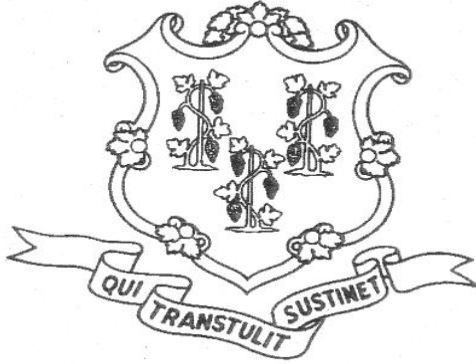


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) Glen Hill Care and Rehabilitation Center	
Address (No. & Street, City, State, Zip Code) 1 Glen Hill Road, Danbury, CT 06811	
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 2217-C	RHNS	(Specify)	Medicare Provider 07-5031
------------------	----------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 7153	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) Glen Hill Care and Rehabilitation Center	License No. 2217-C	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 Glen Hill Care and Rehabilitation Center [facility name], for the cost report period beginning October 1, 2021 and ending September 30, 2022, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

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

(Notary Seal)

Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

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 Glen Hill Care and Rehabilitation Center		Period Covered:	From 10/1/2021	To 9/30/2022
Address of Facility 1 Glen Hill Road, Danbury, CT 06811				
Report Prepared By Rick Fink		Phone Number 410-494-7657	Date 12/28/2022	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$	4,427,134	4,427,134	
5. All other wages paid	\$	693,580	693,580	
6. Total Wages Paid	\$	5,120,714	5,120,714	
7. Total salaries paid	\$	289,807	289,807	
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$	5,410,521	5,410,521	

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

	Phone No. of Facility 203-744-2840	Report for Year Ended 9/30/2022	Page 2	of 37
Name of Facility (as shown on license) Glen Hill Care and Rehabilitation Center		Address (No. & Street, City, State, Zip) 1 Glen Hill Road, Danbury, CT 06811		
License Numbers:	CCNH 2217-C	RHNS	(Specify)	Medicare Provider No. 07-5031
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Merisa Kolenovic		Nursing Home Administrator's License No.:	2052	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire
 Corporate Owners**

Name of Facility Glen Hill Care and Rehabilitation Center	License No. 2217-C	Report for Year Ended 9/30/2022	Page 3A	of 37
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If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
See Attached			
Names of Stockholders Owning at Least 10% of Shares			
See Attached			

GLEN HILL CENTER

1 Glen Hill
Danbury, CT 06811-4921

1 Glen Hill Road Operations LLC (Operator)

EIN: 83-3800183
101 East State Street
Kennett Square PA 19348

Ownership :

Harborside Danbury Limited Partnership (100%)

Harborside Danbury Limited Partnership

EIN: 06-1528119
101 East State Street
Kennett Square, PA 19348

Ownership

Harborside Healthcare Limited Partnership (99% Limited Partner)
Harborside Health I, LLC (1% General Partner)

Harborside Healthcare Limited Partnership

EIN: 04-2985687
101 East State Street
Kennett Square, PA 19348

Ownership

Harborside Healthcare Advisors Limited Partnership (99% Limited Partner)
KHI LLC (1% General Partner)

Harborside Health I, LLC

EIN: 51-0304578
101 East State Street
Kennett Square, PA 19348

-
Ownership

Harborside Healthcare Advisors Limited Partnership (100%)

Harborside Healthcare Advisors Limited Partnership

EIN: 04-2985690
101 East State Street
Kennett Square, PA 19348

Ownership

Harborside Healthcare, LLC (99% Limited Partner)
KHI LLC (1% General Partner)

KHI LLC

EIN: 51-0304577
101 East State Street
Kennett Square, PA 19348

Ownership

Harborside Healthcare, LLC (100%)

Harborside Healthcare, LLC

EIN: 04-3307188
101 East State Street
Kennett Square, PA 19348

Ownership

SunBridge Healthcare, LLC (100%)

SunBridge Healthcare, LLC

EIN: 85-0370802
101 East State Street
Kennett Square, PA 19348

Ownership

Genesis Holdings, LLC (100%)

Genesis Holdings, LLC

EIN: 30-0843337
101 East State Street
Kennett Square, PA 19348

Ownership

Genesis HealthCare LLC (100%)

Genesis HealthCare LLC

EIN: 27-3237296
101 East State Street
Kennett Square, PA 19348

Ownership

GEN Operations II, LLC (100%)

GEN Operations II, LLC

EIN: 27-3237225
101 East State Street

Kennett Square, PA 19348

Ownership

GEN Operations I, LLC (100%)

GEN Operations I, LLC

EIN: 27-3237090

101 East State Street

Kennett Square, PA 19348

Ownership

FC-GEN Operations Investment, LLC (100%)

FC-GEN Operations Investment, LLC

EIN: 27-3237005

101 East State Street

Kennett Square, PA 19348

Ownership

Sun Healthcare Group, Inc. (approximately 64.0%)

Sundance Rehabilitation Holdco, Inc. (5.2%)

Other members (30.8%) who hold rights to income and losses but no rights as to control:

- Members that are disclosed herein as owners of Genesis Healthcare, Inc. (designated with an *); and
 - Other members that do not trigger 5% ownership test
-

Sundance Rehabilitation Holdco, Inc.

EIN: 38-3954180

101 East State Street

Kennett Square, PA 19348

Ownership

Sun Healthcare Group, Inc. (100%)

Sun Healthcare Group, Inc.

EIN: 13-4230695

101 East State Street

Kennett Square, PA 19348

Ownership

Genesis Healthcare, Inc. (100%)

Genesis Healthcare, Inc.

(publicly traded company on the OTC Market)

(f/k/a Skilled Healthcare Group, Inc.)

EIN: 20-3934755

101 East State Street

Kennett Square, PA 19348

Ownership

HCCF Management Group XI, LLC* (approximately 11.0%)

ZAC Properties XI, LLC* (approximately 7.6%)

Welltower, Inc. (approximately 5.6%)

Others that do not trigger 5% ownership test

HCCF Management Group XI, LLC

EIN: 20-8751674

3820 Mansell Road

Suite 280

Alpharetta, GA 30022

Ownership

[Arnold M. Whitman\[1\]](#)

3820 Mansell Road

Suite 280

Alpharetta, GA 30022

ZAC Properties XI, LLC

EIN: 20-8794579

1617 JFK Boulevard

Suite 545

Philadelphia, PA 19103

Ownership

[Steven E. Fishman\[2\]](#)

1617 JFK Boulevard

Suite 545

Philadelphia, PA 19103

Other members that do not trigger 5% ownership test

Welltower Inc.

EIN: 34-1096634

4500 Dorr Street

Toledo, OH 43615

Ownership

(publicly traded company on the New York Stock Exchange) _____

[\[1\] HCCF is a privately-held company that is not affiliated with Genesis, however, it is our understanding that Mr. WI](#)

[\[2\] ZAC Properties is a privately-held company that is not affiliated with Genesis, however, it is our understanding th](#)

**General Information and Questionnaire
 Related Parties***

Name of Facility Glen Hill Care and Rehabilitation Center	License No. 2217-C	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	%**				
Genesis Administrative Services LLC	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>		Home Office	Pg 16/m12	607,271	607,271
Genesis ElderCare Rehabilitation Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	74%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	1,172,068	1,172,068
Genesis ElderCare Staffing Services	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>		Staffing Pool	Pg 10/A12, p15-1	2,763	2,763
Genesis ElderCare Physician Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	87%	Medical Director /NP	Pg 13/B8, Pg 10/A12		
Career Staffing Carstaff_C	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	86%	Outside Agency	Pg 13/B11 pg 10-12, 1	271,371	267,973
Respiratory Health Services	515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	<input checked="" type="radio"/>	<input type="radio"/>	61%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E		
Genesis Healthcare Ins Program	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Insurance	Pg 27/14	146,812	146,812
Genesis Administrative Services LLC	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>		Capital Interest	Page 17, page 26-12A		
		<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 Glen Hill Care and Rehabilitation Center	License No. 2217-C	Report for Year Ended 9/30/2022	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<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 Glen Hill Care and Rehabilitation Center			License No. 2217-C			Report for Year Ended 9/30/2022		Page 6	of 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"/>							
	<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"/>							
							Total ***		

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes No

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

General Information and Questionnaire

Accounting Basis

Name of Facility Glen Hill Care and Rehabilitation	License No. 2217-C	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
 If "No," explain.
 No

Independent Accounting Firm

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

Services Provided by This Firm (*describe fully*)

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

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

- Yes
 No

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Goldman Gruder & Woods LLC 2 Wiggin And Dana LLP 3 Stotler Hayes Group LLC 4 5	Telephone Number 203-899-8900 203-498-4400 843.235.9871
--	--

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

- 1 200 Connecticut Ave Norwalk, CT 06854
 2 One Century Tower, New Haven, CT 06508
 3 10517 Ocean Hwy, unit 4-27 Pawleys Island, SC 29585
 4
 5

Services Provided by This Firm (*describe fully*)

1 Property Ownership search	\$
2 Deseased record services	\$
3 Transfer HUD System Detail, Property Ownership search, Probate court on Conservatorship	\$ 1,281
4	\$
5	\$
Charge for Services Provided	
\$ 1,281	

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

- Yes
 No

Annual Report of Long-Term Care Facility

Schedule of Resident Statistics

Name of Facility Glen Hill Care and Rehabilitation Center			License No. 2217-C			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	100	100			100	100						
B. On last day of THIS report period	100	100							100	100		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	89	89			89	89						
B. As of midnight of THIS report period	96	96							96	96		
3. Total Number of Days Care Provided During Period												
A. Medicare	8,603	8,603			6,392	6,392			2,211	2,211		
B. Medicaid (Conn.)	18,382	18,382			13,885	13,885			4,497	4,497		
C. Medicaid (other states)												
D. Private Pay	2,401	2,401			1,786	1,786			615	615		
E. State SSI for RCH												
F. Other (Specify)	3,827	3,827			2,803	2,803			1,024	1,024		
G. Total Care Days During Period (3A thru F)	33,213	33,213			24,866	24,866			8,347	8,347		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	4	4			4	4						
B. Other Bed Reserve Days	3	3			3	3						
5. Total Resident Days (3G + 4A + 4B)	33,220	33,220			24,873	24,873			8,347	8,347		

Schedule of Resident Statistics (Cont'd)

Name of Facility Glen Hill Care and Rehabilitation Center			License No. 2217-C			Report for Year Ended 9/30/2022			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	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	27		45		24								
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.	694.17		233.44		531.81								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								1,850	1,850				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								405	405				
C. Other								17,497	17,497				
D. Total Physical Therapy Treatments								19,752	19,752				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								304	304				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								121	121				
C. Other								3,795	3,795				
D. Total Speech Therapy Treatments								4,220	4,220				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								1,272	1,272				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								232	232				
C. Other								17,099	17,099				
D. Total Occupational Therapy Treatments								18,603	18,603				

Report of Expenditures - Salaries & Wages

Name of Facility Glen Hill Care and Rehabilitation Center	License No. 2217-C	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)						
	138,221	1,936				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)						
	301,552	10,811				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers						
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
	72,335	2,105				
b. Other Maintenance Workers						
	37,453	1,895				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses						
	151,586	2,477				
b. RN						
1. Direct Care						
	1,475,000	27,122				
2. Administrative**						
	288,296	5,892				
c. LPN						
1. Direct Care						
	1,080,871	26,814				
2. Administrative**						
	1,498,272	64,309				
d. Aides and Attendants						
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers						
	122,143	4,657				
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						
	160,098	5,371				
n. Marketing						
o. Other (Specify)						
See Attached Schedule						
	84,695	3,500				
<i>A-13. Total Salary Expenditures</i>						
	5,410,521	156,888				

* 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
Ward Clerks	\$ 461	19				
Central Supply	\$ 4,511	229				
Medical Records	\$ 52,729	1,949				
Coordinator-Staffing Centers	\$ 26,994	1,303				
	0 \$ -	-				
	0 \$ -	-				
	0 \$ -	-				
	0 \$ -	-				
	0 \$ -	-				
	0 \$ -	-				
	0 \$ -	-				
	0 \$ -	-				
	0 \$ -	-				
	0 \$ -	-				
	0 \$ -	-				
	0 \$ -	-				
	0 \$ -	-				
	0 \$ -	-				
	0 \$ -	-				
	0 \$ -	-				
	0 \$ -	-				
	0 \$ -	-				
	0 \$ -	-				
Total	\$ 84,695	3,500	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
1020620010	\$ 8,557	n/a				
3010620020	\$ -	n/a				
3015620020	\$ -	n/a				
3155620020	\$ -	n/a				
3080620020	\$ 21,546	n/a				
	0 \$ -	n/a				
	0 \$ -	-				
	0 \$ -	-				
	0 \$ -	-				
	0 \$ -	-				
	0 \$ -	-				
	0 \$ -	-				
	0 \$ -	-				
	0 \$ -	-				
	0 \$ -	-				
	0 \$ -	-				
	0 \$ -	-				
	0 \$ -	-				
	0 \$ -	-				
	0 \$ -	-				
	0 \$ -	-				
Total	\$ 30,103	-	\$ -	-	\$ -	-

**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	
Glen Hill Care and Rehabilitation Center				2217-C	9/30/2022			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

**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
Glen Hill Care and Rehabilitation Center				2217-C		9/30/2022			12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Merisa Kolenovic - 10/1/2021-9/30/2022	134,278				Management of Center	1,880	2			
Townsend,Patrick Aaron 9/21/22-9/30/2022 -	3,943				Management of Center	56	2			
-										
Section IV - Assistant Administrators										
-										
-										
-										
-										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2022	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	525	4				
3. Pharmacist	20,433	417				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	469,658	6,434				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	46,505	246				
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	249,171	3,195				
b. Other						
10. Occupational Therapist						
a. Resident Care	459,364	6,293				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	36,611	611				
2. Administrative***						
b. LPN						
1. Direct Care	58,068	1,371				
2. Administrative***						
c. Aides	176,692	7,233				
d. Other						
12. Other (Specify) See Attached Schedule	30,103					
B-13 Total Fees Paid in Lieu of Salaries	1,547,130	25,802				

* 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 Glen Hill Care and Rehabilitation Center		License No. 2217-C		Report for Year Ended 9/30/2022		Page 14		of 37	
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship					
		Yes	No						
Genesis Eldercare Rehabilitation Services, 101 East State Street, Kennett Square, PA 19348	Physical, Occupational, and Speech Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership					
Genesis Eldercare Physician Services, 101 East State Street, Kennett Square, PA 19348	Medical Director	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership					
Genesis Eldercare Staffing Services, 101 East State Street, Kennett Square, PA 19348	Nursing Pool	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership					
Respiratory Health Services, 515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	Respiratory and Oxygen Supplies	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership					
Career Staffing Carstaff_C	Nursing Agency	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership					
		<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"/>						
		<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
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2022		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 130,407	130,407			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 44,799	44,799			
4. Social Security (F.I.C.A.)	\$ 399,893	399,893			
5. Health Insurance	\$ 172,994	172,994			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 18,802	18,802			
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$ 14,062	14,062			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 93,727	93,727			
d. Accounting and Auditing	\$				
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 1,281	1,281			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 17,658	17,658			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 18,239	18,239			
2. Cellular Phones	\$ 1,139	1,139			
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	\$ 398	398			
3. Resident Day User Fee	\$ 448,701	448,701			
Subtotal	\$ 1,362,101	1,362,101			

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
1020520060 Benefit Allocations	\$ 143	\$ -	\$ -
3225520020 Union Health & Welfare	\$ 13,919	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
Total	\$ 14,062	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Sales Tax	\$ 398	\$ -	\$ -
Sales Tax	\$ -	\$ -	\$ -
Sales Tax	\$ -	\$ -	\$ -
Sales Tax	\$ -	\$ -	\$ -
Total	\$ 398	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2022		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:					
	1,362,101	1,362,101			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 17,340	17,340			
5. Education Expenses Related to Seminars and Conventions	\$ 565	565			
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>)	\$				
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)***	\$ 13,663	13,663			
See Attached Schedule					
4. Fund-Raising***	\$				
5. Medical Records	\$ 1,594	1,594			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 1,809	1,809			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>)	\$ 10,090	10,090			
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
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>)	\$ 46,688	46,688			
12. Administrative Management Services**	\$ 659,253	659,253			
13. Other (<i>Specify</i>)	\$ 131,168	131,168			
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$ 2,244,272	2,244,272			

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising	\$ 8,337	\$ -	\$ -
Marketing Expense	\$ 1,224	\$ -	\$ -
Marketing Exp- Corporate Spend	\$ 3,531	\$ -	\$ -
Marketing Exp- Corporate Spend	\$ -	\$ -	\$ -
Marketing Expense	\$ 571	\$ -	\$ -
	\$ -	\$ -	\$ -
Total Other Advertising	\$ 13,663	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Licenses & Certifications	\$ 10,090	\$ -	\$ -
Dues to Chamber of Commerce	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
Total Dues	\$ 10,090	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Contributions	\$ -	\$ -	\$ -
Political Contributions	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank Service Charges	\$ 7,127	\$ -	\$ -
Collection Fees	\$ 1,489	self-disallowed	\$ -
Education Expense	\$ 16	\$ -	\$ -
Employee Physicals	\$ 12,914	\$ -	\$ -
Employee Relations	\$ 5,009	\$ -	\$ -
Printing	\$ 205	\$ -	\$ -
Training Expense	\$ 216	\$ -	\$ -
Fines & Penalties	\$ 4,132	self-disallowed	\$ -
Miscellaneous	\$ 562	\$ -	\$ -
Rental Expense	\$ 355	\$ -	\$ -
Accrued Expense Estimation	\$ (32)	self-disallowed	\$ -
Landlord Operating Taxes	\$ -	\$ -	\$ -
State Tax Annual Report Filing	\$ 80	\$ -	\$ -
Recruiting Fees	\$ 89,094	\$ -	\$ -
Recruiting Fees	\$ 6,400	\$ -	\$ -
Non-recurring Charges	\$ -	\$ -	\$ -
Uniforms	\$ 31	\$ -	\$ -
Quarterly & Annual Reports	\$ -	\$ -	\$ -
Equipment Non-Capitalized	\$ 3,571	\$ -	\$ -
0	\$ -	\$ -	\$ -
Total Other Administrative and General	\$ 131,168	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Glen Hill Care and Rehabilitation Center	License No. 2217-C	Report for Year Ended 9/30/2022	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Genesis Administrative Services LLC, 101 East St., Kennett Square, PA 19348	607,271	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12

*** In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.**

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

Name of Facility Glen Hill Care and Rehabilitation Center		License No. 2217-C	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	\$ 180,797	180,797		
2.	Non-Food Supplies	\$ 25,455	25,455		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 565,697	565,697		
c. Other (Specify) _____		\$			
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 771,948	771,948		
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
F.	Resident Meals: Total no. of meals served per day:*				
G.	Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.
K.	Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.
N.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
O.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility Glen Hill Care and Rehabilitation Center		License No. 2217-C	Report for Year Ended 9/30/2022	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1.	Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	8,723	8,723	
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. \$	29,941	29,941	
b.	Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	110,008	110,008	
c.	Other (Specify)	\$			
3D. Total Laundry Expenditures (3a + b + c)		\$	148,672	148,672	
3E. Laundry Questionnaire					
F.	Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
G.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
H.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
J.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
K.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3D.

*** Pounds of Laundry only required for multi-level facilities.

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2022	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	13,608	13,608		
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. \$	179,528	179,528		
C. Other (<i>Specify</i>)		\$			
4D. Total Housekeeping Expenditures (4a + b + c)		\$	193,136	193,136	
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	362,574	362,574		
b. Medicine Cabinet Drugs	\$	29,980	29,980		
c. Medical and Therapeutic Supplies	\$	216,253	216,253		
d. Ambulance/Limousine***	\$	3,934	3,934		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	7,155	7,155		
f. X-rays and Related Radiological Procedures***	\$	18,148	18,148		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	68,369	68,369		
i. Recreation	\$	26,027	26,027		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	80,526	80,526		
5M. Total Resident Care Expenditures (5a - 5j)		\$	812,966	812,966	

* 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)
Incontinency	\$ 41,630	\$ -	\$ -
Incontinency - Rebates	\$ -	\$ -	\$ -
Advertising-Help Wanted	\$ 9,867	\$ -	\$ -
Books, Dues & Subscriptions	\$ -	\$ -	\$ -
Education Expense	\$ -	\$ -	\$ -
Supplies	\$ 668	\$ -	\$ -
Supplies	\$ 3,572	\$ -	\$ -
Supplies	\$ 133	\$ -	\$ -
Office Supplies	\$ -	\$ -	\$ -
Office Supplies	\$ -	\$ -	\$ -
Office Supplies	\$ -	\$ -	\$ -
Training Expense	\$ 13,428	\$ -	\$ -
Rental Expense	\$ -	\$ -	\$ -
Rental Expense	\$ 1,220	\$ -	\$ -
Consolidated Billing	\$ 3,924	\$ -	\$ -
Tuition Reimbursement	\$ 5,964	\$ -	\$ -
Tuition Reimbursement	\$ -	\$ -	\$ -
Tuition Reimbursement	\$ (629)	\$ -	\$ -
Miscellaneous	\$ -	\$ -	\$ -
Licenses & Certifications	\$ 749	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -
Licenses & Certifications	\$ -	\$ -	\$ -
	0	\$ -	\$ -
Total Other Resident Care	\$ 80,526	\$ -	\$ -

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

Name of Facility Glen Hill Care and Rehabilitation Center			License No. 2217-C		Report for Year Ended 9/30/2022			Page of 21 37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Laundry Purchased Services	110,008			19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Housekeeping Purchased Services	179,528			20	4b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Dietary Purchased Services	562,970			18	2b
		<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
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2022			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 355,726	355,726				
b. Heat	\$ 52,158	52,158				
c. Light & Power	\$ 128,451	128,451				
d. Water	\$ 45,851	45,851				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$					
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 582,186	582,186				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 835	835				
b. Building & Building Improvements	\$ 1,786	1,786				
c. Non-Movable Equipment	\$ 352	352				
d. Movable Equipment	\$ 25,013	25,013				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 27,986	27,986				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,518,334	1,518,334				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 144,960	144,960				
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,691,280	1,691,280				

* 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 Glen Hill Care and Rehabilitation Center		License No. 2217-C		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		2,856		2,856	1,411	S/L	Various	835					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal									835				
B. Building and Building Improvements													
1. Acquired prior to this report period		12,581		12,581	1,443	S/L	Various	1,536					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		9,010		9,010				250					
B-4. Subtotal									1,786				
C. Non-Movable Equipment													
1. Acquired prior to this report period		3,374		3,374	821	S/L	Various	352					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal									352				
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost	Less	Cost to Be	Accumulated	Method of	Useful	Depreciation	Totals
		Yes	No	Month	Year	Exclusive of Land	Salvage Value	Depreciated	Depreciation to Beginning of Year's Operations	Computing Depreciation	Life	for This Year	
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. 2015 Honda 2HKRM4H52FH67228						7,839		7,839	7,839				
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						160,696		160,696	25,949	S/L	Various	24,571	
b. Disposals (attach schedule)						(3,374)		(3,374)					
Acquired during this report period (attach schedule):													
c. Administrative						4,632		4,632				441.86	
d. Standard Resident													
e. Specialized Resident													
Total Acquired during this report period						4,632		4,632				442	
D-3. Subtotal													25,013
E. Total Depreciation													27,986

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:				
6/30/2022	surveillance system	\$ 5,181	06 06	\$ 199
8/31/2022	Wiring for Security Cameras	\$ 3,829	06 04	\$ 50
Total additions for Building Improvements		\$ 9,010		\$ 250 *
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:					
9/30/2022	1-Stainless Steel Bowl	Administrative	\$ 4,632	06 03	\$ 442
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
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		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
Total additions for Movable Equipment			\$ 4,632		\$ 442 *
Deletions:					
10/1/2021	Reversed September 2021 DSSI Accrual		\$ (3,374)		
Total deletions for Movable Equipment			\$ (3,374)		\$ - **

*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:				
Total additions for Leasehold Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Glen Hill Care and Rehabilitation Center
 Depreciation Expense Report
 As of September 30, 2022

1,027,199.85

Locati	G/L Asset	Acct Desc	Sys	Ex	Description	In Svc Date	AcquiredValue
57002	150055	Bldg Imp	006798	000	Sun Valuat	12/1/2012	71,050.00
57002	150075	Non Mova	006799	000	Sun Valuat	12/1/2012	109,780.00
57002	150080	Movable E	006800	000	Sun Valuat	12/1/2012	21,050.00
57002	150088	Movable E	006801	000	Sun Valuat	12/1/2012	2,740.00
57002	150110	Movable E	006802	000	Sun Valuat	12/1/2012	23,120.00
57002	150085	Movable E	007049	000	KITCHEN	12/31/2012	2,061.76
57002	150057	Bldg Imp	007147	000	Assurance	1/31/2013	4,995.26
57002	150075	Non Mova	007146	000	Circulator	1/31/2013	2,446.32
57002	150057	Bldg Imp	007168	000	Flooring fc	2/28/2013	3,860.51
57002	150057	Bldg Imp	007169	000	Manningto	2/28/2013	1,063.96
57002	150050	Bldg Imp	007264	000	Profennsio	4/30/2013	2,115.00
57002	150050	Bldg Imp	007267	000	3 in Turbir	4/30/2013	792.37
57002	150058	Bldg Imp	007266	000	Manningto	4/30/2013	953.19
57002	150075	Non Mova	007265	000	Domestic v	4/30/2013	9,442.82
57002	150050	Bldg Imp	007357	000	Property M	5/31/2013	1,345.90
57002	150075	Non Mova	007356	000	Condensin	5/31/2013	3,615.90
57002	150088	Movable E	007355	000	65 MATTI	5/31/2013	15,710.91
57002	150025	Land Imp	007489	000	Exterior si	6/30/2013	3,388.00
57002	150050	Bldg Imp	007488	000	2 Big dipp	6/30/2013	14,407.50
57002	150050	Bldg Imp	007490	000	2 dedicatec	6/30/2013	540.26
57002	150050	Bldg Imp	007647	000	Water met	7/31/2013	1,850.49
57002	150075	Non Mova	007649	000	Trane Vari	7/31/2013	2,750.00
57002	150080	Movable E	007645	000	RCA 26i, I	7/31/2013	881.25
57002	150080	Movable E	007646	000	Frigidaire	7/31/2013	535.05
57002	150080	Movable E	007648	000	Kit invert	7/31/2013	1,536.52
57002	150085	Movable E	007783	000	UCXT BE	8/31/2013	3,027.39
57002	150050	Bldg Imp	007891	000	(3) 1000FM	9/30/2013	1,968.06
57002	150057	Bldg Imp	007890	000	Manningto	9/30/2013	3,812.76
57002	150085	Movable E	008060	000	Blixer lid v	11/30/2013	356.66
57002	150085	Movable E	008163	000	Overbed T	12/31/2013	228.83
57002	150050	Bldg Imp	008325	000	Electric he	1/31/2014	2,127.00
57002	150085	Movable E	008324	000	2 UCXT B	1/31/2014	3,044.77
57002	150057	Bldg Imp	008417	000	Vapor tite	2/28/2014	845.03
57002	150050	Bldg Imp	008506	000	Fire rated i	3/31/2014	2,033.18
57002	150050	Bldg Imp	008507	000	Fire rated i	3/31/2014	1,826.22
57002	150085	Movable E	008503	000	Maxwell T	3/31/2014	227.37

57002	150085	Movable E	008504	000	2 Tracer IV	3/31/2014	538.07
57002	150085	Movable E	008505	000	5 Tracer E	3/31/2014	903.90
57002	150050	Bldg Imp	008595	000	Electrical v	4/30/2014	1,647.82
57002	150050	Bldg Imp	008596	000	Circulator	4/30/2014	2,036.34
57002	150080	Movable E	008594	000	Actuator fo	4/30/2014	939.07
57002	150085	Movable E	008593	000	Big Blue B	4/30/2014	461.68
57002	150050	Bldg Imp	008728	000	4 sprinkler	5/31/2014	841.94
57002	150055	Bldg Imp	008727	000	Automatic	5/31/2014	4,230.39
57002	150080	Movable E	008726	000	Spot Vital	5/31/2014	2,355.35
57002	150100	Movable E	008725	000	Credit Car	5/31/2014	73.07
57002	150020	Land Imp	008842	000	Exterior lig	6/30/2014	2,588.14
57002	150057	Bldg Imp	008841	000	Commerci	6/30/2014	21,732.99
57002	150075	Non Mova	008840	000	10E111311	6/30/2014	2,839.07
57002	150080	Movable E	008839	000	Flushing o	6/30/2014	3,938.14
57002	150085	Movable E	008837	000	Booster tar	6/30/2014	1,921.50
57002	150085	Movable E	008838	000	Blixer Lid	6/30/2014	315.32
57002	150050	Bldg Imp	008939	000	3 in copper	7/31/2014	14,798.20
57002	150050	Bldg Imp	008940	000	Wiring for	7/31/2014	2,892.72
57002	150050	Bldg Imp	008941	000	Chime Strc	7/31/2014	6,109.81
57002	150057	Bldg Imp	008936	000	Acrovyn sl	7/31/2014	1,238.98
57002	150057	Bldg Imp	008937	000	Crown mo	7/31/2014	861.01
57002	150057	Bldg Imp	008938	000	Various wa	7/31/2014	3,562.72
57002	150110	Movable E	009240	000	Mobil Iron	11/30/2014	15.90
57002	150050	Bldg Imp	009292	000	Silent Knig	12/31/2014	3,860.00
57002	150080	Movable E	009291	000	Left and ri	12/31/2014	670.01
57002	150085	Movable E	009288	000	Direct Cho	12/31/2014	69.35
57002	150085	Movable E	009290	000	1.6 cu ft m	12/31/2014	527.54
57002	150088	Movable E	009289	000	5 MATTR	12/31/2014	1,568.66
57002	150110	Movable E	009287	000	Mobile Iro	12/31/2014	15.90
57002	150085	Movable E	009409	000	Direct Cho	1/31/2015	73.57
57002	150057	Bldg Imp	009499	000	Granite coi	2/28/2015	4,635.00
57002	150085	Movable E	009500	000	KleanStear	2/28/2015	1,090.09
57002	150050	Bldg Imp	009506	000	Material ar	3/31/2015	4,487.71
57002	150080	Movable E	009507	000	Sales and U	3/31/2015	294.00
57002	150080	Movable E	009508	000	Medium D	3/31/2015	395.81
57002	150085	Movable E	009504	000	Direct Cho	3/31/2015	134.46
57002	150088	Movable E	009505	000	2 Dermflo	3/31/2015	5,385.59
57002	150050	Bldg Imp	009598	000	Install new	4/30/2015	3,728.39
57002	150085	Movable E	009597	000	Evaporator	4/30/2015	2,003.12
57002	150057	Bldg Imp	009663	000	Johnsonite	5/31/2015	1,089.02
57002	150085	Movable E	009662	000	1 Tracer S	5/31/2015	725.94
57002	150080	Movable E	009758	000	Reliant 450	6/30/2015	8,505.30
57002	150057	Bldg Imp	010003	000	Johnsonite	8/31/2015	819.32
57002	150088	Movable E	010002	000	2 Dermflo	8/31/2015	4,995.75
57002	150088	Movable E	010131	000	3 MATTR	10/31/2015	1,012.41

57002	150050	Bldg Imp	010222	000	2 Pushbutt	11/30/2015	1,029.45
57002	150050	Bldg Imp	010223	000	Pushbutt or	11/30/2015	521.10
57002	150050	Bldg Imp	010434	000	Upgrade ci	1/31/2016	2,372.14
57002	150050	Bldg Imp	010487	000	6 eyewash	2/29/2016	2,263.47
57002	150055	Bldg Imp	010470	000	Upgrade b	2/29/2016	1,156.29
57002	150085	Movable E	010469	000	4 PANACL	2/29/2016	533.92
57002	150100	Movable E	010486	000	office desk	2/29/2016	122.28
57002	150050	Bldg Imp	010618	000	Upgrade ci	3/31/2016	2,061.86
57002	150050	Bldg Imp	010619	000	Electric he	3/31/2016	1,185.21
57002	150057	Bldg Imp	010617	000	Wall cover	3/31/2016	1,722.87
57002	150085	Movable E	010616	000	Blixer, 7 q	3/31/2016	3,198.40
57002	150085	Movable E	010755	000	OmniCycle	4/30/2016	6,487.36
57002	150057	Bldg Imp	011009	000	19 resident	7/31/2016	13,327.78
57002	150080	Movable E	011008	000	Frigidaire	7/31/2016	1,160.73
57002	150110	Movable E	011144	000	1 HP Laser	8/31/2016	381.10
57002	150025	Land Imp	011284	000	Parking lot	10/31/2016	33,434.13
57002	150085	Movable E	011283	000	Direct Cho	10/31/2016	223.91
57002	150085	Movable E	011356	000	Stainless S	11/30/2016	3,712.09
57002	150085	Movable E	011357	000	Self-Conta	11/30/2016	9,238.64
57002	150020	Land Imp	011480	000	Led lightin	12/31/2016	3,722.25
57002	150050	Bldg Imp	011479	000	Upgrade ci	12/31/2016	2,499.23
57002	150085	Movable E	011619	000	Slicer, Cor	2/28/2017	2,074.87
57002	150050	Bldg Imp	011819	000	Circulator	3/31/2017	1,415.25
57002	150050	Bldg Imp	011820	000	New upgra	3/31/2017	4,356.36
57002	150085	Movable E	011818	000	40 Kensing	3/31/2017	12,787.95
57002	150080	Movable E	011884	000	55 lb dryin	4/30/2017	5,265.81
57002	150080	Movable E	011885	000	30 lb gas d	4/30/2017	3,585.59
57002	150080	Movable E	011886	000	85 lb wash	4/30/2017	12,586.26
57002	150085	Movable E	011883	000	Maxwell T	4/30/2017	4,891.25
57002	150080	Movable E	011954	000	(3) 28i RC	5/31/2017	943.59
57002	150085	Movable E	012032	000	Conveyor	6/30/2017	563.08
57002	150057	Bldg Imp	012168	000	Carpeting i	8/31/2017	4,648.77
57002	150080	Movable E	012204	000	Bladder Sc	8/31/2017	7,672.05
57002	150110	Movable E	012235	000	1 Chrysler	9/30/2017	27.72
57002	150110	Movable E	012278	000	1 Mouse	9/30/2017	18.77
57002	150050	Bldg Imp	012417	000	Pushbutt or	11/30/2017	537.06
57002	150085	Movable E	012416	000	Dome Stor	11/30/2017	1,216.62
57002	150050	Bldg Imp	012466	000	3 Pushbutt	12/31/2017	1,611.17
57002	150050	Bldg Imp	012467	000	50% depos	12/31/2017	18,778.22
57002	150050	Bldg Imp	012468	000	Final paym	12/31/2017	18,778.22
57002	150085	Movable E	012464	000	Double 3 C	12/31/2017	2,447.42
57002	150087	Movable E	012463	000	Echo line I	12/31/2017	549.69
57002	150088	Movable E	012465	000	30 MATTI	12/31/2017	7,242.75
57002	150085	Movable E	012527	000	4 Tracer E	1/31/2018	699.92
57002	150088	Movable E	012528	000	Bubba Q. I	1/31/2018	2,769.35

57002	150080	Movable E	012599	000	RCA 42i L	2/28/2018	677.25
57002	150085	Movable E	012667	000	2 UCXT B	3/31/2018	4,050.87
57002	150088	Movable E	012668	000	2 Panacea	3/31/2018	953.42
57002	150110	Movable E	012724	000	1 LaserJet	3/31/2018	132.26
57002	150088	Movable E	012756	000	Derma Flo	4/30/2018	4,214.62
57002	150075	Non Mova	012839	000	2 Circulatc	5/31/2018	6,061.95
57002	150080	Movable E	012925	000	Digital Lif	6/30/2018	780.59
57002	150085	Movable E	012924	000	Robot Blac	6/30/2018	754.02
57002	150087	Movable E	012923	000	Pressure W	6/30/2018	498.05
57002	150075	Non Mova	013010	000	2 ton Duct	7/31/2018	5,428.10
57002	150075	Non Mova	013011	000	New Air H	7/31/2018	5,879.03
57002	150057	Bldg Imp	013085	000	Surveilanc	8/31/2018	1,701.60
57002	150080	Movable E	013166	000	Window A	9/30/2018	2,868.09
57002	150080	Movable E	013167	000	Rifton TR	9/30/2018	4,923.85
57002	150057	Bldg Imp	013327		Installed w	10/1/2018	1,436.28
57002	150057	Bldg Imp	013328		Camera Sy	10/1/2018	3,813.39
57002	150050	Bldg Imp	013494	000	Deposit fo	01/31/19	2,273.23
57002	150088	Movable E	013584	000	2 ProMatt	02/28/19	3,615.59
57002	150075	Non Mova	013863	000	Circulator	05/31/19	3,373.95
57002	150100	Movable E	013862	000	Paper Shre	05/31/19	850.00
57002	150130	Movable E	014163	000	2015 Honc	06/30/19	7,838.59
57002	150050	Bldg Imp	014241	000	Change of	08/31/19	1,329.38
57002	150050	Bldg Imp	014245	000	Consulting	08/31/19	2,392.88
57002	150088	Movable E	014171	000	5 ProMatt	08/31/19	9,038.97
57002	150100	Movable E	014170	000	18 Logan C	08/31/19	3,049.78
57002	150020	Land Imp	014250	000	Added circ	09/30/19	517.80
57002	150050	Bldg Imp	014251	000	Consulting	09/30/19	2,392.88
57002	150050	Bldg Imp	014252	000	Pre Rinse t	09/30/19	664.95
57284	150028	Land Imp	014638	000	Line Stripi	01/31/20	2,338.08
57284	150050	Bldg Imp	014558	000	Balance pr	12/31/19	2,273.23
57284	150050	Bldg Imp	014639	000	Smoke & C	01/31/20	3,377.23
57284	150050	Bldg Imp	014735	000	Electrical v	02/29/20	20,634.68
57284	150050	Bldg Imp	014831	000	Install Nev	03/31/20	6,153.36
57284	150050	Bldg Imp	014832	000	Marking of	03/31/20	3,072.44
57284	150050	Bldg Imp	014833	000	Delete Ele	03/31/20	7,750.06
57284	150050	Bldg Imp	014834	000	Install Con	03/31/20	10,703.83
57284	150050	Bldg Imp	014913	000	Wiring ins	04/30/20	13,569.52
57284	150050	Bldg Imp	014914	000	Collecting	04/30/20	1,808.74
57284	150050	Bldg Imp	014915	000	New Troug	04/30/20	2,989.32
57284	150050	Bldg Imp	014916	000	New Elect	04/30/20	38,764.17
57284	150050	Bldg Imp	014917	000	Profession	04/30/20	12,500.00
57284	150050	Bldg Imp	014918	000	New Elect	04/30/20	7,693.87
57284	150080	Movable E	014912	000	60lb Comr	04/30/20	18,155.37
57284	150080	Movable E	015117	000	Wheelchai	06/30/20	1,880.38
57284	150080	Movable E	015207	000	15 - Keyst	07/31/20	5,088.85

57284	150080	Movable E	015277	000	Welch All	08/31/20	2,332.82
57284	150085	Movable E	014640	000	Bariatric W	01/31/20	1,271.95
57284	150085	Movable E	015355	000	Scotsman J	09/30/20	3,782.83
57284	150055	Bldg Imp	015965	000	LP Gas Tank	06/30/21	7,370.06
57284	150080	Movable E	015654	000	2 - Welch	01/31/21	\$ 4,640
57284	150080	Movable E	015869	000	Reliant Ba	04/30/21	\$ 3,637
57284	150080	Movable E	015968	000	12 - All W	06/30/21	\$ 4,812
57284	150085	Movable E	015653	000	40 - UltraC	01/31/21	\$ 68,661
57284	150085	Movable E	015703	000	Chest Free	02/28/21	\$ 637
57284	150085	Movable E	015868	000	Panacea B	04/30/21	\$ 164
57284	150085	Movable E	015966	000	Panacea B	06/30/21	\$ 615
57284	150085	Movable E	015967	000	Stationary	06/30/21	\$ 4,545
57284	150085	Movable E	016028	000	Robot Cou	07/31/21	\$ 3,814
57284	150085	Movable E	016073	000	Simplicity	08/31/21	\$ 4,291
57284	150087	Movable E	015651	000	2 - Genesis	01/31/21	\$ 3,609
57284	150087	Movable E	015652	000	40 - Panac	01/31/21	\$ 8,507
57284	150088	Movable E	015527	000	Genesis 76	10/31/20	324.37
57284	150057	Bldg Imp	016238	000	surveillanc	6/30/2022	5,181.37
57284	150057	Bldg Imp	016278	000	Wiring for	8/31/2022	3,828.60
57284	150085	Movable E	016295	000	1-Stainless	9/30/2022	4,631.54

Sch 23 Total Deprn
Sch 29 total Deprn Adj

27,985.70
91,385.59

				641,277.62	119,371.29	760,648.91
				Prior Accum Depreciation	Current YTD Depreciation	Current Accum Depreciation
PT	DeprMeth	EstLife	Depreciable Basis	9/30/2021	2022	9/30/2022
R	SLMM	10 01	71,050.00	62,242.14	7,046.28	69,288.42
P	SLMM	10 00	109,780.00	96,972.33	10,978.00	107,950.33
P	SLMM	07 00	21,050.00	21,050.00	-	21,050.00
P	SLMM	03 00	2,740.00	2,740.00	-	2,740.00
P	SLMM	02 00	23,120.00	23,120.00	-	23,120.00
P	SLMM	10 00	2,061.76	1,804.08	206.18	2,010.26
R	SLMM	09 11	4,995.26	4,365.58	503.72	4,869.30
P	SLMM	09 11	2,446.32	2,137.98	246.69	2,384.67
R	SLMM	09 10	3,860.51	3,369.81	392.60	3,762.41
R	SLMM	09 10	1,063.96	928.72	108.20	1,036.92
R	SLMM	09 08	2,115.00	1,841.48	218.79	2,060.27
R	SLMM	09 08	792.37	689.92	81.97	771.89
R	SLMM	05 00	953.19	953.19	-	953.19
P	SLMM	09 08	9,442.82	8,221.74	976.84	9,198.58
R	SLMM	09 07	1,345.90	1,170.34	140.44	1,310.78
P	SLMM	09 07	3,615.90	3,144.25	377.31	3,521.56
P	SLMM	03 00	15,710.91	15,710.91	-	15,710.91
R	SLMM	09 06	3,388.00	2,942.20	356.63	3,298.83
R	SLMM	09 06	14,407.50	12,511.79	1,516.58	14,028.37
R	SLMM	09 06	540.26	469.18	56.87	526.05
R	SLMM	09 05	1,850.49	1,604.83	196.51	1,801.34
P	SLMM	09 05	2,750.00	2,384.99	292.04	2,677.03
P	SLMM	07 00	881.25	881.25	-	881.25
P	SLMM	07 00	535.05	535.05	-	535.05
P	SLMM	07 00	1,536.52	1,536.52	-	1,536.52
P	SLMM	09 04	3,027.39	2,621.91	324.36	2,946.27
R	SLMM	09 03	1,968.06	1,702.08	212.76	1,914.84
R	SLMM	09 03	3,812.76	3,297.52	412.19	3,709.71
P	SLMM	09 01	356.66	307.61	39.27	346.88
P	SLMM	09 00	228.83	197.08	25.43	222.51
R	SLMM	08 11	2,127.00	1,828.81	238.54	2,067.35
P	SLMM	08 11	3,044.77	2,617.93	341.47	2,959.40
R	SLMM	08 10	845.03	725.43	95.66	821.09
R	SLMM	08 09	2,033.18	1,742.70	232.36	1,975.06
R	SLMM	08 09	1,826.22	1,565.32	208.71	1,774.03
P	SLMM	08 09	227.37	194.92	25.99	220.91

P	SLMM	08 09	538.07	461.18	61.49	522.67
P	SLMM	08 09	903.90	774.76	103.30	878.06
R	SLMM	08 08	1,647.82	1,410.14	190.13	1,600.27
R	SLMM	08 08	2,036.34	1,742.62	234.96	1,977.58
P	SLMM	07 00	939.07	939.07	-	939.07
P	SLMM	08 08	461.68	395.08	53.27	448.35
R	SLMM	08 07	841.94	719.33	98.09	817.42
R	SLMM	08 07	4,230.39	3,614.31	492.86	4,107.17
P	SLMM	07 00	2,355.35	2,355.35	-	2,355.35
P	SLMM	08 07	73.07	62.41	8.51	70.92
R	SLMM	08 06	2,588.14	2,207.55	304.49	2,512.04
R	SLMM	08 06	21,732.99	18,536.95	2,556.82	21,093.77
P	SLMM	08 06	2,839.07	2,421.58	334.01	2,755.59
P	SLMM	07 00	3,938.14	3,938.14	-	3,938.14
P	SLMM	08 06	1,921.50	1,638.94	226.06	1,865.00
P	SLMM	08 06	315.32	268.98	37.10	306.08
R	SLMM	08 05	14,798.20	12,600.44	1,758.20	14,358.64
R	SLMM	08 05	2,892.72	2,463.11	343.69	2,806.80
R	SLMM	08 05	6,109.81	5,202.43	725.92	5,928.35
R	SLMM	08 05	1,238.98	1,055.01	147.21	1,202.22
R	SLMM	08 05	861.01	733.16	102.30	835.46
R	SLMM	08 05	3,562.72	3,033.58	423.29	3,456.87
P	SLMM	03 00	15.90	15.90	-	15.90
R	SLMM	08 00	3,860.00	3,256.88	482.50	3,739.38
P	SLMM	07 00	670.01	646.11	23.90	670.01
P	SLMM	08 00	69.35	58.52	8.67	67.19
P	SLMM	08 00	527.54	445.10	65.94	511.04
P	SLMM	03 00	1,568.66	1,568.66	-	1,568.66
P	SLMM	03 00	15.90	15.90	-	15.90
P	SLMM	07 11	73.57	61.94	9.29	71.23
R	SLMM	07 10	4,635.00	3,895.37	591.70	4,487.07
P	SLMM	07 10	1,090.09	916.14	139.16	1,055.30
R	SLMM	07 09	4,487.71	3,763.90	579.06	4,342.96
P	SLMM	07 00	294.00	273.00	21.00	294.00
P	SLMM	07 00	395.81	367.57	28.24	395.81
P	SLMM	07 09	134.46	112.77	17.35	130.12
P	SLMM	03 00	5,385.59	5,385.59	-	5,385.59
R	SLMM	07 08	3,728.39	3,120.49	486.31	3,606.80
P	SLMM	07 08	2,003.12	1,676.55	261.28	1,937.83
R	SLMM	07 07	1,089.02	909.53	143.61	1,053.14
P	SLMM	07 07	725.94	606.29	95.73	702.02
P	SLMM	07 00	8,505.30	7,594.00	911.30	8,505.30
R	SLMM	07 04	819.32	679.69	111.73	791.42
P	SLMM	03 00	4,995.75	4,995.75	-	4,995.75
P	SLMM	03 00	1,012.41	1,012.41	-	1,012.41

R	SLMM	07 01	1,029.45	847.82	145.34	993.16
R	SLMM	07 01	521.10	429.16	73.57	502.73
R	SLMM	06 11	2,372.14	1,943.44	342.96	2,286.40
R	SLMM	06 10	2,263.47	1,849.42	331.24	2,180.66
R	SLMM	06 10	1,156.29	944.76	169.21	1,113.97
P	SLMM	06 10	533.92	436.28	78.14	514.42
P	SLMM	06 10	122.28	99.94	17.90	117.84
R	SLMM	06 09	2,061.86	1,680.04	305.46	1,985.50
R	SLMM	06 09	1,185.21	965.74	175.59	1,141.33
R	SLMM	06 09	1,722.87	1,403.82	255.24	1,659.06
P	SLMM	06 09	3,198.40	2,606.12	473.84	3,079.96
P	SLMM	06 08	6,487.36	5,270.97	973.10	6,244.07
R	SLMM	06 05	13,327.78	10,731.48	2,077.06	12,808.54
P	SLMM	06 05	1,160.73	934.60	180.89	1,115.49
P	SLMM	03 00	381.10	381.10	-	381.10
R	SLMM	06 02	33,434.13	26,656.94	5,421.75	32,078.69
P	SLMM	06 02	223.91	178.52	36.31	214.83
P	SLMM	06 01	3,712.09	2,949.35	610.21	3,559.56
P	SLMM	06 01	9,238.64	7,340.29	1,518.68	8,858.97
R	SLMM	06 00	3,722.25	2,946.81	620.38	3,567.19
R	SLMM	06 00	2,499.23	1,978.57	416.54	2,395.11
P	SLMM	05 10	2,074.87	1,630.25	355.69	1,985.94
R	SLMM	05 09	1,415.25	1,107.59	246.13	1,353.72
R	SLMM	05 09	4,356.36	3,409.33	757.63	4,166.96
P	SLMM	05 09	12,787.95	10,007.95	2,223.99	12,231.94
P	SLMM	05 08	5,265.81	4,104.27	929.27	5,033.54
P	SLMM	05 08	3,585.59	2,794.65	632.75	3,427.40
P	SLMM	05 08	12,586.26	9,809.90	2,221.11	12,031.01
P	SLMM	05 08	4,891.25	3,812.29	863.16	4,675.45
P	SLMM	05 07	943.59	732.33	169.00	901.33
P	SLMM	05 06	563.08	435.12	102.38	537.50
R	SLMM	05 04	4,648.77	3,559.24	871.65	4,430.89
P	SLMM	05 04	7,672.05	5,873.88	1,438.50	7,312.38
P	SLMM	03 00	27.72	27.72	-	27.72
P	SLMM	03 00	18.77	18.77	-	18.77
R	SLMM	5	537.06	410.29	107.41	517.70
P	SLMM	5	1,216.62	929.43	243.32	1,172.76
R	SLMM	5	1,611.17	1,208.37	322.23	1,530.61
R	SLMM	5	18,778.22	14,083.66	3,755.64	17,839.31
R	SLMM	5	18,778.22	14,083.66	3,755.64	17,839.31
P	SLMM	5	2,447.42	1,835.56	489.48	2,325.05
P	SLMM	5	549.69	412.27	109.94	522.21
P	SLMM	3	7,242.75	9,053.44	-	9,053.44
P	SLMM	5	699.92	514.85	139.98	654.84
P	SLMM	3	2,769.35	3,384.76	-	3,384.76

P	SLMM	5	677.25	488.09	135.45	623.54
P	SLMM	5	4,050.87	2,856.93	810.17	3,667.11
P	SLMM	3	953.42	1,112.33	-	1,112.33
P	SLMM	3	132.26	154.31	-	154.31
P	SLMM	3	4,214.62	4,799.98	-	4,799.98
P	SLMM	5	6,061.95	4,078.04	1,212.39	5,290.43
P	SLMM	5	780.59	511.72	156.12	667.84
P	SLMM	5	754.02	494.30	150.80	645.11
P	SLMM	5	498.05	326.50	99.61	426.11
P	SLMM	5	5,428.10	3,461.70	1,085.62	4,547.32
P	SLMM	5	5,879.03	3,749.27	1,175.81	4,925.07
R	SLMM	5	1,701.60	1,053.68	340.32	1,394.00
P	SLMM	5	2,868.09	1,720.85	573.62	2,294.47
P	SLMM	5	4,923.85	2,954.31	984.77	3,939.08
R	SLMM	5	1,436.28	837.83	287.26	1,125.09
R	SLMM	5	3,813.39	2,224.48	762.68	2,987.16
R	SLMM	10	2,273.23	606.19	227.32	833.52
P	SLMM	3	3,615.59	3,113.42	1,205.20	4,318.62
P	SLMM	10	3,373.95	787.26	337.40	1,124.65
P	SLMM	10	850.00	198.33	85.00	283.33
A	SLMM	3	7,838.59	5,878.94	2,612.86	8,491.81
R	SLMM	10	1,329.38	276.95	132.94	409.89
R	SLMM	10	2,392.88	498.52	239.29	737.80
P	SLMM	3	9,038.97	6,277.06	3,012.99	9,290.05
P	SLMM	10	3,049.78	635.37	304.98	940.35
R	SLMM	10	517.80	103.56	51.78	155.34
R	SLMM	10	2,392.88	478.58	239.29	717.86
R	SLMM	10	664.95	132.99	66.50	199.49
R	SLMM	3	2,338.08	1,298.93	779.36	2,078.29
R	SLMM	20	2,273.23	198.91	113.66	312.57
R	SLMM	20	3,377.23	281.44	168.86	450.30
R	SLMM	20	20,634.68	1,633.58	1,031.73	2,665.31
R	SLMM	20	6,153.36	461.50	307.67	769.17
R	SLMM	20	3,072.44	230.43	153.62	384.06
R	SLMM	20	7,750.06	581.25	387.50	968.76
R	SLMM	20	10,703.83	802.79	535.19	1,337.98
R	SLMM	20	13,569.52	961.17	678.48	1,639.65
R	SLMM	20	1,808.74	128.12	90.44	218.56
R	SLMM	20	2,989.32	211.74	149.47	361.21
R	SLMM	20	38,764.17	2,745.80	1,938.21	4,684.00
R	SLMM	20	12,500.00	885.42	625.00	1,510.42
R	SLMM	20	7,693.87	544.98	384.69	929.68
P	SLMM	7	18,155.37	3,674.30	2,593.62	6,267.93
P	SLMM	7	1,880.38	335.78	268.63	604.41
P	SLMM	7	5,088.85	848.14	726.98	1,575.12

P	SLMM	7	2,332.82	361.03	333.26	694.29
P	SLMM	10	1,271.95	211.99	127.20	339.19
P	SLMM	10	3,782.83	378.28	378.28	756.57
P	SLMM	7	7,370.06	263.22	1,052.87	1,316.08
P	SLMM	7	4,639.54	441.86	662.79	1,104.65
P	SLMM	7	3,637.08	216.49	519.58	736.08
P	SLMM	7	4,811.78	171.85	687.40	859.25
P	SLMM	7	68,660.68	6,539.11	9,808.67	16,347.78
P	SLMM	7	637.04	53.09	91.01	144.09
P	SLMM	7	163.98	9.76	23.43	33.19
P	SLMM	7	614.98	21.96	87.85	109.82
P	SLMM	7	4,544.63	162.31	649.23	811.54
P	SLMM	7	3,813.69	90.80	544.81	635.62
P	SLMM	5	4,290.68	71.51	858.14	929.65
P	SLMM	3	3,609.32	802.07	1,203.11	2,005.18
P	SLMM	3	8,507.15	1,890.48	2,835.72	4,726.19
P	SLMM	5	324.37	59.47	64.87	124.34
P	SLMM	7	5,181.37	-	185.05	185.05
P	SLMM	7	3,828.60	-	45.58	45.58
P	SLMM	7	4,631.54	-	-	-

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility Glen Hill Care and Rehabilitation Center			License No. 2217-C		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.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Glen Hill Care and Rehabilitation Cer	License No. 2217-C	Report for Year Ended 9/30/2022	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input 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		n/a		
2. Date Structure Completed		n/a		
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		100		
6. Square Footage				
7. Acquisition Cost				
a. Land		n/a		
b. Building		n/a		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of _____				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease
GMF-CT	Facility Lease	12/21/2018-12/	10 years	1,518,334
650 Madison Avenue New York, NY 10022				

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
Glen Hill Care and Rehabilitation Ce	2217-C	9/30/2022	26	37
Item	Total	CCNH	RHNS	(Specify)
12. Interest				
A. Building, Land Improvement & Non-Movable Equipment				
1. First Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
00				
2. Second Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
00				
3. Third Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
00				
4. Fourth Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
00				
B. CHEFA Loan Information				
1. Original Loan Amount	\$			
2. Loan Origination Date				
3. Interest Rate %				
4. Term				
5. CHEFA Interest Expense				
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$			

(Carry Subtotals forward to next page)

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

Name of Facility Glen Hill Care and Rehabilitation		License No. 2217-C		Report for Year Ended 9/30/2022		Page 27 37	
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
00							
2. Other (<i>Specify</i>)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
00							
B. Item		Rate	Amount				
Lender							
Address of Lender							
00							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (<i>Specify</i>)				\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$			
14. Insurance							
a. Insurance on Property (buildings only)				\$ 519	519		
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (<i>Blanket Coverage</i>)			\$ 146,293	146,293			
2. Fire and Extended Coverage			\$				
3. Other (<i>Specify</i>)			\$				
14d. Total Insurance Expenditures (14a + b + c)				\$ 146,812	146,812		
15. Total All Expenditures (A-13 thru C-14)				\$ 13,548,922	13,548,922		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center				2217-C	9/30/2022	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 41,717	41,717		
Page 13 - Professional Fees							
5.	13	B-8-c	Resident Care Physicians **	\$			
6.		B-10	Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 1,181,590	1,181,590		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1-c	Bad Debts	\$ 93,727	93,727		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m-2 &	Unallowable Advertising *	\$ 13,663	13,663		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$ 51,982	51,982		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ (41,969)	(41,969)		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,340,711	1,340,711		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	2	Administrator's salary disallowed	\$ 41,717	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
Total Other Salaries Adjustment			\$ 41,717	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	\$ 99,250	\$ -	\$ -
13	5	Rehabilitation Services	\$ 370,408	\$ -	\$ -
13	9	Speech Therapist	\$ 249,171	\$ -	\$ -
13	10	Occupational Therapist	\$ 459,364	\$ -	\$ -
13	12	Other	\$ -	\$ -	\$ -
13	12	Other	\$ -	\$ -	\$ -
13	12	Respiratory Purchased Servies	\$ -	\$ -	\$ -
13	11a	Nursing Agency Purchased -RN	\$ 482	\$ -	\$ -
13	11b	Nursing Agency Purchased -LPN	\$ 721	\$ -	\$ -
13	11c	Nursing Agency Purchased -Certified Nursing Aides	\$ 2,194	\$ -	\$ -
Total Other Fees Adjustments			\$ 1,181,590	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m-13	Collection Fees	\$ 1,489	\$ -	\$ -
16	m-13	Estimated Accrual	\$ (32)	\$ -	\$ -
16	m-13	Non-recurring Charges	\$ -	\$ -	\$ -
16	m-13	Dues to Chamber of Commerce	\$ -	\$ -	\$ -
16	m-13	Penalty	\$ 4,132	\$ -	\$ -
16	m-12		0 \$ -	\$ -	\$ -
15	1-a-1	adj workers comp	\$ (47,558)	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
Total Other A&G Adjustments			\$ (41,969)	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Glen Hill Care and Rehabilitation Center			2217-C	9/30/2022	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,340,711	1,340,711		
Page 20 - Resident Care Supplies***							
27.	20	5-a-2	Prescription Drugs	\$ 362,574	362,574		
28.	20	5-d	Ambulance/Limousine	\$ 3,934	3,934		
29.	20	5-f	X-rays, etc	\$ 18,148	18,148		
30.	20	5-h	Laboratory	\$ 68,369	68,369		
31.			Medical Supplies	\$			
32.	20	5-e-2	Oxygen (non emergency)	\$ 7,155	7,155		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 8,717	8,717		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ (91,386)	(91,386)		
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	\$ 11,022	11,022		
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 48,440	48,440		
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,777,683	1,777,683		

*** 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	5-j	Consolidated Billing	\$ 3,924	\$ -	\$ -
20	5-j	Respiratory Supplies	\$ 3,572	\$ -	\$ -
20	5-j	Respiratory Rental	\$ 1,220	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
Total Other Ancillary Costs			\$ 8,717	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Page 22	7a	Land Imp	\$ (6,699)	\$ -	\$ -
Page 22	7b	Bldg Imp	\$ (43,597)	\$ -	\$ -
Page 22	7c	Non Movable Equip	\$ (16,664)	\$ -	\$ -
Page 22	7d	Movable Equip	\$ (24,425)	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
Total Excess Movable Equipment Depreciation			\$ (91,386)	\$ -	\$ -

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)
20	5-i	Cable TV - Allowable \$3,600 Account#3005660130	\$ 11,022	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
Total Other Adjustments			\$ 11,022	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14c1	General liability Insurance Adjust	\$ 48,440	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
Total Other Adjustments			\$ 48,440	\$ -	\$ -

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Glen Hill Care and Rehabilitation Center 2217-C		9/30/2022			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 9,377,783	9,377,783				
b. Medicaid Room and Board Contractual Allowance **	\$ (4,791,643)	(4,791,643)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 5,370,969	5,370,969				
b. Medicare Room and Board Contractual Allowance **	\$ (698,841)	(698,841)				
4. a. Private-Pay Residents and Other	\$ 3,748,424	3,748,424				
b. Private-Pay Room and Board Contractual Allowance **	\$ (1,276,639)	(1,276,639)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 256,712	256,712				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (33,402)	(33,402)				
c. Prescription Drugs - Non-Medicare	\$ 167,758	167,758				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (59,414)	(59,414)				
2. a. Medical Supplies - Medicare	\$ 890	890				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (116)	(116)				
c. Medical Supplies - Non-Medicare	\$ 3,521	3,521				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (1,686)	(1,686)				
3. a. Physical Therapy - Medicare	\$ 648,258	648,258				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (84,348)	(84,348)				
c. Physical Therapy - Non-Medicare	\$ 381,289	381,289				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (134,085)	(134,085)				
4. a. Speech Therapy - Medicare	\$ 342,948	342,948				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (44,623)	(44,623)				
c. Speech Therapy - Non-Medicare	\$ 185,457	185,457				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (65,621)	(65,621)				
5. a. Occupational Therapy - Medicare	\$ 635,413	635,413				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (82,677)	(82,677)				
c. Occupational Therapy - Non-Medicare	\$ 378,633	378,633				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (131,752)	(131,752)				
6. a. Other (<i>Specify</i>) - Medicare	\$ 44,858	44,858				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 8,233	8,233				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 14,146,299	14,146,299				
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	\$ 426	426				
5. Interest Income (<i>Specify</i>)	\$ 1,487	1,487				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 327,416	327,416				
V. Total Other Revenue (1 thru 8)	\$ 329,330	329,330				
VI. Total All Revenue (III +V)	\$ 14,475,629	14,475,629				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
II-6-a	Medicare - X-Ray	\$ 14,292	\$ -	\$ -
II-6-a	Medicare - Laboratory	\$ 13,170	\$ -	\$ -
II-6-a	Medicare - Respiratory Therapy & Supplies	\$ 432	\$ -	\$ -
II-6-a	Medicare - Nursing Treatment Supplies	\$ -	\$ -	\$ -
II-6-a	Medicare - Audiology	\$ -	\$ -	\$ -
II-6-a	Medicare - Incontinency	\$ -	\$ -	\$ -
II-6-a	Medicare - Oxygen & Supplies	\$ -	\$ -	\$ -
II-6-a	Medicare - Physician Visit	\$ 616	\$ -	\$ -
II-6-a	Medicare - Ambulance	\$ 2,410	\$ -	\$ -
II-6-a	Medicare - Flu Shot	\$ 20,648	\$ -	\$ -
II-6-a	Medicare Contractual- X-Ray	\$ (1,860)	\$ -	\$ -
II-6-a	Medicare Contractual- Laboratory	\$ (1,714)	\$ -	\$ -
II-6-a	Medicare Contractual- Respiratory Therapy & Supplies	\$ (56)	\$ -	\$ -
II-6-a	Medicare Contractual- Nursing Treatment Supplies	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual- Audiology	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual- Incontinency	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual- Oxygen & Supplies	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual- Physician Visit	\$ (80)	\$ -	\$ -
II-6-a	Medicare Contractual- Ambulance	\$ (314)	\$ -	\$ -
II-6-a	Medicare Contractual- Flu Shot	\$ (2,687)	\$ -	\$ -
0 -		\$ -	\$ -	\$ -
	Total Other Resident Revenue - Medicare	\$ 44,858	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
II-6-b	Medicaid- X-Ray	279.91	-	-
II-6-b	Medicaid- Laboratory	476.74	-	-
II-6-b	Medicaid- Respiratory Therapy & Supplies	-	-	-
II-6-b	Medicaid- Nursing Treatment Supplies	-	-	-
II-6-b	Medicaid- Audiology	-	-	-
II-6-b	Medicaid- Incontinency	-	-	-
II-6-b	Medicaid- Oxygen & Supplies	-	-	-
II-6-b	Medicaid- Physician Visit	-	-	-
II-6-b	Medicaid- Ambulance	-	-	-
II-6-b	Medicaid- Flu Shot	-	-	-
II-6-b	Contractuals-Medicaid- X-Ray	(143.02)	-	-
II-6-b	Contractuals-Medicaid- Laboratory	(243.59)	-	-
II-6-b	Contractuals-Medicaid- Respiratory Therapy & Supplies	-	-	-
II-6-b	Contractuals-Medicaid- Nursing Treatment Supplies	-	-	-
II-6-b	Contractuals-Medicaid- Audiology	-	-	-
II-6-b	Contractuals-Medicaid- Incontinency	-	-	-
II-6-b	Contractuals-Medicaid- Oxygen & Supplies	-	-	-
II-6-b	Contractuals-Medicaid- Physician Visit	-	-	-
II-6-b	Contractuals-Medicaid- Ambulance	-	-	-
II-6-b	Contractuals-Medicaid- Flu Shot	-	-	-
II-6-b	Non-Medicaid- X-Ray	7,853.43	-	-
II-6-b	Non-Medicaid- Laboratory	4,070.70	-	-
II-6-b	Non-Medicaid- Respiratory Therapy & Supplies	-	-	-
II-6-b	Non-Medicaid- Nursing Treatment Supplies	-	-	-
II-6-b	Non-Medicaid- Audiology	-	-	-
II-6-b	Non-Medicaid- Incontinency	-	-	-
II-6-b	Non-Medicaid- Oxygen & Supplies	-	-	-
II-6-b	Non-Medicaid- Physician Visit	-	-	-
II-6-b	Non-Medicaid- Ambulance	-	-	-
II-6-b	Non-Medicaid- Flu Shot	-	-	-
II-6-b	Non-Medicaid- Capitation Contracts	-	-	-
II-6-b	Contractuals-Non-Medicaid- X-Ray	(2,674.72)	-	-
II-6-b	Contractuals-Non-Medicaid- Laboratory	(1,386.40)	-	-
II-6-b	Contractuals-Non-Medicaid- Respiratory Therapy & Supplies	-	-	-
II-6-b	Contractuals-Non-Medicaid- Nursing Treatment Supplies	-	-	-
II-6-b	Contractuals-Non-Medicaid- Audiology	-	-	-
II-6-b	Contractuals-Non-Medicaid- Incontinency	-	-	-
II-6-b	Contractuals-Non-Medicaid- Oxygen & Supplies	-	-	-
II-6-b	Contractuals-Non-Medicaid- Physician Visit	-	-	-
II-6-b	Contractuals-Non-Medicaid- Ambulance	-	-	-
II-6-b	Contractuals-Non-Medicaid- Flu Shot	-	-	-
II-6-b	Contractuals-Non-Medicaid- Capitation Contracts	-	-	-
0 -		\$ -	\$ -	\$ -
	Total Other Resident Revenue	\$ 8,233	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
IV-5	Interest On Overdue Accounts-		\$ 1,487	\$ -	\$ -
0 -			\$ -	\$ -	\$ -
0 -			\$ -	\$ -	\$ -
	Total Interest Income		\$ 1,487	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
IV-8	Rehab Screen- 1002500TIB (Other Ancil - Ins Med B)	\$ -	\$ -	\$ -
IV-8	Telehealth Facility Fee & Rehab Screen- 1002500TB (Other Ancil - Med B)	\$ 2,675	\$ -	\$ -
IV-8	Telehealth Facility Fee & Rehab Screen- 1002500TD (Other Ancil - Medicaid)	\$ -	\$ -	\$ -
IV-8	Telehealth Facility Fee & Rehab Screen- 1002500TIB (Other Ancil - Ins Med B)	\$ 293	\$ -	\$ -
IV-8	RehabCare Settlement-	\$ 619	\$ -	\$ -
IV-8	Rental Income- 100860	\$ 550	\$ -	\$ -
IV-8	Elim Basic Healthcare Revenue-	\$ (114,816)	\$ -	\$ -
IV-8	Federal Stimulus - ARP Rural-	\$ 30,555	\$ -	\$ -
IV-8	Federal Stimulus - Phase 4-	\$ 137,369	\$ -	\$ -
IV-8	Federal Stimulus 4 - Part 2-	\$ 235,983	\$ -	\$ -
IV-8	State COVID Support - Other-	\$ 34,188	\$ -	\$ -
0	Antibody Infusion Therapy-	\$ -	\$ -	\$ -
	Total Other Revenue	\$ 327,416	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Cent	2217-C	9/30/2022	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	8,419
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,591,994
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	37,807
4 Inventories			\$	39,531
5. Prepaid Expenses			\$	253,742
a. Prepaid Expenses				
b. Prepaid Property Tax		(99,006)		
c. Prepaid Personal Property Tax				
d. See Schedule		352,748		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,931,495
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	2,856	\$	610
	Accum. Depreciation	2,246		Net
3. Buildings	*Historical Cost	21,591	\$	18,362
	Accum. Depreciation	3,229		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	3,374	\$	2,200
	Accum. Depreciation	1,174		Net
6. Movable Equipment	*Historical Cost	161,953	\$	110,991
	Accum. Depreciation	50,962		Net
7. Motor Vehicles	*Historical Cost	7,839	\$	
	Accum. Depreciation	7,839		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	1,760,881
_____		1,760,881		
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,893,044

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	a-a-5	Prepaid Escrow Real Estate	\$ 121,007
31	a-a-5	Prepaid Escrow Insurance	\$ 64,837
31	a-a-5	Prepaid Escrow Replace Reserve	\$ 166,904
31	a-a-5	Prepaid Personal Property Tax	\$ -
Total Prepaid Expenses			\$ 352,748

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	D7	ROU Bldg Asset-Oper Lease	\$ 9,116,967
32	D7	AccumAmort-ROU Bldg OprLease	\$ (2,383,493)
Total Other Assets			\$ 6,733,474

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

Page Ref	Line Ref	Description	
33	A12	Accr Exp Other	\$ 5,393
33	A12	Accr Exp Water and Sewer	\$ 15,416
33	A12	Accr Exp Gas	\$ 2,530
33	A12	Accr Exp Electricity	\$ 2,512
33	A12	Accr Exp Suspense	\$ (20,403)
33	A12	Deferred Revenue	\$ 6,462
33	A12	A/R Credit Gross Up Liability	\$ 102,045
33	A12	Accrued Provider/Bed Tax	\$ 107,223
33	A12	Accr Sales and Use Tax - FY18	\$ 313
33	A12	CP OprLease-Bldg Obligation	\$ 824,914
33	A12	CP-Self Insurance WC Reserve	\$ (12,975)
33	A12	CP-Self Insurance GLPL Reserve	\$ 43,469
Total Other Current Liabilities (Itemize)			\$ 1,076,898

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
Glen Hill Care and Rehabilitation Cent	2217-C	9/30/2022	32	37
Account			Amount	
Total Brought Forward:			\$	3,824,539
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<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>)			\$	10,649,710
I/C Due to/Due From Owned	3,916,236			
I/C Due to/Due From Multicare				
See Schedule	6,733,474			
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	10,649,710
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	14,474,249

* 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
Glen Hill Care and Rehabilitation Center		2217-C	9/30/2022	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	714,368
2. Notes Payable (<i>itemize</i>)				\$	

See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	178,811
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	329
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>)				\$	1,076,898

See Schedule				1,076,898	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,970,406

* 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 Glen Hill Care and Rehabilitation Center		License No. 2217-C	Report for Year Ended 9/30/2022	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,970,406	
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>)					\$
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)					\$ 6,350,046
Long-term Insurance Reserves		97,399			
LT OprLease-Bldg Obligation		6,249,868			
Escheatable Funds		2,780			
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					\$ 6,350,046
C. Total All Liabilities (Lines A-13 + B-5)					\$ 8,320,453

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

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Cen	2217-C	9/30/2022	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	5,227,087
6. Gain or Loss for Period			\$	926,710
	10/1/2021	thru	9/30/2022	
7. Total Net Worth			\$	6,153,797
C. Total Reserves and Net Worth			\$	6,153,797
D. Total Liabilities, Reserves, and Net Worth			\$	14,474,250

H. Changes in Total Net Worth

Name of Facility Glen Hill Care and Rehabilitation Center	License No. 2217-C	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			\$	5,227,089
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	14,475,628
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	13,548,920
D. Net Income or Deficit			\$	926,708
E. Balance			\$	6,153,797
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawals (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	6,153,797
				09/30/22

I. Preparer's/Reviewer's Certification

Name of Facility Glen Hill Care and Rehabilitation Center	License No. 2217-C	Report for Year Ended 9/30/2022	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Rick Fink				
Address Address			Phone Number	
200 Brickstone Square, Andover, MA 01810			410-494-7657	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Rick Fink			410-494-7657	
Contact Email Address				
Rick.Fink@genesishcc.com				