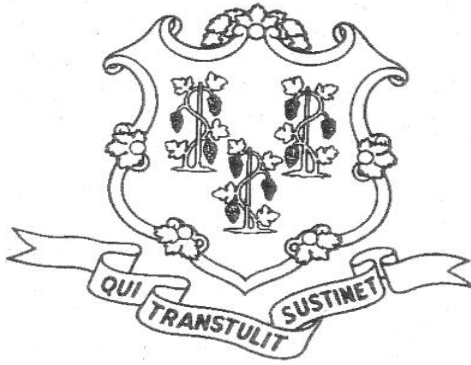


# State of Connecticut



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

Name of Facility (as licensed) Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	
Address (No. & Street, City, State, Zip Code) 1660 Stafford Ave, Bristol CT 06010	
Type of Facility Chronic and Convalescent                      Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH)    (RHNS)	
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022

License Numbers:	CCNH 2285	RHNS	(Specify)	Medicare Provider 07-54155001
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Medicaid Provider Numbers:	CCNH 2285	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) Bristol CCH Group LLC of Bristol, d/b/a Countryside	License No. 2285	Report for Year Ended 9/30/2022	Page 1	of 37
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**Administrator's/Owner's Certification**

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol [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) Joel Carmichael			Printed Name (Owner) Lawerence Santilli		
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 Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol		Period Covered:	From 10/1/2021	To 9/30/2022
Address of Facility 1660 Stafford Ave, Bristol CT 06010				
Report Prepared By Athena Health Care Associates, INC		Phone Number (860) 751-3900	Date 2/15/2023	
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 860-583-8483		Report for Year Ended 9/30/2022		Page 2	of 37
Name of Facility (as shown on license) Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor			Address (No. & Street, City, State, Zip) 1660 Stafford Ave, Bristol CT 06010		
License Numbers:	CCNH 2285	RHNS	(Specify)	Medicare Provider No. 07-54155001	
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.					
<b>Administrator</b>					
Name of Administrator Joel Carmichael			Nursing Home Administrator's License No.:	001186	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		
NA					









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

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside N	License No. 2285	Report for Year Ended 9/30/2022	Page 4	of 37
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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	%**				
1660 Stafford Ave LLC	1660 Stafford Ave, Bristol CT 06010	<input type="radio"/>	<input checked="" type="radio"/>		Lease of Real Property	Pg 22, 9, and 10b. Pg 2	504,351	504,351
Laurel Ridge Health Center	642 Danbury Rd Ridgefield CT 06877	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Bank Fees	Pg 16 ln m13	2,986	2,986
Miscellaneous Facilities	various	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Interfacility Loans	Pg 33 A2		
Athena Health Care	135 South Rd Farmington CT	<input type="radio"/>	<input checked="" type="radio"/>		Workers Comp Captive	Pg 15 ln 1a	261,451	261,451
Athena Health Care	135 South Rd Farmington CT	<input checked="" type="radio"/>	<input type="radio"/>	<50%	See attached			
Procare LTC Pharmacy of CT LLC	111 Executive Blvd, Farmingdale NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Pharmacy Services	Pg 20 5a2	320,898	320,898
Athena Health Care Assoc 401k Plan	135 South Rd Farmington CT	<input type="radio"/>	<input checked="" type="radio"/>		Facility participates in common 401k plan			
Athena Health Care	135 South Rd Farmington CT	<input type="radio"/>	<input checked="" type="radio"/>		Self insured employee health and dental insu	Pg 15 ln 1a5	847,690	847,690
Procare LTC Pharmacy of CT LLC	111 Executive Blvd, Farmingdale NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Note Payable	Pg 34 B4, Pg 27 12D	42,833	42,833

\* 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 Bristol CCH Group LLC of Bristol, d/b/a Coun	License No. 2285	Report for Year Ended 9/30/2022	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

1. In the preparation of this Report, were all 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.

### 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
Bristol CCH Group LLC of Bristol, d/b/a Countryside Mand			2285	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						
Pitney Bowes	<input type="radio"/>	<input checked="" type="radio"/>	Postal Equipment	04/01/18	60 Months	1,207	1,207	
Leaf PO Box 742647,Cincinnati OH 45274-2647	<input type="radio"/>	<input checked="" type="radio"/>	Copier	10/13/16	50 Months	12,252	12,252	
	<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"/>						
							<b>Total ***</b>	13,459

Is a Mileage Log Book Maintained for All Leased Vehicles ?  Yes  No **Total \*\*\*** 13,459

\* 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 Bristol CCH Group LLC of Bristol,	License No. 2285	Report for Year Ended 9/30/2022	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 PKF O' Connor Davies	4 Corporate Drive, Suite 488 Shelton CT 06484
2 Marcum LLP	555 Long Wharf Drive, New Haven CT 06511
3 Midcap Financial Services LLC	PO Box 5088 Hartford CT 06102
4	

Services Provided by This Firm (*describe fully*)

1 Tax Returns + Financial Audit: Allow	\$ 6,000
2 Medicare cost reports preparations: Allow	\$ 2,755
3 LOC Audits: Disallow	\$ 4,865
4	\$
	Charge for Services Provided
	\$ 13,620

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

- Yes     No    Pg 15 Line 1d

**Legal Services Information**

Name of Legal Firm or Independent Attorney	Telephone Number
1 Pilicy & Ryan PC	860-274-0018
2 State of CT Probate/Marshall	860-584-6230
3 Midcap Financials Services,LLC	646-896-1307
4 Jackson Lewis	860-522-0404
5	

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

- 1 365 Main St, Watertown CT 06795
- 2 111 N. Main st, Bristol CT
- 3 7255 Woodmont Ave, Suite 200, Bethesda, MD 20814
- 4 90 State House sq, 8th Floor, Hartford CT 06103
- 5

Services Provided by This Firm (*describe fully*)

1 AR Collections: Disallow	\$ 1,652
2 Conservatorship hearings: Disallow	\$ 722
3 LOC Lender Switch: Disallow	\$ 1,272
4 Annual Reports: Allowed	\$ 80
5	\$
	Charge for Services Provided
	\$ 3,726

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

- Yes     No    Pg 15, Ln 1e

**Schedule of Resident Statistics**

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol			License No. 2285		Report for Year Ended 9/30/2022				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	90	90			90	90							
B. On last day of THIS report period	90	90							90	90			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	84	84			84	84							
B. As of midnight of THIS report period	81	81							81	81			
3. Total Number of Days Care Provided During Period													
A. Medicare	5,215	5,215			3,838	3,838			1,377	1,377			
B. Medicaid (Conn.)	21,675	21,675			16,295	16,295			5,380	5,380			
C. Medicaid (other states)													
D. Private Pay	2,217	2,217			1,409	1,409			808	808			
E. State SSI for RCH													
F. Other (Specify) Managed Care	279	279			208	208			71	71			
G. Total Care Days During Period (3A thru F)	29,386	29,386			21,750	21,750			7,636	7,636			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	13	13							13	13			
B. Other Bed Reserve Days	6	6							6	6			
5. <b>Total Resident Days (3G + 4A + 4B)</b>	29,405	29,405			21,750	21,750			7,655	7,655			

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

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Cou			License No. 2285			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? <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span> If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(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		59		4			9					
Per Diem Rate													
a. One bed rm.	540.89		280.22		617.00			408.87					
b. Two bed rms.	540.89		280.22		596.00			408.87					
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								9,378	9,378				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								1,359	1,359				
2. Restorative Treatments													
C. Other								9,417	9,417				
D. <b>Total Physical Therapy Treatments</b>								20,154	20,154				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								788	788				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								222	222				
2. Restorative Treatments													
C. Other								1,026	1,026				
D. <b>Total Speech Therapy Treatments</b>								2,036	2,036				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								9,254	9,254				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								1,536	1,536				
2. Restorative Treatments													
C. Other								10,004	10,004				
D. <b>Total Occupational Therapy Treatments</b>								20,794	20,794				

### Report of Expenditures - Salaries & Wages

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Mano	License No. 2285	Report for Year Ended 9/30/2022	Page 10	of 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)	145,274	2,091				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	251,668	10,874				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	59,136	2,073				
c. Dietary Workers	355,505	21,844				
6. Housekeeping Service						
a. Head Housekeeper	57,189	2,195				
b. Other Housekeeping Workers	197,579	12,855				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	59,755	2,101				
b. Other Maintenance Workers	20,313	1,571				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	125,993	7,837				
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	157,857	2,907				
b. RN						
1. Direct Care	723,084	15,212				
2. Administrative**	383,134	11,993				
c. LPN						
1. Direct Care	835,990	23,426				
2. Administrative**						
d. Aides and Attendants	1,587,897	67,721				
e. Physical Therapists	461,049	11,520				
f. Speech Therapists	61,074	1,400				
g. Occupational Therapists	266,374	7,238				
h. Recreation Workers	207,812	7,272				
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	160,947	3,839				
n. Marketing						
o. Other (Specify)						
See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	6,117,630	215,969				

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

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

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

**Schedule of Other Salaries and Wages (Page 10)**

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
<b>Total</b>	\$ -	-	\$ -	-	\$ -	-

**Schedule of Other Fees (Page 13)**

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
<b>Total</b>	\$ -	-	\$ -	-	\$ -	-



**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
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Brist				2285	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>										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol				2285	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>										
Joel Carmicahel (10/1/2021-9/30/2022)	145,274			Health & Life insurance, Payroll taxes	Day to day operations of the nursing home facility	2,091	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		
Bristol CCH Group LLC of Bristol, d/b/a Countryside	2285	9/30/2022	13	37		
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary</b> (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	4,141	36				
3. Pharmacist	9,408	42				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker	1,840	25				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	24,000	208				
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	360	1				
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	3,937	51				
2. Administrative***	3,500					
b. LPN						
1. Direct Care	150,011	849				
2. Administrative***						
c. Aides	453,074	4,778				
d. Other						
12. Other (Specify) See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>650,271</b>	<b>5,990</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		License No.	Report for Year Ended		Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside M		2285	9/30/2022		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Health Drive, 85 Barnes Rd, Suite 207, Wallingford CT 06492	Dental Consulting	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. Gary Miller, 100 North Meadow Rd, Canton CT 06019	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Dr Steven Zebrowski, 120 West Main St, Plainville Ct	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Vista Behavioral Health, LLC, 152 Simsbury Rd, Avon CT 06001	Psychiatric Services	<input type="radio"/>	<input checked="" type="radio"/>			
Athena Health Care, 135 South Rd, Farmington CT 06032	MDS Fill-In	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners		
Procure LTC, 1492 Highland Ave, Chesire CT 06032	Pharmacy Consultant	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners: Minority Interest		
Soloman Page Staffing, 260 Madison Ave 4th Floor New York, NY 10016	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>			
The Nurse Network, 653 Main St, Plantsville CT 06479	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Five Star Care 410 Melville Ave, Lakewood NJ, 08701	Nurse Pool	<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"/>			
		<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
Bristol CCH Group LLC of Bristol, d/b/a Country	2285	9/30/2022		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 261,451	261,451			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 62,835	62,835			
4. Social Security (F.I.C.A.)	\$ 405,204	405,204			
5. Health Insurance	\$ 751,287	751,287			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 64,151	64,151			
8. Uniform Allowance	\$				
9. Other ( <i>Specify</i> ) See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 56,027	56,027			
d. Accounting and Auditing	\$ 13,620	13,620			
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 3,726	3,726			
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$				
g. Office Supplies	\$ 36,858	36,858			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 122,637	122,637			
2. Cellular Phones	\$ 1,080	1,080			
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$				
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$				
k. Other Taxes ( <i>Not related to property - See Page 22</i> )					
1. Income*	\$				
2. Other ( <i>Specify</i> ) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 508,474	508,474			
<b>Subtotal</b>	\$ 2,287,350	2,287,350			

\* 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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

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**Schedule of Other Taxes**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

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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
Bristol CCH Group LLC of Bristol, d/b/a Countryside	2285	9/30/2022		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>	2,287,350	2,287,350			
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 2,060	2,060			
3. Gifts to Staff and Residents	\$ 14,333	14,333			
4. Employee Travel	\$ 2,813	2,813			
5. Education Expenses Related to Seminars and Conventions	\$ 1,775	1,775			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$				
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 6,060	6,060			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 20,555	20,555			
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	\$ 3,854	3,854			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 5,060	5,060			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 1,274	1,274			
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$				
12. Administrative Management Services**	\$				
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 111,078	111,078			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 2,456,212	2,456,212			

\* 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)
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotional	\$ 20,555		
<b>Total Other Advertising</b>	\$ 20,555	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 5,060		
<b>Total Dues</b>	\$ 5,060	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
<b>Total Contributions</b>	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Data Processing Fees	\$ 58,595		
Licenses	\$ 810		
Bank Charges	\$ 17,327		
Payroll Processing Fees	\$ 17,769		
Employee Physicals and Background Checks	\$ 11,222		
Energy Audit	\$ 5,355		
<b>Total Other Administrative and General</b>	\$ 111,078	\$ -	\$ -



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

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a	License No. 2285	Report for Year Ended 9/30/2022	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Athena Health Care Assoc, Inc. 135 South Rd, Farmington CT 06032		Contract attached to prior year	

\* 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 Bristol CCH Group LLC of Bristol, d/b/a Countryside		License No. 2285	Report for Year Ended 9/30/2022	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 280,213	280,213		
2.	Non-Food Supplies	\$ 27,657	27,657		
3.	Other (Specify) _____ Dishes = \$246	\$ 246	246		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Other (Specify) _____		\$			
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>		<b>\$ 308,116</b>	<b>308,116</b>		
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
F.	Resident Meals: Total no. of meals served per day:*	242	242		
G.	Is cost of employee meals included in 2D?	<input checked="" type="radio"/> Yes	<input 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 checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.	\$38
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
Bristol CCH Group LLC of Bristol, d/b/a Countryside M		2285	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. \$	3,305	3,305		
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$	20,457	20,457		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
c. Other (Specify) Supplies - \$6,423	\$	6,423	6,423		
<b>3D. Total Laundry Expenditures (3a + b + c)</b>	\$	<b>30,185</b>	<b>30,185</b>		
<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
Bristol CCH Group LLC of Bristol, d/b/a Coun		2285	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. \$	35,811	35,811		
b.	Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
		Amt. \$				
C. Other ( <i>Specify</i> )		\$				
<b>4D. Total Housekeeping Expenditures (4a + b + c)</b>		\$	35,811	35,811		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Procure	\$	300,372	300,372		
b.	Medicine Cabinet Drugs	\$	34,816	34,816		
c.	Medical and Therapeutic Supplies	\$	243,972	243,972		
d.	Ambulance/Limousine***	\$	3,062	3,062		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	15,096	15,096		
f.	X-rays and Related Radiological Procedures***	\$	30,804	30,804		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$	65,792	65,792		
i.	Recreation	\$	24,680	24,680		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	114,079	114,079		
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>		\$	832,673	832,673		

\* 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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Oxygen Concentrator Rentals	\$ 21,185		
Cable TV Fees	\$ 12,637		
Medical Equipment Rental-Other	\$ 11,028		
Physical Therapy Supplies	\$ 25,478		
Medical Equipment Rental-Medicaid	\$ 42,355		
Therapy Supplies	\$ 1,396		
<b>Total Other Resident Care</b>	\$ 114,079	\$ -	\$ -

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

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol			License No. 2285		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
CWPM LLC	25 Norton Pl, Plainville CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	26,731			22	6f
Procure LTC	111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	Common owners: Minority Interest	Pharmacy Supplies & Services	320,898			20	5a2
ADP	Philadelphia PA 19170-0351	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Services	14,337			16	1m13
		<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"/>							

\* 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
Bristol CCH Group LLC of Bristol, d/b/a Cou	2285	9/30/2022	22	37
Item	Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant				
a. Repairs & Maintenance	\$ 159,568	159,568		
b. Heat	\$ 60,118	60,118		
c. Light & Power	\$ 69,522	69,522		
d. Water	\$ 25,808	25,808		
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 13,459	13,459		
f. Other ( <i>itemize</i> )	\$ 125,200	125,200		
See Attached Schedule				
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 453,675</b>	<b>453,675</b>		
7. Depreciation ( <i>complete schedule page 23*</i> )				
a. Land Improvements	\$			
b. Building & Building Improvements	\$			
c. Non-Movable Equipment	\$ 11,844	11,844		
d. Movable Equipment	\$ 41,314	41,314		
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 53,158</b>	<b>53,158</b>		
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )				
a. Organization Expense	\$			
b. Mortgage Expense	\$ (7,259)	(7,259)		
c. Leasehold Improvements	\$ 47,844	47,844		
d. Other ( <i>Specify</i> )	\$			
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$ 40,585</b>	<b>40,585</b>		
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 357,576	357,576		
10. Property Taxes				
a. Real estate taxes paid by owner	\$			
b. Real estate taxes paid by lessor	\$ 87,684	87,684		
c. Personal property taxes	\$ 25,628	25,628		
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 564,631</b>	<b>564,631</b>		

\* 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)
Groundskeeping	\$ 15,205		
Rubbish Removal	\$ 29,034		
Snow Removal	\$ 10,803		
Supplies	\$ 68,855		
Exterminating	\$ 1,303		
<b>Total Other Repairs and Maintenance</b>	<b>\$ 125,200</b>	<b>\$ -</b>	<b>\$ -</b>

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### Depreciation Schedule

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol			License No. 2285		Report for Year Ended 9/30/2022			Page 23	of 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			
<b>A. Land Improvements</b>											
1. Acquired prior to this report period											
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)											
A-4. Subtotal											
<b>B. Building and Building Improvements</b>											
1. Acquired prior to this report period											
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)											
B-4. Subtotal											
<b>C. Non-Movable Equipment</b>											
1. Acquired prior to this report period	273,117		273,117	227,435	S/L	Varioud	11,844				
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)											
C-4. Subtotal								11,844			
	Is a mileage logbook maintained?	Date of Acquisition		Historical Cost	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	Exclusive of Land						
<b>D. Movable Equipment</b>											
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			9	2021	888,873	888,873	812,451	S/L	Various	35,739	
b. Disposals (attach schedule)			9	2022				S/L	Various		
Acquired during this report period (attach schedule):											
c. Administrative					84,900		84,900	S/L	Various	4,825	
d. Standard Resident											
e. Specialized Resident					7,497		7,497	S/L	Various	750	
Total Acquired during this report period					92,397		92,397			5,575	
D-3. Subtotal											41,314
<b>E. Total Depreciation</b>											53,158

## Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Land Improvements</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Land Improvements</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
<b>Total additions for Building Improvements</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

## Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Non-Movable Equipment</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

## Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
<b>Additions:</b>					
		Administrative	\$ 84,900	Various	\$ 4,825
		Specialized Resident	\$ 7,497	5	\$ 750
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
<b>Total additions for Movable Equipment</b>			\$ 92,397		\$ 5,575 *
<b>Deletions:</b>					
<b>Total deletions for Movable Equipment</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
	See attached	\$ 80,765		\$ 2,387
<b>Total additions for Leasehold Improvement</b>		\$ 80,765		\$ 2,387 *
<b>Deletions:</b>				
		\$ (78,033)		\$ 3,110
<b>Total deletions for Leasehold Improvement</b>		\$ (78,033)		\$ 3,110 **

\*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
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor			2285		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. Finance Fees-LOC	2	2018	3	59,367	59,367			(7,259)	
2. Midcap LOC Annual Fee	2	2021	1	3,928	6,928				
3. HUD Application				3,163					
B-4. Subtotal									(7,259)
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period	9	2021	Various	1,555,515	1,130,173	s/l	variou	42,347	
2. Disposals (attach schedule)	9	2022	Various	(78,033)		s/l	variou	3,110	
3. Acquired during this report period (attach schedule)				80,765				2,387	
C-4. Subtotal									47,844
<b>D. Total Amortization</b>									40,585

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

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

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

Name of Facility Bristol CCH Group LLC of Bristol, d/l	License No. 2285	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					
2. Date Structure Completed					
3. If <b>NOT</b> Original Owner, Date of Purchase	08/27/03				
4. Date of Initial Licensure	08/27/03				
5. Total Licensed Bed Capacity	90				
6. Square Footage					
7. Acquisition Cost					
a. Land	400,000				
b. Building	2,320,000				
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)	HUD				
b. Date Mortgage Obtained	03/29/12				
c. Interest Rate for the Cost Year	3.22%				
d. Term of Mortgage (number of years)	21				
e. Amount of Principal Borrowed	2,976,000				
f. Principal balance outstanding as of 9/30/2022	1,748,422				
<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
Bristol CCH Group LLC of Bristol, d		2285	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
Bristol CCH Group LLC of Bristol		2285		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)				\$	259,435	259,435	
Vendor int = \$10,152 LOC Int=\$247,854 Mtg Fees=\$1,42							
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)				\$	259,435	259,435	
14. Insurance							
a. Insurance on Property (buildings only)				\$	99,193	99,193	
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$	99,193	99,193	
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$	11,807,832	11,807,832	

### D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of			2285	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	\$ 266,374	266,374		
4.			Other - See attached Schedule	\$ 6,636	6,636		
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 56,027	56,027		
10.			Accounting	\$ 4,865	4,865		
10a.			Legal	\$ 3,646	3,646		
11.			Telephone	\$ #VALUE!			
12.			Cellular Telephone	\$ 360	360		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$ 14,333	14,333		
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.			Unallowable Advertising *	\$ 20,555	20,555		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$ (141,009)	(141,009)		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 17,327	17,327		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$ 38	38		
<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	\$			
Subtotal (Items 1 - 26)				\$ #VALUE!	249,152		

\* 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	12b2	Marketing Salaries & Benefits	\$ 6,636		
<b>Total Other Salaries Adjustment</b>			\$ 6,636	\$ -	\$ -

## Schedule of Fees Adjustments

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

## Schedule of Other A&amp;G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	M13	Bank Charges	\$ 17,327		
<b>Total Other A&amp;G Adjustments</b>			\$ 17,327	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor			2285	9/30/2022	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ #VALUE!	249,152		
<b>Page 20 - Resident Care Supplies***</b>							
27.			Prescription Drugs	\$ 300,372	300,372		
28.			Ambulance/Limousine	\$ 3,062	3,062		
29.			X-rays, etc	\$ 30,804	30,804		
30.			Laboratory	\$ 65,792	65,792		
31.			Medical Supplies	\$ 26,236	26,236		
32.			Oxygen (non emergency)	\$ 15,096	15,096		
33.			Occupational Therapy	\$ 102	102		
34.			Other - See Attached Schedule	\$ 11,028	11,028		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 2,476	2,476		
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.	\$ 1,001	1,001		
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$ (38,457)	(38,457)		
46.			Management Fees Indirect	\$ (34,184)	(34,184)		
47.			Other - Direct	\$ 9,037	9,037		
<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>				\$ 641,517	641,517		

\*\*\* 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	5j	Medical Equipment Rental	\$ 11,028		
<b>Total Other Ancillary Costs</b>			\$ 11,028	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Moveable Equipment Depreciation-Carryforward	\$ 2,476		
<b>Total Excess Movable Equipment Depreciation</b>			\$ 2,476	\$ -	\$ -

**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)
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Television	\$ 9,037		
<b>Total Other Adjustments</b>			\$ 9,037	\$ -	\$ -

Schedule of Unallowable Building Interest

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

### F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Bristol CCH Group LLC of Bristol, d/b/a 2285		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> )	\$ 12,840,951	12,840,951			
b. Medicaid Room and Board Contractual Allowance **	\$ (6,722,956)	(6,722,956)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 1,293,282	1,293,282			
b. Medicare Room and Board Contractual Allowance **	\$ (74,374)	(74,374)			
4. a. Private-Pay Residents and Other	\$ 3,103,666	3,103,666			
b. Private-Pay Room and Board Contractual Allowance **	\$ (499,845)	(499,845)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 113,203	113,203			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (113,203)	(113,203)			
c. Prescription Drugs - Non-Medicare	\$ 211,237	211,237			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (211,237)	(211,237)			
2. a. Medical Supplies - Medicare	\$ 17,236	17,236			
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$ 30,782	30,782			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 717,532	717,532			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (310,884)	(310,884)			
c. Physical Therapy - Non-Medicare	\$ 374,850	374,850			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (374,850)	(374,850)			
4. a. Speech Therapy - Medicare	\$ 150,375	150,375			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (115,054)	(115,054)			
c. Speech Therapy - Non-Medicare	\$ 101,750	101,750			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (101,750)	(101,750)			
5. a. Occupational Therapy - Medicare	\$ 713,804	713,804			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (515,242)	(515,242)			
c. Occupational Therapy - Non-Medicare	\$ 387,876	387,876			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (387,876)	(387,876)			
6. a. Other ( <i>Specify</i> ) - Medicare	\$				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 531,472	531,472			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 11,160,745	11,160,745			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income ( <i>Specify</i> )	\$ 1,001	1,001			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 1,001	1,001			
<b>VI. Total All Revenue</b> (III +V)	\$ 11,161,746	11,161,746			

\* 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)
<b>Total Other Resident Revenue - Medicare</b>		\$ -	\$ -	\$ -

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

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
NA	Misc Revenue from CRF Funds	\$ 516,119		
	Retroactives	\$ 15,353		
<b>Total Other Resident Revenue</b>		\$ 531,472	\$ -	\$ -

**Interest Income**

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest on AR		\$ 1,001		
<b>Total Interest Income</b>			\$ 1,001	\$ -	\$ -

**Schedule of Other Revenue**

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

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol CCH Group LLC of Bristol, d/b/	2285	9/30/2022	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	45,315
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,306,529
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	17,887
5. Prepaid Expenses			\$	99,578
a. Prepaid Insurance	130,169			
b. Prepaid Health Insurance	(35,313)			
c. Prepaid Expenses	4,722			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	(193,742)
Medicaid Cost Settlements	(193,742)			
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	1,275,567
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>1,545,497</u>		\$	380,230
	Accum. Depreciation <u>1,165,267</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>273,118</u>		\$	33,838
	Accum. Depreciation <u>239,280</u>	Net		
6. Movable Equipment	*Historical Cost <u>976,168</u>		\$	122,370
	Accum. Depreciation <u>853,798</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	8,615
See Schedule	8,615			
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	545,053

\* 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>			\$ -

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

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

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

Page Ref	Line Ref	Description	
		Moveable Equipment Carryforward	\$ 5,135
		Misc Fixed Asset system Difference	\$ 3,480
<b>Total Other Other Fixed Assets (Itemize)</b>			\$ 8,615

Schedule of Other Assets Page 32 Line D7

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

Schedule of Notes Payable (Itemize) Page 33 Line A2

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

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

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

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

Page Ref	Line Ref	Description	
		Due to Landlord	\$ 928,360
<b>Total Other Current Liabilities (Itemize)</b>			\$ 928,360



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

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a	License No. 2285	Report for Year Ended 9/30/2022	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	1,820,620
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	481,847
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	2,320,000		
	Accum. Depreciation	1,361,259	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 <b>Total Leasehold or Like Properties</b> (C1 thru 7)			\$	1,440,588
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	325,968
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> )			\$	31,152
	Project Development	27,734		
	Deferred Finance Fees	3,418		
	See Schedule			
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$	357,120
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$	3,618,328

\* 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
Bristol CCH Group LLC of Bristol, d/b/a Cou		2285	9/30/2022	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,031,489
2. Notes Payable ( <i>itemize</i> )				\$	7,796,483
Line of Credit					7,796,483
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> )				\$	237,768
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	267,574
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> )				\$	1,357,174
Provider Taxes Due		1,292,940	Acc'd Property Tax	(6,495)	
Acc'd Health Insurance		(1,319)			
Acc'd Operating Expenses		69,407			
Acc'd Sales Tax		2,641	See Schedule		
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				<b>\$</b>	<b>10,690,488</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 Bristol CCH Group LLC of Bristol, d/b/a C		License No. 2285	Report for Year Ended 9/30/2022	Page 34	of 37
Account				Amount	
Total Brought Forward:				10,690,488	
<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> )				\$ 453,644	
Name and Address of Lender	Amount	Loan Date			
Related Party	215,273				
Note Payable - Procare	238,371				
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$ 928,360	
_____					
_____					
Due to Landlord				928,360	
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 1,382,004	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 12,072,492	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol CCH Group LLC of Bristol, d/	2285	9/30/2022	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	481,847
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	958,741
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	1,440,588
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	(902,364)
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(8,346,302)
6. Gain or Loss for Period	10/1/2021	thru 9/30/2022	\$	(646,086)
7. Total Net Worth			\$	(9,894,752)
<b>C. Total Reserves and Net Worth</b>			\$	(8,454,164)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	3,618,328

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Bristol CCH Group LLC of Bristol, d/b/a	2285	9/30/2022	36	37		
Account			Amount			
A. Balance at End of Prior Period as shown on Report of 09/30/2021			\$	(9,866,117)		
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	11,161,746		
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	11,807,832		
D. Net Income or Deficit			\$	(646,086)		
E. Balance			\$	(10,512,203)		
F. Additions						
1. Additional Capital Contributed <i>(itemize)</i>						
Maintenance Supplies	29,105					
HHS Funds	592,135					
Accounting	3,418					
Finance Fees	(7,208)					
2. Other <i>(itemize)</i>						
F-3. Total Additions					\$	617,450
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>			\$	(9,894,753)		

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

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a	License No. 2285	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		Date Signed
Printed Name of Preparer				
Athena Health Care Associates Inc				
Address Address			Phone Number	
135 South Rd, Farmington CT 06032			(860) 751-3900	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Lynn Rinaldi			860-751-3900	
Contact Email Address				
lrinaldi@athenahealthcare.com				