,018	8,338	-	8,338	-
Cafeteria Tray Rack	Movable Equipment	11/11/2016	4,002	4,002	60	379	4,002	-	4,002	-
Rehab Equip - Upper Body Ergometer	Movable Equipment	11/28/2016	4,523	4,523	60	426	4,523	-	4,523	-
Stepper - rehab equipment	Movable Equipment	12/0/2017	4,420	4,420	60	663	4,420	-	4,420	-
Computers & Equipment	Movable Equipment	11/5/2016	2,415	2,415	60	228	2,415	-	2,415	-
Computers & Equipment	Movable Equipment	12/27/2016	14,128	14,128	60	1,333	14,128	-	14,128	-
Copiers/Printers - Staples, Computers - Quadbridge	Movable Equipment	10/24/2016	9,706	9,706	60	648	9,706	-	9,706	-
Blue tooth and tablet - Best Buy/Computer - Quadbridge	Movable Equipment	1/6/2017	1,173	1,173	60	175	1,173	-	1,173	-
Printer - Staples, Computer - Quadbridge	Movable Equipment	2/6/2017	1,296	1,296	60	231	1,296	-	1,296	-
Quadbridge - Computers and Equipment	Movable Equipment	6/27/2017	551	551	60	110	501	49	550	0
Quadbridge - Computers and Equipment	Movable Equipment	9/7/2017	2,476	2,476	60	495	2,049	427	2,476	(0)
Televisions	Movable Equipment	11/29/2016	3,190	3,190	60	638	3,137	53	3,190	0
Work Table	Movable Equipment	8/21/2017	1,065	1,065	60	213	888	178	1,066	(0)
Cabinets	Movable Equipment	3/27/2017	8,600	8,600	60	1,720	7,883	717	8,600	(0)
Cabinets	Movable Equipment	3/27/2017	4,790	4,790	60	958	4,391	399	4,790	0

**Stamford Acquisition SNFF  
Depreciation Schedule  
9/30/22**

Description	Classification	Date of Acquisition	Historical Cost	Cost to be Depreciated	Useful Life (in months)	2021	2021	2022	2022	Net Book Value
						Depr	Accum	Depr	Accum	
Conference Table and TV Cabinet	Movable Equipment	10/15/2016	5,610	5,610	60	1,122	5,610	-	5,610	-
Counter Tops/Plywood	Movable Equipment	10/15/2016	7,485	7,485	60	1,497	7,485	-	7,485	-
Conference Table and TV Cabinet	Movable Equipment	10/15/2016	5,610	5,610	60	1,122	5,610	-	5,610	-
Cabinets, Refrigerator, Closet and Night Stands	Movable Equipment	11/22/2016	7,650	7,650	60	1,530	7,523	128	7,651	(1)
Counter Tops/Reception Desk/Nurses Station/Picture Boards	Movable Equipment	10/1/2016	12,390	12,390	60	2,478	12,390	-	12,390	-
Counter Tops/Plywood	Movable Equipment	1/3/2017	7,200	7,200	60	1,440	6,840	360	7,200	-
Cabinets	Movable Equipment	3/27/2017	8,600	8,600	60	1,720	7,883	717	8,600	(0)
Picture Board	Movable Equipment	4/1/2017	1,852	1,852	60	370	1,665	187	1,852	(0)
Best Buy - Televisions	Movable Equipment	6/28/2017	691	691	60	138	598	93	691	0
PC Richard & Son - Televisions	Movable Equipment	10/11/2016	2,105	2,105	60	421	2,105	-	2,105	-
Bed	Movable Equipment	12/13/2016	1,190	1,190	60	238	1,150	40	1,190	(0)
Murals	Movable Equipment	1/20/2017	2,815	2,815	60	563	2,674	141	2,815	(0)
Murals	Movable Equipment	3/5/2017	5,000	5,000	60	1,000	4,583	417	5,000	(0)
Murals	Movable Equipment	4/18/2017	13,906	13,906	60	2,781	12,515	1,391	13,906	0
Murals	Movable Equipment	5/10/2017	16,000	16,000	60	3,200	14,133	1,867	16,000	(0)
Desks and Filing Cabinets	Movable Equipment	10/6/2016	5,468	5,468	60	1,092	5,468	-	5,468	-
Sofa Chair, Dining Room Chair	Movable Equipment	11/29/2016	11,986	11,986	60	2,397	11,786	201	11,987	(0)
Bedside Tables, Dressers	Movable Equipment	12/1/2016	7,352	7,352	60	1,470	7,105	247	7,352	(0)
Bedside Tables, Dressers	Movable Equipment	11/25/2016	7,352	7,352	60	1,470	7,228	124	7,352	0
Ice Machine/Dispenser	Movable Equipment	10/1/2016	3,663	3,663	60	732	3,663	-	3,663	-
Installed new kitchen equipment to gas and Sink	Movable Equipment	12/27/2016	5,999	5,999	60	1,200	5,800	199	5,999	0
Electrical Heater/Thermostat	Movable Equipment	12/31/2016	5,008	5,008	60	1,002	4,843	166	5,009	(0)
Dish Washer	Movable Equipment	5/1/2017	1,011	1,011	60	202	892	118	1,010	0
IMPERIAL BAG & PAPER CO.	Movable Equipment	3/28/2017	4,596	4,596	60	919	3,880	716	4,596	(0)
Mr. Sign	Movable Equipment	2/16/2017	5,716	5,716	60	1,143	4,953	763	5,716	0
Mr. Sign	Movable Equipment	2/16/2017	5,716	5,716	60	1,143	4,953	763	5,716	0
<b>Total 2017 Acquisitions</b>			<b>299,330</b>	<b>299,330</b>		<b>49,549</b>	<b>287,267</b>	<b>12,064</b>	<b>299,331</b>	<b>(1)</b>
<b>2018 Acquisitions/Disposals</b>										
Ice and Water Dispenser and water filter assembly	Fixed Equipment	6/22/2018	7,805	7,805	120	781	3,124	781	3,905	3,900
Reconditioned washer extractor	Fixed Equipment	2/9/2018	9,727	9,727	120	973	3,892	973	4,865	4,862
AC Units	Fixed Equipment	2/26/2018	3,876	3,876	60	775	3,100	775	3,875	1
Supply six motors for A/C	Fixed Equipment	8/23/2018	2,477	2,477	60	495	1,980	495	2,475	2
Bed frames, mattress, sheets, table, TV stand, lowels, dresser,cha	Furniture & Fixture	10/30/2017	2,905	2,905	60	581	2,324	581	2,905	-
Bathroom Faucet, Fax Machine	Furniture & Fixture	11/9/2017	841	841	60	168	672	168	840	1
Cabinets - Paid for last cost report period (see above) dated 3/27/17	Furniture & Fixture	3/27/2017	(8,600)	(8,600)	60	(1,720)	(4,240)	(1,720)	(5,960)	(2,640)
30 New Resident chairs	Furniture & Fixture	9/14/2018	5,073	5,073	120	507	2,028	507	2,535	2,538
125 Towel Dispensers	Furniture & Fixture	7/19/2018	3,766	3,766	60	753	3,012	753	3,765	1
Banner including installation	Furniture & Fixture	11/30/2017	1,550	1,550	60	310	1,240	310	1,550	-
3 new signs	Furniture & Fixture	8/7/2018	1,451	1,451	120	145	580	145	725	726
Quadbridge - Computers and Equipment	Computers & Equipment	5/9/2018	823	823	60	165	660	163	823	-
Quadbridge - Computers and Equipment	Computers & Equipment	6/11/2018	3,489	3,489	60	698	2,792	697	3,489	-
Quadbridge - Computers and Equipment	Computers & Equipment	7/9/2018	892	892	60	178	712	178	890	2
Quadbridge - Computers and Equipment/Copier	Computers & Equipment	9/10/2018	3,363	3,363	60	673	2,692	671	3,363	-
<b>Total 2018 Acquisitions/Disposals</b>			<b>39,438</b>	<b>39,438</b>		<b>5,482</b>	<b>24,568</b>	<b>5,477</b>	<b>30,045</b>	<b>9,393</b>
<b>2019 Acquisitions/Disposals</b>										
Aidrian Arm Chair	Fixed Equipment	10/10/2018	5,380	5,380	60	1,116	3,348	1,116	4,464	1,116
Quadbridge - Kiosk	Computers & Equipment	11/9/2018	1,432	1,432	36	478	1,432	-	1,432	-
Staples - Printer	Computers & Equipment	11/9/2018	425	425	36	141	425	-	425	-
Wireless access point	Computers & Equipment	11/9/2018	78	78	36	26	78	-	78	-
Ipad and Apple Care and Ipad Pro Floor Stand	Computers & Equipment	12/1/2018	1,327	1,327	36	443	1,327	-	1,327	-
Install LED lights for signs, Install LED high output post light	Furniture & Fixture	7/4/2019	4,736	4,736	60	947	2,841	947	3,788	948
Staples - Printer	Computers & Equipment	2/28/2019	425	425	36	141	425	-	425	-
Ice Machine	Furniture & Fixture	3/28/2019	3,908	3,908	60	782	2,346	782	3,128	780
Amazon.com Laptop Stands	Furniture & Fixture	3/11/2019	1,276	1,276	60	255	765	255	1,020	256
Quadbridge - 1 Yr Business AV Managed 60 Computers	Furniture & Fixture	6/10/2019	1,830	1,830	60	366	1,098	366	1,464	366
8 TV's	Furniture & Fixture	7/23/2019	1,143	1,143	60	229	687	229	916	227
5 - Avondale 4 drawer chest and 8 - two door wardrobe cabinet	Furniture & Fixture	6/24/2019	6,595	6,595	60	1,319	3,957	1,319	5,276	1,319
Flex MO Dispensing Station, Flex unit dose module	Furniture & Fixture	7/18/2019	26,458	26,458	60	5,292	15,876	5,292	21,168	5,290
Johnstone Supply - Refrigerator	Furniture & Fixture	7/3/2019	417	417	60	83	249	83	332	85
23 Amelia Arm Chairs	Furniture & Fixture	2/26/2019	4,073	4,073	60	815	2,445	815	3,260	815
20 Cubicle Curtains	Furniture & Fixture	9/25/2018	3,781	3,781	60	756	2,268	756	3,024	757
Quadbridge - 18 Laptops	Furniture & Fixture	3/6/2019	15,206	15,206	60	3,041	9,123	3,041	12,164	3,042
Quadbridge - Computer	Furniture & Fixture	3/22/2019	1,072	1,072	60	214	642	214	856	216

**Stamford Acquisition SNFF  
Depreciation Schedule  
9/30/22**

Description	Classification	Date of Acquisition	Historical Cost	Cost to be Depreciated	Useful Life (in months)	2021	2021	2022	2022	Net Book Value
						Depr	Accum	Depr	Accum	
<b>Total 2019 Acquisitions/Disposals</b>			<b>79,762</b>	<b>79,762</b>		<b>16,444</b>	<b>49,332</b>	<b>15,215</b>	<b>64,547</b>	<b>15,215</b>
FFE Addition (Description Unavailable)	Furniture & Fixture	11/29/2019	2,940	2,940	60	588	1,176	588	1,764	1,176
Custom Computer Specialists - Dell computers, harddrives	Computers & Equipment	1/9/2020	6,693	6,693	36	2,231	4,462	2,231	6,693	-
Quadbridge - All in One Kiosk and Lenovo Thinkpad	Computers & Equipment	2/10/2020	4,941	4,941	36	1,647	3,294	1,647	4,941	-
Dell Computers and Windows 10 Pro	Computers & Equipment	2/10/2020	6,166	6,166	36	2,055	4,110	2,055	6,165	1
FFE Addition (Description Unavailable)	Furniture & Fixture	4/9/2020	902	902	60	180	360	180	540	362
FFE Addition (Description Unavailable)	Furniture & Fixture	4/9/2020	1,722	1,722	60	344	688	344	1,032	690
FFE Addition (Description Unavailable)	Furniture & Fixture	4/9/2020	1,745	1,745	60	349	698	349	1,047	698
Computers	Computers & Equipment	12/30/2019	10,743	10,743	36	3,581	7,162	3,581	10,743	-
Reconditioned Milnor Rigid 80Lh Washer	Furniture & Fixture	6/2/2020	7,774	7,774	60	1,555	3,110	1,555	4,665	3,109
Concentrator - Oxygen	Furniture & Fixture	5/11/2020	1,102	1,102	60	220	440	220	660	442
LG and Vizio Smart TVs - Quantity - 7	Computers & Equipment	5/12/2020	1,156	1,156	36	385	770	385	1,155	1
Bladder Scanners	Furniture & Fixture	1/21/2020	4,992	4,992	60	998	1,996	998	2,994	1,998
30 Ton Cold Generator (Chiller) Repair	Furniture & Fixture	8/17/2020	31,465	31,465	60	6,293	12,586	6,293	18,879	12,586
Purchased Toyota Sienna we were leasing	Motor Vehicle	6/29/2020	23,605	23,605	60	4,721	9,442	4,721	14,163	9,442
<b>Total 2020 Acquisitions/Disposals</b>			<b>105,946</b>	<b>105,946</b>		<b>25,147</b>	<b>50,294</b>	<b>25,147</b>	<b>75,441</b>	<b>30,505</b>
Cisco Firewall	Computers & Equipment	3/14/2021	2,420	2,420	36	807	807	807	1,614	806
Phone/Call System	Computers & Equipment	2/15/2021	28,294	28,294	120	2,829	2,829	2,829	5,658	22,636
Dining/Resident room chairs - (10)	Furniture & Fixture	12/31/2020	2,161	2,161	120	216	216	216	432	1,729
Sono	Computers & Equipment	3/1/2021	4,993	4,993	60	999	999	999	1,998	2,995
Dell Optiplex computer	Computers & Equipment	4/28/2021	802	802	60	160	160	160	320	482
Lenovo Think Pad (6)	Computers & Equipment	6/18/2021	5,606	5,606	36	1,869	1,869	1,869	3,738	1,868
All in one Kiosk	Computers & Equipment	5/9/2021	2,084	2,084	60	5,002	5,002	(4,168)	834	1,250
2015 - 2018 Sales Tax Audit Adjustment on Fixed Assets	Computers & Equipment	9/30/2021	11,623	11,623	84	19,925	19,925	(16,605)	3,320	8,303
Concentrator - Oxygen - Disposal	Computers & Equipment	5/11/2020	(1,102)	(1,102)	60	(220)	(220)	(220)	(440)	(662)
<b>Total 2021 Acquisitions/Disposals</b>			<b>56,881</b>	<b>56,881</b>		<b>31,587</b>	<b>31,587</b>	<b>(14,113)</b>	<b>17,474</b>	<b>39,407</b>
Lenovo Think Pad	Computers & Equipment	1/10/2022	1,019	1,019	36	-	-	340	340	679
Lenovo Think Pad(18)	Computers & Equipment	4/11/2022	18,323	18,323	36	-	-	6,108	6,108	12,215
Printer	Computers & Equipment	5/9/2022	923	923	60	-	-	185	185	738
5 LG & Samsung TV's	Computers & Equipment	1/1/2021	888	888	60	-	-	178	178	710
LG TV	Computers & Equipment	1/1/2021	149	149	60	-	-	30	30	119
3 New Signs	Furniture & Fixture	7/25/2022	7,455	7,455	120	-	-	746	746	6,709
<b>Total 2022 Acquisitions/Disposals</b>			<b>28,757</b>	<b>28,757</b>		<b>-</b>	<b>-</b>	<b>7,587</b>	<b>7,587</b>	<b>21,170</b>
<b>Total Movable Equipment</b>			<b>708,270</b>	<b>708,270</b>		<b>137,159</b>	<b>541,204</b>	<b>51,377</b>	<b>592,581</b>	<b>115,689</b>
Building Improvements			1,169,023	1,169,023		42,511	172,771	45,539	218,310	950,713
Movable Equipment			708,270	708,270		137,159	541,204	51,377	592,581	115,689
<b>TOTAL</b>			<b>1,877,293</b>	<b>1,877,293</b>		<b>179,670</b>	<b>713,975</b>	<b>96,916</b>	<b>810,891</b>	<b>1,066,402</b>
Financial Statement Rounding/Variance			1,877,292	1,877,292		156,674	803,468	156,674	803,468	1,073,824
F/S vs C/R			1	1		22,996	(89,493)	(59,758)	7,423	(7,422)
						(a)				(b)

**Ties to corresponding pages of Medicaid Cost Report**

F/S vs C/R Depreciation (Page 36, Line F1)	59,758 (a)
F/S vs C/R Variance (Page 31, Line B9)	7,422 (b)
Rounding Variance (Page 31, Line B9)	-
Historic Cost Per Schedule Above	1,877,292
Historic Cost Per Trial Balance	1,877,292
	-

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

Name of Facility Stamford Acquisition I, LLC d/b/a Cas	License No. 1084-C	Report for Year Ended 9/30/2022	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input 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	11/16/15			
2. Date Structure Completed				
3. If <b>NOT</b> Original Owner, Date of Purchase	11/16/15			
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	156			
6. Square Footage	45,146			
7. Acquisition Cost				
a. Land	905,000			
b. Building	8,145,000			
<b>Part B - Owner and Related Parties</b>	<b>1st Mortgage</b>	<b>2nd Mortgage</b>	<b>3rd Mortgage</b>	<b>4th Mortgage</b>
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Prime Rate	Prime Rate		
b. Date Mortgage Obtained	11/20/20	11/20/20		
c. Interest Rate for the Cost Year	3.25%	3.25%		
d. Term of Mortgage (number of years)	10	5		
e. Amount of Principal Borrowed	8,191,939	1,330,038		
f. Principal balance outstanding as of 9/30/2022	7,618,503	864,525		
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
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				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
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
Stamford Acquisition I, LLC d/b/a Ca		1084-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. <b>Total Building Interest Expense</b> (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
Stamford Acquisition I, LLC d/b/a C		1084-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)				\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$			
14. Insurance							
a. Insurance on Property (buildings only)				\$ 24,240	24,240		
b. Insurance on Automobiles				\$ 2,840	2,840		
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$ 226,624	226,624		
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$ 253,704	253,704		
15. Total All Expenditures (A-13 thru C-14)				\$ 17,194,185	17,194,185		

**D. Adjustments to Statement of Expenditures**

Name of Facility			License No.	Report for Year Ended	Page	of	
Stamford Acquisition I, LLC d/b/a Cassena Care at Stamford			1084-C	9/30/2022	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 202,549	202,549		
7.			Other - See attached Schedule	\$ 12,755	12,755		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 1,290,406	1,290,406		
10.			Accounting	\$			
10a.			Legal	\$ 16,449	16,449		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	L3	Gifts, flowers and coffee shops	\$ 66,039	66,039		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.	16	L6	Automobile Expense (e.g. personal use)	\$ 2,550	2,550		
18.	16	m2/3	Unallowable Advertising *	\$ 61,861	61,861		
19.	15	1j/1k	Income Tax / Corporate Business Tax	\$ 132,796	132,796		
20.	16	m10	Fund Raising / Contributions	\$ 650	650		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 29,156	29,156		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
<b>Subtotal (Items 1 - 26)</b>				<b>\$ 1,815,211</b>	<b>1,815,211</b>		

\* 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)
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B12	Respiratory Therapist	\$ 12,755		
<b>Total Other Fees Adjustments</b>			\$ 12,755	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	L7	Meals & Entertainment	\$ 7,050		
16	m13	Physician Credential Fee	\$ 3		
16	m13	Non-Allowable Bank Charges	\$ 20,998		
16	m13	Penalties	\$ 1,105		
<b>Total Other A&amp;G Adjustments</b>			\$ 29,156	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Stamford Acquisition I, LLC d/b/a Cassena Care at Stamford				1084-C	9/30/2022	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,815,211	1,815,211		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 312,101	312,101		
28.	20	5d	Ambulance/Limousine	\$ 15,196	15,196		
29.	20	5f	X-rays, etc	\$ 15,123	15,123		
30.	20	5h	Laboratory	\$ 27,142	27,142		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 8,123	8,123		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 151,480	151,480		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 24,985	24,985		
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 2,369,361	2,369,361		

\*\*\* 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	5i	Cable TV Disallowance(See Attached)	\$ 40,091		
20	5l	Central Supply- IV Solutions	\$ 22,994		
20	5l	Central Supply- Rental Expense	\$ 88,395		
<b>Total Other Ancillary Costs</b>			\$ 151,480	\$ -	\$ -

## Schedule of Excess Movable Equipment Depreciation

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

## Schedule of Other Property Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV 8	Medical Records Income	\$ 1,100		
30	IV 8	Rebates & Refunds	\$ 23,798		
30	IV 8	Discount on Cash Purchases	\$ 30		
30	IV 3	Telephone Income	\$ 57		
<b>Total Other Adjustments</b>			\$ 24,985	\$ -	\$ -

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

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

**Cassena Care at Stamford  
Disallowance Schedule for Cable TV  
9/30/2022**

**Pg. 29b**

		<u>Amount</u>	
Total Cable TV Expense reclassified to Marcum 105		\$ 43,691	C TB Linked
Annual Allowable Amount		\$ 3,600	A
Days in Cost Report Year		365	
Total Allowable Cost	(A x B)	\$ 3,600	D
<b>Disallowed Cable TV</b>	<b>(C - D)</b>	<b><u><u>\$ 40,091</u></u></b>	

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended			Page	of
Stamford Acquisition I, LLC d/b/a Casse	1084-C	9/30/2022			30	37
Item	Total	CCNH	RHNS	(Specify)		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 17,821,668	17,821,668				
b. Medicaid Room and Board Contractual Allowance **	\$ (8,530,121)	(8,530,121)				
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 3,463,495	3,463,495				
b. Medicare Room and Board Contractual Allowance **	\$ 1,349,384	1,349,384				
4. a. Private-Pay Residents and Other	\$ 3,012,068	3,012,068				
b. Private-Pay Room and Board Contractual Allowance **	\$ (277,412)	(277,412)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$					
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 251,735	251,735				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 268,483	268,483				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 105,813	105,813				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 81,856	81,856				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 251,018	251,018				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 226,394	226,394				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other ( <i>Specify</i> ) - Medicare	\$ (591,893)	(591,893)				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ (575,085)	(575,085)				
<b>III. Total Resident Revenue (Section I. thru Section II.)</b>	\$ 16,857,403	16,857,403				
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$ 57	57				
4. Rental of Television and Cable Services	\$					
5. Interest Income ( <i>Specify</i> )	\$ 2,679	2,679				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 609,243	609,243				
<b>V. Total Other Revenue (1 thru 8)</b>	\$ 611,979	611,979				
<b>VI. Total All Revenue (III +V)</b>	\$ 17,469,382	17,469,382				

\* 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	Laboratory - Part A	\$ 9,803		
30 II 6a	Radiology - Diagnostic Part A	\$ 10,699		
30 II 6a	Pharmacy - Medicare Part A	\$ 164,860		
30 II 6a	Medicare 2% Reduction	\$ (20,951)		
30 II 6a	Ancillary Allowance - Part A	\$ (737,154)		
30 II 6a	Ancillary Allowance - Part B	\$ (19,150)		
<b>Total Other Resident Revenue - Medicare</b>		<b>\$ (591,893)</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Other Non-Medicare Resident Revenue

## Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 II 6b	Laboratory - Medicaid	\$ 572		
30 II 6b	Radiology - Medicaid	\$ 109		
30 II 6b	Radiology - 3rd Party Insurance	\$ 6,956		
30 II 6b	Pharmacy - Medicaid	\$ 12,443		
30 II 6b	Pharmacy - Hospice	\$ 203		
30 II 6b	Pharmacy -3rd Party Insurance	\$ 122,998		
30 II 6b	Ancillary Allowance - Medicaid	\$ (128,262)		
30 II 6b	Ancillary Allowance - Hospice	\$ (203)		
30 II 6b	Ancillary Allowance - 3rd Party	\$ (581,168)		
30 II 6b	AA - Mgd Medicare	\$ (8,733)		
<b>Total Other Resident Revenue</b>		<b>\$ (575,085)</b>	<b>\$ -</b>	<b>\$ -</b>

## Interest Income

## Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			-		
30 IV 5	Interest booked through A/R	N/A	\$ 201		
30 IV 5	Interest on Money Market Acct.	157,796	\$ 2,384		
30 IV 5	Interest Income	N/A	\$ 94		
<b>Total Interest Income</b>			<b>\$ 2,679</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 IV 8	Medical Records Income(Disallowed on Pg 29a)	\$ 1,100		
30 IV 8	Cash Discounts on Purchases(Disallowed on Pg 29a)	\$ 30		
30 IV 8	Rebates & Refunds(Disallowed on Pg 29a)	\$ 23,798		
30 IV 8	Misc A/R Adjustments(No Related expense)	\$ (4,658)		
30 IV 8	Recovery of Bad Debts	\$ 37,217		
30 IV 8	Stimulus Funds	\$ 513,789		
30 IV 8	Reversal of PY Expenses(No CY Expense)	\$ 37,967		
<b>Total Other Revenue</b>		<b>\$ 609,243</b>	<b>\$ -</b>	<b>\$ -</b>

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Stamford Acquisition I, LLC d/b/a Cass	1084-C	9/30/2022	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	2,089,354
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,586,057
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	201,165
a. Insurance	46,435			
b. R/E Taxes	51,737			
c. Insurance - W.C.	102,993			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
_____ _____ _____ See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	4,876,576
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____ Accum. Depreciation _____	Net	\$	
3. Buildings	*Historical Cost <u>1,169,023</u> Accum. Depreciation <u>218,310</u>	Net	\$	950,713
4. Leasehold Improvements	*Historical Cost _____ Accum. Depreciation _____	Net	\$	
5. Non-Movable Equipment	*Historical Cost _____ Accum. Depreciation _____	Net	\$	
6. Movable Equipment	*Historical Cost <u>684,666</u> Accum. Depreciation <u>605,989</u>	Net	\$	78,677
7. Motor Vehicles	*Historical Cost <u>23,605</u> Accum. Depreciation <u>14,163</u>	Net	\$	9,442
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	7,422
F/S vs C/R Variance	7,422			
See Schedule				
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	1,046,254

\* 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	
<b>Total Prepaid Expenses</b>			<b>\$ -</b>

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

Page Ref	Line Ref	Description	
<b>Total Other Current Assets (Itemize)</b>			<b>\$ -</b>

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

Page Ref	Line Ref	Description	
<b>Total Other Fixed Assets (Itemize)</b>			<b>\$ -</b>

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
<b>Total Other Assets</b>			<b>\$ -</b>

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
<b>Total Notes Payable</b>			<b>\$ -</b>

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

Page Ref	Line Ref	Description	
33	A12	Union Dues W/H	\$ 2,598
33	A12	401K Payable	\$ 3,270
33	A12	Union Deductions Payable	\$ 521
33	A12	Accrued Expenses	\$ 433,815
33	A12	Accrued Pensions	\$ 53,115
33	A12	Due to Medicaid - Rate Changes	\$ 16,353
33	A12	Due to Third Parties	\$ 140,592
33	A12	Patient Fund Liability	\$ 68,923
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ 726,187</b>

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

Page Ref	Line Ref	Description	
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ -</b>

**G. Balance Sheet (cont'd)**

Name of Facility		License No.	Report for Year Ended	Page	of
Stamford Acquisition I, LLC d/b/a Cass		1084-C	9/30/2022	32	37
Account				Amount	
Total Brought Forward:				\$	5,922,830
C. Leasehold or like property recorded for Equity Purposes.					
1. Land				\$	
2. Land Improvements		*Historical Cost _____		\$	
		Accum. Depreciation _____	Net	\$	
3. Buildings		*Historical Cost _____		\$	
		Accum. Depreciation _____	Net	\$	
4. Non-Movable Equipment		*Historical Cost _____		\$	
		Accum. Depreciation _____	Net	\$	
5. Movable Equipment		*Historical Cost _____		\$	
		Accum. Depreciation _____	Net	\$	
6. Motor Vehicles		*Historical Cost _____		\$	
		Accum. Depreciation _____	Net	\$	
7. Minor Equipment-Not Depreciable				\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>				\$	
D. Investment and Other Assets					
1. Deferred Deposits				\$	
2. Escrow Deposits				\$	
3. Organization Expense		*Historical Cost _____		\$	
		Accum. Depreciation _____	Net	\$	
4. Goodwill (Purchased Only)				\$	
5. Investments Related to Resident Care ( <i>itemize</i> )				\$	
_____					
6. Loans to Owners or Related Parties ( <i>itemize</i> )				\$	
Name and Address		Amount	Loan Date		
_____					
7. Other Assets ( <i>itemize</i> )				\$	75,650
Due to/from Prior Operator		75,650			
See Schedule					
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>				\$	75,650
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>				\$	5,998,480

\* 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
Stamford Acquisition I, LLC d/b/a Cassena Ca		1084-C	9/30/2022	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	445,548
2. Notes Payable ( <i>itemize</i> )				\$	
_____					
_____					
See Schedule					
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	
Name of Lender		Purpose	Amount	Date Due	
_____		_____	_____	_____	
_____		_____	_____	_____	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	900,242
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	182,572
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> )				\$	726,187
_____					
_____					
See Schedule					726,187
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				<b>\$</b>	<b>2,254,549</b>

\* 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	License No.	Report for Year Ended	Page	of
Stamford Acquisition I, LLC d/b/a Cassena	1084-C	9/30/2022	34	37
Account			Amount	
Total Brought Forward:			2,254,549	
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 2,254,549

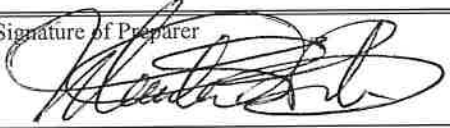
**G. Balance Sheet (cont'd)**  
**Reserves and Net Worth**

Name of Facility	License No.	Report for Year Ended	Page	of
Stamford Acquisition I, LLC d/b/a Cas	1084-C	9/30/2022	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	3,528,491
6. Gain or Loss for Period			\$	215,440
	10/1/2021	thru 9/30/2022		
7. Total Net Worth			\$	3,743,931
<b>C. Total Reserves and Net Worth</b>			\$	3,743,931
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	5,998,480

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Stamford Acquisition I, LLC d/b/a Casse	1084-C	9/30/2022	36	37		
Account			Amount			
A. Balance at End of Prior Period as shown on Report of 09/30/2021			\$	4,808,450		
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	17,469,382		
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	17,253,942		
D. Net Income or Deficit			\$	215,440		
E. Balance			\$	5,023,890		
F. Additions						
1. Additional Capital Contributed <i>(itemize)</i>						
Total Expenses Per Page 27 \$17,194,185						
F/S vs C/R Depreciation \$59,758						
Total Expenses Per FS \$17,253,943						
Rounding \$(1)						
2. Other <i>(itemize)</i>						
Prior Period Adjustment (1,279,959)						
F-3. Total Additions					\$	(1,279,959)
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. <b>Balance at End of Period</b> 09/30/22			\$	3,743,931		

### I. Preparer's/Reviewer's Certification

Name of Facility Stamford Acquisition I, LLC d/b/a Cassena	License No. 1084-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)		
<b>Preparer/Reviewer Certification</b>				
<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 1/19/23		
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 Jackie Sierra		Phone Number 516-224-5395		
Contact Email Address jsierra@cassenacare.com				



## ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for Stamford Acquisition I, LLC d/b/a Cassena Care at Stamford for the year ended September 30, 2022, included in the accompanying prescribed form. We have prepared the Cost Report in accordance with the American Institute of Certified Public Accountants' Statements on Standards for Consulting Services. The Cost Report was prepared in conformity with regulations prescribed by The State of CT Department of Social Services (DSS) from data provided to us by the management of Stamford Acquisition I, LLC d/b/a Cassena Care at Stamford. We did not audit or review the Cost Report included in the accompanying prescribed form, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the Cost Report included in the accompanying prescribed form.

Management is responsible for maintaining its records in accordance with accounting principles generally accepted in the United States of America and in accordance with reimbursement regulations set forth by DSS. Management is also responsible for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial data and supplemental information included in the Cost Report.

This report is intended solely for the information and use of the management of Stamford Acquisition I, LLC d/b/a Cassena Care at Stamford and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

*MARCUM LLP*

New Haven, CT  
January 17, 2023

