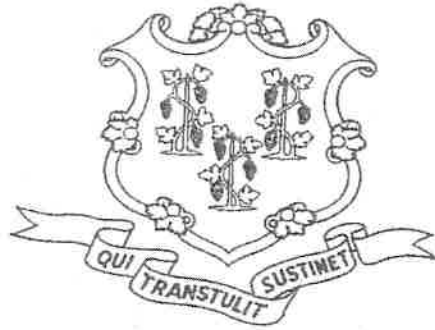


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) Masonicare Health Center	
Address (No. & Street, City, State, Zip Code) 22 Masonic Avenue, Wallingford, CT 06492	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing <input checked="" type="checkbox"/> Supervision only (RHNS)
<input checked="" type="checkbox"/> Chronic Disease Hospital	
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022

License Numbers:	CCNH 119-C	RHNS 1274-RCH	Chronic Disease Hospital 11-CD, H0008	Medicare Provider 07-0039
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Medicaid Provider Numbers:	CCNH 1198	RHNS 1587	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) Masonicare Health Center	License No. 119-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 Masonicare Health 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.

{a}Subject to Desk Audit Review

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Courtney O'Sullivan			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Masonicare Health Center		Period Covered:	From 10/1/2021	To 9/30/2022
Address of Facility 22 Masonic Avenue, Wallingford, CT 06492				
Report Prepared By Marcum LLP		Phone Number 203-781-9600	Date 1/17/2023	
Item	Total	CCNH	RHNS	Chronic Disease Hospital
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-678-7862		Report for Year Ended 9/30/2022		Page 2	of 37
Name of Facility (as shown on license) Masonicare Health Center			Address (No. & Street, City, State, Zip) 22 Masonic Avenue, Wallingford, CT 06492		
License Numbers:	CCNH 119-C	RHNS 1274-RCH	Chronic Disease Hospita 11-CD, H0008	Medicare Provider No. 07-0039	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input checked="" type="checkbox"/> Chronic Disease Hospital	
Type of Ownership (Check appropriate box)					
<input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="checkbox"/> Government <input type="checkbox"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?			<input type="radio"/> Yes <input checked="" type="radio"/> No		If "Yes," explain fully.
N/A					
Administrator					
Name of Administrator Courtney O'Sullivan			Nursing Home Administrator's License No.:	002097	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		
N/A					

General Information and Questionnaire
Corporate Owners

Name of Facility Masonicare Health Center	License No. 119-C	Report for Year Ended 9/30/2022	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Masonicare Health Center	22 Masonic Avenue, Wallingford, CT 06492	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Please see attached				
Names of Stockholders Owning at Least 10% of Shares				
N/A				

Updated 11/28/2022
Masonicare Board of Trustees
Residential Services Board of Directors
Home and Community-Based Services Board of Directors
Healthcare Services Board of Directors

2022-2023

<u>Board Member</u>	<u>Telephone Numbers</u>	<u>Spouse/Significant Other & Email</u>	<u>Term Expires</u>
Robert F. Polito, Jr., Chair [REDACTED]			2023
Christopher J. Earle, Vice Chair [REDACTED]			2025
Newton (Bud) Buckner, Treasurer [REDACTED]			2025
Bonnie S. McWain, Secretary [REDACTED]			2023
Bruce R. Bellmore [REDACTED]			By virtue of position in the Grand Lodge
Robert J. Furce [REDACTED]			2025
Kevin J. Hecht [REDACTED]			2024
Shelby P. Jackson [REDACTED]			2023
Susan Koty [REDACTED]			By virtue of position Order of Amaranth 2023
Laura S. Michnowski [REDACTED]			By virtue of position in Order of Eastern Star 2024
Theodore J. Nelson [REDACTED]			2024
Edward C. Page [REDACTED]			By virtue of position in the Grand Lodge
Joseph J. Porco [REDACTED]			By virtue of position in the Grand Lodge
Thaddeus M. Stewart [REDACTED]			By virtue of position Prince Hall 2025
Mark D. Winne [REDACTED]			2024
Jon-Paul Venoit, President and CEO Assistant Secretary Masonicare PO Box 70 Wallingford, CT 06492			An officer of the Board, but not a Trustee.
Steven Beaulieu, CFO & Assistant Treasurer Masonicare PO Box 70 Wallingford, CT 06492			An officer of the Board, but not a Trustee.

Masonicare
Emeritus Members of the Board of Trustees

<u>Emeritus Member</u>	<u>Telephone</u>	<u>Spouse/Significant Other & Email</u>
Carleton V. Erickson [REDACTED]		
Kenneth B. Hawkins, Sr. [REDACTED]		
David P. Hocking [REDACTED]		
Barbara F. Lott [REDACTED]		
Howard W. Orr [REDACTED]		
Duane G. Roberts [REDACTED]		

The Masonic Charity Foundation of Connecticut, Inc.
Board of Directors
2022-2023

<u>Board Member</u>	<u>Telephone Numbers</u>	<u>Spouse/Significant Other & Email Address</u>	<u>Term Expires</u>
Charles W. Yohe, Chair [REDACTED]			2023
James J. Pyskaty, Vice Chair [REDACTED]			2023
David O. Stern, Treasurer [REDACTED]			2023
Gordon C. Hurlbert, III, Secretary [REDACTED]			2023
Christopher T. Carrott [REDACTED]			2023
Christopher J. Earle [REDACTED]			2023
Geoffrey L. Ice [REDACTED]			2023
Les B. King [REDACTED]			By virtue of position in Grand Lodge
Kenneth Kirshner [REDACTED]			2023
Keith Macdowall [REDACTED]			2023
Maryann Pronovost [REDACTED]			2023
Gregory J. Wentworth [REDACTED]			2023
Jennifer A. King, Executive Director [REDACTED]			Senior Administrator, but not a Director
Jon-Paul Venoit, President and CEO & Assistant Secretary Masonicare PO Box 70 Wallingford, CT 06492			An officer of the Board, but not a Director.
Steven Beaulieu, CFO & Assistant Treasurer Masonicare PO Box 70 Wallingford, CT 06492			An officer of the Board, but not a Director.

The Masonic Charity Foundation of Connecticut, Inc.
Emeritus Members of the Board of Directors

Emeritus Member	Telephone Numbers	Spouse/Significant Other and Email
Carleton V. Erickson [REDACTED] [REDACTED]		
Gail N. Smith [REDACTED]		

Keystone Indemnity Company, Ltd.
Board of Directors
2022-2023

<u>Board Member</u>	<u>Telephone Numbers</u>	<u>Spouse/Significant Other & Email Address</u>	<u>Term Expires</u>
Robert F. Polito, Jr., Chair [REDACTED]			2023
Christopher J. Earle, Vice Chair [REDACTED]			2023
Newton (Bud) Buckner, Treasurer [REDACTED]			2023
Robert J. Furce, Secretary [REDACTED]			2023
Sherwin M. Borsuk, M.D. [REDACTED]			2023
Steven D. Beaulieu, CFO, Assistant Treasurer Masonicare PO Box 70 Wallingford, CT 06492			2023
Jon-Paul Venoit, President & CEO, Assistant Secretary Masonicare P.O. Box 70 Wallingford, CT 06492			2023

**General Information and Questionnaire
 Related Parties***

Name of Facility Masonicare Health Center	License No. 119-C	Report for Year Ended 9/30/2022	Page 4	of 37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="radio"/> Yes <input checked="" type="radio"/> No					
If "Yes," provide the Name/Address and complete the information on Page 11 of the report.					
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input type="radio"/> Yes <input checked="" type="radio"/> No					
If "Yes," provide the following information:					
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Indicate Where Costs are Included in Annual Report Page # / Line #	Actual Cost to the Related Party
		Yes	No %**		
Masonicare	PO Box 70, Wallingford, CT 06492	<input type="radio"/>	<input checked="" type="radio"/>	Pg 16 / Line M12	2,806,200
Masonicare Charity Foundation	35 No. Plains Road, Wallingford, CT 06492	<input type="radio"/>	<input checked="" type="radio"/>	Please see attached	
Masonicare at Ashlar Villages	Cheshire Road, Wallingford, CT 06492	<input type="radio"/>	<input checked="" type="radio"/>	Please see attached	
Masonicare Home, Health & Hospice (MHHH)	33 No. Plains Road, Wallingford, CT 06492	<input type="radio"/>	<input checked="" type="radio"/>	Please see attached	
Keystone Indemnity Company, LTD	76 St. Paul Street, Suite 500, Burlington, VT 05401	<input type="radio"/>	<input checked="" type="radio"/>	Malpractice Insurance Pg 27 / Line 14c3	180,247
		<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.

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

Masonicare Health Center
 Related Party Elimination Transactions
 FYE - 9 / 30 / 2022

PBC

To / From MHC	GIL Account	001 MHC	002 AON	003 AV	110 MCF	400 MC	160 MCV	MHHH	MAH	KEYSTONE	CHCP	Total	Less Non Reimb.	Cost Report Amount
		-	-	(78,066)	(441,792)	3,406,871	(8,598)	-	-	261,264	-	3,139,679		
		-	-	(78,066)	(441,792)	(85,080)	(8,598)	-	-	261,264	-	(613,535)		
		-	-	(78,066)	(441,792)	3,406,871	(8,598)	-	-	261,264	-	3,753,215		
		-	-	(78,066)	(441,792)	3,406,871	(8,598)	-	-	261,264	-	3,139,679		
		52,910,114	52,910,114	52,910,114	52,910,114	52,910,114	52,910,114	52,910,114	52,910,114	52,910,114	52,910,114	52,910,114		
		0.00%	-0.15%	-0.83%	-0.16%	-0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
		100.00%	100.15%	100.83%	100.15%	100.02%	100.00%	100.00%	100.00%	100.00%	100.00%	101.16%		

Total MHC Intercompany Revenue
 Costs

TOTAL MHC REVENUE
 Percentage of affiliate revenue to total MHC revenue
 Non-Related Revenue

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Masonicare Health Center	License No. 119-C	Report for Year Ended 9/30/2022	Page 5	of 37
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? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
Please see attached allocation schedule. Also, please note that for cost reporting purposes, Rest Home with Nursing Supervision only (RHNS) refers to the Residential Care Home (RCH).				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data. Please see page 4.				
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.) <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
N/A				

MASONICARE OF WALLINGFORD									
ALLOCATION SCHEDULE									
9/30/2022									
ACCOUNT NUMBER	ACCOUNT NAME	ALLOCATION BASIS	INPUT Total AMOUNT	Nursing Home	RCH	CDH	Other - Not Imported	TOTAL	
30 11A.10	Medicaid RB - SNF Only	Nursing home	(32,303,701)	(32,303,701)	-	-	-	(32,303,701)	
30 11A.11	Medicaid RB -ICF- (Ramage 2 ICF/ SNF Split)	Nursing home	-	-	-	-	-	-	
30 11A.12	Medicaid RB - CDH	CDH	(17,178)	-	-	(17,178)	-	(17,178)	
30 11A.13	Medicaid RB - RCH- Only (HFA)	RCH	(3,274,680)	-	(3,274,680)	-	-	(3,274,680)	
30 12	Rental of rooms to non-residents		-	-	-	-	-	-	
30 13	Medicare RB - Telephone and Telegraph		-	-	-	-	-	-	
30 13A.10	Medicare RB - SNF Only	Nursing home	(4,298,773)	(4,298,773)	-	-	-	(4,298,773)	
30 13A.11	Medicare RB - ICF- (Ramage 2 ICF/ SNF Split)	Nursing home	-	-	-	-	-	-	
30 13A.12	Medicare RB - CDH- Only (AHU & GMPP)	CDH	(9,373,815)	-	(9,373,815)	-	-	(9,373,815)	
30 14	Private RB - Rental of Televisions and Cable Services		-	-	-	-	-	-	
30 14A.10	Private RB - SNF Only	Nursing home	(9,918,880)	(9,918,880)	-	-	-	(9,918,880)	
30 14A.11	Private RB - ICF- (Ramage 2 ICF/ SNF Split)	Nursing home	-	-	-	-	-	-	
30 14A.12	Private RB - CDH- Only (AHU & GMPP)	CDH	(12,234,313)	-	(12,234,313)	-	-	(12,234,313)	
30 14A.13	Private RB - RCH- Only (HFA)	RCH	(134,122)	-	(134,122)	-	-	(134,122)	
30 11A.10	Prescription Drugs Medicare - SNF Only	Nursing home	(267,702)	(267,702)	-	-	-	(267,702)	
30 11A.11	Prescription Drugs Medicare - ICF- (Ramage 2 ICF/ SNF Split)	Nursing home	-	-	-	-	-	-	
30 11A.12	Prescription Drugs Medicare - CDH- Only (AHU & GMPP)	CDH	(588,998)	-	(588,998)	-	-	(588,998)	
30 11A.22	Prescription Drugs Medicare - Non- Reimbursable	Other	-	-	-	-	-	-	
30 11C.10	Prescription drugs - SNF- Only (CCH)	Nursing home	(330,254)	(330,254)	-	-	-	(330,254)	
30 11C.11	Prescription drugs - ICF- (Ramage 2 ICF/ SNF Split)	Nursing home	-	-	-	-	-	-	
30 11C.12	Prescription drugs - CDH- Only (AHU & GMPP)	CDH	(710,717)	-	(710,717)	-	-	(710,717)	
30 11C.22	Prescription drugs - Non-Reimbursable	Other	-	-	-	-	-	-	
30 11A.10	Medical Supplies Medicare - SNF Only	Nursing home	(14)	(14)	-	-	-	(14)	
30 11A.11	Medical Supplies Medicare - ICF- (Ramage 2 ICF/ SNF Split)	Nursing home	-	-	-	-	-	-	
30 11A.12	Medical Supplies Medicare - CDH- Only (AHU & GMPP)	CDH	-	-	-	-	-	-	
30 11A.22	Medical Supplies Medicare - Non Reimbursable	Other	-	-	-	-	-	-	
30 11C.10	Medical Supplies Non Medicare - SNF Only	Nursing home	14	14	-	-	-	14	
30 11C.12	Medical Supplies Non Medicare - CDH- Only (AHU & GMPP)	CDH	-	-	-	-	-	-	
30 11C.22	Medical Supplies Non Medicare - Non-Reimbursable	Other	-	-	-	-	-	-	
30 11A.07	PT Medicare - PT Treatments	PT Treat	(923,808)	(720,032)	-	-	(203,776)	(923,808)	
30 11C.07	PT Other - PT Treatments	Other	(2,223,405)	-	-	-	(2,223,405)	(2,223,405)	
30 11A.08	ST Medicare - ST Treatments	ST Treat	(101,474)	(100,016)	-	-	(1,458)	(101,474)	
30 11A.22	OT Medicare - Non Reimbursable	Other	(119,954)	(118,230)	-	-	(1,724)	(119,954)	
30 11A.09	OT Medicare - OT Treatments	Other	(1,011,762)	-	-	-	(1,011,762)	(1,011,762)	
30 11A.22	OT Medicare - Non Reimbursable	Other	-	-	-	-	-	-	
30 11C.09	OT Other - OT Treatments	Other	(986,589)	-	-	-	(986,589)	(986,589)	
30 11C.22	OT Other - Non Reimbursable	Other	-	-	-	-	-	-	
30 11A.10	Other Medicare - SNF Only	Nursing home	1,383,715	1,383,715	-	-	-	1,383,715	
30 11A.11	Other Medicare - ICF- (Ramage 2 ICF/ SNF Split)	Nursing home	-	-	-	-	-	-	
30 11A.12	Other Medicare - CDH- Only (AHU & GMPP)	CDH	3,422,355	-	3,422,355	-	-	3,422,355	
30 11A.13	Other Medicare - RCH only	RCH	(49,812)	-	(49,812)	-	-	(49,812)	
30 11A.22	Other Medicare - Non-Reimbursable	Other	75,404	-	-	-	-	75,404	
30 11B.07	Other Non Medicare - PT Treatments	PT Treat	437,266	340,813	-	-	96,453	437,266	
30 11B.08	Other Non Medicare - ST Treatments	ST Treat	65,840	64,994	-	-	946	65,840	
30 11B.10	Other Non Medicare - SNF Only	Nursing home	17,232,211	17,232,211	-	-	-	17,232,211	
30 11B.11	Other Non Medicare - ICF- (Ramage 2 ICF/ SNF Split)	Nursing home	-	-	-	-	-	-	
30 11B.12	Other Non Medicare - CDH-Only (AHU & GMPP)	CDH	8,340,790	-	8,340,790	-	-	8,340,790	
30 11B.13	Other Non Medicare - RCH- Only (HFA)	RCH	1,181	-	1,181	-	-	1,181	
30 11B.22	Other Non Medicare - Non Reimbursable	Other	(3,223,143)	-	(3,223,143)	-	-	(3,223,143)	
30 11B.38	Other Non Medicare - Equivalent Patient Days	Patient Days	-	-	-	-	-	-	

MASONICARE OF WALLINGFORD									
ALLOCATION SCHEDULE									
9/30/2022									
ACCOUNT NUMBER	ACCOUNT NAME	INPUT Total AMOUNT	ALLOCATION BASIS	Nursing Home	RCH	CDH	Other - Not Imported	TOTAL ALLOCATED AMOUNTS	TOTAL
30 IV1.10	Meals - SNF Only	-		-	-	-	-	-	-
30 IV1.15	Meals - Salaries and Wages	(124,215)	Payroll	(76,196)	(6,878)	(35,816)	(5,325)	(124,215)	(124,215)
30 IV1.22	Meals - Non Reimbursable	9,382	Other	-	-	-	9,382	9,382	9,382
30 IV2.22	Room Rental Non Reimbursable	(2,554,396)	Other	-	-	-	(2,554,396)	(2,554,396)	(2,554,396)
30 IV3.31	Telephone - Number of Computers	(7,156)	Payroll	(4,390)	(396)	(2,063)	(307)	(7,156)	(7,156)
30 IV5.22	Interest Income - Non Reimbursable	-	Other	-	-	-	-	-	-
30 IV7.22	Barber, coffee, etc. - Non Reimbursable	(104,544)	Other	-	-	-	(104,544)	(104,544)	(104,544)
30 IV8.02	Other - Square Footage	(22,992)	SQFT	(10,101)	(3,620)	(1,702)	(7,569)	(22,992)	(22,992)
30 IV8.03	Other - Meals Per Day	(402,095)	Meals	(65,793)	(17,545)	(10,628)	(8,129)	(102,095)	(102,095)
30 IV8.07	Other - PT Treatments	-	PT Treat	-	-	-	-	-	-
30 IV8.10	Other - SNF Only	(42,223)	Nursing home	(42,223)	-	-	-	(42,223)	(42,223)
30 IV8.11	Other - ICF	-	Nursing home	-	-	-	-	-	-
30 IV8.12	Other - CDH	-	CDH	-	-	-	-	-	-
30 IV8.13	Other - RCH- Only (HFA)	(1,820)	RCH	-	(1,820)	-	-	(1,820)	(1,820)
30 IV8.14	Other - Nursing Salary- CCH, RHNS, AHU, GMP	-	Salary - nursing no RCH	-	-	-	-	-	-
30 IV8.22	Other - Non Reimbursable	(571,352)	Other	-	-	-	(571,352)	(571,352)	(571,352)
30 IV8.25	Other - Transportation Services	-		-	-	-	-	-	-
30 IV8.26	Other - Nursing Salary all	-	Salary - nursing	-	-	-	-	-	-
30 IV8.27	Other - Volunteer Time Spent	-	Volunteer	-	-	-	-	-	-
30 IV8.33	Other - Resident Capacity	-		-	-	-	-	-	-
30 IV8.38	Other - Equivalent Patient Days	(23,213)	patient days	(14,960)	(4,061)	(2,317)	(1,875)	(23,213)	(23,213)
30 IV8.39	Other - Patient Days- SNF & ICF Only	(16,133)	Nursing home	(16,133)	-	-	-	(16,133)	(16,133)
30 IV8.41	Other - Non Salary Expenses	-	Payroll	-	-	-	-	-	-
30 IV8.42	Other - Spiritual Services	(3,285)	Spiritual	(2,117)	(575)	(328)	(265)	(3,285)	(3,285)
30 IV8.43	Other - Equiv Days w/ Independent Living	-	Days w IL	-	-	-	-	-	-
30 I18.22	Other Revenue - Non Reimb	-	Other	-	-	-	-	-	-
30 I18.2	Other Revenue - SQFT	-	SQFT	-	-	-	-	-	-
30 I18.10	Other Revenue - SNF Only	-	Nursing home	-	-	-	-	-	-
Total Revenue		(54,798,360)		(25,267,868)	(3,492,328)	(11,214,730)	(10,823,434)	(54,798,360)	(54,798,360)

MASONICARE OF WALLINGFORD									
ALLOCATION SCHEDULE									
9/30/2022									
ACCOUNT NUMBER	ACCOUNT NAME	INPUT Total AMOUNT	ALLOCATION BASIS	Nursing Home	RCH	CDH	Other - Not Imported	TOTAL ALLOCATED AMOUNTS	TOTAL
10-A 1.43	Owner - Equivalent Days w/ Independent Living	-	Days w/IL	-	-	-	-	-	-
10-A 2.43	Administrator Salary - Equivalent Days w/ Independent Living	166,401	Administrator	116,662	31,670	18,069	-	166,401	166,401
10-A 3	Administrator Salary - Equivalent Days w/ Independent Living	-	Administrator	-	-	-	-	-	-
10-A 4.19	Other Admin - Salary %	573,580	Patient Days	369,653	100,349	57,253	46,325	573,580	573,580
10-A 4.22	Other Admin - Non reimb	-	Patient Days	-	-	-	-	-	-
10-A 4.27	Other Admin - Volunteer	-	Patient Days	-	-	-	-	-	-
10-A 4.30	Other Administrative Salaries - Number of Communication Driver	227,917	Patient Days	146,885	39,875	22,750	18,407	227,917	227,917
10-A 4.34	Other Administrative Salaries - Admissions	198,249	Patient Days - Less HFA	171,662	-	26,587	-	198,249	198,249
10-A 4.38	Other Admin - Patient days	-	Patient Days	-	-	-	-	-	-
10-A 4.45	Other Admin - Patient days	-	Accum Costs	-	-	-	-	-	-
10-A 5A	Head Dietitian	-	-	-	-	-	-	-	-
10-A 5B	Food Service Supervisor	-	-	-	-	-	-	-	-
10-A 5C.22	Dietary - Non reimb	-	-	-	-	-	-	-	-
10-A 5C.3	Dietary Workers - Meals	2,228,777	Meals	1,436,293	383,004	232,009	177,471	2,228,777	2,228,777
10-A 6A	Head Housekeeper	-	-	-	-	-	-	-	-
10-A 6B.2	Other Housekeeping Workers - Sqft	-	-	-	-	-	-	-	-
10-A 6B.4	Other Housekeeping Workers - Housekeeping hours	1,282,071	Housekeeping	897,450	89,745	89,745	205,131	1,282,071	1,282,071
10-A 7A	Engineer or Chief of Maintenance	-	-	-	-	-	-	-	-
10-A 7B.2	Other Maintenance Workers - Square Footage-MHC Campus	905,610	SQFT	397,865	142,574	67,051	298,120	905,610	905,610
10-A 7B.12	Other Maintenance Workers - CDH Only	-	CDH	-	-	-	-	-	-
10-A 7B.10	Other Maintenance Workers - SNF Only	-	Nursing Home	-	-	-	-	-	-
10-A 8A	Laundry Supervisor	-	-	-	-	-	-	-	-
10-A 8B.5	Other Laundry Workers - Pounds	654,626	Laundry	539,212	8,237	50,885	56,292	654,626	654,626
10-A 9	Barber and Beautician Services	-	-	-	-	-	-	-	-
10-A 9.22	Barber and Beautician Services Non-Reimbursable	-	Other	-	-	-	-	-	-
10-A 10	Protective Services	-	-	-	-	-	-	-	-
10-A 10.24	Protective Services Security Coverage	238,801	SQFT	104,913	37,595	17,681	78,612	238,801	238,801
10-A 11A	Head Accountant	-	-	-	-	-	-	-	-
10-A 11B	Other Accountants	-	-	-	-	-	-	-	-
10-A 12A.19	Director of Nurses/Assistant Director	287,789	Payroll - less admin	175,853	17,355	81,044	13,537	287,789	287,789
10-A 12B1.14	RNs - Direct Care - Nursing Salary- CCH, RHNS, AHU, GMP	28,055	Salary - nursing no RCH	17,978	-	10,077	-	28,055	28,055
10-A 12B1.10	RNs - Direct Care - SNF Only	1,404,407	Nursing Home	1,404,407	-	-	-	1,404,407	1,404,407
10-A 12B1.12	RNs - Direct Care - CDH Only	2,240,289	CDH	-	-	2,240,289	-	2,240,289	2,240,289
10-A 12B2.26	RNs - Administrative - Nursing Salary	-	Salary - nursing	-	-	-	-	-	-
10-A 12B2.14	RNs - Administrative - Nursing Salary- CCH, RHNS, AHU, GMP	1,658,744	Salary - nursing no RCH	1,062,926	-	595,818	-	1,658,744	1,658,744
10-A 12C1.10	LPNs - Direct Care - SNF Only	2,491,282	Nursing Home	2,491,282	-	-	-	2,491,282	2,491,282
10-A 12C1.12	LPNs - Direct Care - CDH Only	570,736	CDH	-	-	570,736	-	570,736	570,736
10-A 12C1.13	LPNs - Direct Care - RCH Only	-	RCH	-	-	-	-	-	-
10-A 12C1.14	LPNs - Direct Care - Nursing Salary-CCH,RHNS,AHU,GMP	18,526	Salary - nursing no RCH	11,871	-	6,655	-	18,526	18,526
10-A 12D.10	Aides and Attendants - SNF Only	4,391,562	Nursing Home	4,391,562	-	-	-	4,391,562	4,391,562
10-A 12D.26	Aides and Attendants - Nursing Salary	-	Salary - nursing	-	-	-	-	-	-
10-A 12D.12	Aides and Attendants - CDH Only	1,834,352	CDH	-	-	1,834,352	-	1,834,352	1,834,352
10-A 12D.13	Aides and Attendants - RCH Only	466,881	RCH	-	466,881	-	-	466,881	466,881
10-A 12D.14	Aides and Attendants - Nursing Salary-CCH,RHNS,AHU,GMP	82,501	Salary - nursing no RCH	52,867	-	29,634	-	82,501	82,501
10-A 12E	Physical Therapists	-	-	-	-	-	-	-	-
10-A 12E.7	Physical Therapists - PT Treatments	-	PT Treat	-	-	-	-	-	-
10-A 12E.12	Physical Therapists - CDH Only	-	CDH	-	-	-	-	-	-
10-A 12F	Speech Therapists	-	-	-	-	-	-	-	-
10-A 12F.8	ST - ST Treatments	-	ST Treat	-	-	-	-	-	-
10-A 12G	Occupational Therapists	-	-	-	-	-	-	-	-

MASONICARE OF WALLINGFORD									
ALLOCATION SCHEDULE									
9/30/2022									
ACCOUNT	ACCOUNT NAME	INPUT Total AMOUNT	ALLOCATION BASIS Other	Nursing Home	RCH	CDH	Other - Not Imported	TOTAL	
10-A 12G.22	Occupational Therapists - Non- Reimbursable	-	Other	-	-	-	-	-	-
10-A 12G.12	Occupational Therapists - CDH Only	192,727	CDH	-	-	192,727	-	192,727	-
10-A 12H.10	Recreation Workers - SNF	-	-	-	-	-	-	-	-
10-A 12H.22	Recreation Worker - Non reimb	-	-	-	-	-	-	-	-
10-A 12H.39	Recreation Worker - Patient Days- SNF & ICF Only	318,852	Nursing Home	318,852	-	-	-	318,852	-
10-A 12L.38	Recreation Worker - Equivalent Patient Days	-	Patient Days	-	-	-	-	-	-
10-A 12I.38	Medical Director - Patient Days	-	Patient Days	-	-	-	-	-	-
10-A 12I2	Utilization Review	-	-	-	-	-	-	-	-
10-A 12I3	Resident Care	-	-	-	-	-	-	-	-
10-A 12I4	Other	-	-	-	-	-	-	-	-
10-A 12I	Dentists	-	-	-	-	-	-	-	-
10-A 12K.22	Pharmacists - Non reimb	-	-	-	-	-	-	-	-
10-A 12K.40	Pharmacists - Pharmacy Cost of Requirements	-	-	-	-	-	-	-	-
10-A 12L	Podiatrists	-	Other	-	-	-	-	-	-
10-A 12M.33	Social Workers/Case Management - Capacity	-	Capacity	-	-	-	-	-	-
10-A 12M.28	Social Workers/Case Management - Social Services Time Spent	405,822	Social Services	261,538	70,999	40,508	32,777	405,822	-
10-A 12M.12	Social Workers/Case Management - CDH Only	362,359	CDH	-	-	362,359	-	362,359	-
10-A 12N.22	Marketing - Non reimb	-	Other	-	-	-	-	-	-
10-A 12O.10	Other - SNF	230,870	Nursing Home	230,870	-	-	-	230,870	-
10-A 12O.11	Other - ICF- (Ramage 2 ICF/ SNF Split)	-	Nursing Home	-	-	-	-	-	-
10-A 12O.12	Other - CDH Only	88,580	CDH	-	-	88,580	-	88,580	-
10-A 12O.15	Other - Salaries %	-	Payroll	-	-	-	-	-	-
10-A 12O.16	Other - GMPP Only Days	-	Patient Days	-	-	-	-	-	-
10-A 12O.14	Other - Nursing Salary-CCH,RHNS,AHU,GMP	176,378	Patient Days	113,670	30,858	17,606	14,244	176,378	-
10-A 12O.22	Other - Non reimb	111,735	Other	-	-	-	111,735	111,735	-
10-A 12O.23	Other - RCH & I/L	-	Patient Days - RCH & I/L Only	-	-	-	-	-	-
10-A 12O.21	Other - Patient Days- Less RCH	163,677	Salary - nursing no RCH	104,885	-	58,792	-	163,677	-
10-A 12O.25	Other - Transportation	-	-	-	-	-	-	-	-
10-A 12O.27	Other - Volunteer Time Spent	44,106	Volunteer	19,377	6,944	3,266	14,519	44,106	-
10-A 12O.13	Other - RCH-Only (HFA)	-	RCH	-	-	-	-	-	-
10-A 12O.37	Other - Equivalent Discharges	-	Discharges	-	-	-	-	-	-
10-A 12O.26	Other - Nursing Salary- All	225,823	Salary - nursing	145,535	39,508	22,541	18,239	225,823	-
10-A 12O.34	Other - Admissions	80,495	Patient Days	51,876	14,083	8,035	6,501	80,495	-
10-A 12O.42	Other - Spiritual	-	Spiritual	-	-	-	-	-	-
10-A 14-19	Other Administration	-	-	-	-	-	-	-	-
Total Expense Page 10		24,352,580		15,035,944	1,479,677	6,745,049	1,091,910	24,352,580	

MASONICARE OF WALLINGFORD									
ALLOCATION SCHEDULE									
9/30/2022									
ACCOUNT NUMBER	ACCOUNT NAME	ALLOCATION BASIS	INPUT Total AMOUNT	Nursing Home	RCH	CDH	Other - Not Imported	TOTAL	
13-B 12.22	Dentist - non reimb		-	-	-	-	-	-	-
13-B 13.10	Pharmacist - SNF	Nursing Home	-	-	-	-	-	-	-
13-B 14	Podiatrist		-	-	-	-	-	-	-
13-B 5A.07	PT - Resident Care - PT	PT Treat	-	-	-	-	-	-	-
13-B 5B	PT - Other	Other	-	-	-	-	-	-	-
13-B 6.33	Social Worker - Capacity	Capacity	-	-	-	-	-	-	-
13-B 7.22	Recreation Worker - Non reimb	Other	-	-	-	-	-	-	-
13-B 8A.38	Medical Director - Days	Patient Days	524,196	337,826	91,709	52,324	42,337	524,196	
13-B 8A.22	Medical Director - Non Reimb	Other	-	-	-	-	-	-	-
13-B 8A.12	Medical Director - CDH Only	CDH	-	-	-	-	-	-	-
13-B 8C	Resident Care	CDH	-	-	-	-	-	-	-
13-B 8C.22	Resident Care - Non-Reimbursable	Other	-	-	-	-	-	-	-
13-B 8D1	Infection Control Committee		-	-	-	-	-	-	-
13-B 8D2	Pharmaceutical Committee		-	-	-	-	-	-	-
13-B 8D3	Staff Development Committee		-	-	-	-	-	-	-
13-B 8E	Other		-	-	-	-	-	-	-
13-B 8E.22	Other - Non-Reimbursable	Other	-	-	-	-	-	-	-
13-B 9A.08	ST - Resident Care - ST	ST Treat	-	-	-	-	-	-	-
13-B 9B	ST - Other		-	-	-	-	-	-	-
13-B 10A.22	OT - Resident Care - Non reimb	Other	-	-	-	-	-	-	-
13-B 10B	OT - Other		-	-	-	-	-	-	-
13-B 11A1	RN's - Direct Care		-	-	-	-	-	-	-
13-B 11A2	RN's - Administrative		-	-	-	-	-	-	-
13-B 11A.10	RN's - SNF-Only (CCH)		-	-	-	-	-	-	-
13-B 11A.12	RN's - CDH-Only (AHU & GMPP)		-	-	-	-	-	-	-
13-B 11B1	LPN's - Direct Care		-	-	-	-	-	-	-
13-B 11B.10	LPN's - SNF Only		-	-	-	-	-	-	-
13-B 11B.12	LPN's - CDH Only	CDH	-	-	-	-	-	-	-
13-B 11B2	LPN's - Administrative		-	-	-	-	-	-	-
13-B 11C	Aides		-	-	-	-	-	-	-
13-B 11D	Other		-	-	-	-	-	-	-
13-B 12.22	Other - Non reimb	other	33,182	-	-	-	33,182	33,182	
13-B 12.5	Other - Pounds of Laundry Processed		-	-	-	-	-	-	-
13-B 12.34	Other - Admissions	Admissions	-	-	-	-	-	-	-
13-B 12.43	Other - Equiv Days w/ Independent Living	Patient Days	88,576	57,084	15,497	8,841	7,154	88,576	
13-B 12.14	Other - Nursing Salary- CCH, RHNS, AHU, GMP		-	-	-	-	-	-	-
Total Expense Page 13			645,954	394,910	107,206	61,165	82,673	645,954	

MASONICARE OF WALLINGFORD									
ALLOCATION SCHEDULE									
9/30/2022									
ACCOUNT NUMBER	ACCOUNT NAME	INPUT Total AMOUNT	ALLOCATION BASIS	Nursing Home	RCH	CDH	Other - Not Imported	TOTAL	
TOTAL ALLOCATED AMOUNTS									
15 1A1.15	Workmen's Compensation - Salary%	901,141	Payroll	556,389	54,754	249,593	40,405	901,141	
15 1A2.15	Disability Insurance - Salary %	121,980	Payroll	75,314	7,412	33,785	5,469	121,980	
15 1A3.15	Unemployment Insurance - Salary %	156,367	Payroll	96,545	9,501	43,310	7,011	156,367	
15 1A4.15	Social Security (FICA) - Salary %	1,782,140	Payroll	1,100,342	108,284	493,608	79,906	1,782,140	
15 1A5.15	Health Insurance - Salary %	3,567,743	Payroll	2,202,821	216,778	988,175	159,969	3,567,743	
15 1A6.15	Life Insurance - Salary %	40,128	Payroll	24,776	2,438	11,114	1,800	40,128	
15 1A7.15	Pensions - Salary %	2,374,834	Payroll	1,466,287	144,296	657,769	106,482	2,374,834	
15 1A8.10	Uniform Allowance - SNF- Only (CCH)	-	Nursing Home	-	-	-	-	-	
15 1A8.12	Uniform Allowance - CDH- Only (AHU & GMPP)	-	CDH	-	-	-	-	-	
15 1A8.15	Uniform Allowance - Salary %	-	Payroll	-	-	-	-	-	
15 1A8.2	Uniform Allowance - Square Footage- MHC Campus	-	SQFT	-	-	-	-	-	
15 1A8.3	Uniform Allowance - Meals	-	Meals	-	-	-	-	-	
15 1A8.22	Uniform Allowance - Non Reim	-	Other	-	-	-	-	-	
15 1A8.24	Uniform Allowance - Security Coverage	-	SQFT	-	-	-	-	-	
15 1A8.33	Uniform Allowance - Capacity	-	Capacity	-	-	-	-	-	
15 1A8.4	Uniform Allowance - Housekeeping Hours	150	Housekeeping	105	11	11	23	150	
15 1A8.5	Uniform Allowance - Pounds of Laundry Processed	-	Laundry	-	-	-	-	-	
15 1A9.15	Other - Salary %	(25,297)	Payroll	(15,619)	(1,537)	(7,007)	(1,134)	(25,297)	
15 1A9.22	Other Salary	-	Other	-	-	-	-	-	
15 1B	Personal Retirement Plans, Pensions	-	-	-	-	-	-	-	
15 1C.22	Bad Debts - Non reimb	-	Other	-	-	-	-	-	
15 1D.38	Accounting and Auditing - Equivalent Patient Days	51,520	Patient Days	33,203	9,014	5,143	4,160	51,520	
15 1D.43	Accounting and Auditing - Equivalent Patient Days w/ independent L	-	Days w/ IL	-	-	-	-	-	
15 1E.12	Legal - CDH	272,756	CDH	-	-	272,756	-	272,756	
15 1E.15	Legal - Salary %	-	Payroll	-	-	-	-	-	
15 1E.22	Legal - Non Reimbursable	-	Other	-	-	-	-	-	
15 1E.38	Legal - Equivalent Patient Days	80,414	Patient Days	51,824	14,069	8,027	6,494	80,414	
15 1E.43	Legal - Expenses	-	Days w/ IL	-	-	-	-	-	
15 1F	Insurance of Lives of Owners/Oper.	-	-	-	-	-	-	-	
15 1G.02	Office Supplies Sqft	-	SQFT	-	-	-	-	-	
15 1G.03	Office Supplies - Meals	-	Meals	-	-	-	-	-	
15 1G.04	Office Supplies - Housekeeping Hours	-	Housekeeping	-	-	-	-	-	
15 1G.05	Office Supplies - Pounds of Laundry Processed	-	Laundry	-	-	-	-	-	
15 1G.7	Office Supplies - PT Treatments	-	PT Treat	-	-	-	-	-	
15 1G.10	Office Supplies - SNF	30	Nursing Home	30	-	-	-	30	
15 1G.11	Office Supplies - ICF- (Ramage 2 ICF/SNF Split)	-	Nursing Home	-	-	-	-	-	
15 1G.12	Office Supplies - CDH- Only (AHU & GMPP)	325	CDH	-	-	325	-	325	
15 1G.13	Office Supplies - RCH- Only (HFA)	-	RCH	-	-	-	-	-	
15 1G.14	Office Supplies - Nursing Salary- CCH, RHNS, AHU, GMP	23,199	Salary - nursing no RCH	14,866	-	8,333	-	23,199	
15 1G.15	Office supplies - Salary %	-	Payroll	-	-	-	-	-	
15 1G.21	Office Supplies - Patient Days-Less RCH	-	Days - less rch	-	-	-	-	-	
15 1G.22	Office Supplies - Office Supplies - Non reimb	3,820	Other	-	-	-	3,820	3,820	
15 1G.24	Office Supplies - Security Coverage	-	SQFT	-	-	-	-	-	
15 1G.26	Office Supplies - Nursing Salary- ALL	1,500	Salary - nursing	931	47	522	-	1,500	
15 1G.27	Office Supplies - Volunteer	4,222	Volunteer	1,855	665	313	1,389	4,222	
15 1G.28	Office Supplies - Social Services Time Spent	892	Social Services	575	156	89	72	892	
15 1G.30	Office Supplies - Number of Communication Devices	-	Accum Costss	-	-	-	-	-	
15 1G.31	Office Supplies - Computers	-	Accum Costss	-	-	-	-	-	
15 1G.33	Office Supplies - Capacity	-	-	-	-	-	-	-	
15 1G.34	Office Supplies - Admissions	-	Admissions	-	-	-	-	-	

MASONICARE OF WALLINGFORD										
ALLOCATION SCHEDULE										
9/30/2022										
ACCOUNT	ACCOUNT NAME	INPUT Total	TOTAL ALLOCATED AMOUNTS							
NUMBER		AMOUNT	Nursing Home	RCH	CDH	Other - Not Imported	TOTAL			
15 1G.37	Office Supplies - Equivalent Discharges	(1,102)	(645)	(12)	(425)	(20)	(1,102)			
15 1G.38	Office Supplies - Equivalent Patient Days	-	-	-	-	-	-			
15 1G.39	Office Supplies - Patient Days- SNF & ICF Only	-	-	-	-	-	-			
15 1G.40	Office Supplies - Pharmacy Cost of Requisitions	-	-	-	-	-	-			
15 1G.42	Office Supplies - Spiritual	678	437	119	68	54	678			
15 1G.43	Office Supplies - Equiv Days w/ Independent Living	4,418	2,847	773	441	357	4,418			
15 1G.45	Office Supplies - Expenses	-	-	-	-	-	-			
15 1H.45	Telephone and Telegraph - Cellular Phones - Expenses	-	-	-	-	-	-			
15 1H1.30	Telephone and Telegraph - Telephone	80,755	52,044	14,128	8,061	6,522	80,755			
15 1H1.43	Telephone and Telegraph - Equiv Days w/ Independent Living	-	-	-	-	-	-			
15 1H1.37	Telephone and Telegraph - Equivalent Discharges	-	-	-	-	-	-			
15 1H2.30	Telephone and Telegraph - Cellular Phones and Beepers - Telephone	-	-	-	-	-	-			
15 1H2.31	Telephone and Telegraph - Number of Computers	17,516	11,288	3,064	1,748	1,416	17,516			
15 1H2.34	Telephone and Telegraph - Admissions	-	-	-	-	-	-			
15 1H2.37	Telephone and Telegraph - Equivalent Discharges	-	-	-	-	-	-			
15 1H2.38	Telephone and Telegraph - Equivalent Patient Days	-	-	-	-	-	-			
15 1H2.40	Telephone and Telegraph - Pharmacy Cost Requisitions	-	-	-	-	-	-			
15 1I	Appraisal	-	-	-	-	-	-			
15 1J	Corporation Business Taxes	-	-	-	-	-	-			
15 1K1.45	Other Taxes - Income - Expenses	-	-	-	-	-	-			
15 1K2	Other	-	-	-	-	-	-			
15 1K2.22	Other - Non Reim	-	-	-	-	-	-			
15 1K3.10	Other taxes - Resident Day User Fee - SNF	1,169,813	1,169,813	-	-	-	1,169,813			
	Total Expense Page 15	10,629,942	6,846,028	583,960	2,775,759	424,195	10,629,942			

MASONIC OF WALLINGFORD									
ALLOCATION SCHEDULE									
9/30/2022									
ACCOUNT NUMBER	ACCOUNT NAME	INPUT Total AMOUNT	ALLOCATION BASIS	Nursing Home	RCH	CDH	Other - Not Imported	TOTAL	
16 1.10	Resident Travel and Entertainment - SNF	-	Nursing Home	-	-	-	-	-	-
16 1.22	Resident Travel and Entertainment - non reimb	-	Other	-	-	-	-	-	-
16 3	Migh	-		-	-	-	-	-	-
16 3	Gifts to Staff and Residents	-		-	-	-	-	-	-
16 4.15	Employee Travel - Salaries	-	Patient Days	-	-	-	-	-	-
16 4.42	Employee Travel - Expense	-	Patient Days	-	-	-	-	-	-
16 5.10	Education Expense - SNF	-	Nursing Home	-	-	-	-	-	-
16 5.14	Education Expense - Nursing Salaries	70,686	Salary - nursing	43,891	2,192	24,603	-	70,686	-
16 5.15	Education Expense - Salary %	-	Payroll	-	-	-	-	-	-
16 5.22	Education Expense - Non reimb	-	Other	-	-	-	-	-	-
16 5.31	Education Expense - Computers	-	Computers	-	-	-	-	-	-
16 5.33	Education Expense - Capacity	-	Capacity	-	-	-	-	-	-
16 5.34	Education Expense - Admission	-	Admissions	-	-	-	-	-	-
16 6.22	Automobile Expense - Non Reimb	-	Other	-	-	-	-	-	-
16 6.25	Automobile Expense - Transportation	-	transportation	-	-	-	-	-	-
16 7	Other	-		-	-	-	-	-	-
16 L1.43	Resident travel - Contract services - Equiv Days with Independent Liv	-	Days w/IL	-	-	-	-	-	-
16 L4.08	Employee travel - ST Treatments	-	ST Treat	-	-	-	-	-	-
16 L4.10	Employee Travel - SNF	-	Nursing Home	-	-	-	-	-	-
16 L4.27	Employee Travel - Volunteer Time	-	Volunteer	-	-	-	-	-	-
16 L4.43	Employee Travel - Days With Independent Living	-	Days w/IL	-	-	-	-	-	-
16 L5.02	Education - Square Footage- MHC Campus	1,000	sqft	439	157	74	330	1,000	-
16 L5.03	Education - Meals Per Day	-	Meals	-	-	-	-	-	-
16 L5.10	Education - SNF- Only (CCH)	-	Nursing Home	-	-	-	-	-	-
16 L5.12	Education - CDH- Only (AHU & GMPP)	2,550	CDH	-	-	2,550	-	2,550	-
16 L5.13	Education - RCH Only	454	RCH	-	454	-	-	454	-
16 L5.14	Education - Nursing Slary- CCH, RHMS, AHU, GMP	398	Salary - nursing no RCH	255	-	143	-	398	-
16 L5.19	Education - Total Salary- less admin	-	Payroll - less admin	-	-	-	-	-	-
16 L5.22	Education - Non- Reimbursable	-	Other	-	-	-	-	-	-
16 L5.26	Education - Nursing Salary- All	-	Salary - nursing	-	-	-	-	-	-
16 L5.27	Education - Volunteer Time Spent	-	Volunteer	-	-	-	-	-	-
16 L5.28	Education - Social Services Time Spent	-	Social Services	-	-	-	-	-	-
16 L5.34	Education - Admissions	-	Admissions	-	-	-	-	-	-
16 L5.37	Education - Equivalent Discharge	-	Discharges	-	-	-	-	-	-
16 L5.38	Education - Equivalent Patient Days	3,313	Patient Days	2,135	580	331	267	3,313	-
16 L5.42	Education - Spiritual Services	-	Spiritual	-	-	-	-	-	-
16 IM01.15	Advertising Help Wanted - Salaries %	-	Payroll	-	-	-	-	-	-
16 IM01.19	Advertising Help Wanted - Total Salary- Less Admin	52,209	Payroll - less admin	31,902	3,148	14,702	2,457	52,209	-
16 IM02.22	Advertising Telephone Directory - Non Reim	-	Other	-	-	-	-	-	-
16 IM3	Advertising Other	719	Nursing Home	719	-	-	-	719	-
16 IM05.34	Medical Records - Admissions	-		-	-	-	-	-	-
16 IM05.37	Medical Records - Equivalent Admissions	2,378	Admissions	1,386	23	927	42	2,378	-
16 IM06	Barber and Beauty Supplies	47,196	Other	-	-	-	47,196	47,196	-
16 IM06.22	Barber and Beauty Supplies - Non- Reimbursable	-	Other	-	-	-	-	-	-
16 IM07.02	Postage - Square Footage- MHC Campus	20	sqft	9	3	1	7	20	-
16 IM07.03	Postage - Meals Per Day	-	Meals	-	-	-	-	-	-
16 IM07.04	Postage - Housekeeping Hours	-	Housekeeping	-	-	-	-	-	-
16 IM07.05	Postage - Pounds of Laundry Processed	-	Laundry	-	-	-	-	-	-
16 IM07.10	Postage - SNF	1,299	Nursing Home	1,299	-	-	-	1,299	-
16 IM07.11	Postage - ICF - (Ramage 2 ICF / SNF Split)	-	Nursing Home	-	-	-	-	-	-

MASONICARE OF WALLINGFORD										
ALLOCATION SCHEDULE										
9/30/2022										
ACCOUNT NUMBER	ACCOUNT NAME	INPUT Total AMOUNT	ALLOCATION BASIS	Nursing Home	RCH	CDH	Other - Not Imported	TOTAL		
16 M07.12	Postage - CDH- Only (AHU & GMPP)	2,969	CDH	-	-	2,969	-	2,969	-	-
16 M07.13	Postage - RCH-Only (HFA)	91	RCH	-	91	-	-	91	-	-
16 M07.14	Postage - Nursing Salary- CCH, RHNS, AHU, GMP	2,055	Salary - nursing no RCH	1,317	-	738	-	2,055	-	-
16 M07.15	Postage - Salary %	393	Payroll	241	22	113	-	393	17	-
16 M07.21	Postage - Days Less RCH	-	Days - less RCH	-	-	-	-	-	-	-
16 M07.22	Postage - Non Reim	565	Other	-	-	-	565	565	-	-
16 M07.24	Postage - Security Coverage	-	SOFT	-	-	-	-	-	-	-
16 M07.26	Postage - Nursing Salary- All	-	Salary - nursing	-	-	-	-	-	-	-
16 M07.27	Postage - Volunteer Time Spent	24	Volunteer	11	4	2	-	24	7	-
16 M07.28	Postage - Social Services Time Spent	1,204	Social Services	776	211	120	-	1,204	97	-
16 M07.30	Postage - Number of Communication Devices	-	Accum Costs	-	-	-	-	-	-	-
16 M07.33	Postage - Capacity	-	Capacity	-	-	-	-	-	-	-
16 M07.34	Postage - Admissions	100	Admissions	58	1	39	-	100	2	-
16 M07.37	Postage - Equivalent Discharges	1,947	Discharges	1,140	22	751	-	1,947	34	-
16 M07.38	Postage - Equivalent Patient Days	-	Patient Days	-	-	-	-	-	-	-
16 M07.39	Postage - Patient Days-SNF & ICF Only	-	Nursing Home	-	-	-	-	-	-	-
16 M07.40	Postage - Pharmacy Cost of Requisitions	58	Other	-	-	-	-	58	58	-
16 M07.42	Postage - Spiritual Services	223	Spiritual	144	39	22	-	223	18	-
16 M07.43	Postage - Equip Days w/ Independent Living	916	Days w/IL	590	160	91	-	916	75	-
16 M07.45	Postage - Expenses	-	Accum Costs	-	-	-	-	-	-	-
16 M08.10	Dues and Membership Fees to Professional Associations - SNF	34,300	Nursing Home	34,300	-	-	-	34,300	-	-
16 M08.12	Dues and Membership Fees to Professional Associations - CDH	10,649	CDH	-	-	10,649	-	10,649	-	-
16 M08.13	Dues and Membership Fees - RCH-Only (HFA)	-	-	-	-	-	-	-	-	-
16 M08.14	Dues and Membership Fees - Nursing Salary- CCH, RHNS, AHU, GMP	-	Salary - nursing no RCH	-	-	-	-	-	-	-
16 M08.15	Dues and Membership Fees to Professional Associations - Salary %	-	-	-	-	-	-	-	-	-
16 M08.22	Dues and Membership Fees to Professional Associations - Non Reim	-	-	-	-	-	-	-	-	-
16 M08.26	Dues and Membership Fees - Nursing Salary- All	-	Salary - nursing	-	-	-	-	-	-	-
16 M08.33	Dues and Membership Fees to Professional Associations - Capacity	-	-	-	-	-	-	-	-	-
16 M08.37	Dues and Membership Fees - Equivalent Discharges	-	Discharges	-	-	-	-	-	-	-
16 M08.38	Dues and Membership Fees - Equivalent Patient Days	-	Patient Days	-	-	-	-	-	-	-
16 M08.40	Dues and Membership Fees - Pharmacy Cost of Requisitions	-	Other	-	-	-	-	-	-	-
16 M08.43	Dues and Membership Fees - Equip Days w/ Independent Living	-	Salary - nursing	-	-	-	-	-	-	-
16 M08.45	Dues and Membership Fees to Professional Associations - Expenses	-	Accum Costs	-	-	-	-	-	-	-
16 M08A	Dues to Chamber of Commerce	-	-	-	-	-	-	-	-	-
16 M09.10	Subscriptions - SNF	-	Nursing Home	-	-	-	-	-	-	-
16 M09.12	Subscriptions - CDH- Only (AHU & GMPP)	-	CDH	-	-	-	-	-	-	-
16 M09.13	Subscriptions - RCH- Only (HFA)	-	RCH	-	-	-	-	-	-	-
16 M09.14	Subscriptions - Nursing Salary- CCH, RHNS, SHU, GMP	-	Salary - nursing no RCH	-	-	-	-	-	-	-
16 M09.15	Subscriptions - Salary %	-	Payroll	-	-	-	-	-	-	-
16 M09.02	Subscriptions - Square Footage- MHC Campus	-	sqft	-	-	-	-	-	-	-
16 M09.22	Subscriptions - Non Reim	-	Other	-	-	-	-	-	-	-
16 M09.26	Subscriptions - Nursing Salary- All	-	Salary- nursing	-	-	-	-	-	-	-
16 M09.39	Subscriptions - Patient Days- SNF & ICF Only	-	Nursing Home	-	-	-	-	-	-	-
16 M09.42	Subscriptions - Spiritual Services	-	Spiritual	-	-	-	-	-	-	-
16 M09.43	Subscriptions - Equip Days w/ Independent Living	-	Days w/IL	-	-	-	-	-	-	-
16 M10.22	Contributions - Non Reim	-	Other	-	-	-	-	-	-	-
16 M11.02	Services Provided by Contract - Soft	-	soft	-	-	-	-	-	-	-
16 M11.07	Services Provided by Contract - PT Treatments	-	PT Treat	-	-	-	-	-	-	-
16 M11.10	Services Provided by Contract - SNF	11,617	Nursing Home	11,617	-	-	-	11,617	-	-
16 M11.12	Services Provided by Contract - CDH Only	700,426	CDH	-	-	700,426	-	700,426	-	-
16 M11.13	Services Provided by Contract - RCH- Only (HFA)	11,213	RCH	-	11,213	-	-	11,213	-	-

MASONICARE OF WALLINGFORD									
ALLOCATION SCHEDULE									
9/30/2022									
ACCOUNT	ACCOUNT NAME	INPUT	ALLOCATION	Nursing	TOTAL ALLOCATED AMOUNTS				
NUMBER		Total	BASIS	Home	RCH	CDH	Other - Not Imported	TOTAL	
16 IM11.14	Services Provided by Contract - Nursing Salary- CCH, RHNS, AHU, GM	1,085,004	Salary - nursing no RCH	695,272	-	389,732	-	1,085,004	
16 IM11.15	Services Provided by Contract - Salary %	-	Payroll	-	-	-	-	-	
16 IM11.19	Services Provided by Contract- Salary %	7,453	Other	-	-	-	7,453	7,453	
16 IM11.22	Services Provided by Contract- Non reimb	452,982	transportation	159,305	96,603	252	196,822	452,982	
16 IM11.25	Services Provided by Contract - Transportation Services	-	Computers	4,264	-	-	-	-	
16 IM11.30	Services Provided by Contract - Number of Communication Devices	6,617	Computers	-	1,158	-	535	6,617	
16 IM11.33	Services Provided by Contract - Capacity	-	Admissions	958	16	641	30	1,645	
16 IM11.34	Services Provided by Contract - Admissions	14,662	Discharges	8,585	166	5,657	254	14,662	
16 IM11.37	Services Provided by Contract - Equivalent Discharges	141,968	Other	-	-	-	141,968	141,968	
16 IM11.40	Services Provided by Contract - Pharmacy Cost of Requisition	977	Spiritual	630	171	98	78	977	
16 IM11.42	Services Provided by Contract - Spiritual Services	146,056	Days w/IL	94,128	25,553	14,579	11,796	146,056	
16 IM11.43	Services Provided by Contract - Equip Days w/ Independent Living	-	Accum Costs	-	-	-	-	-	
16 IM11.45	Services Provided by Contract - Expenses	-	-	-	-	-	-	-	
16 IM12.10	Administrative Management Services - SNF	-	-	-	-	-	-	-	
16 IM12.22	Administrative Management Services- Non reimb	-	-	-	-	-	-	-	
16 IM12.31	Administrative Management Services - Computers	3,052,756	Computers	1,967,397	534,086	304,717	246,556	3,052,756	
16 IM12.43	Administrative Management Services - Equip Days w/ Independent Living	-	Days w/IL	-	-	-	-	-	
16 IM13.02	Other - Sft	4,344	sgt	-	-	-	-	-	
16 IM13.03	Other - Meals	-	Meals	2,799	746	452	347	4,344	
16 IM13.05	Other - Pounds of Laundry Processed	-	Laundry	-	-	-	-	-	
16 IM13.07	Other - PT Treatments	14	PT Treat	-	-	-	-	-	
16 IM13.10	Other -SNF	14	Nursing Home	14	-	-	-	14	
16 IM13.12	Other - CDH- Only (AHU & GMPP)	10,145	CDH	-	-	10,145	-	10,145	
16 IM13.13	Other - RCH-Only (HFA)	14,095	RCH	-	14,095	-	-	14,095	
16 IM13.14	Other - Nursing Salary- CCH, RHNS, AHU, GMP	22,228	Salary - nursing no RCH	-	-	-	-	-	
16 IM13.19	Other - Salary %	-	Payroll - less admin	13,582	1,340	6,260	1,046	22,228	
16 IM13.21	Other - Patient Days- Less RCH	-	Days - less RCH	-	-	-	-	-	
16 IM13.22	Other - Non Reimb	117,315	Other	-	-	-	117,315	117,315	
16 IM13.24	Other - Security Coverage	1,900	SQFT	835	299	141	625	1,900	
16 IM13.25	Other - Transportatio Services	491	transportation	173	105	-	213	491	
16 IM13.26	Other - Nursing Salary- All	896	Salary - nursing	-	-	-	-	-	
16 IM13.27	Other - Volunteer Time Spent	-	Volunteer	394	141	66	295	896	
16 IM13.28	Other - Social Services Time Spent	315,775	Social Services	203,506	55,245	31,520	25,504	315,775	
16 IM13.30	Other - Number of Communication Devices	-	Accum Costs	-	-	-	-	-	
16 IM13.33	Other - Capacity	-	Capacity	-	-	-	-	-	
16 IM13.34	Other - Admissions	5,463	Admissions	3,183	53	2,130	97	5,463	
16 IM13.37	Other - Equivalent Discharges	22,589	Discharges	-	-	-	-	-	
16 IM13.38	Other - Equivalent Patient Days	6	Patient Days	14,558	3,952	2,255	1,824	22,589	
16 IM13.39	Other - Patient Days- SNF & ICF Only	-	Nursing Home	6	-	-	-	6	
16 IM13.42	Other - Spiritual Services	21,083	Spiritual	-	-	-	-	-	
16 IM13.43	Other - Equip Days w/ Independent Living	-	Days w/IL	13,587	3,689	2,104	1,703	21,083	
16 IM13.45	Other - Expenses	-	Accum Costs	-	-	-	-	-	
Total Expense Page 16		6,407,436		3,315,405	755,738	1,530,660	805,633	6,407,436	

MASONICARE OF WALLINGFORD										
ALLOCATION SCHEDULE										
9/30/2022										
ACCOUNT NUMBER	ACCOUNT NAME	ALLOCATION BASIS	Nursing Home	RCH	CDH	Other - Not Imported	TOTAL			
			TOTAL ALLOCATED AMOUNTS							
			INPU							
			Totals							
			AMOUNT							
18 2A1.02	Raw Food - Square Footage- MHC Campus	sqft	-	-	-	-	-	-	-	
18 2A1.03	Raw Food - Meals	Meals	1,624,615	129,363	169,118	1,624,615	-	-	-	
18 2A1.04	Raw Food - Housekeeping Hours	Housekeeping	2,557	179	179	2,557	-	-	-	
18 2A1.05	Raw Food - Pounds of Laundry Processed	Laundry	-	-	-	-	-	-	-	
18 2A1.10	Raw Food - SNF	Nursing Home	59,335	-	-	59,335	-	-	-	
18 2A1.11	Raw Food - ICF - (Ramage 2 ICF/ SNF Split)	Nursing Home	-	-	-	-	-	-	-	
18 2A1.12	Raw Food - CDH- Only (AHU & GMPP)	CDH	9,374	-	9,374	9,374	-	-	-	
18 2A1.13	Raw Food - RCH- Only (HFA)	RCH	2,046	-	-	2,046	-	-	-	
18 2A1.14	Raw Food - Nursing Salary- CCH, RHNS, AHU, GMP	Salary - nursing no RCH	537	-	193	537	-	-	-	
18 2A1.15	Raw Food - Salary %	Payroll	-	-	-	-	-	-	-	
18 2A1.19	Raw Food - Salary %	Payroll - less admin	-	-	-	-	-	-	-	
18 2A1.22	Raw Food - Non Reim	Other	28,187	-	-	28,187	-	-	-	
18 2A1.24	Raw Food - Security Coverage	SQFT	-	-	-	-	-	-	-	
18 2A1.26	Raw Food - Nusing Salary- All	Salary- nursing	-	-	-	-	-	-	-	
18 2A1.27	Raw Food - Volunteer Time Spent	Volunteer	4,567	719	338	1,504	4,567	-	-	
18 2A1.28	Raw Food - Social Services Time Spent	Social Services	-	-	-	-	-	-	-	
18 2A1.33	Raw Food - Capacity	Capacity	-	-	-	-	-	-	-	
18 2A1.34	Raw Food - Admissions	Admissions	-	-	-	-	-	-	-	
18 2A1.38	Raw Food - Equivalent Patient Days	Patient Days	-	-	-	-	-	-	-	
18 2A1.39	Raw Food - Patient Days- SNF & ICF Only	Nursing Home	27,595	-	-	27,595	-	-	-	
18 2A1.42	Raw Food - Spiritual Services	Spiritual	-	-	-	-	-	-	-	
18 2A1.43	Raw Food - Equiv Days w/ Independent Living	Days w/IL	90,264	15,792	9,010	7,290	90,264	-	-	
18 2A1.45	Raw Food - Expenses	Accum Costs	-	-	-	-	-	-	-	
18 2A2.03	Non-Food Supplies - Meals	Meals	229,555	39,448	23,896	18,279	229,555	-	-	
18 2A2.22	Non-Food Supplies - Non Reim		-	-	-	-	-	-	-	
18 2A3	Other		-	-	-	-	-	-	-	
18 2B.03	Purchased Services - Meals	Meals	638,446	109,714	66,460	50,838	638,446	-	-	
18 2B.10	Purchased Services - SNF		-	-	-	-	-	-	-	
18 2B.22	Purchased Services - Non Reim		-	-	-	-	-	-	-	
18 2C	Management Services		-	-	-	-	-	-	-	
18 2D	Other		-	-	-	-	-	-	-	
18 2D.03	Other - Meals Per Day	Meals	3,100	533	323	246	3,100	-	-	
Total Expense Page 18			2,720,178	447,613	278,891	236,116	2,720,178			

MASONICARE OF WALLINGFORD										
ALLOCATION SCHEDULE										
9/30/2022										
ACCOUNT NUMBER	ACCOUNT NAME	ALLOCATION BASIS	INPUT Total AMOUNT	Nursing Home	RCH	CDH	Other - Not Imported	TOTAL		
19 3A1.10	SNF Bed Linens, etc.... washed, ironed..		-	-	-	-	-	-	-	-
19 3A1.5	Laundry In house - Pounds of Laundry Processed	Laundry	84,512	69,612	1,063	6,569	7,268	84,512		
19 3A2	Employee Items		-	-	-	-	-	-		
19 3A3	Personal clothing - residents washed		-	-	-	-	-	-		
19 3A4.10	Repair and/or purchased linens - SNF		-	-	-	-	-	-		
19 3A4.22	Repair and/or purchased linens - Non Reim		-	-	-	-	-	-		
19 3A4.5	Laundry Repair/purchases - Pounds of Laundry Processed	Laundry	36,632	30,174	461	2,847	3,150	36,632		
19 3B.05	Purchased Services - Pounds of Laundry	Laundry	1,337	1,101	17	104	115	1,337		
19 3B.10	Purchased Services - SNF		-	-	-	-	-	-		
19 3B.22	Purchased Services - Non Reim		-	-	-	-	-	-		
19 3C	Management Services		-	-	-	-	-	-		
19 3D.10	Other - SNF		-	-	-	-	-	-		
19 3D.4	Other - Housekeeping Hours	Housekeeping	-	-	-	-	-	-		
19 3D.5	Other - Pounds of Laundry Processed	Laundry	3,462	2,853	44	269	296	3,462		
Total Expense Page 19			125,943	103,740	1,585	9,789	10,829	125,943		

MASONICARE OF WALLINGFORD									
ALLOCATION SCHEDULE									
9/30/2022									
ACCOUNT NUMBER	ACCOUNT NAME	INPUT Total AMOUNT	ALLOCATION BASIS	Nursing Home	RCH	CDH	Other - Not Imported	TOTAL ALLOCATED AMOUNTS	TOTAL
20 4A1.02	In-House Care Supplies - Sqft	-	sqft	-	-	-	-	-	-
20 4A1.04	In-House Care Supplies - Housekeeping Hours	134,836	Housekeeping	94,385	9,439	9,439	21,573	134,836	-
20 4A1.05	In-House Care Supplies - Pounds of Laundry Processed	-	Laundry	-	-	-	-	-	-
20 4A1.10	In-House Care Supplies - SNF	-	Nursing Home	-	-	-	-	-	-
20 4A1.11	In-House Care Supplies - ICF- (Ramage 2 ICF/ SNF Split)	-	Nursing Home	-	-	-	-	-	-
20 4A1.12	In-House Care Supplies - CDH- Only (AHU & GMPP)	-	CDH	-	-	-	-	-	-
20 4A1.13	In-House Care Supplies - RCH-Only (HFA)	-	RCH	-	-	-	-	-	-
20 4A1.21	In-House Care Supplies - Patient Days-Less RCH	-	Days - less rch	-	-	-	-	-	-
20 4A1.22	In-House Care Supplies - Non Reim	-	Other	-	-	-	-	-	-
20 4A1.27	In-House Care Supplies - Volunteer Time Spent	-	Volunteer	-	-	-	-	-	-
20 4A1.30	In-House Care Supplies - Number of Communication Devices	-	Accum Costss	-	-	-	-	-	-
20 4A1.33	In-House Care Supplies - Capacity	-	-	-	-	-	-	-	-
20 4A1.34	In-House Care Supplies - Admissions	-	Admissions	-	-	-	-	-	-
20 4A1.37	In-House Care Supplies - Equivalent Discharges	-	Discharges	-	-	-	-	-	-
20 4A1.39	In-House Care Supplies - Patient Days-SNF & ICF Only	-	Nursing Home	-	-	-	-	-	-
20 4A1.40	In-House Care Supplies - Pharmacy Cost of Requisitions	-	Other	-	-	-	-	-	-
20 4A1.43	In-House Care Supplies - Equiv Days w/ Independent Living	-	-	-	-	-	-	-	-
20 4B.02	Purchased Services - Sqft	-	sqft	-	-	-	-	-	-
20 4B.04	Purchased services - Housekeeping Hours	163,190	Housekeeping	114,233	11,423	11,423	26,111	163,190	-
20 4C	Management Services	-	-	-	-	-	-	-	-
20 4D	Other	-	-	-	-	-	-	-	-
20 4D.04	Other - Housekeeping Hours	-	Housekeeping	-	-	-	-	-	-
20 5A1	Own Pharmacy	-	-	-	-	-	-	-	-
20 5A1.40	Own Pharmacy - Pharmacy Cost of Requirements	917,627	Other	-	-	-	917,627	917,627	-
20 5A2.22	Purchased from - Non Reim	-	-	-	-	-	-	-	-
20 5B.10	Medicine Cabinet Drugs - SNF	26,779	Nursing Home	26,779	-	-	-	26,779	-
20 5B.12	Medicine Cabinet Drugs	-	CDH	-	-	-	-	-	-
20 5B.22	Medicine Cabinet Drugs - Non Reim	-	-	-	-	-	-	-	-
20 5B40	Medicine Cabinet drugs - Other	19,448	other	-	-	-	19,448	19,448	-
20 5C.3	Medical and therapy Supplies - Meals	-	Meals	-	-	-	-	-	-
20 5C.2	Medical and Therapeutic Supplies - Sq Ft	1	sqft	-	-	-	1	1	-
20 5C.10	Medical and Therapeutic Supplies - SNF	591,121	Nursing Home	591,121	-	-	-	591,121	-
20 5C.11	Medical and Therapeutic Supplies - ICF- (Ramage 2 ICF/SNF Split)	-	Nursing Home	-	-	-	-	-	-
20 5C.12	Medical and Therapeutic Supplies - CDH- Only (AHU & GMPP)	77,072	CDH	-	-	77,072	-	77,072	-
20 5C.13	Medical and Therapeutic Supplies - RCH- Only (HFA)	315	RCH	-	315	-	-	315	-
20 5C.14	Medical and Therapeutic Supplies - Nursing Salary- CCH, RHNS, AHU	700	Salary - nursing no RCH	449	-	251	-	700	-
20 5C.15	Medical and Therapeutic Supplies - Salaries and Wages	4	Payroll	2	-	2	-	4	-
20 5C.21	Medical and Therapeutic Supplies - Patient Days-Less RCH	-	Days - less rch	-	-	-	-	-	-
20 5C.22	Medical and Therapeutic Supplies - Non Reim	113,182	Other	-	-	-	113,182	113,182	-
20 5C.24	Medical and Therapeutic Supplies - Security Coverage	-	Salary - nursing	-	-	-	-	-	-
20 5C.26	Medical and Therapeutic Supplies - Nursing Salary- All	-	Volunteer	-	-	-	-	-	-
20 5C.27	Medical and Therapeutic Supplies -Volunteer	-	-	-	-	-	-	-	-
20 5C.37	Medical and Therapeutic Supplies - Equivalent Discharges	-	-	-	-	-	-	-	-
20 5C.38	Medical and Therapeutic Supplies - Equivalent Patient Days	2,398	Patient Days	1,545	420	239	194	2,398	-
20 5C.39	Medical and Therapeutic Supplies - Patient Days SNF & ICF Only	-	Nursing Home	-	-	-	-	-	-
20 5C.40	Medical and Therapeutic Supplies - Pharmacy Cost of Requisition	-	Other	-	-	-	-	-	-
20 5D.10	Ambulance/Limousine - SNF	-	Nursing Home	-	-	-	-	-	-
20 5D.12	Ambulance/Limousine - CDH- Only (AHU & GMPP)	60,268	CDH	-	-	60,268	-	60,268	-
20 5D.22	Ambulance/Limousine - Non Reim	66,801	Other	-	-	-	66,801	66,801	-
20 5E1	Oxygen - Emergency Use	-	-	-	-	-	-	-	-

MASONICARE OF WALLINGFORD									
ALLOCATION SCHEDULE									
9/30/2022									
ACCOUNT	ACCOUNT NAME	INPUT Total AMOUNT	ALLOCATION BASIS	Nursing Home	RCH	CDH	Other - Not Imported	TOTAL	
20 5E2.22	Oxygen - Other - Non Reim	22,310	Other	-	-	-	22,310	22,310	
20 5F.22	X-Rays and related radiological - Non Reimb	57,418	Other	-	-	-	57,418	57,418	
20 5G	Dental	-	-	-	-	-	-	-	
20 5H.22	Laboratory - Non Reimb	314,308	Other	-	-	-	314,308	314,308	
20 5I.10	Recreation - SNF	-	Nursing Home	-	-	-	-	-	
20 5I.12	Recreation - CDH- Only (AHU & GMPP)	-	CDH	-	-	-	-	-	
20 5I.13	Recreation - RCH- Only (HFA)	4,446	RCH	-	4,446	-	-	4,446	
20 5I.22	Recreation - Non Reim	6	Other	-	-	-	6	6	
20 5I.27	Recreation - Volunteer Time Spent	-	Volunteer	-	-	-	-	-	
20 5I.28	Recreation - Social Services Time Spent	-	Social Services	-	-	-	-	-	
20 5I.39	Recreation - Patient Days- SNF & ICF Only	8,611	Nursing Home	8,611	-	-	-	8,611	
20 5I.42	Recreation - Spiritual Services	-	Spiritual	-	-	-	-	-	
20 5I.02	Other - MHC Campus	-	soft	-	-	-	-	-	
20 5I.04	Other - Housekeeping Hours	-	Housekeeping	-	-	-	-	-	
20 5I.07	Other - PT Treatments	842,751	PT Treat	656,855	-	-	185,896	842,751	
20 5I.08	Other - ST Treatments	103,287	ST Treat	101,802	-	-	1,485	103,287	
20 5I.09	Other - OT Treatments	782,399	OT Treat	719,629	-	-	62,770	782,399	
20 5I.10	Other - SNF	73,764	Nursing Home	73,764	-	-	-	73,764	
20 5I.11	Other - ICF- (Ramage 2 ICF / SNF Split)	-	Nursing Home	-	-	-	-	-	
20 5I.12	Other - CDH- Only (AHU & GMPP)	49,660	CDH	-	-	49,660	-	49,660	
20 5I.13	Other - RCH-Only (HFA)	-	RCH	-	-	-	-	-	
20 5I.14	Other - Nursing Salary/ less RCH	-	Salary - nursing no RCH	-	-	-	-	-	
20 5I.21	Other - Patient Days- Less RCH	(40,714)	Days - less rch	(31,803)	-	(4,926)	(3,985)	(40,714)	
20 5I.22	Other - Non Reim	116,068	Other	-	-	-	116,068	116,068	
20 5I.30	Other - Number of Devices	-	Accum Costss	-	-	-	-	-	
20 5I.37	Other - Equivalent Discharges	-	Discharges	-	-	-	-	-	
20 5I.39	Other - Patient Days- SNF & ICF Only	-	Nursing Home	-	-	-	-	-	
20 5I.40	Other - Pharmacy Cost of Requisition	80	Other	-	-	-	80	80	
20 5I.41	Other - Spiritual Services	-	Spiritual	-	-	-	-	-	
Total Expense Page 20		4,508,136		2,357,372	26,043	203,428	1,921,293	4,508,136	

MASONICARE OF WALLINGFORD									
ALLOCATION SCHEDULE									
9/30/2022									
ACCOUNT NUMBER	ACCOUNT NAME	INPUT Total AMOUNT	ALLOCATION BASIS	Nursing Home	RCH	CDH	Other - Not Imported	TOTAL	
22 06A.02	Repairs and Maintenance - Soft	1,094,265	soft	480,747	172,274	81,019	360,225	1,094,265	
22 06A.03	Repairs and Maintenance - Meals Per Day	42,949	Meals	27,678	7,381	4,471	3,419	42,949	
22 06A.04	Repairs and Maintenance - Housekeeping Hours	5,249	Housekeeping	3,674	367	367	841	5,249	
22 06A.05	Repairs and Maintenance - pounds of Laundry Processed	11,587	Laundry	9,627	147	908	1,005	11,687	
22 06A.10	Repairs and Maintenance - SNF	7,119	Nursing Home	7,119	-	-	-	7,119	
22 06A.11	Repairs and Maintenance - ICF- Only (Ramage 2 ICF/ SNF Split)	-	Nursing Home	-	-	-	-	-	
22 06A.12	Repairs and Maintenance - CDH- Only (AHU & GMPP)	9,410	CDH	-	-	9,410	-	9,410	
22 06A.13	Repairs and Maintenance - RCH- Only (HFA)	5,442	RCH	-	5,442	-	-	5,442	
22 06A.14	Repairs and Maintenance - Nursing Salary- CCH, RHNS, AHU, GMP	-	Salary - nursing no RCH	-	-	-	-	-	
22 06A.15	Repairs and Maintenance - Salary %	-	-	-	-	-	-	-	
22 06A.19	Repairs and Maintenance - Salary %	-	-	-	-	-	-	-	
22 06A.21	Repairs and Maintenance - Patient Days- Less RCH	-	Days - less rch	-	-	-	-	-	
22 06A.22	Repairs and Maintenance - Non Reim	31,730	Other	-	-	-	-	-	
22 06A.24	Repairs and Maintenance - Security Coverage	2,081	SOFT	914	328	154	685	31,730	
22 06A.27	Repair and Maintenance - Volunteer Services	-	Volunteer	-	-	-	-	-	
22 06A.30	Repairs and Maintenance - Communication Devices	-	Accum Costs	-	-	-	-	-	
22 06A.31	Repairs and Maintenance - Computers	1,109,359	Patient Days	714,944	194,085	110,733	89,597	1,109,359	
22 06A.33	Repairs and Maintenance - Capacity	-	Capacity	-	-	-	-	-	
22 06A.34	Repairs and Maintenance - Admissions	-	Admissions	-	-	-	-	-	
22 06A.37	Repairs and Maintenance - Equivalent Discharges	-	Discharges	-	-	-	-	-	
22 06A.38	Repairs and Maintenance - Equivalent Patient Days	77,651	Patient Days	50,043	13,585	7,751	6,272	77,651	
22 06A.39	Repairs and Maintenance - Patient Days- SNF & ICF Only	207	Nursing Home	207	-	-	-	207	
22 06A.40	Repairs and Maintenance - Pharmacy Cost of Requisition	-	Patient Days	-	-	-	-	-	
22 06A.43	Repairs and Maintenance - Spiritual Services	-	Spiritual	-	-	-	-	-	
22 06A.45	Repairs and Maintenance - Expenses	-	Accum Costs	-	-	-	-	-	
22 06B.02	Heat - Square Footage-MHC Campus	522,229	soft	229,433	82,216	38,666	171,914	522,229	
22 06B.33	Heat - Capacity	-	-	-	-	-	-	-	
22 06C.02	Light & Power - Square Footage- MHC Campus	689,465	soft	302,905	108,545	51,048	226,967	689,465	
22 06C.33	Light & Power - Capacity	-	Capacity	-	-	-	-	-	
22 06D.02	Water - Square Footage- MHC Campus	203,574	soft	89,437	32,049	15,073	67,015	203,574	
22 06D.10	Water- SNF	-	Nursing Home	-	-	-	-	-	
22 06D.12	Water- RCH	11,437	RCH	-	11,437	-	-	11,437	
22 06D.22	Water - Non reimb	-	Other	-	-	-	-	-	
22 06E	Equipment Lease	-	-	-	-	-	-	-	
22 06F.02	Other - Square Footage- MHC Campus	213,699	soft	93,885	33,643	15,822	70,349	213,699	
22 06F.03	Other - Meals Per Day	4,713	Meals	3,057	810	491	375	4,713	
22 06F.04	Other - Housekeeping Hours	6,097	Housekeeping	4,269	427	427	974	6,097	
22 06F.05	Other - Pounds of Laundry Processed	-	Laundry	-	-	-	-	-	
22 06F.10	Other - SNF	48,713	Nursing Home	48,713	-	-	-	48,713	
22 06F.11	Other - ICF- (Ramage 2 ICF/ SNF Split)	-	Nursing Home	-	-	-	-	-	
22 06F.12	Other - CDH- ONLY (AHU & GMPP)	160	CDH	-	-	160	-	160	
22 06F.13	Other - RCH- ONLY (HFA)	21,759	RCH	-	21,759	-	-	21,759	
22 06F.14	Other - Nursing Salary- CCH, RHNS, AHU, GMP	1,346	Salary - nursing no RCH	863	-	483	-	1,346	
22 06F.15	Other - Salary %	-	Payroll	-	-	-	-	-	
22 06F.21	Other - patient Days- Less RCH	-	Days - less rch	-	-	-	-	-	
22 06F.22	Other - Non Reim	21,699	Other	-	-	-	21,699	21,699	
22 06F.24	Other - Security Coverage	-	SOFT	-	-	-	-	-	
22 06F.25	Other - Transportation	-	-	-	-	-	-	-	
22 06F.27	Other - Volunteer Time Spent	-	Volunteer	-	-	-	-	-	
22 06F.28	Other - Social Serv	-	Social Services	-	-	-	-	-	

MASONICARE OF WALLINGFORD										
ALLOCATION SCHEDULE										
9/30/2022										
ACCOUNT	ACCOUNT NAME	INPUT	TOTAL ALLOCATED AMOUNTS				TOTAL			
NUMBER		AMOUNT	Nursing Home	RCH	CDH	Other - Not Imported				
22 06F.31	Other - Computers	1,611		282	161	130	1,611			
22 06F.30	Other - Number of Communication Devices	465	300	81	46	38	465			
22 06F.34	Other - Admissions	-	-	-	-	-	-			
22 06F.37	Other - Equivalent Discharges	-	-	-	-	-	-			
22 06F.38	Other - Equivalent Patient Days	-	-	-	-	-	-			
22 06F.39	Other - Patient Days- SNF & ICF Only	-	-	-	-	-	-			
22 06F.40	Other - Pharmacy Cost of Requisitions	-	-	-	-	-	-			
22 06F.43	Other - Equip Days w/ Independent Living	-	-	-	-	-	-			
22 06F.42	Other - Spiritual Services	-	-	-	-	-	-			
22 7A.10	Land Improvements - SNF Only	152,836	107,145	29,097	16,594	-	152,836			
22 7A.10	Land Improvements - Other Only	13,435	-	-	-	13,435	13,435			
22 7B.10	Building & Building Improvements - SNF Only	481,270	481,270	-	-	-	481,270			
22 7B.12	Building & Building Improvements - CDH Only	81,051	-	-	81,051	-	81,051			
22 7B.13	Building & Building Improvements - RCH Only	221,446	-	221,446	-	-	221,446			
22 7B.22	Building & Building Improvements - Non Reim	638,875	-	-	-	638,875	638,875			
22 07C.10	Non-movable Equipment - SNF Only	39,848	39,848	-	-	-	39,848			
22 07C.12	Non-movable Equipment - CDH Only	6,712	-	-	6,712	-	6,712			
22 07C.13	Non-movable Equipment - RCH Only	14,276	-	14,276	-	-	14,276			
22 07C.22	Non-movable Equipment - Non Reimb	29,857	-	-	-	29,857	29,857			
22 07D.10	Movable Equipment - SNF Only	79,104	79,104	-	-	-	79,104			
22 07D.12	Movable Equipment - CDH Only	13,322	-	-	13,322	-	13,322			
22 07D.13	Movable Equipment - RCH Only	28,335	-	28,335	-	-	28,335			
22 07D.22	Movable Equipment - Non Reimb	59,263	-	-	-	59,263	59,263			
22 08A	Organization Expense	-	-	-	-	-	-			
22 088.10	Mortgage Expense - SNF	-	-	-	-	-	-			
22 088.13	Mortgage Expense - RCH-Only (HFA)	(5,004)	-	(5,004)	-	-	(5,004)			
22 088.22	Mortgage Expense - Non Reim	(11,073)	-	-	-	(11,073)	(11,073)			
22 08C	Leasehold Improvements	-	-	-	-	-	-			
22 08D	Other	-	-	-	-	-	-			
22 09.07	Rental Payments - PT Treatments	-	-	-	-	-	-			
22 09.22	Rental Payments Non-Reimbursable	-	-	-	-	-	-			
22 09.43	Rental Payments Equiv Days e/ Independent Living	-	-	-	-	-	-			
22 10A	Real estate taxes paid by owner	-	-	-	-	-	-			
22 10A.13	Real estate taxes paid by owner RCH-Only (HFA)	130,292	-	130,292	-	-	130,292			
22 10A.22	Real estate taxes paid by owner Non-Reimbursable	147,083	-	-	-	147,083	147,083			
22 10B	Real estate taxes paid by lessor	-	-	-	-	-	-			
22 10C	Personal property taxes	-	-	-	-	-	-			
22 10C.13	Personal property taxes RCH-Only (HFA)	625	-	625	-	-	625			
22 10C.22	Personal property taxes Non-Reimbursable	-	-	-	-	-	-			
Total Expense Page 22		6,265,669	2,776,200	1,103,925	454,869	1,930,675	6,265,669			

MASONICARE OF WALLINGFORD									
ALLOCATION SCHEDULE									
9/30/2022									
ACCOUNT NUMBER	ACCOUNT NAME	INPUT Total AMOUNT	ALLOCATION BASIS	Nursing Home	RCH	CDH	Other - Not Imported	TOTAL	
26 12A1	First Mortgage	-		-	-	-	-	-	-
26 12A2	Second Mortgage	-		-	-	-	-	-	-
26 12A3	Third Mortgage	-		-	-	-	-	-	-
26 12A4	Fourth Mortgage	-		-	-	-	-	-	-
26 12B1	Original Loan Amount	-		-	-	-	-	-	-
26 12B2	Loan Origination Date	-		-	-	-	-	-	-
26 12B3	Interest Rate %	-		-	-	-	-	-	-
26 12B4	Term	-		-	-	-	-	-	-
26 12B5	CHEFA Interest Expense	-		-	-	-	-	-	-
26 12B5.10	Other- SNF	-		-	-	-	-	-	-
26 12B5.13	CHEFA Interest Expense RCH-Only (HFA)	250,614	RCH	-	250,614	-	-	250,614	-
26 12B5.22	CHEFA Interest Expense Non Reimbursable	511,652	Other	-	-	-	511,652	-	511,652
26 12D.10	SNF Only	-		-	-	-	-	-	-
26 12D.13	RCH- Only (HFA)	-		-	-	-	-	-	-
26 12D.22	Non Reimbursable	86	Other	-	-	-	86	-	86
26 12D.45	Total Expenses- Page 27 Totals	762,352	Accum Costs	-	250,614	-	511,738	-	762,352
27 12C1	Automotive Equipment	-		-	-	-	-	-	-
27 12C2	Other	-		-	-	-	-	-	-
27 12D.13	Other Interest Expense RCH-Only (HFA)	-	RCH	-	-	-	-	-	-
27 12D.22	Other Interest Expense Non-Reimbursable	104	Other	-	-	-	104	-	104
27 12D.43	Other Interest Expense	-	Days w IL	-	-	-	-	-	-
27 14A	Insurance on Property	-		-	-	-	-	-	-
27 14A.43	Insurance on Property Equip Days w/ Independent Living	-	Days w IL	-	-	-	-	-	-
27 14A.45	Insurance on Property Total Expenses- Page 27 Totals	-	Accum Costs	-	-	-	-	-	-
27 14B.25	Transportation Services	488,000	Days w IL	-	-	-	-	-	-
27 14C.43	Other - Equip Days w/ Independent Living	-	Days w IL	314,499	85,377	48,711	39,413	-	488,000
27 14C1	Umbrella	-		-	-	-	-	-	-
27 14C2	Fire and Extended Coverage	-		-	-	-	-	-	-
27 14C3	Other	-		-	-	-	-	-	-
27 414B	Insurance of Automobiles	488,104	Days w IL	314,499	85,377	48,711	39,517	-	488,104
	Total Expense Page 27	56,906,294		32,901,656	4,841,738	12,108,321	7,054,579		56,906,294

General Information and Questionnaire Leases (Excluding Real Property)

Operating Leases - Include all long-term leases for motor vehicles and equipment that have not been capitalized. Short-term leases or as needed rentals should not be included in these amounts.

Name of Facility		License No.		Report for Year Ended			Page	of	
Masonicare Health Center		119-C		9/30/2022			6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease		Amount Claimed	
	Yes	No							
N/A	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
							<input type="radio"/> Yes	<input checked="" type="radio"/> No	Total ***

Is a Mileage Log Book Maintained for All Leased Vehicles ?
 * 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 6c.

General Information and Questionnaire
Accounting Basis

Name of Facility Masonicare Health Center	License No. 119-C	Report for Year Ended 9/30/2022	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain.				
N/A				
Independent Accounting Firm				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1 Crowe Horwath LLP		175 Powder Forest Drive, Simsbury, CT 06089		
2				
3				
4				
Services Provided by This Firm (<i>describe fully</i>)				
1 Annual Financial Statement Audit		\$	47,360	
2		\$		
3		\$		
4		\$		
			Charge for Services Provided	
			\$	47,360
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No Page 15, Line 1d				
Legal Services Information				
Name of Legal Firm or Independent Attorney			Telephone Number	
1 Murtha Cullina LLP			860-240-6000	
2 RANDALL, GERALD J MS			N/A	
3 Various Probate Court Fees			N/A	
4				
5				
Address (<i>No. & Street, City, State, Zip Code</i>)				
1 185 Asylum Street, Hartford, CT 06103				
2 N/A				
3 N/A				
4				
5				
Services Provided by This Firm (<i>describe fully</i>)				
1 Various General, Regulatory, Patient and HR Matters		\$	34,838	
2 Regulatory Matters		\$	7,009	
3 Probate Fees (Disallowed on Pg 28)		\$	304,829	
4		\$		
5		\$		
			Charge for Services Provided	
			\$	346,676
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No Page 15, Line 1e				

Schedule of Resident Statistics

Name of Facility Masonicare Health Center	License No. 119-C	Report for Year Ended 9/30/2022				Page 8	of 37						
		Period 10/1 Thru 6/30		Period 7/1 Thru 9/30									
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Chronic Disease Hospital	Total	CCNH	RHNS	Chronic Disease Hospital	Total	CCNH	RHNS	Chronic Disease Hospital	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	448	333	86	29	448	333	86	29					
B. On last day of THIS report period	389	260	86	43					389	260	86	43	
2. Number of Residents													
A. As of midnight of PREVIOUS report period	329	236	67	26	329	236	67	26					
B. As of midnight of THIS report period	349	244	65	40					349	244	65	40	
3. Total Number of Days Care Provided During Period													
A. Medicare	13,209	6,916		6,293	8,943	4,753		4,190	4,266	2,163		2,103	
B. Medicaid (Conn.)	59,460	59,460			45,332	45,332			14,128	14,128			
C. Medicaid (other states)													
D. Private Pay	13,314	12,990	324		9,714	9,529	185		3,600	3,461	139		
E. State SSI for RCH	23,231		23,231		17,510		17,510		5,721		5,721		
F. Other (Specify) Other Insurance / Managed Care	14,549	7,403		7,146	10,977	5,548		5,429	3,572	1,855		1,717	
G. Total Care Days During Period (3A thru F)	123,763	86,769	23,555	13,439	92,476	65,162	17,695	9,619	31,287	21,607	5,860	3,820	
4. 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	123,763	86,769	23,555	13,439	92,476	65,162	17,695	9,619	31,287	21,607	5,860	3,820	

Schedule of Resident Statistics (Cont'd)

Name of Facility Masonicare Health Center			License No. 119-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 checked="" type="radio"/> Yes <input type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	Chronic Disease Hospital (3)	Lost			Gained			CCNH	RHNS	Chronic Disease Hospital	
				(1)	(2)	(3)	(1)	(2)	(3)				
11/24/2021	X			-73						260			Reduce bed capacity and increase
1/8/2022			X						14			43	Add CDH Beds after reduction to
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	Chronic Disease Hospital				
1st change							-1		9				
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	Chronic Disease Hospital	R.C.H.	ICF-MR				
No. of Residents	31		151	63	62	2	40						
Per Diem Rate													
a. One bed rm.	Various		284.05	132.02	606.00	281.00	1,595.00						
b. Two bed rms.	Various		284.05		543.00								
c. Three or more bed rms.	Various		284.05		511.00								
7. Total Number of Physical Therapy Treatments							TOTAL	CCNH	RHNS	Chronic Disease Hospital			
A. Medicare - Part B							6,500	6,500					
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments							276	276					
C. Other							29,820	29,820					
D. Total Physical Therapy Treatments							36,596	36,596					
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B							537	537					
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments							26	26					
C. Other							2,180	2,180					
D. Total Speech Therapy Treatments							2,743	2,743					
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B							5,235	5,235					
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments							243	243					
C. Other							31,312	31,312					
D. Total Occupational Therapy Treatments							36,790	36,790					

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Masonicare Health Center	119-C	9/30/2022	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Chronic Disease Hospital	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)	116,662	1,458	31,670	396	18,069	226
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	688,200	23,318	140,224	5,148	106,590	3,612
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	1,436,293	64,522	383,004	17,522	232,009	9,993
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	897,450	42,334	89,745	4,233	89,745	4,233
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	397,865	18,303	142,574	4,970	67,051	2,835
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	539,212	28,020	8,237	429	50,885	2,643
9. Barber and Beautician Services						
10. Protective Services	104,913	7,485	37,595	2,033	17,681	1,159
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	175,853	2,490	17,355	676	81,044	386
b. RN						
1. Direct Care	1,422,385	30,657			2,250,366	43,620
2. Administrative**	1,062,926	32,528			595,818	5,038
c. LPN						
1. Direct Care	2,503,153	71,229			577,391	14,432
2. Administrative**						
d. Aides and Attendants	4,444,429	204,070	466,881	18,673	1,863,986	67,670
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	318,852	12,929				
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	261,538	7,316	70,999	1,987	402,867	14,143
n. Marketing						
o. Other (Specify) See Attached Schedule	666,213	22,569	91,393	2,406	391,547	7,291
A-13. Total Salary Expenditures	15,035,944	569,228	1,479,677	58,473	6,745,049	177,281

* 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		Chronic Disease Hospital	
	\$	Hours	\$	Hours	\$	Hours
Director of Psych & Clinical Services	\$ -		\$ -	-	\$ 192,727	1,186
Unit Secretaries	230,870	10,739	-	-	88,580	4,273
Physician on Staff for COVID Matters	113,670	965	30,858	262	17,606	149
Nursing Education	53,735	1,522	-	-	30,121	236
Central Supply	51,150	1,449	-	-	28,671	224
Volunteer	19,377	1,155	6,944	314	3,266	179
Admissions	145,535	5,363	39,508	1,456	22,541	831
Spiritual Services	51,876	1,376	14,083	374	8,035	213
Total	\$ 666,213	22,569	\$ 91,393	2,406	\$ 391,547	7,291

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Chronic Disease Hospital	
	\$	Hours	\$	Hours	\$	Hours
Respiratory Therapist	\$ 57,084	Contract	\$ 15,497	Contract	\$ 8,841	Contract
Total	\$ 57,084	-	\$ 15,497	-	\$ 8,841	-

State of Connecticut
Annual Report of Long-Term Care Facility
 CSP-11 Rev. 10/2005

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

Name of Facility Masonicare Health Center	License No. 119-C		Report for Year Ended 9/30/2022		Page 11	of 37					
	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
Name	CCNH	RHNS			Chronic Disease Hospital						
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) Masonicare Health Center	License No. 119-C	Report for Year Ended 9/30/2022		Page 12	of 37				
		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
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							
Section III - Administrators***									
Courtney O'Sullivan	116,662	31,670	Non Discriminatory	Administrator	2,080	A2			
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		
Masonicare Health Center	119-C	9/30/2022	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Chronic Disease Hospital	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						
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	337,826	1,662	91,709	451	52,324	257
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						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	57,084		15,497		8,841	
B-13 Total Fees Paid in Lieu of Salaries	394,910	1,662	107,206	451	61,165	257

* 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.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Masonicare Health Center	119-C	9/30/2022		15	37
Item	Total	CCNH	RHNS	Chronic Disease Hospital	
I. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 860,736	556,389	54,754	249,593	
2. Disability Insurance	\$ 116,511	75,314	7,412	33,785	
3. Unemployment Insurance	\$ 149,356	96,545	9,501	43,310	
4. Social Security (F.I.C.A.)	\$ 1,702,234	1,100,342	108,284	493,608	
5. Health Insurance	\$ 3,407,774	2,202,821	216,778	988,175	
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 38,328	24,776	2,438	11,114	
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 2,268,352	1,466,287	144,296	657,769	
8. Uniform Allowance	\$ 127	105	11	11	
9. Other (<i>Specify</i>) See Attached Schedule	\$ (24,163)	(15,619)	(1,537)	(7,007)	
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$				
d. Accounting and Auditing	\$ 47,360	33,203	9,014	5,143	
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 346,676	51,824	14,069	280,783	
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 32,310	20,896	1,748	9,666	
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 74,233	52,044	14,128	8,061	
2. Cellular Phones	\$ 16,100	11,288	3,064	1,748	
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 1,169,813	1,169,813			
Subtotal	\$ 10,205,747	6,846,028	583,960	2,775,759	

* 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	Chronic Disease Hospital
	-	-	-
Employee Benefits Allocation	\$ (20,576)	\$ (2,025)	\$ (9,231)
Tuition Reimbursement (Disallowed on Pg 28)	4,796	472	2,152
Employee Relations (Disallowed on Pg 28a)	161	16	72
Total	\$ (15,619)	\$ (1,537)	\$ (7,007)

Schedule of Other Taxes

Description	CCNH	RHNS	Chronic Disease Hospital
	-	-	-
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Masonicare Health Center	119-C	9/30/2022		16	37
Item	Total	CCNH	RHNS	Chronic Disease Hospital	
Subtotals Brought Forward:	10,205,747	6,846,028	583,960	2,775,759	
I. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$				
5. Education Expenses Related to Seminars and Conventions	\$ 77,804	46,720	3,383	27,701	
6. Automobile Expense (not purchase or depreciation)	\$				
7. Other (Specify) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expenses)	\$ 49,752	31,902	3,148	14,702	
2. Advertising Telephone Directory (all such expenses)***	\$				
3. Advertising Other (Specify)*** See Attached Schedule	\$ 719	719			
4. Fund-Raising***	\$				
5. Medical Records	\$ 2,336	1,386	23	927	
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 10,984	5,585	553	4,846	
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$ 44,949	34,300		10,649	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$ 2,221,684	974,759	134,880	1,112,045	
12. Administrative Management Services**	\$ 2,806,200	1,967,397	534,086	304,717	
13. Other (Specify) See Attached Schedule	\$ 387,375	252,637	79,665	55,073	
C-14 Total Administrative & General Expenditures	\$ 15,807,550	10,161,433	1,339,698	4,306,419	

* 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	Chronic Disease Hospital
	-	-	-
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Chronic Disease Hospital
	-	-	-
Promotional Advertising / Marketing (Disallowed on Pg 28)	\$ 719		
Total Other Advertising	\$ 719	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	Chronic Disease Hospital
	-	-	-
AAPACN			\$ 2,160
Leading Age	\$ 34,300		
Connecticut Hospital Association - AHA Dues			\$ 8,489
Total Dues	\$ 34,300	\$ -	\$ 10,649

Schedule of Contributions

Description	CCNH	RHNS	Chronic Disease Hospital
	-	-	-
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Chronic Disease Hospital
	-	-	-
Bank Charges	\$ 2,799	\$ 746	\$ 452
Gift Shop Supplies / Main Street Supplies / Penalties (Disallowed on Pg 28a)	20		10,145
Wright Residence CHEFA Admin Fee (Disallowed on Pg 28a)		14,095	
HR / Employee Relations (Disallowed on Pg 28a)	27,169	5,029	8,364
Security Supplies	835	299	141
Transportation Supplies	173	105	
Volunteer Supplies (Disallowed on Pg 28a)	394	141	66
COVID Testing Expense	203,506	55,245	31,520
Administration Licenses, General Supplies	17,741	4,005	4,385
Total Other Administrative and General	\$ 252,637	\$ 79,665	\$ 55,073

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Masonicare Health Center	119-C	9/30/2022	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Masonicare, Inc.: 110 South Turnpike Road, Wallingford, CT 06492	2,806,200	Payroll, A/P, A/R, Purchasing, Data Processing, Communications, Human Resource, Property and Property Management, Corporate	Page 16 Line M12

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Masonicare Health Center		119-C	9/30/2022		18	37
Item	Total	CCNH	RHNS	Chronic Disease Hospital		
2. Dietary						
a. In-House Preparation & Service						
1. Raw Food	\$ 1,682,324	1,196,194	297,918	188,212		
2. Non-Food Supplies	\$ 211,276	147,932	39,448	23,896		
3. Other (Specify) _____	\$ _____					
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 587,608	411,434	109,714	66,460		
c. Other (Specify) _____ Dietary Supplies	\$ 2,854	1,998	533	323		
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 2,484,062	1,757,558	447,613	278,891		
2E. Dietary Questionnaire	Total	CCNH	RHNS	Chronic Disease Hospital		
F. Resident Meals: Total no. of meals served per day:*						
G. Is cost of employee meals included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No				
H. Did you receive revenue from employees?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.			
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)					Not on Cost Report	
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.			
K. Is any revenue collected from these people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.		\$118,890	
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)					30 IV 1	
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 Masonicare Health Center		License No. 119-C	Report for Year Ended 9/30/2022		Page 19	of 37
Item		Total	CCNH	RHNS	Chronic Disease Hospital	
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. \$	77,244	69,612	1,063	6,569
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. \$	33,482	30,174	461	2,847
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	1,222	1,101	17	104
c. Other (Specify) Other Laundry Supplies / Minor Equipment		\$	3,166	2,853	44	269
3D. Total Laundry Expenditures (3a + b + c)		\$	115,114	103,740	1,585	9,789
3E. Laundry Questionnaire						
F.	Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.		
J.	Did you receive revenue from these people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.		
K.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				Not on Cost Report

* 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 Masonicare Health Center		License No. 119-C	Report for Year Ended 9/30/2022		Page 20	of 37
Item		Total	CCNH	RHNS	Chronic Disease Hospital	
4. Housekeeping	Sq. Ft. Serviced by Personnel					
a. In-House Care						
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	113,263	94,385	9,439		9,439
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. \$	137,079	114,233	11,423		11,423
C. Other (<i>Specify</i>)	\$					
4D. Total Housekeeping Expenditures (4a + b + c)	\$	250,342	208,618	20,862		20,862
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy	\$					
2. Purchased from	\$					
b. Medicine Cabinet Drugs	\$	26,779	26,779			
c. Medical and Therapeutic Supplies	\$	671,416	593,117	735		77,564
d. Ambulance/Limousine***	\$	60,268				60,268
e. Oxygen						
1. For Emergency Use	\$					
2. Other***	\$					
f. X-rays and Related Radiological Procedures***	\$					
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$					
h. Laboratory***	\$					
i. Recreation	\$	13,057	8,611	4,446		
j. Direct Management Services*	\$					
k. Indirect Management Services*	\$					
l. Other (Specify)**** See Attached Schedule	\$	1,564,981	1,520,247			44,734
5M. Total Resident Care Expenditures (5a - 5j)	\$	2,336,501	2,148,754	5,181		182,566

* 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	Chronic Disease Hospital
	-	-	-
Physical Therapy Supplies & Contracted Services	\$ 656,855		\$ -
Speech Therapy Supplies & Contracted Services	101,802		-
Occupational Therapy Supplies & Contracted Services (Disallowed on Pg 29)	719,629		-
Department Supplies	73,764		49,660
Infection Control Supplies	(31,803)		(4,926)
Total Other Resident Care	\$ 1,520,247	\$ -	\$ 44,734

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

Name of Facility Masonicare Health Center		License No. 119-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	Chronic Disease Hospital	Pg	Line		
Please See Attached Listing		<input type="radio"/>	<input checked="" type="radio"/>									
		<input type="radio"/>	<input checked="" type="radio"/>									
		<input type="radio"/>	<input checked="" type="radio"/>									
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		<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 i 6, 18, 19, 20 or 22).

MHC
Expenditures "Over" \$10,000 to Individuals or Firms Providing Service by Contract
FY Ending 9/30/2022

VENDOR NAME	Services Provided	AMOUNT
MORRISON MANAGEMENT SPECIALISTS,INC	Food Service Management	2,441,260.92
SPECTRUM PARENT, INC /HEALTHPRO HERITAGE AT HOME LLC	Therapy Services	2,000,217.37
WOODMARK PHARMACY OF CT, LLC	Pharmaceuticals	1,114,536.23
MONTAGNO CONSTRUCTION INC	Construction Contractor	999,569.30
INTELYCARE INC	Temporary Labor Nursing	894,677.62
WALLINGFORD ELECTRIC DIVISION	Electricity	644,236.88
AAA NURSING CARE, LLC	Temporary Labor Nursing	431,794.85
GRIFFIN HOSPITAL	COVID Testing	315,775.00
CONNECTICUT MENTAL HEALTH SPECIALISTS	Physician Services	299,663.00
SAUCIER MECHANICAL SERVICES INC	HVAC Services	282,406.62
COLLECTOR OF TAXES - WALLINGFORD	Property Tax	281,487.68
DIRECT ENERGY BUSINESS	Gas Service	243,505.05
NIRO COMPANIES, LLC	Landscaping/Snow Removal	242,762.90
EVERSOURCE GAS - 57357470046	Gas Services	223,362.48
FACILITY COMPLIANCE SERVICES LLC	Facility Maintenance Services	213,269.63
WALLINGFORD WATER & SEWER DIVISION	Water Service	212,481.96
QUEST DIAGNOSTICS INC- IL	Medical Diagnostic Services	202,371.66
M & R CONSTRUCTION LLC	Construction Contractor	169,460.00
SECURITY TECHNOLOGIS INC	It Security Services	167,075.29
THE NURSE NETWORK	Temporary Labor Nursing	157,697.33
ACUTE CARE GASES OF CT LLC	Oxygen Equipment	149,546.87
BEHAVIORAL HEALTH ADVISORY GROUP	Consultants	141,693.68
CWPM, LLC FORMELY PM SERVICE	Architects	139,407.61
QUEST DIAGNOSTICS LLC-MA	Lab	132,205.45
HUNTERS AMBULANCE SERVICE INC	Medical Supplies	119,141.02
WALALIYADDA, ANURUDDHA MD	Physician Services	110,000.00
FARMINGTON ADMINISTRATIVE SERVICES INC.	Emp Ben-Life Insurance	102,508.61
FACILITIES COMPLIANCE FIRE PROTECTION LLC	Frie Protection Services	90,153.65
MCKESSON MEDICAL SURGICAL INC	COVID Testing	88,632.15
H & R HEALTHCARE	Medical Supplies	87,840.10
DONADIO, JOSEPH A MD	Psychiatric Services	80,625.00
CARPET WORKS, LLC	Advertising	78,195.36
NOVAMED	Radiology Services	77,651.18
TPC ASSOCIATES, INC. INTEGRATED ELECTRONIC SYSTEMS	IT Services	76,988.75
CONSULT YHN	Hearing Aids	72,803.86
NATIONAL RESEARCH CORPORATION NRC HEALTH	Patient Satisfaction Surveys	70,635.61
COMCAST - 8773 40 501 0114683		69,695.29
MEDICAID4YOU.COM LLC		68,750.00
DINWOODIE, MARY		66,000.00
ENVIRONMENTAL SYSTEMS CORPORATION		65,847.54
WAREHOUSE STORE FIXTURE		64,142.61
EBP SUPPLY SOLUTIONS		63,373.40
SERVPRO OF WATERBURY, NEW HAVEN		61,689.72
YALE NEW HAVEN HOSPITAL		60,642.82
NELKEN, MICHAEL A MD		55,200.00
CQ PARTNERS, LLC		51,834.90
COMCAST - 8773 40 501 0736410		51,382.90
CROMWELL TEXTILE, LLC		50,703.52
HEALTHDRIVE- DENTAL GROUP/ALEC JARET		48,891.00
AETNA - FEES 087921731-1001		48,803.46
F W WEBB COMPANY		48,036.30
MMBN,LLC DBA VISITING HAIR STYLISTS		45,566.64
MICHALIK, BAUER, SILVIA & CICCARILO, LLP		44,274.20
NEC CORP OF AMERICA		42,273.18
COMMERCIAL KITCHENS INC **RECURRING**		39,721.60

MURTHA CULLINA LLP	39,258.29
COERULEUS CONSULTING LLC DR ZAHEDI	39,250.00
PERFORMANCE HEALTH SUPPLY, INC	37,986.77
MIDSTATE MEDICAL CENTER	37,035.40
ACADEMY ASSOCIATION, INC	35,327.75
DEPARTMENT OF VETERANS AFFAIRS ATTN: AGENT CASHIER (901A)	34,221.00
LAZARIDES, LAZAROS MD	33,330.00
SHAPTER, CHRISTINE MD	32,800.00
BUILDING ONE FACILITY SERVICES, LLC	31,585.00
DIGITAL MEDIA LLC	30,904.72
BSC SERVICES LLC	29,827.00
MARCUM LLP	29,629.75
VALENTI, EDGAR & REBECCA	29,338.63
COMMERCIAL KITCHENS**USE FOR PO**	29,189.60
HOME DEPOT INC 6035322531828477	29,174.33
AZURE WATER SERVICES LLC	26,988.00
ACCELERATED CARE PLUS LEASING, INC.	26,399.28
WILLIAM B MEYER, INC	26,362.87
SELECT MECHANICAL SERVICES, INC.	26,140.00
CARPET WORKS	25,920.25
STEWART & STEVENSON POWER PRODUCTS LLC	23,524.26
MSDSOONLINEdba VELOCITY EHS	22,746.40
HARTFORD-CRITICAL	22,279.44
TRUCODE, LLC	22,190.00
DEAN, CHARLENE	19,931.21
NOA DIAGNOSTICS	19,354.25
BLAKE EQUIPMENT CO INC	18,892.81
COMMISSIONER DEPT SOCIAL SERVICES	18,686.00
W.B. MASON COMPANY, INC	18,526.63
PRO-7 FIRE PROTECTION joseph dronzank	18,442.32
BIOSERVE AN EMSI COMPANY	18,247.50
NEXT GEN SUPPLY GROUP INC.	18,006.44
INDUSTRIAL PUMP & VALUE SERVICES IN IPV	17,829.05
ZR COOP SERVICES LLC	17,820.00
FUSION CABLE SYSTEMS, LLC	17,351.31
TECHNICAL GAS PRODUCT LLC	16,426.26
CTR FOR MEDICARE & MEDICAID SVC 075135	16,315.60
ABBOTT LABORATORIES	16,179.25
BLOCKHOUSE CO, INC	15,795.14
STN LAUNDRY SYSTEMS, LLC	15,725.60
EVERSOURCE GAS - 57221710072	15,535.26
EGA, PC	15,522.55
WALTHAM SERVICES, LLC	15,467.35
TWIN MED, LLC	15,442.98
IMAGE 360 FORMERLY SIGNS BY TOMORROW	15,368.11
BAMBOO HEALTH INC	15,150.00
PATIENTPING, INC	15,150.00
APRIA HEALTHCARE INC.	14,709.40
RL STONE CO OF N.E.	14,703.90
DUCT CLEAN CORPORATION	14,635.00
TRANE COMMERCIAL SYS & SVS	14,556.24
GRAINGER	14,402.45
ALADDIN TEMP-RITE LLC	14,256.71
MARIANO BUILDING & REMODELING	12,050.00
MEDLINE INDUSTRIES INC	11,854.57
ACCESS CAPITOL INC-NURSE NETWORK	10,982.50
GOODY'S HARDWARE, LLC	10,805.88
G.C. ELECTRIC	10,766.25
OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST PA PC	10,745.00
TRANE PARTS CENTER SVC FIRST	10,647.87
HARTFORD HOSPITAL	10,439.06
HARTFORD- ACCIDENT	10,335.65

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

Name of Facility	License No.	Report for Year Ended			Page	of
Masonicare Health Center	119-C	9/30/2022			22	37
Item	Total	CCNH	RHNS	Chronic Disease Hospital		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 1,903,375	1,294,953	393,609	214,813		
b. Heat	\$ 350,315	229,433	82,216	38,666		
c. Light & Power	\$ 462,498	302,905	108,545	51,048		
d. Water	\$ 147,996	89,437	43,486	15,073		
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>) See Attached Schedule	\$ 226,697	152,105	57,002	17,590		
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 3,090,881	2,068,833	684,858	337,190		
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 152,836	107,145	29,097	16,594		
b. Building & Building Improvements	\$ 783,767	481,270	221,446	81,051		
c. Non-Movable Equipment	\$ 60,836	39,848	14,276	6,712		
d. Movable Equipment	\$ 120,761	79,104	28,335	13,322		
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 1,118,200	707,367	293,154	117,679		
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ (5,004)		(5,004)			
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ (5,004)		(5,004)			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 130,292		130,292			
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 625		625			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,244,113	707,367	419,067	117,679		

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	Chronic Disease Hospital
	-	-	-
Ground Purchased Services / Contracts	\$ 93,885	\$ 55,402	\$ 15,822
Food Service Minor Equipment	3,037	810	491
Environmental Services Minor Equipment	4,269	427	427
Minor Equipment	49,576	-	483
Equipment Rental	-	-	160
Computer Minor Equipment	1,038	282	161
Switchboard Minor Equipment	300	81	46
Total Other Repairs and Maintenance	\$ 152,105	\$ 57,002	\$ 17,590

Total deletions for Non-Movable Equipmen		\$	-	\$	-

*Ties to Page 23, Line C3
**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report peric

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
9/1/2022	Wilder Cabling	Administrative	\$ 842	15	\$ 56
9/1/2022	MHC Cameras	Administrative	79,914	5	15,983
9/1/2022	Recliners	Standard Resident	3,991	10	399
9/1/2022	40 gal Tilt Skillet	Administrative	21,704	5	4,341
9/1/2022	Serving Table	Administrative	8,517	10	852
9/13/2022	Add'l Items for KPT Cart	Administrative	6,567	10	657
9/1/2022	MHC Portable Water Connector	Administrative	13,241	10	1,324
9/1/2022	Wright - 20 QT Mixer	Administrative	7,311	10	731
Total additions for Movable Equipmen			\$ 142,087		\$ 24,342
Deletions:					
Total deletions for Movable Equipmen			\$ -		\$ -

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

Schedule of Leasehold Improvements Acquired during this report peri

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

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

State of Connecticut
Annual Report of Long-Term Care Facility
 CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility Masonicare Health Center	License No. 119-C		Report for Year Ended 9/30/2022		Page 24	of 37
	Date of Acquisition		Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**		
Item	Month	Year			Cost to Be Amortized	Length of Amortization
A. Organization Expense						
1.						
2.						
3.						
A-4. Subtotal						
B. Mortgage Expense						
1. Mortgage Expense	11	16	290,067	25 Years	(5,004) B	
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.

Description	Useful Life	Acquisition Date	Cost	Cost To Be Depreciated	Method	2020* Depreciation	2021* Depreciation	2022* Depreciation	2022 Accum Depreciation
Prior Period Acq. (Per 9/30/2019 Cost Report)	Various	Various	4,109,083	4,109,083	S/L	170,361	165,201	164,571	3,676,656
9/30/2020 Asset Transfer In	15	8/31/2020	1,388	1,388	S/L	93	93	93	278
LOT 2850 SQ FT PLAYGROUND									
9/30/2021 Asset Additions	15	8/31/2021	12,888	12,888	S/L		859	859	1,718
Fountain Replacement	15	8/31/2021	11,221	11,221	S/L		748	748	1,496
Replace Fencing									
Total Land Improvements			4,134,561	4,134,561		170,454	166,901	166,271	3,860,351

Description	Useful Life	Acquisition Date	Cost	Cost To Be Depreciated	Method	2020* Depreciation	2021* Depreciation	2022* Depreciation	2022 Accum Depreciation
Prior Period Acq. (Per 9/30/2019 Cost Report)	Various	Various	70,667,310	70,667,310	S/L	1,649,102	1,452,353	1,156,096	53,714,631
9/30/2020 Asset Additions/Transfers	10	8/31/2020	211	211	S/L	21	21	21	63
RENOVATE FOOD HANDLE SINK	15	8/31/2020	150,687	150,687	S/L	10,046	10,046	10,046	30,137
CONSTRUCTION CHILD DEVELOPMENT	20	8/31/2020	14,186	14,186	S/L	709	709	709	2,128
ROOF	15	8/31/2020	9,027	9,027	S/L	602	602	602	1,805
SIDING	15	8/31/2020	8,382	8,382	S/L	559	559	559	1,676
FLOOR COVERING	15	8/31/2020	9,027	9,027	S/L	602	602	602	1,805
PAINTING	15	8/31/2020	1,969	1,969	S/L	131	131	131	394
EXTERIOR VESTIBULE ENTRANCE	15	8/31/2020	1,500	1,500	S/L	100	100	100	300
Carpeting - Preschool	15	11/20/2019	21,600	21,600	S/L	1,440	1,440	1,440	4,320
Johnson appts decks	15	9/30/2019	11,783	11,783	S/L	786	786	786	2,357
Renovation Walker Dorm Marketing	15	8/31/2020	52,756	52,756	S/L	3,517	3,517	3,517	10,551
HVAC & PLUMBING	15	8/31/2020	52,240	52,240	S/L	3,483	3,483	3,483	10,448
ELECTRICAL SYSTEM	20	8/31/2020	32,860	32,860	S/L	1,643	1,643	1,643	4,929
SEWERAGE	10	8/31/2020	4,854	4,854	S/L	485	485	485	1,456
ELECTRIC SYSTEM	10	8/31/2020	5,000	5,000	S/L	500	500	500	1,500
ELECTRIC BASEBOARD HEATERS	15	8/31/2020	2,188	2,188	S/L	146	146	146	438
FIRE CONTROL UPGRADE	15	8/31/2020	1,400	1,400	S/L	93	93	93	280
AIR SURVEY DAYCARE	15	8/31/2020	559	559	S/L	37	37	37	112
ELECTRICAL SYSTEM	15	8/31/2020	770	770	S/L	51	51	51	154
PLUMBING INSTALL SINK	15	8/31/2020	215	215	S/L	14	14	14	43
SINK/BINET UNIT	15	8/31/2020	815	815	S/L	54	54	54	163
SINK INSTALL	15	8/31/2020	286	286	S/L	28	28	28	85
CARPETING	20	8/31/2020	2,300	2,300	S/L	250	250	250	750
INSTALLATION OF 2 PLAY STRUCTURES AT DAY	15	8/31/2020	9,255	9,255	S/L	598	598	598	1,795
TRANS VARI TRAK ZONE SYSTEM FOR DAYCARE	15	8/31/2020	8,460	8,460	S/L	523	523	523	1,570
CUSHIONING TILES TO WADDLER PLAY AREA	5	8/31/2020	8,800	8,800	S/L	1,760	1,760	1,760	5,280
CABINETS AND FORMICA FOR TODDLER ROOM	10	8/31/2020	2,577	2,577	S/L	268	268	268	803
CABINETS AND FORMICA FOR PRESCHOOL ROOM	10	8/31/2020	1,576	1,576	S/L	168	168	168	503
REPLACE DAYCARE BATHROOM CABINETS	5	8/31/2020	1,296	1,296	S/L	553	553	553	1,659
REPLACE DAYCARE BATHROOM FLOOR	10	8/31/2020	2,296	2,296	S/L	130	130	130	390
REMOVAL AND INSTALLATION OF NEW TUFF TIM	10	8/31/2020	5,050	5,050	S/L	505	505	505	1,515
UNDERGROUND DRAINAGE FOR DAYCARE CENTER	15	8/31/2020	26,903	26,903	S/L	1,784	1,784	1,784	5,381
Unknown Minor Variance	5	8/31/2020	(70)	(70)	S/L	(14)	(14)	(14)	(42)

Description	Useful Life	Acquisition Date	Cost	Cost To Be Depreciated	Method	2020* Depreciation	2021* Depreciation	2022* Depreciation	2022 Accum Depreciation
9/30/2020 Asset Retirements/Transfer/Reversal of Duplicates	N/A	8/26/2020	(243)	(243)	S/L				
WALLCOVERING	N/A	8/26/2020	(1,040)	(1,040)	S/L				
FLOOR COVERING	N/A	8/26/2020	(320)	(320)	S/L				
WALLCOVERING ADDITIONAL	N/A	8/26/2020	(34)	(34)	S/L				
WALLCOVERING	N/A	8/26/2020	(1,321)	(1,321)	S/L				
RENOVATE REPAINT RADIO	N/A	8/26/2020	(232)	(232)	S/L				
INTERIOR PARTITIONS X-RAY	N/A	8/26/2020	(58,435)	(58,435)	S/L				
PLUMBING SYSTEM RENOVATE X-RAY	N/A	8/26/2020	(21,039)	(21,039)	S/L				
HVAC RENOVATE X-RAY	N/A	8/26/2020	(41,748)	(41,748)	S/L				
ELECTRICAL RENOVATE X-RAY	N/A	8/26/2020	(47,063)	(47,063)	S/L				
SPRINKLER SYS RENOVATE X-RAY	N/A	8/26/2020	(6,959)	(6,959)	S/L				
SECOND FLOOR ULTRASOUND ROOM: WALLPAPER A	N/A	8/26/2020	(2,025)	(2,025)	S/L				
CORRIDOR TO SECOND FLOOR X-RAY ROOM: WALL	N/A	8/26/2020	(3,350)	(3,350)	S/L				
STURGES X-RAY AREA: WALLPAPER AND PAINT	N/A	8/26/2020	(2,154)	(2,154)	S/L				
HANDRAILS	N/A	8/26/2020	(2,037)	(2,037)	S/L				
REPLACE CEILING AND LIGHTING RADIOLOGY	N/A	8/26/2020	(18,354)	(18,354)	S/L				
STURGES IMAGING ROOM	N/A	8/26/2020	(18,570)	(18,570)	S/L				
CONDENSED COUNTER TOPS ROOM 207	N/A	8/26/2020	(5,130)	(5,130)	S/L				
CONDENSED COUNTER TOPS ROOM 207	N/A	8/26/2020	(2,300)	(2,300)	S/L				
VINYL FLOORING FOR OFFICE AND TWO STORAGE	N/A	8/26/2020	(6,355)	(6,355)	S/L				
Seclusion Room Sluages	N/A	8/26/2020	(4,650)	(4,650)	S/L				
Air Handling Woooster 233	N/A	8/26/2020	(34,315)	(34,315)	S/L				

Description	Useful Life	Acquisition Date	Cost	Cost To Be Depreciated	Method	2020* Depreciation	2020 Accum Depreciation	2021* Depreciation	2021 Accum Depreciation	2022* Depreciation	2022 Accum Depreciation
Non Movable Equipment											
Prior Period Acq. (Per 9/30/2019 Cost Report)	Various		3,750,665	3,750,665	S/L	168,984	3,393,066	82,117	3,475,185	80,852	3,556,047
9/30/2020 Asset Additions/Transfers											
Laundry Room Heating Coil	15	3/10/2020	12,675	12,675	S/L	845	845	845	1,690	845	2,535
CABINETS & CASEWORK	15	8/31/2020	11,606	11,606	S/L	774	774	774	1,547	774	2,321
HVAC SYSTEM DAYCARE CENTER	15	8/31/2020	14,765	14,765	S/L	984	984	984	1,969	984	2,953
LOT CABINETS OFFICE	15	8/31/2020	446	446	S/L	30	30	30	59	30	89
AUTOMATIC RETRACTABLE SUN SHELTER	10	8/31/2020	4,313	4,313	S/L	431	431	431	863	431	1,284
AWNING FOR INFANT/WADDLER PLAY AREA	10	8/31/2020	4,960	4,960	S/L	496	496	496	992	496	1,488
PLAY STRUCTURE FOR PRESCHOOL AREA	15	8/31/2020	13,905	13,905	S/L	927	927	927	1,854	927	2,781
PLAY STRUCTURE FOR TODDLER AREA	15	8/31/2020	8,973	8,973	S/L	598	598	598	1,196	598	1,795
RHINO DINO, HORSE AND BIRD TUFF RIDERS	15	8/31/2020	1,698	1,698	S/L	113	113	113	226	113	340
GENERATOR FOR DAYCARE CENTER	15	8/31/2020	39,522	39,522	S/L	2,635	2,635	2,635	5,270	2,635	7,904

9/30/2020 Asset Retirements/Transfer/Reversal of Duplicates

TUBEMOUNT CEILING PICKER	N/A	8/26/2020	(7,500)	(7,500)	S/L						
IMAGE INTENSIFIER PICKER	N/A	8/26/2020	(5,500)	(5,500)	S/L						
SAFELIGHT DELUXE PICKER	N/A	8/26/2020	(142)	(142)	S/L						
BIN FILM LOADING PICKER	N/A	8/26/2020	(310)	(310)	S/L						
CAB CASSETTE STORAGE PICKER	N/A	8/26/2020	(166)	(166)	S/L						
CAB CASSETTE STORAGE PICKER	N/A	8/26/2020	(166)	(166)	S/L						
CAB STORAGE PICKER	N/A	8/26/2020	(183)	(183)	S/L						
CAB STORAGE WALL PICKER	N/A	8/26/2020	(144)	(144)	S/L						
CAB STORAGE WALL PICKER	N/A	8/26/2020	(144)	(144)	S/L						
CAB STORAGE WALL PICKER	N/A	8/26/2020	(587)	(587)	S/L						
TRANSFERS 14.37 CASSETTE/PERLITE KIT	N/A	8/26/2020	(2,100)	(2,100)	S/L						
WORKSTATIONS W/ WHITE NEBULA COUNTERTOPS	N/A	8/26/2020	(5,115)	(5,115)	S/L						
9/30/2022 Asset Additions											
Double Stack Convection Oven	10	9/14/2022	15,880	15,880	S/L					1,598	1,598
Pt/d Frialator	10	9/12/2022	3,999	3,999	S/L					400	400

Total Non Movable Equipment

			3,861,471	3,861,471		176,817	3,400,901	89,950	3,490,851	90,693	3,581,544
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Motor Vehicles

Description	Useful Life	Acquisition Date	Cost	Cost To Be Depreciated	Method	2020* Depreciation	2020 Accum Depreciation	2021* Depreciation	2021 Accum Depreciation	2022* Depreciation	2022 Accum Depreciation
Prior Period Acq. (Per 9/30/2019 Cost Report)	Various		342,301	342,301	S/L	13,866	300,236	13,866	314,122	13,886	328,008
Total Motor Vehicles			342,301	342,301		13,886	300,236	13,866	314,122	13,886	328,008

Movable Equipment

Description	Useful Life	Acquisition Date	Cost	Cost To Be Depreciated	Method	2020* Depreciation	2020 Accum Depreciation	2021* Depreciation	2021 Accum Depreciation	2022* Depreciation	2022 Accum Depreciation
Prior Period Acq. (Per 9/30/2019 Cost Report)	Various		14,072,959	14,072,959	S/L	91,522	13,230,431	174,367	13,404,798	114,463	13,519,261
9/30/2020 Asset Additions											
Ice Machines											
Monitor	5	2/5/2020	9,397	9,397	S/L	1,879	1,879	1,879	3,759	1,879	5,638
SOFTWARE	3	9/30/2019	201	201	S/L	67	67	67	134	67	201
VIEWSONIC VA2037M 20" LED	3	8/31/2020	786	786	S/L	262	262	262	524	262	786
LAPTOP	3	8/31/2020	2,300	2,300	S/L	767	767	767	1,533	767	2,300
LAPTOP	3	8/31/2020	647	647	S/L	216	216	216	431	216	647
LAPTOP	3	8/31/2020	145	145	S/L	48	48	48	97	48	145

9/30/2020 Asset Retirements/Transfer/Reversal of Duplicates

SOFTWARE	N/A	8/26/2020	(786)	(786)	S/L						
SECT SHELVING STEEL 15SHELF	N/A	8/26/2020	(273)	(273)	S/L						
PRINTER KODAK B 651930	N/A	8/26/2020	(178)	(178)	S/L						
ILLUMINATOR FILM	N/A	8/26/2020	(374)	(374)	S/L						
ADD COST ILLUMINATOR	N/A	8/26/2020	(46)	(46)	S/L						
ILLUMINATOR SBANK	N/A	8/26/2020	(357)	(357)	S/L						
CHAIR SIDE UPH	N/A	8/26/2020	(170)	(170)	S/L						
CHAIR SECRETARIAL	N/A	8/26/2020	(170)	(170)	S/L						
CHAIR SIDE UPH	N/A	8/26/2020	(170)	(170)	S/L						
CHAIR SWIVEL ARM	N/A	8/26/2020	(210)	(210)	S/L						
STAND TW	N/A	8/26/2020	(162)	(162)	S/L						
CREENZA	N/A	8/26/2020	(320)	(320)	S/L						
CHAIR SECRETARIAL	N/A	8/26/2020	(85)	(85)	S/L						
CHAIR SECRETARIAL	N/A	8/26/2020	(85)	(85)	S/L						
CHAIR SECRETARIAL	N/A	8/26/2020	(85)	(85)	S/L						
SETTEE OAK UPH	N/A	8/26/2020	(415)	(415)	S/L						
CHAIR LOUNGE	N/A	8/26/2020	(408)	(408)	S/L						
CHAIR LOUNGE	N/A	8/26/2020	(204)	(204)	S/L						

Asset Description	QTY	Acq Date	Cost	Accum Dep	Net Book Value	QTY	Acq Date	Cost	Accum Dep	Net Book Value
Wall Saver Recycler	N/A	9/26/2020	(9,519)	(9,519)	0					
Baker Food Processor Model 23	N/A	9/26/2020	(9,928)	(9,928)	0					
Hobart Food Culler Model 84186-1	N/A	9/26/2020	(8,236)	(8,236)	0					
Induction Warmer	N/A	9/26/2020	(11,880)	(11,880)	0					
9/30/2021 Asset Additions										
Carendo shower chair	5	10/23/2020	5,649	0	5,649					
Maxi Move w/ Scale	5	8/31/2021	6,790	0	6,790					
Carendo Shower Chair	5	8/31/2021	6,262	0	6,262					
Food Delivery System	5	8/31/2021	93,498	0	93,498					
Ice Machines	5	8/31/2021	4,970	0	4,970					
Pro-Mega	5	8/31/2021	3,300	0	3,300					
Kronos Project	3	8/31/2021	19,685	0	19,685					
9/30/2021 Asset Disposals										
Kronos Project	N/A	8/31/2021	(19,685)	(19,685)	0					
COLOR VIDEO PRINTER	N/A	1/1/1992	(3,895)	(3,895)	0					
COLOR VIDEO PRINTER	N/A	1/1/1998	(7,788)	(7,788)	0					
LIGHT SOURCE	N/A	1/1/1998	(4,700)	(4,700)	0					
STATION VIDEO DISPLAY	N/A	1/1/1994	(1,975)	(1,975)	0					
GASTROINTESTINAL VIDEOSCOPE	N/A	1/1/1992	(13,500)	(13,500)	0					
COLONVIDEOSCOPE	N/A	1/1/1992	(11,344)	(11,344)	0					
9/30/2022 Asset Additions										
Wilder Ceiling	15	9/1/2022	842	0	842					
MHC Cameras	5	9/1/2022	79,914	0	79,914					
Recitimers	10	9/1/2022	3,991	0	3,991					
Legal Tilt Skillet	5	9/1/2022	21,704	0	21,704					
Serving Table, KPT Cart	10	9/1/2022	8,517	0	8,517					
Adapti	10	9/1/2022	6,367	0	6,367					
MHC Portable Water Connector	10	9/1/2022	13,241	0	13,241					
Wright - 20 QT Mixer	10	9/1/2022	7,311	0	7,311					

Category	QTY	Acq Date	Cost	Accum Dep	Net Book Value
Total			94,761	13,233,670	13,392,168
Total			2,136,002	1,981,422	1,859,630
Total Movable Equipment			94,761	13,233,670	13,392,168
Total			13,740,461	13,740,461	13,556,306

Net Book Value This Schedule
 NBV Trial Balance
 (118,478)

Difference on page 31

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

Name of Facility Masonicare Health Center	License No. 119-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	9/27/1894				
2. Date Structure Completed	05/25/05				
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	389				
6. Square Footage	487,433				
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)		CHEFA - Variable R			
b. Date Mortgage Obtained		11/02/16			
c. Interest Rate for the Cost Year		2%-5%			
d. Term of Mortgage (number of years)		25			
e. Amount of Principal Borrowed		17,942,645			
f. Principal balance outstanding as of 9/30/22		14,918,499			
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility Masonicare Health Center		License No. 119-C	Report for Year Ended 9/30/2022			Page 26	of 37
Item			Total	CCNH	RHNS	Chronic Disease Hospital	
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount			\$ 17,942,645				
2. Loan Origination Date			11/02/16				
3. Interest Rate %			2%-5%				
4. Term			25				
5. CHEFA Interest Expense			250,614		250,614		
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$ 250,614		250,614		

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended			Page	of
Masonicare Health Center		119-C		9/30/2022			27	37
Item				Total	CCNH	RHNS	Chronic Disease Hospital	
Subtotals Brought Forward:				250,614		250,614		
12. C. Movable Equipment								
1. Automotive Equipment				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
2. Other (<i>Specify</i>)				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
B. Item		Rate	Amount					
Lender								
Address of Lender								
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$				
12. D. Other Interest Expense (<i>Specify</i>)				\$				
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 250,614		250,614		
14. Insurance								
a. Insurance on Property (buildings only)				\$				
b. Insurance on Automobiles				\$				
c. Insurance other than Property (as specified above)								
1. Umbrella (<i>Blanket Coverage</i>)				\$				
2. Fire and Extended Coverage				\$				
3. Other (<i>Specify</i>) Liability, Director, Crime & Other Insurance				\$ 448,587	314,499	85,377	48,711	
14d. Total Insurance Expenditures (14a + b + c)				\$ 448,587	314,499	85,377	48,711	
15. Total All Expenditures (A-13 thru C-14)				\$ 49,851,715	32,901,656	4,841,738	12,108,321	

D. Adjustments to Statement of Expenditures

Name of Facility Masonicare Health Center				License No. 119-C	Report for Year Ended 9/30/2022	Page 28	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Chronic Disease Hospital
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.	15	1e	Legal	\$ 304,829	45,568	12,371	246,890
11.	30	IV3	Telephone	\$ 6,849	4,390	396	2,063
12.	15	1h2	Cellular Telephone	\$ 12,790	8,968	2,434	1,388
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	15	1a9	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 7,420	4,796	472	2,152
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	m2/3	Unallowable Advertising *	\$ 719	719		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ 1,577,592	1,106,032	300,253	171,307
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 67,062	27,744	19,281	20,038
Page 18 - Dietary Expenditures							
24.	30	IV 1	Meals to employees, guests and others who are not residents	\$ 118,890	76,196	6,878	35,816
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)				\$ 2,096,151	1,274,413	342,085	479,654

* 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

Masonicare Health Center
 9/30/2022
 Cell Phone Disallowance

Line	Description	Pg Ln Number	Alloc Code	G/L Amount	Reclass Amount	Adj. G/L Amount	CCH	RCH	CDH	OTHER	Alloc Check	
12	Telephone	15 1 h 2										
	Total Costs of Cell Phones											
	100-000-8250-53030			17,516	17,516	11,288	3,064	1,748	1,416		17,516	
	Sub total			0	17,516	11,288	0	3,064	1,748	1,416	17,516	
						64.44359%	17.4926%	9.9794%	8.0840%		100%	
	Portion Allowable											
	Administrative - 6 Phones (per DSS presentation 11/15/07)		14	2,160	2,160	1,392	0	378	216	153	2,139	
	Transportation - 4 Phones (as agreed per FY2000 Audit)		25	1,440	1,440	928	0	252	144	117	1,441	
	Sub total Allowable			0	3,600	2,320	0	630	360	270	3,580	
	Total Cell Phone Cost Adjustment	To Pg Ln 28,12		0	13,916	8,968	0	2,434	1,388	1,146	13,936	

Purpose: Reduce the Telephone costs for the use of cell phones as agreed in the FY 2000 Audit (defined level of Admin plus 4 additional phones).
 Amount Excludes Non Reimbursable Dollars

Masonicare Health Center
 9/30/2022
 Management Fee Disallowance

Page 28 Facility : Masonicare Health Center License #: Year End: 09/30/22

Line	Description	Pg Ln Number	Alloc Code	G/L Amount	Reclass Amount	Adj. G/L Amount	CCH	RCH	CDH	Other	Alloc. Check
21	<u>Management Fee to Related Party</u>	16 1 m 12									
	<u>Total Costs of Management Fee</u>										
	Management Fee	Pg Ln 16.1 m 12		3,052,756	0	3,052,756	1,967,397	534,086	304,717	246,556	3,052,756
	Sub total			<u>3,052,756</u>	<u>0</u>	<u>3,052,756</u>	<u>1,967,397</u>	<u>534,086</u>	<u>304,717</u>	<u>246,556</u>	<u>3,052,756</u>
	Max Allowable Amount = \$9.25 (2021) * 1.0732 (2022 CPI (WP J.01a)) = \$9.93 (2022 Allowable)										
	9.93										
	Max Allowable			\$ 861,365	\$ 9.93			233,833	133,410		
	Total Disallowance			<u>\$ 1,106,032</u>	<u>\$ 300,253</u>	<u>\$ 171,307</u>					

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

Name of Facility				License No.	Report for Year Ended	Page	of
Masonicare Health Center				119-C	9/30/2022	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Chronic Disease Hospital
Subtotals Brought Forward				\$ 2,096,151	1,274,413	342,085	479,654
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$			
28.	20	5d	Ambulance/Limousine	\$ 60,268			60,268
29.			X-rays, etc	\$			
30.			Laboratory	\$			
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 1,222,341	1,174,510	315	47,516
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ (5,004)		(5,004)	
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 193,923	151,327	27,621	14,975
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	\$ 83,512		83,512	
49. Total Amount of Decrease (Items 1 - 48)				\$ 3,651,191	2,600,250	448,529	602,413

*** 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	Chronic Disease Hospital
20	5l	Occupational Therapy Supplies & Contracted Services	719,629		
20	5c	Billable Medical Supplies	\$ 454,881	\$ 315	\$ 47,516
Total Other Ancillary Costs			\$ 1,174,510	\$ 315	\$ 47,516

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Chronic Disease Hospital
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Chronic Disease Hospital
22	8a	Mortgage Amortization		\$ (5,004)	
Total Other Property Adjustments			\$ -	\$ (5,004)	\$ -

Total Unallowable Building Interest			\$ -	\$ 83,512	\$ -

Masonicare Health Center
 9/30/2022
 Interest Expense Disallowance

C

Page 29 Facility : Masonic Healthcare Center License #: Year End: 09/30/22

Line	Description	Pg Ln Number	Alloc Code	G/L Amount	Reclass Amount	Adj G/L Amount	CCH	RHNS	RCH	CDH	Alloc Check
49	Other	26									
		12 B 5									
Offset of Interest Expense and Interest Income											
	MHC WRIGHT RESIDENC INT EXP-BOND-CHEFA SER A	26.12 B 5	13	0	0	0	0	0	0	0	0
	100-130-79\MHC WRIGHT RESIDENC SERIES C INTEREST	26.12 B 5	13	250,614	250,614	250,614	0	250,614	0	250,614	0
	MHC WRIGHT RESIDENC INTEREST INCOME-FMV SERIE	30.IV 5.13	13	0	0	0	0	0	0	0	0
	MHC WRIGHT RESIDENC INTEREST INC-BOND SER A	30.IV 5.13	13	0	0	0	0	0	0	0	0
	MHC WRIGHT RESIDENC SERIES C INTEREST INCOME	30.IV 5.13	13	0	0	0	0	0	0	0	0
	Sub total Wright Residence			0	250,614	250,614	0	0	250,614	0	250,614
	Total Wright Residence Capital Cost			9,748,461							
	Allowable Wright Residence Capital Costs Per CON			6,500,000							
	Unallowable %					33%					
	Sub total Wright Residence Net Disallowance			0	0	83,512	0	0	83,512	0	83,512
	To Pg Ln										
	29.49			0	0	0	0	0	83,512	0	83,512

Purpose: Offset portion of Net Interest on Wright Residence for Amount in Excess of CON

Masonicare Health Center
 9/30/2022
 Billable Medical Supplies

Page 28		Facility : Masonicare Health Center				License #: 1020-C				Year End: 09/30/22			
Line	Description	Pg Ln Number	Alloc Code	G/L Amount	Reclass Amount	Adj. G/L Amount	CCH	RCH	CDH	Other	Alloc. Check		
		Pg Ln											
	Patient Billable Supplies	20 5C		24,482		24,482	24,482				24,482		
	Patient Billable Supplies	20 5C		22,550		22,550	22,550				22,550		
	Patient Billable Supplies	20 5C		563		563	563				563		
	Patient Billable Supplies	20 5C		542		542	542				542		
	Patient Billable Supplies	20 5C		125,864		125,864	125,864				125,864		
	Patient Billable Supplies	20 5C		0		0	0				0		
	Patient Billable Supplies	20 5C		0		0	0				0		
	Patient Billable Supplies	20 5C		61,866		61,866	61,866				61,866		
	Patient Billable Supplies	20 5C		81,278		81,278	81,278				81,278		
	Patient Billable Supplies	20 5C		82,289		82,289	82,289				82,289		
	Patient Billable Supplies	20 5C		55,447		55,447	55,447				55,447		
	Patient Billable Supplies	20 5C		0		0	0				0		
	Patient Billable Supplies	20 5C		0		0	0				0		
	Patient Billable Supplies	20 5C		38,640		38,640	38,640		38,640		38,640		
	Patient Billable Supplies	20 5C		8,876		8,876	8,876		8,876		8,876		
	Patient Billable Supplies	20 5C		315		315	315		315		315		
	Disallowance			478,230	0	478,230	454,881	315	47,516	0	478,230		

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Masonicare Health Center	119-C	9/30/2022			30	37
Item	Total	CCNH	RHNS	Chronic Disease Hospital		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$ 35,595,559	32,303,701	3,274,680	17,178		
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$ 13,672,588	4,298,773		9,373,815		
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ 22,287,315	9,918,880	134,122	12,234,313		
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 856,700	267,702		588,998		
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 1,040,971	330,254		710,717		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$ 14	14				
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$ (14)	(14)				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 720,032	720,032				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 100,016	100,016				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 118,230	118,230				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$					
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (Specify) - Medicare	\$ (4,756,258)	(1,383,715)	49,812	(3,422,355)		
b. Other (Specify) - Non-Medicare	\$ (25,979,889)	(17,637,918)	(1,181)	(8,340,790)		
III. Total Resident Revenue (Section I. thru Section II.)	\$ 43,655,264	29,035,955	3,457,433	11,161,876		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 118,890	76,196	6,878	35,816		
2. Rental of rooms to non-residents	\$					
3. Telephone	\$ 6,849	4,390	396	2,063		
4. Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$ 193,923	151,327	27,621	14,975		
V. Total Other Revenue (1 thru 8)	\$ 319,662	231,913	34,895	52,854		
VI. Total All Revenue (III +V)	\$ 43,974,926	29,267,868	3,492,328	11,214,730		

* 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	Chronic Disease Hospital
30 II 6a	Various - See Attached Grouping Schedule	\$ (1,383,715)	\$ 49,812	\$ (3,422,355)
Total Other Resident Revenue - Medicare		\$ (1,383,715)	\$ 49,812	\$ (3,422,355)

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Chronic Disease Hospital
30 II 6b	Various - See Attached Grouping Schedule	\$ (17,637,918)	\$ (1,181)	\$ (8,340,790)
Total Other Resident Revenue		\$ (17,637,918)	\$ (1,181)	\$ (8,340,790)

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Chronic Disease Hospital
			-	-	-
Total Interest Income			\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Chronic Disease Hospital
30 IV 8	Environmental Services Income (Disallowed on Pg 29a)	\$ 10,101	\$ 5,440	\$ 1,702
30 IV 8	Vending Machine / Food Service Revenue (Disallowed on Pg 29a)	65,793	17,545	10,628
30 IV 8	Spiritual Service Revenue (Disallowed on Pg 29a)	2,117	575	328
30 IV 8	Nursing Support Income (Disallowed on Pg 29a)	14,960	4,061	2,317
30 IV 8	Recreational Income (Disallowed on Pg 29a)	16,133	-	-
30 IV 8	General Admin Income (Disallowed on Pg 29a)	42,223	-	-
Total Other Revenue		\$ 151,327	\$ 27,621	\$ 14,975

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Masonicare Health Center	119-C	9/30/2022	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	142,063
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	8,759,182
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(1,886)
4 Inventories			\$	40,005
5. Prepaid Expenses			\$	330,789
a. _____				
b. _____				
c. _____				
d. See Schedule		330,789		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	279,777

See Schedule		279,777		
A-9. Total Current Assets (Lines A1 thru 8)			\$	9,549,930
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	4,134,581	\$	454,230
	Accum. Depreciation	3,680,351	Net	
3. Buildings	*Historical Cost	74,133,802	\$	20,074,255
	Accum. Depreciation	54,059,547	Net	
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____	Net	
5. Non-Movable Equipment	*Historical Cost	3,861,471	\$	279,927
	Accum. Depreciation	3,581,544	Net	
6. Movable Equipment	*Historical Cost	13,740,492	\$	182,186
	Accum. Depreciation	13,558,306	Net	
7. Motor Vehicles	*Historical Cost	342,301	\$	14,293
	Accum. Depreciation	328,008	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	(118,479)
FS vs CR NBV		(118,478)		
See Schedule		(1)		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	20,886,412

* 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	A5	MHC Prepaid-Other Expenses	\$ 101,251
31	A5	MHC Prepaid-Dues	52,208
31	A5	MHC Prepaid-Rent-Security Deposits	2,463
31	A5	MHC Prepaid Expenses-HEDS-Matrimon	176,199
31	A5	MHC-Security Deposit YMCA	(1,802)
Total Prepaid Expenses			\$ 330,789

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

Page Ref	Line Ref	Description	
31	A8	MHC Onsite Laundry Service	\$ 16,188
31	A8	MHC Intercompany - SLM/MHC	(6,928)
31	A8	MHC Personal Funds Receivable	7,704
31	A8	MHC Capital Purchases	267,373
Total Other Current Assets (Itemize)			\$ 279,777

Schedule of Other Fixed Assets (Itemize) Page 31 Line D9

Page Ref	Line Ref	Description	
31	D9	Rounding	\$ (1)
Total Other Fixed Assets (Itemize)			\$ (1)

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

Page Ref	Line Ref	Description	
33	A12	MHC Accrued Liabilities	\$ 118,416
33	A12	MHC Johnson Real Estate Taxes	(18,364)
33	A12	MHC Hawkins Real Property Taxes	(19,287)
33	A12	MHC Wright Real Estate Taxes	(34,146)
33	A12	MHC Refunds	(75)
33	A12	MHC Accrued-Provider Tax	287,712
33	A12	MHC Accrued-Auditing Fees	21,299
33	A12	MHC CT Income Tax Withheld	15,974
33	A12	MHC Hospital Indemnity	126
33	A12	MHC Voluntary STD	39
33	A12	MHC - Accrued Emp-Ret/med Benefits	(270)
33	A12	MHC Security Dep-Wellx	13,898
33	A12	MHC Security Deposit Accrued Inter	(1,718)
33	A12	MHC Security Deposit-Hawkins Apts	84,628
33	A12	MHC Security Dep Johnson Apt	100,099
33	A12	MHC - Third Party Settlement Credit balance MCD	696,103
33	A12	MHC THIRD Party-Covid	179,518
33	A12	MHC -Deferred Revenue Covid	(1,047)
33	A12	MHC Applied Income Liability	30,931
33	A12	MHC Personal Funds Liability	113,936
Total Other Current Liabilities (Itemize)			\$ 1,584,207

Schedule of Other Long-Term Liabilities (Itemize) Page 34 Line D4

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
Masonicare Health Center		119-C	9/30/2022	32	37
Account				Amount	
Total Brought Forward:				\$	30,436,342
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>)					
\$					

See Schedule					
D-8. Total Investments and Other Assets (Lines D1 thru 7)					
\$					
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)					
\$ 30,436,342					

* 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
Masonicare Health Center		119-C	9/30/2022	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	5,045,883
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>)				\$	843,524
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	563,594
7. Medicare Final Settlement Payable				\$	(325,269)
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>)				\$	1,584,207

See Schedule					1,584,207
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	7,711,939

* 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 Masonicare Health Center		License No. 119-C	Report for Year Ended 9/30/2022	Page 34	of 37
Account				Amount	
				Total Brought Forward:	
				7,711,939	
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>)				\$	
MHC Asbestos Removal		946,000			
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 946,000	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 8,657,939	


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

Name of Facility	License No.	Report for Year Ended	Page	of
Masonicare Health Center	119-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			\$	23,886,337
6. Gain or Loss for Period			\$	(2,107,934)
	10/1/2021	thru 9/30/2022		
7. Total Net Worth			\$	21,778,403
C. Total Reserves and Net Worth			\$	21,778,403
D. Total Liabilities, Reserves, and Net Worth			\$	30,436,342

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Masonicare Health Center	119-C	9/30/2022	36	37
Account			Amount	
A.	Balance at End of Prior Period as shown on Report of 09/30/2021		\$	21,473,375
B.	Total Revenue <i>(From Statement of Revenue Page 30)</i>		\$	54,798,360
C.	Total Expenditures <i>(From Statement of Expenditures Page 27)</i>		\$	56,906,294
D.	Net Income or Deficit		\$	(2,107,934)
E.	Balance		\$	19,365,441
F.	Additions			
	1. Additional Capital Contributed <i>(itemize)</i>			
	Total Expenses per Page 27	\$49,851,716		
	Add: Non Reimb.	7,054,578		
	Total Expenses	\$56,906,294		
	2. Other <i>(itemize)</i>			
	Total Revenue Page 30	\$43,974,926		
	Add: Non Reimb.	10,823,434		
	Total Revenue	\$54,798,360		
	Close out of Intercompany to Fund Balance		2,412,962	
F-3.	Total Additions		\$	2,412,962
G.	Deductions			
	1. Drawings of Owners/Operators/Partners <i>(Specify)</i>		\$	
	Name and Address <i>(No., City, State, Zip)</i>	Title	Amount	
	2. Other Withdrawings <i>(Specify)</i>		\$	
	Purpose	Amount		
	3. Total Deductions		\$	
H.	Balance at End of Period	09/30/22	\$	21,778,403

I. Preparer's/Reviewer's Certification

Name of Facility Masonicare Health Center		License No. 119-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 checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Chronic Disease Hospital			
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 PRINCIPAL		Date Signed 2/2/23	
Printed Name of Preparer Matthew S. Bovolack					
Address 555 Long Wharf Drive, New Haven, CT 06511				Phone Number 203-781-9600	
Contacted Person Regarding Additional Information Needed Regarding This Report Mark Pinto				Phone Number 203-678-7880	
Contact Email Address mpinto@Masonicare.org					