State of Connecticut

Annual Report of Long-Term Care Facility

Cost Year 2022

Name of Facility (as licensed) 22 South Street Operations LLC, d/b/a Fox Hill center		
Address (No. & Street, City, State, Zip Code) 1253 Hartford Turnpike, Rockville, CT 06066		
Type of Facility ☑ Chronic and Convalescent Nursing Home only (CCNH) ☐ Rest Home with Nursing Supervision only (RHNS) ☐ (Specify)		
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022	

License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider
	2370			07-5183

Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
	000008029		

For Department Use Only

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

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
22 South Street Operations LLC, d/b/a Fox Hill center	2370	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 IMPRISIONMENT 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 22 South Street Operations LLC, d/b/a Fox Hill center [facility name], for the cost report period beginning October 1, 2021 and ending September 30, 2022, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Jonah Kraus			Printed Name (Owner) Diane Morris - VP Reimbursement	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public				

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility 22 South Street Operations LLC, d/b/a Fox Hill center	Period Covered:		From 10/1/2021	To 9/30/2022
Address of Facility 1253 Hartford Turnpike, Rockville, CT 06066				
Report Prepared By Rick Fink	Phone Number 410-494-7657		Date 12/28/2022	

Item		Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	$				
2. Laundry wages paid	$				
3. Housekeeping wages paid	$				
4. Nursing wages paid	$	3,984,506	3,984,506		
5. All other wages paid	$	607,671	607,671		
6. ***Total Wages Paid***	$	4,592,177	4,592,177		
7. Total salaries paid	$	373,844	373,844		
8. ***Total Wages and Salaries Paid*** (As per page 10 of Report)	$	4,966,022	4,966,022		

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.

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General Information and Questionnaire

Type of Facility - Organization Structure

Phone No. of Facility	Report for Year Ended	Page	of
860-875-0771	9/30/2022	2	37

Name of Facility (as shown on license)	Address (*No. & Street, City, State, Zip*)
22 South Street Operations LLC, d/b/a Fox Hill center	1253 Hartford Turnpike, Rockville, CT 06066

	CCNH	RHNS	(Specify)	Medicare Provider No.
License Numbers:	2370			07-5183

Type of Facility (Check appropriate box(es))

☑ Chronic and Convalescent Nursing Home only (CCNH) ☐ Rest Home with Nursing Supervision only (RHNS) ☐ (Specify)

Type of Ownership (Check appropriate box)

○ Proprietorship ◉ LLC ○ Partnership ○ Profit Corp. ○ Non-Profit Corp. ○ Government ○ 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? ○ Yes ◉ No If "Yes," explain fully.

Administrator

Name of Administrator	Nursing Home Administrator's License No.:	
Jonah Kraus		2045

Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name	License No.:

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General Information and Questionnaire
Partners/Members

Name of Facility	License No.	Report for Year Ended	Page	of
22 South Street Operations LLC, d/b/a Fox Hill center	2370	9/30/2022	3	37

Legal Name of Partnership/LLC	Business Address	State(s) and/or Town(s) in Which Registered
22 South Street Operations LLC, d/b/a Fox Hill center	101 East State Street, Kennett Square, PA 19348	PA

Name of Partners/Members	Business Address	Title	% Owned
See Attached			

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General Information and Questionnaire
Corporate Owners

Name of Facility	License No.	Report for Year Ended	Page	of
22 South Street Operations LLC, d/b/a Fox H	2370	9/30/2022	3A	37

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

Legal Name of Corporation	Business Address	State(s) in Which Incorporated

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
See Attached			
Names of Stockholders Owning at Least 10% of Shares			
See Attached			

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General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
22 South Street Operations LLC, d/b/a Fox Hill ce	2370	9/30/2022	3B	37

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

Owner(s) of Facility

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General Information and Questionnaire
Related Parties*

Name of Facility	License No.	Report for Year Ended	Page	of
22 South Street Operations LLC, d/b/a Fox Hill center	2370	9/30/2022	4	37

Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? ○ Yes ⊙ No

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

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

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Genesis Administrative Services LLC	101 East State Street, Kennett Square, PA 19348	○	⊙		Home Office	Pg 16/m12	557,723	557,723
Genesis ElderCare Rehabilitation Services GRS	101 East State Street, Kennett Square, PA 19348	⊙	○	74%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	551,595	551,595
		○	⊙					
Genesis ElderCare Physician Services GPS_C	101 East State Street, Kennett Square, PA 19348	⊙	○	87%	Medical Director /NP	Pg 13/B8, Pg 10/A12		
Career Staffing Carstaff_C	101 East State Street, Kennett Square, PA 19348	⊙	○	86%	Nursing Agency/ Temporary Services	Pg 13/B11 pg 10-12, 1	388,160	388,160
Respiratory Health Services - NCRHS C	515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	⊙	○	61%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E	75,743	75,743
Genesis Healthcare Ins Program	101 East State Street, Kennett Square, PA 19348	⊙	○		Insurance	Pg 27/14	185,330	185,330
		○	⊙					
		○	⊙					

* Use additional sheets if necessary.

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

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General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility	License No.	Report for Year Ended	Page	of
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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.

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

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

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

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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
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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					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙				**Total** ***	

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

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
** Attach copies of newly acquired leases.
*** Amount should agree to Page 22, Line 6e.

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General Information and Questionnaire

Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
22 South Street Operations LLC, d	2370	9/30/2022	7	37

The records of this facility for the period covered by this report were maintained on the following basis:

⊙ Accrual ○ Cash ○ Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 KPMG Peat Marwick	1600 Market Street, Philadelphia, PA 19103
2	
3	
4	

Services Provided by This Firm (*describe fully*)

1 Year end financial audit	$
2	$
3	$
4	$
	Charge for Services Provided $

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

⊙ Yes ○ No

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1	
2	
3	
4	
5	

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

1
2
3
4
5

Services Provided by This Firm (*describe fully*)

1	$
2	$
3	$
4	$
5	$
	Charge for Services Provided $

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

⊙ Yes ○ No

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Schedule of Resident Statistics

Name of Facility	License No.	Report for Year Ended	Page	of
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	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	150	150			150	150						
B. On last day of THIS report period												
2. Number of Residents												
A. As of midnight of PREVIOUS report period	94	94			94	94						
B. As of midnight of THIS report period	104	104							104	104		
3. Total Number of Days Care Provided During Period												
A. Medicare	2,766	2,766			2,321	2,321			445	445		
B. Medicaid (Conn.)	28,952	28,952			21,331	21,331			7,621	7,621		
C. Medicaid (other states)												
D. Private Pay	2,557	2,557			1,764	1,764			793	793		
E. State SSI for RCH												
F. Other (Specify)	2,701	2,701			2,120	2,120			581	581		
G. Total Care Days During Period (3A thru F)	36,976	36,976			27,536	27,536			9,440	9,440		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. ***Total Resident Days*** **(3G + 4A + 4B)**	36,976	36,976			27,536	27,536			9,440	9,440		

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Schedule of Resident Statistics (Cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
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4. Were there any changes in the certified bed capacity during the report year? ○ Yes ⊙ No
If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
				Lost			Gained						
	CCNH (1)	RHNS (2)	(Specify) (3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	
2/1/2022	X			30							120		Bed reduced dued to the census

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

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	7	79		18				
Per Diem Rate								
a. One bed rm.								
b. Two bed rms.	610.23	232.04		467.57				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	1,257	1,257		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	1,020	1,020		
C. Other	11,537	11,537		
D. ***Total Physical Therapy Treatments***	13,814	13,814		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	299	299		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	52	52		
C. Other	1,845	1,845		
D. ***Total Speech Therapy Treatments***	2,196	2,196		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	1,618	1,618		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	801	801		
C. Other	12,095	12,095		
D. ***Total Occupational Therapy Treatments***	14,514	14,514		

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Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of
22 South Street Operations LLC, d/b/a Fox Hill center	2370	9/30/2022	10	37

Are time records maintained by all individuals receiving compensation? ⊙ Yes ○ No

	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	167,519	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	280,726	11,829				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers						
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	55,856	1,575				
b. Other Maintenance Workers	7,302	445				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	206,325	3,266				
b. RN						
1. Direct Care	978,867	17,837				
2. Administrative**	159,125	3,641				
c. LPN						
1. Direct Care	1,187,129	30,065				
2. Administrative**						
d. Aides and Attendants	1,550,725	69,862				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	94,116	4,083				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	169,671	5,306				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	108,660	4,705				
A-13. Total Salary Expenditures	4,966,022	154,694				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

	CCNH		RHNS		(Specify)	
Position	**$**	**Hours**	**$**	**Hours**	**$**	**Hours**
Ward Clerks	$ 8,757	344				
Central Supply	$ 41,899	1,736				
Medical Records	$ 21,705	1,189				
Coordinator-Staffing Centers	$ 36,299	1,436				
0	$ -	-				
0	$ -	-				
0	$ -	-				
0	$ -	-				
0	$ -	-				
0	$ -	-				
0	$ -	-				
0	$ -	-				
0	$ -	-				
0	$ -	-				
0	$ -	-				
0	$ -	-				
0	$ -	-				
0	$ -	-				
Total	$ 108,660	4,705	$ -	-	$ -	-

Schedule of Other Fees (Page 13)

	CCNH		RHNS		(Specify)	
Service	**$**	**Hours**	**$**	**Hours**	**$**	**Hours**
1020620010	$ 10,989	n/a				
3010620020	$ 2,937	n/a				
3015620020	$ 7,234	n/a				
3155620020	$ 75,557	n/a				
3080620020	$ 21,030	n/a				
0	$ -	n/a				
0	$ -	-				
0	$ -	-				
0	$ -	-				
0	$ -	-				
0	$ -	-				
0	$ -	-				
0	$ -	-				
0	$ -	-				
0	$ -	-				
0	$ -	-				
0	$ -	-				
0	$ -	-				
Total	$ 117,748	-	$ -	-	$ -	-

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

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Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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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
22 South Street Operations LLC, d/b/a Fox Hill center	2370	9/30/2022	12	37

Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators* **										
Jonah Kraus - 10/1/2021-9/30/2022	167,519				Management of Center	2,080	2			
-										
-										
Section IV - Assistant Administrators										
-										
-										
-										
-										

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

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

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

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B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of
22 South Street Operations LLC, d/b/a Fox Hill cen	2370	9/30/2022	13	37

	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. **Direct care consultants paid on a fee for service basis in lieu of salary** (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	11,917	82				
3. Pharmacist	16,976	346				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	269,150	3,687				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	61,776	327				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	69,331	889				
b. Other						
10. Occupational Therapist						
a. Resident Care	272,721	3,736				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	165,379	2,758				
2. Administrative***						
b. LPN						
1. Direct Care	94,557	2,233				
2. Administrative***						
c. Aides	133,267	5,455				
d. Other						
12. Other (Specify)						
See Attached Schedule	117,748					
B-13 Total Fees Paid in Lieu of Salaries	1,212,822	19,513				

* 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.

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

Name of Facility	License No.	Report for Year Ended	Page	of
22 South Street Operations LLC, d/b/a Fox Hill center	2370	9/30/2022	14	37

Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship
		Yes	No	
Genesis Eldercare Rehabilitation Services, 101 East State Street, Kennett Square, PA 19348	Physical, Occupational, and Speech Therapy	⊙	○	Common Ownership
Genesis Eldercare Physician Services, 101 East State Street, Kennett Square, PA 19348	Medical Director	⊙	○	Common Ownership
Genesis Eldercare Staffing Services, 101 East State Street, Kennett Square, PA 19348	Nursing Pool	⊙	○	Common Ownership
Respiratory Health Services, 515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	Respiratory and Oxygen Supplies	⊙	○	Common Ownership
Career Staffing Carstaff_C	Nursing Agency/ Temporary Services	⊙	○	Common Ownership
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	

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

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C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
22 South Street Operations LLC, d/b/a Fox Hill c	2370	9/30/2022	15	37

Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	$	407,157	407,157		
2. Disability Insurance	$				
3. Unemployment Insurance	$	47,825	47,825		
4. Social Security (F.I.C.A.)	$	365,211	365,211		
5. Health Insurance	$	278,156	278,156		
6. Life Insurance (employees only)					
(not-owners and not-operators)	$				
7. Pensions (Non-Discriminatory)	$	42,658	42,658		
(not-owners and not-operators)					
8. Uniform Allowance	$				
9. Other (*Specify*)	$	23,470	23,470		
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	$				
c. Bad Debts*	$	227,564	227,564		
d. Accounting and Auditing	$				
e. Legal (*Services should be fully described on Page 7)*	$				
f. Insurance on Lives of Owners and Operators (*Specify*)*	$				
g. Office Supplies	$	18,146	18,146		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	$	20,739	20,739		
2. Cellular Phones	$	1,140	1,140		
i. Appraisal (*Specify purpose and attach copy*)*	$				
j. Corporation Business Taxes (*franchise tax*)	$				
k. Other Taxes (*Not related to property - See Page 22)*					
1. Income*	$				
2. Other (*Specify*)	$	73	73		
See Attached Schedule					
3. Resident Day User Fee	$	664,169	664,169		
Subtotal	$	2,096,307	2,096,307		

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
3215520020 Union Health & Welfare	$ 8,179	$ -	$ -
3225520020 Union Health & Welfare	$ 15,148	$ -	$ -
1020520060 Benefit Allocations	$ 143	$ -	$ -
	$ -	$ -	$ -
0	$ -	$ -	$ -
0	$ -	$ -	$ -
0	$ -	$ -	$ -
0	$ -	$ -	$ -
0	$ -	$ -	$ -
0	$ -	$ -	$ -
0	$ -	$ -	$ -
0	$ -	$ -	$ -
Total	$ 23,470	$ -	$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
1020640110 Sales Tax - 1020640110	$ 73	$ -	$ -
1020640110 Sales Tax - 1020640110	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
Total	$ 73	$ -	$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
22 South Street Operations LLC, d/b/a Fox Hill center	2370	9/30/2022	16	37

Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		2,096,307	2,096,307		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	$				
2. Holiday Parties for Staff	$	317	317		
3. Gifts to Staff and Residents	$				
4. Employee Travel	$	1,775	1,775		
5. Education Expenses Related to Seminars and Conventions	$	65	65		
6. Automobile Expense (*not purchase or depreciation*)	$				
7. Other (*Specify*)	$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (*all such expenses*)	$	77	77		
2. Advertising Telephone Directory (*all such expenses*)***	$				
3. Advertising Other (*Specify*)***	$	12,880	12,880		
See Attached Schedule					
4. Fund-Raising***	$				
5. Medical Records	$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	$				
7. Postage	$	2,940	2,940		
* 8. Dues and Membership Fees to Professional Associations (*Specify*) See Attached Schedule	$	12,999	12,999		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	$	100	100		
9. Subscriptions	$	254	254		
10. Contributions*** See Attached Schedule	$				
11. Services Provided by Contract (*Specify and Complete Schedule C-2, Page 21 for each firm or individual)*	$	5,434	5,434		
12. Administrative Management Services**	$	453,498	453,498		
13. Other (*Specify*) See Attached Schedule	$	191,007	191,007		
C-14 Total Administrative & General Expenditures	$	2,777,652	2,777,652		

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
1020630020Advertising	$ 7,934	$ -	$ -
1020630330Marketing Expense	$ 3,341	$ -	$ -
1020630331Marketing Exp- Corporate Spend	$ 1,583	$ -	$ -
3080630330Marketing Expense	$ 22	$ -	$ -
Total Other Advertising	$ 12,880	$ -	$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
1020630310Licenses & Certifications	$ 13,099	$ -	$ -
1020630310Dues to Chamber of Commerce	$ (100)	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
Total Dues	$ 12,999	$ -	$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
1020630130Contributions	$ -	$ -	$ -
1020630135Political Contributions	$ -	$ -	$ -
	$ -	$ -	$ -
Total Contributions	$ -	$ -	$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
1020630060Bank Service Charges	$ 8,785	$ -	$ -
1020630120Collection Fees	$ 14,215	self-disallowed	$ -
1020630140Education Expense	$ 17	$ -	$ -
1020630180Employee Physicals	$ 7,782	$ -	$ -
1020630200Employee Relations	$ 10,920	$ -	$ -
1020630380Printing	$ 191	$ -	$ -
1020630610Training Expense	$ 212	$ -	$ -
1020640080Fines & Penalties	$ 39,250	self-disallowed	$ -
1020640090Miscellaneous	$ 99,998	$ -	$ -
1020660080Rental Expense	$ 3,438	$ -	$ -
1020660990Accrued Expense Estimation	$ -	self-disallowed	$ -
5095720090Landlord Operating Taxes	$ -	$ -	$ -
1020720070State Tax Annual Report Filing	$ 80	$ -	$ -
3080630440Recruiting Fees	$ 5,409	$ -	$ -
7010800030Non-recurring Charges	$ -	$ -	$ -
1020630640Uniforms	$ -	$ -	$ -
1020640060Equipment Non-Capitalized	$ 699	$ -	$ -
1020630390Programming Fees	$ 10	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
Total Other Administrative and General	$ 191,007	$ -	$ -

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Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
22 South Street Operations LLC, d/b/a Fo	2370	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 #
Genesis Administrative Services LLC, 101 East St., Kennett Square, PA 19348	557,723	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12

*** 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.**

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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
22 South Street Operations LLC, d/b/a Fox Hill center	2370	9/30/2022	18 | 37

Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	$	209,687	209,687		
2. Non-Food Supplies	$	34,201	34,201		
3. Other (*Specify*)_____	$	(134)	(134)		
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$	683,112	683,112		
c. Other (*Specify*)_____	$				
2D. ***Total Dietary Expenditures*** (2a + b + c + d)	$	926,867	926,867		

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?	○ Yes	◉ No	
H.	Did you receive revenue from employees?	○ Yes	◉ 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?	○ Yes	◉ No	If yes, specify cost.
K.	Is any revenue collected from these people?	○ Yes	◉ 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?	○ Yes	◉ No	If yes, specify cost.
N.	Is any revenue collected from employees?	○ Yes	◉ 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.

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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
22 South Street Operations LLC, d/b/a Fox Hill center	2370	9/30/2022	19 | 37

Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*					
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Lbs.				
	Amt. $	4,943	4,943		
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. $	4,476	4,476		
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$	168,363	168,363		
c. Other (*Specify*)	$				
3D. ***Total Laundry Expenditures*** (3a + b + c)	$	177,782	177,782		

3E.	Laundry Questionnaire			
F.	Is cost of employee laundry included in 3D?	○ Yes	⊙ No	If yes, specify cost.
G.	Did you receive revenue from employees?	○ Yes	⊙ 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?	○ Yes	⊙ No	If yes, specify cost.
J.	Did you receive revenue from these people?	○ Yes	⊙ 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.

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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
22 South Street Operations LLC, d/b/a Fox Hill	2370	9/30/2022	20	37

Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel					
a. In-House Care						
1. Supplies - Cleaning (*Mops, pails, brooms, etc.*)	Amt.	$	12,795	12,795		
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21*)	Sq. Ft. Serviced by Personnel					
	Amt.	$	260,319	260,319		
C. Other (*Specify*)		$				
4D. ***Total Housekeeping Expenditures*** (4a + b + c)		$	273,114	273,114		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		$				
2. Purchased from		$	101,048	101,048		
b. Medicine Cabinet Drugs		$	40,728	40,728		
c. Medical and Therapeutic Supplies		$	245,174	245,174		
d. Ambulance/Limousine***		$	6,399	6,399		
e. Oxygen						
1. For Emergency Use		$				
2. Other***		$	12,326	12,326		
f. X-rays and Related Radiological Procedures***		$	4,450	4,450		
g. Dental (*Not dentists who should be included under salaries or fees)*		$				
h. Laboratory***		$	29,454	29,454		
i. Recreation		$	58,630	58,630		
j. Direct Management Services*		$				
k. Indirect Management Services*		$				
l. Other (Specify)**** See Attached Schedule		$	73,065	73,065		
5M. ***Total Resident Care Expenditures*** (5a - 5j)		$	571,273	571,273		

* 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)
3060610160 Incontinency	$ 48,740	$ -	$ -
3060610161 Advertising-Help Wanted	$ (6,858)	$ -	$ -
3080630030 Advertising-Help Wanted	$ 13,226	$ -	$ -
3080630080 Books, Dues & Subscriptions	$ -	$ -	$ -
3080630140 Education Expense	$ 29	$ -	$ -
3120630530 Supplies	$ 198	$ -	$ -
3155630530 Supplies	$ 9,705	$ -	$ -
3170630530 Supplies	$ -	$ -	$ -
3090630535 Office Supplies	$ 86	$ -	$ -
3120630535 Office Supplies	$ -	$ -	$ -
3165630535 Office Supplies	$ -	$ -	$ -
3080630610 Training Expense	$ -	$ -	$ -
3120660080 Rental Expense	$ -	$ -	$ -
3155660080 Rental Expense	$ 3,935	$ -	$ -
3010610300 Consolidated Billing	$ 4,004	$ -	$ -
3080630630 Tuition Reimbursement	$ -	$ -	$ -
3210630630 Tuition Reimbursement	$ -	$ -	$ -
3225630630 Tuition Reimbursement	$ -	$ -	$ -
Miscellaneous	$ -	$ -	$ -
Total Other Resident Care	$ 73,065	$ -	$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
22 South Street Operations LLC, d/b/a Fox Hill center	2370	9/30/2022	21	37

Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Healthcare Services Group	Drive, Bensalem, PA 19020	○	⊙	Vendor Contracted	Laundry Purchased Services	168,363			19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020	○	⊙	Vendor Contracted	Housekeeping Purchased Services	260,319			20	4b
Healthcare Services Group	Drive, Bensalem, PA 19020	○	⊙	Vendor Contracted	Dietary Purchased Services	679,860			18	2b
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							

* 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).

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CSP-22 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page of
22 South Street Operations LLC, d/b/a Fox Hil	2370	9/30/2022	22 | 37

Item		Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	$	282,855	282,855		
b. Heat	$	163,046	163,046		
c. Light & Power	$	110,670	110,670		
d. Water	$	55,215	55,215		
e. Equipment Lease (*Provide detail on page 6*)	$				
f. Other (*itemize*)	$				
See Attached Schedule					
6g. ***Total Maint. & Operating Expense*** (6a - 6f)	$	611,786	611,786		
7. Depreciation (*complete schedule page 23**)					
a. Land Improvements	$	1,329	1,329		
b. Building & Building Improvements	$	9,042	9,042		
c. Non-Movable Equipment	$	4,531	4,531		
d. Movable Equipment	$	23,234	23,234		
*7e. ***Total Depreciation Costs*** (7a + b + c + d)	$	38,136	38,136		
8. Amortization (*Complete att. Schedule Page 24**)					
a. Organization Expense	$				
b. Mortgage Expense	$				
c. Leasehold Improvements	$				
d. Other (*Specify*)	$				
*8e. ***Total Amortization Costs*** (8a + b + c + d)	$				
9. Rental payments on leased real property less real estate taxes included in item 10b	$	274,730	274,730		
10. Property Taxes					
a. Real estate taxes paid by owner	$				
b. Real estate taxes paid by lessor	$	101,955	101,955		
c. Personal property taxes	$				
11. ***Total Property Expenses*** (7e + 8e + 9 + 10)	$	414,821	414,821		

* 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)
Total Other Repairs and Maintenance	$ -	$ -	$ -

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Depreciation Schedule

Name of Facility	License No.	Report for Year Ended	Page	of
22 South Street Operations LLC, d/b/a Fox Hill center	2370	9/30/2022	23	37

Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. **Land Improvements**								
1. Acquired prior to this report period	13,294		13,294	443	S/L	Various	1,329	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
A-4. Subtotal								1,329
B. **Building and Building Improvements**								
1. Acquired prior to this report period	72,493		72,493	23,909	S/L	Various	7,090	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	80,635		80,635				1,951	
B-4. Subtotal								9,042
C. **Non-Movable Equipment**								
1. Acquired prior to this report period	31,010		31,010	3,230	S/L	Various	3,101	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	31,110		31,110			1,430	1,430	
C-4. Subtotal								4,531

	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
D. **Movable Equipment**												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period					149,986		149,986	28,792	S/L	Various	22,271	
b. Disposals (attach schedule)												
Acquired during this report period (attach schedule):												
c. Administrative					3,690		3,690		S/L	Various	123	
d. Standard Resident					4,318		4,318				840	
e. Specialized Resident												
Total Acquired during this report period					8,007		8,007				963	
D-3. Subtotal												23,234
E. ***Total Depreciation***												38,135

Schedule of Land Improvements Acquired during this report period

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

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

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

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
9/30/2022	Rapid Response Sprinkler Heads	$ 43,764	20	$ -
10/31/2021	New roof for kitchen section of building	$ 25,994	15	$ 1,589
3/31/2022	New End Suction Pump in Boiler Room	$ 10,876	15	$ 363
Total additions for Building Improvemen		$ 80,635		$ 1,951
Deletions:				
Total deletions for Building Improvement		$ -		$ -

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

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

Schedule of Non-Movable Equipment Acquired during this report peri

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
2/28/2022	Air Handler Replacement - Partial Pmt	$ 5,695	10	$ 332
2/28/2022	Air Handler Replacement - Partial Pmt	$ 5,695	10	$ 332
2/28/2022	Air Handler Replacement - Final Pmt	1270	10	74.08333333
4/30/2022	Trane Split System Condenser Pymt # 1	9225	10	384.375
5/31/2022	Trane Split System Condenser Pymt # 2	9225	10	307.5
Total additions for Non-Movable Equipmen		$ 31,110		$ 1,430
Deletions:				
Total deletions for Non-Movable Equipmen		$ -		$ -

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

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

Schedule of Movable Equipment Acquired during this report peri

Acquisition Date	Description of Item	Pick One Movable Category	Cost	Useful Life	Depreciation
Additions:					
5/31/2022	1-Ice Maker Low Profile Modular Cube	Administrative	$ 3,690	10	$ 123
2/28/2022	Arise 1000 Mattress Replacement System	Standard Resident	$ 4,318	3	$ 840
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
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		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
Total additions for Movable Equipmen			$ 8,007		$ 963
Deletions:					
Total deletions for Movable Equipmen			$ -		$ -

***Ties to Page 23, Line D2c**
****Ties to Page 23, Line D2b**

Schedule of Leasehold Improvements Acquired during this report peri

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Leasehold Improvemer		$ -		$ -
Deletions:				
Total deletions for Leasehold Improvemer		$ -		$ -

***Ties to Page 24, Line C3**
****Ties to Page 24, Line C2**

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CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility	License No.	Report for Year Ended	Page	of
22 South Street Operations LLC, d/b/a Fox Hill center	2370	9/30/2022	24	37

Item	Date of Acquisition: Month	Date of Acquisition: Year	Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
A. **Organization Expense**									
1.									
2.									
3.									
A-4. Subtotal									
B. **Mortgage Expense**									
1.									
2.									
3.									
B-4. Subtotal									
C. **Leasehold Improvements and Other**									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. ***Total Amortization***									

* Straight-line method must be used.

** Specify which of the following bases were used:

A. Minimum of 5 years or 60 months.
B. Life of mortgage; OR
C. Remaining Life of Lease; OR
D. Actual Life if owned by Related Party.

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CSP-25 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended	Page	of
22 South Street Operations LLC, d/b/a	2370	9/30/2022	25	37

11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party?* ⊙ Yes ○ No

If "Yes," complete Part B.
If "No," complete Part C.

*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total
1. Date Land Purchased	n/a
2. Date Structure Completed	n/a
3. If **NOT** Original Owner, Date of Purchase	
4. Date of Initial Licensure	
5. Total Licensed Bed Capacity	
6. Square Footage	
7. Acquisition Cost	
a. Land	n/a
b. Building	n/a

Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of _____				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

Part C - Arms-Length Leases for Real Property Improvements Only

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease
Next HC-JV	Facility Lease	2/1/2019 -1/31/	15 years	274,730
587 Fifth Avenue New York, NY 10017				

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.

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

Name of Facility	License No.	Report for Year Ended	Page of
22 South Street Operations LLC, d/b/a	2370	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 00					
2. Second Mortgage	$				
Name of Lender	Rate				
Address of Lender 00					
3. Third Mortgage	$				
Name of Lender	Rate				
Address of Lender 00					
4. Fourth Mortgage	$				
Name of Lender	Rate				
Address of Lender 00					
B. CHEFA Loan Information					
1. Original Loan Amount	$				
2. Loan Origination Date					
3. Interest Rate %					
4. Term					
5. CHEFA Interest Expense					
12 B7. ***Total Building Interest Expense*** (A1 - A4 + B5)	$				

(*Carry Subtotals forward to next page*)

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CSP-27 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page of
22 South Street Operations LLC, d/	2370	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 00				
2. Other (*Specify*) $				
A. Item / Rate / Amount				
Lender				
Address of Lender 00				
B. Item / Rate / Amount				
Lender				
Address of Lender 00				
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) $	18,344	18,344		
b. Insurance on Automobiles $				
c. Insurance other than Property (as specified above)				
1. Umbrella (*Blanket Coverage*) $	166,986	166,986		
2. Fire and Extended Coverage $				
3. Other (*Specify*) $				
14d. ***Total Insurance Expenditures (14a + b + c)*** $	185,330	185,330		
15. ***Total All Expenditures (A-13 thru C-14)*** $	12,117,467	12,117,467		

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D. Adjustments to Statement of Expenditures

Name of Facility	License No.	Report for Year Ended	Page of
22 South Street Operations LLC, d/b/a Fox Hill center	2370	9/30/2022	28 | 37

Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs $				
2.			Salaries not related to Resident Care $				
3.			Occupational Therapy $				
4.			Other - See attached Schedule $	150,481	150,481		
Page 13 - Professional Fees							
5.	13	B-8-c	Resident Care Physicians ** $				
6.		B-10	Occupational Therapy $				
7.			Other - See attached Schedule $	701,973	701,973		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits $				
9.	15	1-c	Bad Debts $	227,564	227,564		
10.			Accounting $				
10a.			Legal $				
11.			Telephone $				
12.			Cellular Telephone $				
13.			Life insurance premiums on the life of Owners, Partners, Operators $				
14.			Gifts, flowers and coffee shops $				
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees $				
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative $				
17.			Automobile Expense (e.g. personal use) $				
18.	16	m-2 &	Unallowable Advertising * $	12,880	12,880		
19.			Income Tax / Corporate Business Tax $				
20.			Fund Raising / Contributions $				
21.			Unallowable Management Fees $	(104,225)	(104,225)		
22.			Barber and Beauty $				
23.			Other - See attached Schedule $	297,444	297,444		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents $				
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents $				
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents $				
			Subtotal (Items 1 - 26) $	1,286,117	1,286,117		

* All except "Help Wanted".

(*Carry Subtotal forward to next page*)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	2	Administrator's salary disallowed	$ 150,481	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
Total Other Salaries Adjustment			$ 150,481	$ -	$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	$ 86,790	$ -	$ -
13	5	Rehabilitation Services	$ 182,360	$ -	$ -
13	9	Speech Therapist	$ 69,331	$ -	$ -
13	10	Occupational Therapist	$ 272,721	$ -	$ -
13	12	Other	$ 2,937	$ -	$ -
13	12	Other	$ 7,234	$ -	$ -
13	12	Respiratory Purchased Servies	$ 75,557	$ -	$ -
13	11a	Nursing Agency Purchased -RN	$ 2,214	$ -	$ -
13	11b	Nursing Agency Purchased -LPN	$ 1,174	$ -	$ -
13	11c	Nursing Agency Purchased -Certified Nursing Aides	$ 1,655	$ -	$ -
Total Other Fees Adjustments			$ 701,973	$ -	$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m-13	Collection Fees	$ 14,215	$ -	$ -
16	m-13	Estimated Accrual	$ -	$ -	$ -
16	m-13	Non-recurring Charges	$ -	$ -	$ -
16	m-13	Dues to Chamber of Commerce	$ 100	$ -	$ -
16	m-13	Penalty	$ 39,250	$ -	$ -
16	m-12	0	$ -	$ -	$ -
15	1-a-1	adj workers comp	$ 243,879	$ -	$ -
13	B12	adj the SNAP Strike Cost (disallowable)	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
Total Other A&G Adjustments			$ 297,444	$ -	$ -

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

Name of Facility	License No.	Report for Year Ended	Page of
22 South Street Operations LLC, d/b/a Fox Hill center	2370	9/30/2022	29 | 37

Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward $	1,286,117	1,286,117		
Page 20 - Resident Care Supplies***							
27.	20	5-a-2	Prescription Drugs $	101,048	101,048		
28.	20	5-d	Ambulance/Limousine $	6,399	6,399		
29.	20	5-f	X-rays, etc $	4,450	4,450		
30.	20	5-h	Laboratory $	29,454	29,454		
31.			Medical Supplies $				
32.	20	5-e-2	Oxygen (non emergency) $	12,326	12,326		
33.			Occupational Therapy $				
34.			Other - See Attached Schedule $	17,643	17,643		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule $	(51,325)	(51,325)		
36.			Depreciation on Unallowable Motor Vehicles $				
37.			Unallowable Property and Real Estate Taxes $				
38.			Rental of Building Space or Rooms $				
39.			Other - See Attached Schedule $				
Page 27 - Insurance							
40.			Mortgage Insurance $				
41.			Property Insurance $				
Other - Miscellaneous							
42.			Other - Indirect $	49,435	49,435		
43.			Interest Income on Account Rec. $				
44.			Other - Miscellaneous Administrative $	66,077	66,077		
45.			Management Fees Direct $				
46.			Management Fees Indirect $				
47.			Other - Direct $				
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule $				
49.			***Total Amount of Decrease (Items 1 - 48)*** $	1,521,625	1,521,625		

*** 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.

Attachment Page 29

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-j	Consolidated Billing	$ 4,004	$ -	$ -
20	5-j	Respiratory Supplies	$ 9,705	$ -	$ -
20	5-j	Respiratory Rental	$ 3,935	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
Total Other Ancillary Costs			$ 17,643	$ -	$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Page 22	7a	Land Imp	$ (4,033)	$ -	$ -
Page 22	7b	Bldg Imp	$ (32,902)	$ -	$ -
Page 22	7c	Non Movable Equip	$ (2,873)	$ -	$ -
Page 22	7d	Movable Equip	$ (11,517)	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
Total Excess Movable Equipment Depreciation			$ (51,325)	$ -	$ -

Schedule of Other Property Adjustments

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

Schedule of Other - Indirect Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-i	Cable TV - Allowable $3,600 Account#3005660130	$ 49,435	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
Total Other Adjustments			$ 49,435	$ -	$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14c1	General liability Insurance Adjust	$ 66,077	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
Total Other Adjustments			$ 66,077	$ -	$ -

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
Total Unallowable Building Interest			$ -	$ -	$ -

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F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended	Page	of
22 South Street Operations LLC, d/b/a Fo	2370	9/30/2022	30	37

Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (*CT only*)	$	12,763,201	12,763,201		
b. Medicaid Room and Board Contractual Allowance **	$	(6,229,901)	(6,229,901)		
2. a. Medicaid (*All other states*)	$				
b. Other States Room and Board Contractual Allowance **	$				
3. a. Medicare Residents *(all inclusive)*	$	1,303,913	1,303,913		
b. Medicare Room and Board Contractual Allowance **	$	(220,183)	(220,183)		
4. a. Private-Pay Residents and Other	$	2,655,397	2,655,397		
b. Private-Pay Room and Board Contractual Allowance **	$	(752,324)	(752,324)		
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	$	56,989	56,989		
b. Prescription Drugs - Medicare Contractual Allowance **	$	(9,623)	(9,623)		
c. Prescription Drugs - Non-Medicare	$	101,170	101,170		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	$	(29,896)	(29,896)		
2. a. Medical Supplies - Medicare	$	4	4		
b. Medical Supplies - Medicare Contractual Allowance **	$	(1)	(1)		
c. Medical Supplies - Non-Medicare	$	1,747	1,747		
d. Medical Supplies - Non-Medicare Contractual Allowance **	$	(853)	(853)		
3. a. Physical Therapy - Medicare	$	292,630	292,630		
b. Physical Therapy - Medicare Contractual Allowance **	$	(49,414)	(49,414)		
c. Physical Therapy - Non-Medicare	$	433,587	433,587		
d. Physical Therapy - Non-Medicare Contractual Allowance **	$	(135,285)	(135,285)		
4. a. Speech Therapy - Medicare	$	102,822	102,822		
b. Speech Therapy - Medicare Contractual Allowance **	$	(17,363)	(17,363)		
c. Speech Therapy - Non-Medicare	$	77,188	77,188		
d. Speech Therapy - Non-Medicare Contractual Allowance **	$	(22,788)	(22,788)		
5. a. Occupational Therapy - Medicare	$	327,757	327,757		
b. Occupational Therapy - Medicare Contractual Allowance **	$	(55,346)	(55,346)		
c. Occupational Therapy - Non-Medicare	$	426,771	426,771		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	$	(129,665)	(129,665)		
6. a. Other *(Specify)* - Medicare	$	46,932	46,932		
b. Other *(Specify)* - Non-Medicare	$	220,755	220,755		
III. *Total Resident Revenue* (Section I. thru Section II.)	$	11,158,221	11,158,221		
IV. Other Revenue*					
1. Meals sold to guests, employees & others	$				
2. Rental of rooms to non-residents	$				
3. Telephone	$				
4. Rental of Television and Cable Services	$				
5. Interest Income *(Specify)*	$	659	659		
6. Private Duty Nurses' Fees	$				
7. Barber, Coffee, Beauty and Gift shops	$	5,833	5,833		
8. Other (*Specify*)	$	302,612	302,612		
V. Total Other Revenue (1 thru 8)	$	309,104	309,104		
VI. Total All Revenue (III +V)	$	11,467,325	11,467,325		

* *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)
II-6-a	Medicare - X-Ray	$ 3,317	$ -	$ -
II-6-a	Medicare - Laboratory	$ 9,295	$ -	$ -
II-6-a	Medicare - Respiratory Therapy & Supplies	$ 33,068	$ -	$ -
II-6-a	Medicare - Nursing Treatment Supplies	$ -	$ -	$ -
II-6-a	Medicare - Audiology	$ -	$ -	$ -
II-6-a	Medicare - Incontinency	$ -	$ -	$ -
II-6-a	Medicare - Oxygen & Supplies	$ -	$ -	$ -
II-6-a	Medicare - Physician Visit	$ -	$ -	$ -
II-6-a	Medicare - Ambulance	$ -	$ -	$ -
II-6-a	Medicare - Flu Shot	$ 9,794	$ -	$ -
II-6-a	Medicare - Antibody Infustion Thereapy	$ 994	$ -	$ -
II-6-a	Medicare - Capitation Contracts	$ -	$ -	$ -
II-6-a	Medicare Contractual- X-Ray	$ (560)	$ -	$ -
II-6-a	Medicare Contractual- Laboratory	$ (1,570)	$ -	$ -
II-6-a	Medicare Contractual- Respiratory Therapy & Supplies	$ (5,584)	$ -	$ -
II-6-a	Medicare Contractual- Nursing Treatment Supplies	$ -	$ -	$ -
II-6-a	Medicare Contractual- Audiology	$ -	$ -	$ -
II-6-a	Medicare Contractual- Incontinency	$ -	$ -	$ -
II-6-a	Medicare Contractual- Oxygen & Supplies	$ -	$ -	$ -
II-6-a	Medicare Contractual- Physician Visit	$ -	$ -	$ -
II-6-a	Medicare Contractual- Ambulance	$ -	$ -	$ -
II-6-a	Medicare Contractual- Flu Shot	$ (1,654)	$ -	$ -
II-6-a	Medicare Contractual- Antibody Infustion Thereapy	$ (168)	$ -	$ -
Total Other Resident Revenue - Medicare		$ 46,932	$ -	$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
II-6-b	Medicaid- X-Ray	160.00	-	-
II-6-b	Medicaid- Laboratory	1,311.71	-	-
II-6-b	Medicaid- Respiratory Therapy & Supplies	57,817.00	-	-
II-6-b	Medicaid- Nursing Treatment Supplies	-	-	-
II-6-b	Medicaid- Audiology	-	-	-
II-6-b	Medicaid- Incontinency	-	-	-
II-6-b	Medicaid- Oxygen & Supplies	-	-	-
II-6-b	Medicaid- Physician Visit	-	-	-
II-6-b	Medicaid- Ambulance	-	-	-
II-6-b	Medicaid- Flu Shot	-	-	-
II-6-b	Medicaid- Antibody Infustion Thereapy	-	-	-
II-6-b	Medicaid- Capitation Contracts	-	-	-
II-6-b	Contractuals-Medicaid- X-Ray	(78.10)	-	-
II-6-b	Contractuals-Medicaid- Laboratory	(640.26)	-	-
II-6-b	Contractuals-Medicaid- Respiratory Therapy & Supplies	(28,221.30)	-	-
II-6-b	Contractuals-Medicaid- Nursing Treatment Supplies	-	-	-
II-6-b	Contractuals-Medicaid- Audiology	-	-	-
II-6-b	Contractuals-Medicaid- Incontinency	-	-	-
II-6-b	Contractuals-Medicaid- Oxygen & Supplies	-	-	-
II-6-b	Contractuals-Medicaid- Physician Visit	-	-	-
II-6-b	Contractuals-Medicaid- Ambulance	-	-	-
II-6-b	Contractuals-Medicaid- Flu Shot	-	-	-
II-6-b	Contractuals-Medicaid- Antibody Infustion Thereapy	-	-	-
II-6-b	Contractuals-Medicaid- Capitation Contracts	-	-	-
II-6-b	Non-Medicaid- X-Ray	1,386.97	-	-
II-6-b	Non-Medicaid- Laboratory	13,709.45	-	-
II-6-b	Non-Medicaid- Respiratory Therapy & Supplies	49,482.00	-	-
II-6-b	Non-Medicaid- Nursing Treatment Supplies	-	-	-
II-6-b	Non-Medicaid- Audiology	-	-	-
II-6-b	Non-Medicaid- Incontinency	-	-	-
II-6-b	Non-Medicaid- Oxygen & Supplies	-	-	-
II-6-b	Non-Medicaid- Physician Visit	-	-	-
II-6-b	Non-Medicaid- Ambulance	740.26	-	-
II-6-b	Non-Medicaid- Flu Shot	-	-	-
II-6-b	Non-Medicaid- Antibody Infustion Thereapy	-	-	-
II-6-b	Non-Medicaid- Capitation Contracts	200,359.00	-	-
II-6-b	Contractuals-Non-Medicaid- X-Ray	(392.95)	-	-
II-6-b	Contractuals-Non-Medicaid- Laboratory	(3,884.14)	-	-
II-6-b	Contractuals-Non-Medicaid- Respiratory Therapy & Supplies	(14,019.18)	-	-
II-6-b	Contractuals-Non-Medicaid- Nursing Treatment Supplies	-	-	-
II-6-b	Contractuals-Non-Medicaid- Audiology	-	-	-
II-6-b	Contractuals-Non-Medicaid- Incontinency	-	-	-
II-6-b	Contractuals-Non-Medicaid- Oxygen & Supplies	-	-	-
II-6-b	Contractuals-Non-Medicaid- Physician Visit	-	-	-
II-6-b	Contractuals-Non-Medicaid- Ambulance	(209.73)	-	-
II-6-b	Contractuals-Non-Medicaid- Flu Shot	-	-	-
II-6-b	Contractuals-Non-Medicaid- Antibody Infustion Thereapy	-	-	-
II-6-b	Contractuals-Non-Medicaid- Capitation Contracts	(56,765.46)	-	-
0	-	-	-	-
Total Other Resident Revenue		$ 220,755	$ -	$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
IV-5	Interest On Overdue Accounts-		$ 659	$ -	$ -
0	-		$ -	$ -	$ -
0	-		$ -	$ -	$ -
Total Interest Income			$ 659	$ -	$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
Page 30 -I	Rehab Screen- 100250OTIB (Other Ancil - Ins Med B)	$ -	$ -	$ -
Page 30 -I	Telehealth Facility Fee & Rehab Screen- 100250OTB (Other Ancil - Med B)	$ 1,026	$ -	$ -
Page 30 -I	Telehealth Facility Fee & Rehab Screen- 100250OTD (Other Ancil - Medicaid)	$ 37	$ -	$ -
Page 30 -I	Telehealth Facility Fee & Rehab Screen- 100250OTIB (Other Ancil - Ins Med B)	$ 1,796	$ -	$ -
Page 30 -I	Elim Basic Healthcare Revenue-	$ 41,706	$ -	$ -
Page 30 -I	Federal Stimulus - ARP Rural-	$ 15,134	$ -	$ -
Page 30 -I	Federal Stimulus - Phase 4-	$ 199,121	$ -	$ -
Page 30 -I	State COVID Support - Other-	$ 43,681	$ -	$ -
Page 30 -I	-	$ -	$ -	$ -
Page 30 -I	dakota medical v rehab care group-	$ 111	$ -	$ -
Page 30 -I	-	$ -	$ -	$ -
0	-	$ -	$ -	$ -
Total Other Revenue		$ 302,612	$ -	$ -

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G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
22 South Street Operations LLC, d/b/a I	2370	9/30/2022	31	37

Account				Amount
Assets				
A. Current Assets				
1. Cash (*on hand and in banks*)				$ 6,143
2. Resident Accounts Receivable (Less Allowance for Bad Debts)				$ 1,372,159
3. Other Accounts Receivable (Excluding Owners or Related Parties)				$ (53,175)
4 Inventories				$ 46,622
5. Prepaid Expenses				$ 40,816
a. Prepaid Expenses		7,678		
b. Prepaid Property Tax		30,618		
c. Prepaid Personal Property Tax		2,520		
d. See Schedule				
6. Interest Receivable				$
7. Medicare Final Settlement Receivable				$
8. Other Current Assets (*itemize*)				$
See Schedule				
A-9. ***Total Current Assets*** (Lines A1 thru 8)				$ 1,412,564
B. Fixed Assets				
1. Land				$
2. Land Improvements	*Historical Cost	13,294		$ 11,521
	Accum. Depreciation	1,773	Net	
3. Buildings	*Historical Cost	153,127		$ 120,176
	Accum. Depreciation	32,951	Net	
4. Leasehold Improvements	*Historical Cost			$
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	62,120		$ 54,358
	Accum. Depreciation	7,762	Net	
6. Movable Equipment	*Historical Cost	157,994		$ 105,969
	Accum. Depreciation	52,025	Net	
7. Motor Vehicles	*Historical Cost			$
	Accum. Depreciation		Net	
8. Minor Equipment-Not Depreciable				$
9. Other Fixed Assets (*itemize*)				$
See Schedule				
B-10. ***Total Fixed Assets*** (Lines B1 thru 9)				$ 292,024

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

(*Carry Total forward to next page*)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	a-a-5		
31	a-a-5		
31	a-a-5		
Total Prepaid Expenses			$ -

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			$ -

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

Page Ref	Line Ref	Description	
33	A12	Accrued Provider/Bed Tax	$ 177,241
33	A12	Accr Exp Other	$ 17,431
33	A12	Accr Exp Water and Sewer	$ 16,588
33	A12	Accr Exp Gas	$ 1,453
33	A12	Accr Exp Electricity	$ -
33	A12	Deferred Revenue	$ 49,845
34	A12	A/R Credit Gross Up Liability	$ 230,985
35	A12	Accr Exp Others	$ 95,296
Total Other Current Liabilities (Itemize)			$ 588,839

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

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

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
22 South Street Operations LLC, d/b/a F	2370	9/30/2022	32	37

Account				Amount
			Total Brought Forward:	$ 1,704,588
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				$
2. Land Improvements	*Historical Cost			
	Accum. Depreciation		Net	$
3. Buildings	*Historical Cost			
	Accum. Depreciation		Net	$
4. Non-Movable Equipment	*Historical Cost			
	Accum. Depreciation		Net	$
5. Movable Equipment	*Historical Cost			
	Accum. Depreciation		Net	$
6. Motor Vehicles	*Historical Cost			
	Accum. Depreciation		Net	$
7. Minor Equipment-Not Depreciable				$
C-8 ***Total Leasehold or Like Properties*** (C1 thru 7)				$
D. Investment and Other Assets				
1. Deferred Deposits				$
2. Escrow Deposits				$
3. Organization Expense	*Historical Cost			
	Accum. Depreciation		Net	$
4. Goodwill (Purchased Only)				$
5. Investments Related to Resident Care (*itemize*)				$
6. Loans to Owners or Related Parties (*itemize*)				$
Name and Address	Amount	Loan Date		
7. Other Assets (*itemize*)				$ (477,658)
I/C Due to/Due From Owned		(477,658)		
I/C Due to/Due From Multicare				
See Schedule				
D-8. ***Total Investments and Other Assets*** (Lines D1 thru 7)				$ (477,658)
D-9. ***Total All Assets*** (Lines A9 + B10 + C8 + D8)				$ 1,226,930

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

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
22 South Street Operations LLC, d/b/a Fox Hi	2370	9/30/2022	33	37

Account					Amount
Liabilities					
A.	Current Liabilities				
	1. Trade Accounts Payable				$ 745,546
	2. Notes Payable (*itemize*)				$
	See Schedule				
	3. Loans Payable for Equipment (*Current portion*) (*itemize*)				$
	Name of Lender	Purpose	Amount	Date Due	
	4. Accrued Payroll (*Exclusive of Owners and/or Stockholders only*)				$ 169,325
	5. Accrued Payroll (*Owners and/or Stockholders only*)				$
	6. Accrued Payroll Taxes Payable				$
	7. Medicare Final Settlement Payable				$
	8. Medicare Current Financing Payable				$
	9. Mortgage Payable (*Current Portion*)				$
	10. Interest Payable (*Exclusive of Owner and/or Related Parties*)				$
	11. Accrued Income Taxes*				$
	12. Other Current Liabilities (*itemize*)				$ 588,839
	See Schedule		588,839		
A-13.	***Total Current Liabilities*** (Lines A1 thru 12)				$ 1,503,710

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

(Carry Total forward to next page)

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
22 South Street Operations LLC, d/b/a Fox H	2370	9/30/2022	34	37

Account	Amount
Total Brought Forward:	1,503,710
Liabilities (cont'd)	
B. Long-Term Liabilities	
1. Loans Payable-Equipment (*itemize*)	$

Name of Lender	Purpose	Amount	Date Due

2. Mortgages Payable	$
3. Loans from Owners or Related Parties (*itemize*)	$

Name and Address of Lender	Amount	Loan Date

4. Other Long-Term Liabilities (*itemize*)		$ 459,286
LT Debt-Financing Obligation	457,339	
Escheatable Funds	1,947	
Long-term Insurance Reserves		
See Schedule		
B-5. ***Total Long-Term Liabilities*** (Lines B1 thru 4)		$ 459,286
C. ***Total All Liabilities*** (Lines A-13 + B-5)		$ 1,962,996

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

Name of Facility	License No.	Report for Year Ended	Page	of
22 South Street Operations LLC, d/b/a	2370	9/30/2022	35	37

Account		Amount
A.	**Reserves**	
	1. Reserve for value of leased land	$
	2. Reserve for depreciation value of leased buildings and appurtenances to be amortized	$
	3. Reserve for depreciation value of leased personal property (*Equity)*	$
	4. Reserve for leasehold real properties on which fair rental value is based	$
	5. Reserve for funds set aside as donor restricted	$
	6. Total Reserves	$
B.	**Net Worth**	
	1. Owner's Capital	$
	2. Capital Stock	$
	3. Paid-in Surplus	$ 2,096,903
	4. Treasury Stock	$
	5. Cumulated Earnings	$ (2,182,827)
	6. Gain or Loss for Period 10/1/2021 thru 9/30/2022	$ (650,141)
	7. Total Net Worth	$ (736,065)
C.	***Total Reserves and Net Worth***	$ (736,065)
D.	***Total Liabilities, Reserves, and Net Worth***	$ 1,226,931

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H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
22 South Street Operations LLC, d/b/a F	2370	9/30/2022	36	37

Account	Amount
A. Balance at End of Prior Period as shown on Report of 09/30/2021	$ (85,922)
B. Total Revenue (*From Statement of Revenue Page 30*)	$ 11,467,325
C. Total Expenditures (*From Statement of Expenditures Page 27*)	$ 12,117,468
D. Net Income or Deficit	$ (650,143)
E. Balance	$ (736,065)
F. Additions	
1. Additional Capital Contributed (*itemize*)	
2. Other (*itemize*)	
F-3. Total Additions	$
G. Deductions	
1. Drawings of Owners/Operators/Partners (*Specify*)	$

Name and Address (*No., City, State, Zip*)	Title	Amount

2. Other Withdrawings *(Specify)*	$

Purpose	Amount

3. Total Deductions		$
H. ***Balance at End of Period***	09/30/22	$ (736,065)

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I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of
22 South Street Operations LLC, d/b/a Fox	2370	9/30/2022	37	37

Check appropriate category

☑ Chronic and Convalescent Nursing Home only (CCNH)	☐ Rest Home with Nursing Supervision only (RHNS)	☐ (Specify)

Preparer/Reviewer Certification

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

Signature of Preparer	Title	Date Signed

Printed Name of Preparer
Rick Fink

Addres Address	Phone Number
515 Fairmount Avenue Towson MD 21286 USA	410-494-7657

Contacted Person Regarding Additional Information Needed Regarding This Report	Phone Number
Rick Fink	410-494-7657

Contact Email Address
Rick.Fink@genesishcc.com