

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) Glastonbury Health Care Center, Inc.	
Address (No. & Street, City, State, Zip Code) 1175 Hebron Ave, Glastonbury, CT 06033	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022

License Numbers:	CCNH 2028C	RHNS	(Specify)	Medicare Provider 07-5316
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Medicaid Provider Numbers:	CCNH 2028C	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) Glastonbury Health Care Center, Inc.	License No. 2028C	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 Glastonbury Health Care Center, Inc. [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) Andrew Goodsell			Printed Name (Owner) Lawrence 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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Glastonbury Health Care Center, Inc.		Period Covered:	From 10/1/2021	To 9/30/2022
Address of Facility 1175 Hebron Ave, Glastonbury, CT 06033				
Report Prepared By Athena Health Care Associates, Inc		Phone Number 860-751-3900	Date 3/13/2023	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

Salaries - Compensation computed on a weekly or other basis which does not generally vary, based on the number of hours worked.

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-659-1905		Report for Year Ended 9/30/2022		Page 2	of 37
Name of Facility (as shown on license) Glastonbury Health Care Center, Inc.			Address (No. & Street, City, State, Zip) 1175 Hebron Ave, Glastonbury, CT 06033		
License Numbers:		CCNH 2028C	RHNS	(Specify)	Medicare Provider No. 07-5316
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 type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.					
Administrator					
Name of Administrator Andrew Goodsell			Nursing Home Administrator's License No.:	1935	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		
Not Applicable					

General Information and Questionnaire
Corporate Owners

Name of Facility Glastonbury Health Care Center, Inc.	License No. 2028C	Report for Year Ended 9/30/2022	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Glastonbury Health Care Center, Inc.	1175 Hebron Ave, Glastonbury, CT 06033	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Lawrence G. Santilli	1175 Hebron Ave, Glastonbury, CT 06033	President	4098.425	
Michael E. Mosier	1175 Hebron Ave, Glastonbury, CT 06033	Treasurer/Secretary	25	
Names of Stockholders Owning at Least 10% of Shares				
Conservators For Lawrence E. Santilli	1175 Hebron Ave, Glastonbury, CT 06033		701.575	

General Information and Questionnaire
Related Parties*

Name of Facility Glastonbury Health Care Center, Inc.	License No. 2028C	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	%**				
Laurelridge Health Care Center	642 Danbury Rd, Ridgefield, CT 068777	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Bank Fees	Pg 16 M13	2,818	2,818
Misc Facilities	Various	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Interfacility Loans	Pg 34 B4		
Athena Captive	135 South Rd, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	<50%	Workers Comp Captive	Pg 15 1a1	368,304	368,304
Athena Health Care Associates 401k Plan	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Facility participates in common 401k plan			
Athena Health Care	135 South Rd, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	<50%	See Attached			
Procure LTC	111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Pharmacy Services	Pg 20 5a2	389,864	389,864
Glastonbury Landlord	1175 Hebron Ave, Glastonbury, CT 06033	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Lease of Property	Pg 22 L9, 10b; Pg 27 L	856,979	856,979
Procure LTC	111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Note Payable	Pg 34 B4, Pg 27 12D	87,191	87,191
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Glastonbury Health Care Center, Inc.	License No. 2028C	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.

Not Applicable

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

Not Applicable

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.

Laundry and Water/Sewer costs are shared with and billed to the Non-Related Assisted Living Facility.

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
Glastonbury Health Care Center, Inc.			2028C	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						
	<input type="radio"/>	<input checked="" type="radio"/>						
Pitney Bowes Credit, PO Box 856460, Louisville KY 40285	<input type="radio"/>	<input checked="" type="radio"/>	Mail Machine	03/29/18	Annual Renewal	1,844		1,844
GE Capital/Ricoh, PO Box 41564, Philadelphia, PA 19009	<input type="radio"/>	<input checked="" type="radio"/>	Copier	02/16/17	Month- Cancelled	12,913		2,151
Atria Litchfield Hills/Hallbridge, 300 East Market St, Suite 100, Louisville, KY 40202	<input type="radio"/>	<input checked="" type="radio"/>	Therapy Space Lease	04/01/19	Annual Renewal	35,008		35,008
Hewlett Packard/Visual Edge Technology, Inc, PO Box 402582, Atlanta, GA 30384	<input type="radio"/>	<input checked="" type="radio"/>	Copier	07/30/21	48 Months	5,803		5,803
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
							Total ***	44,806

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes No

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

General Information and Questionnaire
Accounting Basis

Name of Facility Glastonbury Health Care Center, In	License No. 2028C	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	
2 PKF O'Connor Davies	Four Corporate Drive, Suite 488, Shelton, CT 06484
3 Marcum LLP	555 Long Wharf Drive, 12th Floor, New Haven, CT 06511
4 Midcap Financial Services, LLC	7255 Woodmont Ave Suite 200, Bethesda, MD 20814

Services Provided by This Firm (*describe fully*)

1		\$	
2	Tax Returns	\$	6,800
3	Medicare Cost Reports	\$	2,730
4	Line of Credit Audit (Disallowed)	\$	4,865
			Charge for Services Provided
			\$ 14,395

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 Midcap Financial Services LLC	312-258-5500
2 Goldman, Gruder, & Woods/Treasurer State of CT/State Marshal	203-899-8900
3 Jackson Lewis/Beatrice Nyamekye	
4 Murtha Cullina	860-240-6000
5 Treasurer State of CT/State Marshal	

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

- 1 7255 Woodmont Ave Suite 200, Bethesda, MD 20814
- 2 200 Connecticut Ave, Norwalk, CT 06854
- 3 1133 Westchester Ave Suite 5125, West Harrison, NY 10604
- 4 280 Trumbull St, 12th Floor, Hartford, CT 06103
- 5

Services Provided by This Firm (*describe fully*)

1	Line of Credit: Disallow	\$	1,272
2	AR Collections: Disallow	\$	15,545
3	Employee Matters: Disallow	\$	108
4	Annual Report \$150: Allow, LOC \$2,471: Disallow	\$	2,621
5	AR Collections: Disallow	\$	1,141
			Charge for Services Provided
			\$ 20,687

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

- Yes No Pg 15, Line 1e

Schedule of Resident Statistics

Name of Facility Glastonbury Health Care Center, Inc.			License No. 2028C			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	105	105			105	105						
B. On last day of THIS report period	105	105							105	105		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	101	101			101	101						
B. As of midnight of THIS report period	91	91							91	91		
3. Total Number of Days Care Provided During Period												
A. Medicare	7,207	7,207			4,985	4,985			2,222	2,222		
B. Medicaid (Conn.)	23,756	23,756			18,087	18,087			5,669	5,669		
C. Medicaid (other states)												
D. Private Pay	2,059	2,059			1,416	1,416			643	643		
E. State SSI for RCH												
F. Other (Specify)	829	829			689	689			140	140		
G. Total Care Days During Period (3A thru F)	33,851	33,851			25,177	25,177			8,674	8,674		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	9	9							9	9		
B. Other Bed Reserve Days	11	11			11	11						
5. Total Resident Days (3G + 4A + 4B)	33,871	33,871			25,188	25,188			8,683	8,683		

Schedule of Resident Statistics (Cont'd)

Name of Facility Glastonbury Health Care Center, Inc.			License No. 2028C			Report for Year Ended 9/30/2022			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	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	12		63		3		13						
Per Diem Rate													
a. One bed rm.	538.19		284.66		683.00		417.80						
b. Two bed rms.	538.19		284.66		658.00		417.80						
c. Three or more bed rms.					611.00								
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								3,805	3,805				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								640	640				
2. Restorative Treatments													
C. Other								13,739	13,739				
D. Total Physical Therapy Treatments								18,184	18,184				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								450	450				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								114	114				
2. Restorative Treatments													
C. Other								1,686	1,686				
D. Total Speech Therapy Treatments								2,250	2,250				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								2,285	2,285				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								551	551				
2. Restorative Treatments													
C. Other								14,024	14,024				
D. Total Occupational Therapy Treatments								16,860	16,860				

Report of Expenditures - Salaries & Wages

Name of Facility Glastonbury Health Care Center, Inc.	License No. 2028C	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
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	131,922	1,677				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	46,516	1,138				
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	259,399	9,213				
5. Dietary Service						
a. Head Dietitian	456	32				
b. Food Service Supervisor	61,059	1,893				
c. Dietary Workers	478,779	24,366				
6. Housekeeping Service						
a. Head Housekeeper	52,201	1,928				
b. Other Housekeeping Workers	185,131	11,856				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	46,886	1,344				
b. Other Maintenance Workers	48,073	1,914				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	98,474	5,936				
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	224,257	3,380				
b. RN						
1. Direct Care	645,091	11,808				
2. Administrative**	518,671	14,692				
c. LPN						
1. Direct Care	1,046,441	27,288				
2. Administrative**						
d. Aides and Attendants	1,287,152	56,137				
e. Physical Therapists	395,134	10,593				
f. Speech Therapists	82,230	1,833				
g. Occupational Therapists	316,593	7,539				
h. Recreation Workers	227,520	8,349				
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	221,082	6,511				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	6,373,067	209,427				

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

Name of Facility				License No.	Report for Year Ended			Page	of	
Glastonbury Health Care Center, Inc.				2028C	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)							
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).										
Brian Reynolds	80,379			Health & life insurances, Payroll Taxes	Director of Maintenance/Asst Administrator	2,088	A7a/A3			

* 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	
Glastonbury Health Care Center, Inc.				2028C	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***										
Nickeisha Bewry (10/1/21-12/31/21)	35,529			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	485	A2			
Andrew Goodsell (3/11/22-9/30/22)	96,393			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	1,192	A2			
Section IV - Assistant Administrators										
Brian Reynolds (4/9-22-9/30/22)	46,516			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	1,138	A3			

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Glastonbury Health Care Center, Inc.	2028C	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	35,580	890				
2. Dentist						
3. Pharmacist	12,336	335				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker	4,286	62				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	62,500	305				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	5,934					
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	3,771	10				
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	666,034	4,796				
2. Administrative***						
b. LPN						
1. Direct Care	653,481	6,695				
2. Administrative***						
c. Aides	1,429,178	23,619				
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	2,873,100	36,712				

* 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 Glastonbury Health Care Center, Inc.		License No. 2028C	Report for Year Ended 9/30/2022	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Sherri Lane, PO Box 82, Tariffville, CT 06081	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
Starling Physicians, 2110 Silas Dean Highway, Rocky Hill, CT 06067	Medical Director, Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Elmo Villanueva, 506 Cromwell Ave, Rocky Hill, CT 06067	Sub Acute Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Hartford Hospital, 80 Seymour St, Hartford CT 06102	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Consulting Ophthalmologists, 499 Farmington Ave Ste 100, Farmington, CT 06032	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Masstex, 3 Electronics Ave, Suite 201, Danvers, MA 01923	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Procure LTC, 111 Executive Blvd, Farmingdale, NY 11735	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners: Minority Interest	
Health Drive Eye Care Group, 100 Crossing Blvd, Suite 300, Framingham, MA 01702	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Norton & Associates, Inc, 97 Elm St, Cohasset MA 02025	Social Worker, RN, LPN, C.N.A. Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Solomon Page Staffing Solutions, 260 Madison Ave 4th Floor, New York, NY 10016	RN, LPN, C.N.A. Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Paramount Healthcare Services Inc, 3 Courthouse Lane Unit 2, Chelmsford, MA 01824	LPN, C.N.A. Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Five Star Care, 410 Mrelville Ave, Lakewood, NJ 08701	C.N.A Pool	<input type="radio"/>	<input checked="" type="radio"/>		
CT Healthcare Staffing LLC, 1000 Farmington Ave, Suite 108, West Hartgford, CT 06133	C.N.A Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Consulting Cardiologists PC, PO Box 23833, Belfast, ME 04915	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Central CT Cardiologist, 19 Woodland St, Suite 35, Hartford, CT 06105	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Prospect Manchester Hospital, 320 Main St, Manchester, CT 06040	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Spring Garden Agency & Home Care, 541 Albany Ave, Hartford, CT 06033	RN, LPN, C.N.A. Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Genie Healthcare, 50 Millstone Rd, Building 100, Suite 100, East Windsor, NJ 08520	RN, LPN, C.N.A. Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Lifeline Staffing Agency, PO Box 9149, Minneapolis, MN 55480	RN, LPN, C.N.A. Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Nurse Network, 653 Main St, Plantsville, CT 06479	LPN, C.N.A. Pool	<input type="radio"/>	<input checked="" type="radio"/>		
SDX Dysphagia Experts, 21 Waterville Rd, Avon, CT 06001	Speech Therapy	<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
Glastonbury Health Care Center, Inc.	2028C	9/30/2022		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 368,304	368,304			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 86,550	86,550			
4. Social Security (F.I.C.A.)	\$ 451,556	451,556			
5. Health Insurance	\$ 777,856	777,856			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 42,972	42,972			
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*	\$ 209,293	209,293			
d. Accounting and Auditing	\$ 14,395	14,395			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 20,687	20,687			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 72,655	72,655			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 37,510	37,510			
2. Cellular Phones	\$ 313	313			
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	\$ 560,477	560,477			
Subtotal	\$ 2,642,568	2,642,568			

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2022		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	2,642,568	2,642,568			
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 2,720	2,720			
3. Gifts to Staff and Residents	\$ 27,524	27,524			
4. Employee Travel	\$ 1,006	1,006			
5. Education Expenses Related to Seminars and Conventions	\$ 2,160	2,160			
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>)	\$ 15,120	15,120			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 10,879	10,879			
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	\$ 1,589	1,589			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 7,515	7,515			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 1,257	1,257			
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**	\$ 266,416	266,416			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 189,842	189,842			
C-14 Total Administrative & General Expenditures	\$ 3,168,596	3,168,596			

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotional	\$ 10,879		
Total Other Advertising	\$ 10,879	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF Dues	\$ 7,515		
Total Dues	\$ 7,515	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank Charges	\$ 21,665		
Payroll Processing Fees	\$ 18,568		
Employee Physicals/Background Checks	\$ 13,175		
Data Processing/Software Maint. Fees	\$ 71,584		
LOC Loan Processing Fees	\$ 15,000		
Other Professional Fees	\$ 10,100		
Fine: CMS Case No 2022-01-LTC-060	\$ 9,750		
Fine: Civil Penalty No 2022-14B-18	\$ 30,000		
Total Other Administrative and General	\$ 189,842	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Glastonbury Health Care Center, Inc.	2028C	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 #
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	372,843	Contract Attached to a Prior Year	See Below
Allocation of the Above	246,076	Admin/Gen 66%	Pg 16, Line 12
Allocation of the Above	59,655	Indirect 16%	Pg 20, Line 5k
Allocation of the Above	67,112	Direct 18%	Pg 20, Line 5j
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	20,340	Admin/Gen- Other Exp	Pg 16, Line 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.

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

Name of Facility Glastonbury Health Care Center, Inc.		License No. 2028C	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	\$ 317,945	317,945		
2.	Non-Food Supplies	\$ 46,173	46,173		
3.	Other (Specify) _____ Dishes	\$ 622	622		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Other (Specify) _____		\$			
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 364,740	364,740		
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
F.	Resident Meals: Total no. of meals served per day:*	278	278		
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 type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.
K.	Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.
N.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
O.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Glastonbury Health Care Center, Inc.		2028C	9/30/2022		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1.	Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				
2.	Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
		Amt. \$				
3.	Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
		Amt. \$				
4.	Repair and/or purchase of linens.***	Lbs.				
		Amt. \$	12,812	12,812		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Other (Specify) Supplies=\$4,767		\$	4,767	4,767		
3D. Total Laundry Expenditures (3a + b + c)		\$	17,579	17,579		
3E. Laundry Questionnaire						
F.	Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.		\$1,874
J.	Did you receive revenue from these people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.		\$1,874
K.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			30 IV8	

* 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
Glastonbury Health Care Center, Inc.		2028C	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. \$	29,112	29,112		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
C. Other (<i>Specify</i>)		\$				
4D. Total Housekeeping Expenditures (4a + b + c)		\$	29,112	29,112		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Procure	\$	376,849	376,849		
b.	Medicine Cabinet Drugs	\$	279	279		
c.	Medical and Therapeutic Supplies	\$	277,470	277,470		
d.	Ambulance/Limousine***	\$	54,252	54,252		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	14,240	14,240		
f.	X-rays and Related Radiological Procedures***	\$	33,101	33,101		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	79,053	79,053		
i.	Recreation	\$	16,552	16,552		
j.	Direct Management Services*	\$	67,112	67,112		
k.	Indirect Management Services*	\$	59,655	59,655		
l.	Other (Specify)**** See Attached Schedule	\$	70,115	70,115		
5M. Total Resident Care Expenditures (5a - 5j)		\$	1,048,678	1,048,678		

* 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)
Cable TV	\$ 15,269		
Medical Equip Rentals-Medicaid	\$ 16,703		
Physical Therapy Supplies	\$ 4,730		
Oxygen Equipment Rentals	\$ 25,613		
Medical Equip Rentals-Other	\$ 7,800		
Total Other Resident Care	\$ 70,115	\$ -	\$ -

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

Name of Facility Glastonbury Health Care Center, Inc.			License No. 2028C		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
ADP	100 Corporate Drive, Windsor, CT 06095	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing	14,144			16	m13
CT Waste Processing	PO Box 99, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	32,210			22	6f
Winterberry Landscape Management, LLC	2070 West St, Southington, CT 06489	<input type="radio"/>	<input checked="" type="radio"/>		Groundskeeping & Snow Removal	39,107			22	6f
Procare LTC	111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners: Minority Interest	Pharmacy	389,864			20	5A2
		<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
Glastonbury Health Care Center, Inc.	2028C	9/30/2022			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 85,074	85,074				
b. Heat	\$ 53,659	53,659				
c. Light & Power	\$ 132,595	132,595				
d. Water	\$ 67,867	67,867				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 44,806	44,806				
f. Other (<i>itemize</i>)	\$ 87,150	87,150				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 471,151	471,151				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 228	228				
b. Building & Building Improvements	\$ 77,962	77,962				
c. Non-Movable Equipment	\$ 2,624	2,624				
d. Movable Equipment	\$ 24,815	24,815				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 105,629	105,629				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 77,684	77,684				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 77,684	77,684				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 589,789	589,789				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 148,827	148,827				
c. Personal property taxes	\$ 18,776	18,776				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 940,705	940,705				

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

Depreciation Schedule

Name of Facility Glastonbury Health Care Center, Inc.			License No. 2028C		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			
A. Land Improvements													
1. Acquired prior to this report period			120,711		120,711	120,166	S/L	Various	228				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal										228			
B. Building and Building Improvements													
1. Acquired prior to this report period			2,854,912		2,854,912	2,372,044	S/L	Various	77,962				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal										77,962			
C. Non-Movable Equipment													
1. Acquired prior to this report period			909,321		909,321	895,260	S/L	Various	2,624				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal										2,624			
		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							
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					9	2021	1,170,048	1,170,048	1,080,208	S/L	Various	23,032	
b. Disposals (attach schedule)													
Acquired during this report period (attach schedule):													
c. Administrative					9	2022	15,121	15,121		S/L	Various	1,412	
d. Standard Resident					9	2022	5,303	5,303		S/L	Various	371	
e. Specialized Resident													
Total Acquired during this report period							20,424	20,424				1,783	
D-3. Subtotal													24,815
E. Total Depreciation													105,629

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
12/31/2021	RLW Supply-Blender	Administrative	\$ 1,995	10	\$ 100
1/31/2022	HPC-Curtains	Standard Resident	\$ 2,118	5	\$ 212
1/31/2022	RLW Supply-Patient Lift	Standard Resident	\$ 3,185	10	\$ 159
3/31/2022	Air Temp-Dishwasher Exhaust Fan	Administrative	\$ 3,350	5	\$ 335
5/31/2022	Hartford Provision-Dryer Motor	Administrative	\$ 1,696	5	\$ 170
Various	See Attached	Administrative	\$ 8,080	5	\$ 808
Total additions for Movable Equipment			\$ 20,424		\$ 1,783 *
Deletions:					
Total deletions for Movable Equipment			\$ -		\$ - **

*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
Additions:				
7/31/2022	Air Temp-Heating Pump Motor & Bearing Assembly Kit	\$ 3,918	5	\$ 392
Total additions for Leasehold Improvement		\$ 3,918		\$ 392 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility Glastonbury Health Care Center, Inc.			License No. 2028C		Report for Year Ended 9/30/2022			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. Finance Fees -LOC	9	2018	3	6,395	6,395	SL			
2. Finance Fees	9	2020		10,437					
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	9	2021		1,904,287	941,636	S/L	Variot	77,292	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2022		3,918		S/L	Variot	392	
C-4. Subtotal									77,684
D. Total Amortization									77,684

* 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 Glastonbury Health Care Center, Inc.	License No. 2028C	Report for Year Ended 9/30/2022	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input 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	5/16/1986			
2. Date Structure Completed	1/25/1988			
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	105			
6. Square Footage				
7. Acquisition Cost				
a. Land	544,799			
b. Building	4,193,044			
Part B - Owner and Related Parties	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)	35			
e. Amount of Principal Borrowed	7,992,000			
f. Principal balance outstanding as of _____	6,464,435			
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Glastonbury Health Care Center, Inc.		2028C	9/30/2022		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Glastonbury Health Care Center, In		2028C		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)				\$	735,146	735,146	
Vendor Interest = \$30,152; Interest LOC = \$704,994							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	735,146	735,146	
14. Insurance							
a. Insurance on Property (buildings only)				\$	124,076	124,076	
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. Total Insurance Expenditures (14a + b + c)				\$	124,076	124,076	
15. Total All Expenditures (A-13 thru C-14)				\$	16,145,950	16,145,950	

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Glastonbury Health Care Center, Inc.			2028C	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	\$ 316,593	316,593		
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$ 5,934	5,934		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 209,293	209,293		
10.			Accounting	\$ 25,402	25,402		
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$ 27,524	27,524		
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 *	\$ 10,879	10,879		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$ 97,075	97,075		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 115,669	115,669		
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	\$ 1,874	1,874		
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 810,243	810,243		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	M13	Bank Charges	\$ 21,665		
22	6d	Fee Income: A&G Water & Sewer Usage	\$ 29,154		
16	M13	Fine CMS Case 2022-01-LTC-060	\$ 9,750		
16	M13	Fine Civil Penalty Case 2022-14B-18	30000		
16	M13	LOC Loan Processing Fee	15000		
16	M13	Other Professional Fees	10100		
Total Other A&G Adjustments			\$ 115,669	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Glastonbury Health Care Center, Inc.			2028C	9/30/2022	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 810,243	810,243		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 376,849	376,849		
28.			Ambulance/Limousine	\$ 54,252	54,252		
29.			X-rays, etc	\$ 33,101	33,101		
30.			Laboratory	\$ 79,053	79,053		
31.			Medical Supplies	\$ 22,690	22,690		
32.			Oxygen (non emergency)	\$ 14,240	14,240		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 19,469	19,469		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 3,312	3,312		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$ 444	444		
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$ 26,475	26,475		
46.			Management Fees Indirect	\$ 23,533	23,533		
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)				\$ 1,463,661	1,463,661		

*** 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	\$ 7,800		
20	5j	Radio and Television Revenue	\$ 11,669		
Total Other Ancillary Costs			\$ 19,469	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Movable Equipment Carryforward AJE	\$ 3,312		
Total Excess Movable Equipment Depreciation			\$ 3,312	\$ -	\$ -

Schedule of Other Property Adjustments

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

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility Glastonbury Health Care Center, Inc.		License No. 2028C		Report for Year Ended 9/30/2022		Page 30	of 37
Item				Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue							
1.	a.	Medicaid Residents (<i>CT only</i>)	\$	15,243,203	15,243,203		
	b.	Medicaid Room and Board Contractual Allowance **	\$	(8,510,111)	(8,510,111)		
2.	a.	Medicaid (<i>All other states</i>)	\$				
	b.	Other States Room and Board Contractual Allowance **	\$				
3.	a.	Medicare Residents (<i>all inclusive</i>)	\$	3,426,842	3,426,842		
	b.	Medicare Room and Board Contractual Allowance **	\$	(1,135,742)	(1,135,742)		
4.	a.	Private-Pay Residents and Other	\$	4,261,948	4,261,948		
	b.	Private-Pay Room and Board Contractual Allowance **	\$	(1,056,316)	(1,056,316)		
II. Other Resident Revenue							
1.	a.	Prescription Drugs - Medicare	\$	147,833	147,833		
	b.	Prescription Drugs - Medicare Contractual Allowance **	\$	(147,833)	(147,833)		
	c.	Prescription Drugs - Non-Medicare	\$	272,367	272,367		
	d.	Prescription Drugs - Non-Medicare Contractual Allowance **	\$	(272,367)	(272,367)		
2.	a.	Medical Supplies - Medicare	\$	12,190	12,190		
	b.	Medical Supplies - Medicare Contractual Allowance **	\$	(9,536)	(9,536)		
	c.	Medical Supplies - Non-Medicare	\$	14,477	14,477		
	d.	Medical Supplies - Non-Medicare Contractual Allowance **	\$	(14,477)	(14,477)		
3.	a.	Physical Therapy - Medicare	\$	531,170	531,170		
	b.	Physical Therapy - Medicare Contractual Allowance **	\$	(430,303)	(430,303)		
	c.	Physical Therapy - Non-Medicare	\$	443,850	443,850		
	d.	Physical Therapy - Non-Medicare Contractual Allowance **	\$	(443,850)	(443,850)		
4.	a.	Speech Therapy - Medicare	\$	180,235	180,235		
	b.	Speech Therapy - Medicare Contractual Allowance **	\$	(158,363)	(158,363)		
	c.	Speech Therapy - Non-Medicare	\$	110,725	110,725		
	d.	Speech Therapy - Non-Medicare Contractual Allowance **	\$	(110,725)	(110,725)		
5.	a.	Occupational Therapy - Medicare	\$	424,624	424,624		
	b.	Occupational Therapy - Medicare Contractual Allowance **	\$	(363,592)	(363,592)		
	c.	Occupational Therapy - Non-Medicare	\$	454,160	454,160		
	d.	Occupational Therapy - Non-Medicare Contractual Allowance **	\$	(454,160)	(454,160)		
6.	a.	Other (<i>Specify</i>) - Medicare	\$				
	b.	Other (<i>Specify</i>) - Non-Medicare	\$	957,990	957,990		
III. Total Resident Revenue (Section I. thru Section II.)				\$	13,374,239	13,374,239	
IV. Other Revenue*							
1.	Meals sold to guests, employees & others			\$			
2.	Rental of rooms to non-residents			\$			
3.	Telephone			\$			
4.	Rental of Television and Cable Services			\$			
5.	Interest Income (<i>Specify</i>)			\$	444	444	
6.	Private Duty Nurses' Fees			\$			
7.	Barber, Coffee, Beauty and Gift shops			\$			
8.	Other (<i>Specify</i>)			\$	74,468	74,468	
V. Total Other Revenue (1 thru 8)				\$	74,912	74,912	
VI. Total All Revenue (III +V)				\$	13,449,151	13,449,151	

* 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)
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
N/A	Retroactives	\$ 40,828		
	Misc Revenue from CRF Funding	\$ 917,162		
Total Other Resident Revenue		\$ 957,990	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
31, A2	Interest on A/R		\$ 444		
Total Interest Income			\$ 444	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
22 6d	Water/Sewer Income	\$ 29,154		
19 3E	Laundry Services	\$ 1,874		
	Bad Debt Recovery	\$ 43,440		
Total Other Revenue		\$ 74,468	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2022	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	22,952
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,605,961
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	19,610
5. Prepaid Expenses			\$	472,473
a. Prepaid Insurance	140,027			
b. Prepaid Expenses	332,446			
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	475,889
8. Other Current Assets (<i>itemize</i>)			\$	74,785
Due from Hallbridge	34,955			
State Medicaid Rate Change	39,830			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,671,670
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	120,712	\$	316
	Accum. Depreciation	120,396		Net
3. Buildings	*Historical Cost	2,854,912	\$	404,905
	Accum. Depreciation	2,450,007		Net
4. Leasehold Improvements	*Historical Cost	1,908,204	\$	888,885
	Accum. Depreciation	1,019,319		Net
5. Non-Movable Equipment	*Historical Cost	909,320	\$	11,437
	Accum. Depreciation	897,883		Net
6. Movable Equipment	*Historical Cost	1,190,379	\$	85,353
	Accum. Depreciation	1,105,026		Net
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation			Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	52,714
Moveable Equipment Carryforward	94			
See Schedule	52,620			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,443,610

* 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	
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	
32	D7	Project Development	\$ 52,620
Total Other Other Fixed Assets (Itemize)			\$ 52,620

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	
Total Other Current Liabilities (Itemize)			\$ -

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

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2022	32	37
Account			Amount	
Total Brought Forward:			\$	4,115,280
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	544,799
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	4,193,044		
	Accum. Depreciation	4,193,044	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)			\$	544,799
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	353,371
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	(6,526,898)
Name and Address		Amount	Loan Date	
Due from Related Party		(6,526,898)	3/29/12	
7. Other Assets (<i>itemize</i>)			\$	(378,320)
LOC Deposit		10,437		
Solar Panel Project		(388,757)		
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	(6,551,847)
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	(1,891,768)

* 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
Glastonbury Health Care Center, Inc.		2028C	9/30/2022	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,144,957
2. Notes Payable (<i>itemize</i>)				\$	16,480,186
Midcap Line of Credit			16,480,186		
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>)				\$	214,702
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	324,526
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>)				\$	1,607,116
Acc'd Operating Expenses		182,255			
Acc'd Expense - Sales Tax		418	Accrued Other-Related P.	51,417	
Provider Taxes Due		1,373,026			
See Schedule					
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	19,771,487

* 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 Glastonbury Health Care Center, Inc.	License No. 2028C	Report for Year Ended 9/30/2022	Page 34	of 37
Account				Amount
Total Brought Forward:				19,771,487
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
Name of Lender	Purpose	Amount	Date Due	\$
2. Mortgages Payable				
\$				
3. Loans from Owners or Related Parties (<i>itemize</i>)				
\$ 230,381				
Name and Address of Lender	Amount	Loan Date	\$	
Working Capital Reserve	(5,702)	NA	\$	
Procure Investment	236,083	5/1/22	\$	
4. Other Long-Term Liabilities (<i>itemize</i>)				
\$ (11,632,883)				
Intercompany		(11,800,655)	\$	
Notes Payable-Procure CT		167,772	\$	
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				
\$ (11,402,502)				
C. Total All Liabilities (Lines A-13 + B-5)				
\$ 8,368,985				

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

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2022	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	544,799
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	544,799
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	50,000
3. Paid-in Surplus			\$	300,000
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(8,458,755)
6. Gain or Loss for Period	10/1/2021	thru 9/30/2022	\$	(2,696,798)
7. Total Net Worth			\$	(10,805,553)
C. Total Reserves and Net Worth			\$	(10,260,754)
D. Total Liabilities, Reserves, and Net Worth			\$	(1,891,769)

H. Changes in Total Net Worth

Name of Facility Glastonbury Health Care Center, Inc.	License No. 2028C	Report for Year Ended 9/30/2022	Page 36	of 37		
Account			Amount			
A. Balance at End of Prior Period as shown on Report of 09/30/2021			\$	(8,408,756)		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	13,449,152		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	16,145,950		
D. Net Income or Deficit			\$	(2,696,798)		
E. Balance			\$	(11,105,554)		
F. Additions						
1. Additional Capital Contributed (<i>itemize</i>)						
300,000						
2. Other (<i>itemize</i>)						
F-3. Total Additions					\$	300,000
G. Deductions						
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$			
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount			
2. Other Withdrawings (<i>Specify</i>)			\$			
Purpose		Amount				
3. Total Deductions			\$			
H. Balance at End of Period			\$	(10,805,554)		

I. Preparer's/Reviewer's Certification

Name of Facility Glastonbury Health Care Center, Inc.	License No. 2028C	Report for Year Ended 9/30/2022	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Athena Health Care Associates, Inc				
Address Address			Phone Number	
135 South Road Farmington, CT 06032			860-751-3900	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Michael Mosier			860-751-3900	
Contact Email Address				
mmosier@athenahealthcare.com				