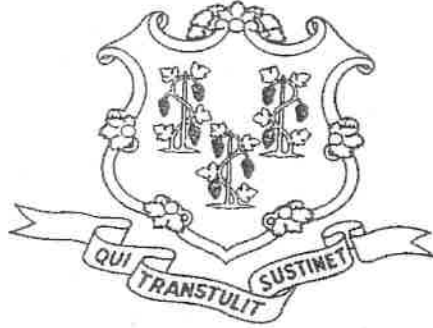


# State of Connecticut



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

Name of Facility (as licensed) Milford Health Care Center, Inc.	
Address (No. & Street, City, State, Zip Code) 195 Platt Street, Milford, CT 06460	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)
<input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022

License Numbers:	CCNH 1056-C	RHNS	(Specify)	Medicare Provider 07-5064
------------------	----------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 000010561	RHNS	ICF-IID
----------------------------	-------------------	------	---------

**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) Milford Health Care Center, Inc.	License No. 1056-C	Report for Year Ended 9/30/2022	Page 1	of 37
--	-----------------------	------------------------------------	-----------	----------

**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 Milford Health Care Center, Inc. [facility name], for the cost report period beginning October 1, 2021 and ending September 30, 2022, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

(a) Subject to Desk Audit review

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Joanne Jinete			Printed Name (Owner) Marvin J. Ostreicher		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

## Table of Contents

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

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

<b>Data Required for Real Wage Adjustment</b>		Page 1A	of 37
Name of Facility Milford Health Care Center, Inc.		Period Covered: From 10/1/2021	To 9/30/2022
Address of Facility 195 Platt Street, Milford, CT 06460			
Report Prepared By Marcum LLP		Phone Number 203-781-9600	Date 2/7/2023
Item	Total	CCNH	RHNS (Specify)
1. Dietary wages paid	\$		
2. Laundry wages paid	\$		
3. Housekeeping wages paid	\$		
4. Nursing wages paid	\$		
5. All other wages paid	\$		
6. <b>Total Wages Paid</b>	\$		
7. Total salaries paid	\$		
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$		

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

**General Information and Questionnaire**  
**Type of Facility - Organization Structure**

Phone No. of Facility 203-878-5958		Report for Year Ended 9/30/2022	Page 2	of 37
Name of Facility (as shown on license) Milford Health Care Center, Inc.		Address (No. & Street, City, State, Zip ) 195 Platt Street, Milford, CT 06460		
License Numbers:	CCNH 1056-C	RHNS	(Specify)	Medicare Provider No. 07-5064
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input checked="" type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No         If "Yes," explain fully.				
N/A				
<b>Administrator</b>				
Name of Administrator Joanne Jinete		Nursing Home Administrator's License No.:	001787	
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 Milford Health Care Center, Inc.	License No. 1056-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		
Milford Health Care Center, Inc.	195 Platt Street, Milford, CT 06460	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Agnes Zitter	9 Dogwood Lane, Lawrence, NY 11559	President	50	
Marvin Ostreicher	184 Wildacre Ave, Lawrence, NY 11559	Secretary	50	
Names of Stockholders Owning at Least 10% of Shares				
Agnes Zitter	9 Dogwood Lane, Lawrence, NY 11559	President	50	
Marvin Ostreicher	184 Wildacre Ave, Lawrence, NY 11559	Secretary	50	

### General Information and Questionnaire Individual Proprietorship

Name of Facility Milford Health Care Center, Inc.	License No. 1056-C	Report for Year Ended 9/30/2022	Page 3B	of 37
--	-----------------------	------------------------------------	------------	----------

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

Owner(s) of Facility

N/A





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

Name of Facility Milford Health & Rehab		License No. 1056-C		Report for Year Ended 9/30/2022		Page 4a	of 37	
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
National HealthCare Associates-Aetna	850 Silas Deane Hwy Wethersfield, CT 06109	<input type="radio"/>	<input checked="" type="radio"/>	0%	Health Insurance	Page 15 / Line 1a5	828,323	828,323
National HealthCare Associates	20 E Sunrise Hwy, Valley Stream NY, 11581	<input type="radio"/>	<input checked="" type="radio"/>	0%	Bank Charges	Page 16 / Line m13	26,062	26,062
Milford Realty	20 E Sunrise Hwy, Valley Stream NY, 11581	<input type="radio"/>	<input checked="" type="radio"/>	0%	Facility Lease	Page 22 / Line 9	789,827	***789,827
Ludlow Center for Health and Rehabilitation, LLC	118 Jefferson Street, Fairfield CT, 06825	<input type="radio"/>	<input checked="" type="radio"/>	0%	Shared EE Housekeeping	Page 20 / Line 4b	3,873	3,873
Preferred Professional Solutions	850 Silas Deane Hwy Wethersfield, CT 06109	<input type="radio"/>	<input checked="" type="radio"/>	0%	Contract RNs / LPNs / CNAs	Various	190,380	190,380

\* Use additional sheets if necessary.

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

\*\*\* N/A Medicaid reimbursement is based upon fair rental value system. Replaced during rate setting.



### 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
Milford Health Care Center, Inc.			1056-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						
Reliable Health Systems, Nostrand Ave, Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>	Computer Equipment	10/01/08	60 / Ongoing	3,009	3,009	
Wescom Solutions (PCC), PO Box 674802, Detroit, MI 48267	<input type="radio"/>	<input checked="" type="radio"/>	Software	03/07/12	Ongoing	34,645	34,645	
Lexus Financial PO Box 17187, Baltimore MD	<input type="radio"/>	<input checked="" type="radio"/>	Auto Lease	12/31/16	36 Months	10,308	10,308	
LEAF CAPITAL FUNDING LLC	<input type="radio"/>	<input checked="" type="radio"/>	Copiers	10/31/19	39 Months	7,147	7,147	
Quadient Leasing 478 Wheelers Farms Rd Milford, CT 06461	<input type="radio"/>	<input checked="" type="radio"/>	Postage Machine	03/15/15	36 Months / Ongoing	1,065	1,065	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
							<b>Total ***</b>	56,174

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes                       No

\* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

\*\* Attach copies of newly acquired leases.

\*\*\* Amount should agree to Page 22, Line 6e.

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility Milford Health Care Center, Inc.	License No. 1056-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				
<b>Independent Accounting Firm</b>				
Name of Accounting Firm 1 Marcum LLP 2 MARTIN FRIEDMAN CPA 3 4		Address (No. & Street, City, State, Zip Code) 555 Long Wharf Drive, 8th Floor, New Haven, CT 06511 2600 NOSTRAND AVE. BROOKLYN, NY 11210		
Services Provided by This Firm ( <i>describe fully</i> )				
1	Compilation, preparation of Medicare and Medicaid cost reports and YE tax services	\$	33,570	
2	EE RETENTION CREDIT	\$	6,000	
3		\$		
4		\$		
			Charge for Services Provided	
			\$ 39,570	
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    Pg. 15, Line 1d				
<b>Legal Services Information</b>				
Name of Legal Firm or Independent Attorney 1 ROGIN NASSAU LLC 2 GOLDMAN GRUDER & WOOD 3 STATE MARSHAL 4 TREASURER STATE OF CONNECTICUT 5			Telephone Number 860-256-6300 203-899-8900 N/A 860-291-7278	
Address ( <i>No. &amp; Street, City, State, Zip Code</i> ) 1 CityPlace I, 22nd Floor, 185 Asylum Street, Hartford, CT 06103-3460 2 200 CONNECTICUT AVENUE NORWALK CT 06854 3 N/A 4 Town Hall, 740 Main Street, East Hartford, CT 06108 5				
Services Provided by This Firm ( <i>describe fully</i> )				
1	Tax Appeal Services	\$	270	
2	Collections (Disallowed on Pg 28)	\$	3,364	
3	Conservator (Disallowed on Pg 28)	\$	156	
4	Conservator (Disallowed on Pg 28)	\$	750	
5		\$		
			Charge for Services Provided	
			\$ 4,540	
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    Pg. 15, Line 1e				

### Schedule of Resident Statistics

Name of Facility Milford Health Care Center, Inc.		License No. 1056-C			Report for Year Ended 9/30/2022				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	120	120			120	120							
B. On last day of THIS report period	120	120							120	120			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	110	110			110	110							
B. As of midnight of THIS report period	118	118							118	118			
3. Total Number of Days Care Provided During Period													
A. Medicare	7,552	7,552			5,153	5,153			2,399	2,399			
B. Medicaid (Conn.)	24,028	24,028			18,177	18,177			5,851	5,851			
C. Medicaid (other states)													
D. Private Pay	2,825	2,825			2,098	2,098			727	727			
E. State SSI for RCH													
F. Other (Specify) Managed Care / Hospice / Com	6,032	6,032			4,510	4,510			1,522	1,522			
G. Total Care Days During Period (3A thru F)	40,437	40,437			29,938	29,938			10,499	10,499			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	16	16							16	16			
B. Other Bed Reserve Days	17	17			14	14			3	3			
5. <b>Total Resident Days (3G + 4A + 4B)</b>	40,470	40,470			29,952	29,952			10,518	10,518			

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

Name of Facility Milford Health Care Center, Inc.			License No. 1056-C			Report for Year Ended 9/30/2022			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(1)	(2)	(3)	(1)	(2)	(3)				
N/A													
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	32		64		22								
Per Diem Rate													
a. One bed rm.	Various		326.47		655.00								
b. Two bed rms.	Various		326.47		560.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								2,564	2,564				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								36	36				
C. Other								14,828	14,828				
D. Total Physical Therapy Treatments								17,428	17,428				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								401	401				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								2,071	2,071				
D. Total Speech Therapy Treatments								2,472	2,472				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								2,527	2,527				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								38	38				
C. Other								15,468	15,468				
D. Total Occupational Therapy Treatments								18,033	18,033				

**Report of Expenditures - Salaries & Wages**

Name of Facility	License No.	Report for Year Ended	Page	of		
Milford Health Care Center, Inc.	1056-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	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	24,429	52				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	189,103	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	283,283	11,207				
5. Dietary Service						
a. Head Dietitian	27,857	788				
b. Food Service Supervisor	81,224	2,048				
c. Dietary Workers	503,839	23,980				
6. Housekeeping Service						
a. Head Housekeeper	59,400	2,080				
b. Other Housekeeping Workers	420,236	21,885				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	67,788	2,080				
b. Other Maintenance Workers	53,486	2,683				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	116,558	6,144				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	268,215	4,136				
b. RN						
1. Direct Care	545,307	11,988				
2. Administrative**	207,553	4,833				
c. LPN						
1. Direct Care	1,595,965	44,975				
2. Administrative**	72,667	1,896				
d. Aides and Attendants	2,402,783	113,406				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	115,860	4,801				
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	122,956	4,092				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	161,429	3,751				
<i>A-13. Total Salary Expenditures</i>	7,319,938	268,905				

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

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

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



Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	-					
Admissions (\$32,286 Disallowed Relating to Marketing)	\$ 161,429	3,751				
<b>Total</b>	\$ 161,429	3,751	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	-					
IV Nursing Consultant (Disallowed on Pg 28a)	\$ 19,344	129				
<b>Total</b>	\$ 19,344	129	\$ -	-	\$ -	-

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

Name of Facility				License No.	Report for Year Ended			Page	of	
Milford Health Care Center, Inc.				1056-C	9/30/2022			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
Marvin J Ostreicher	24,429			Non Discriminatory	Supervises Operations, Deals with DNS	52	A1	See Attached		
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

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

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

	<b>TOTAL</b>	<b>BEDS</b>	<b>AllocatedBenefits</b>	<b>Total w/ Bnft</b>
Augusta	38.75	72	5.41	44.16
Belair	45.50	102	7.67	53.17
Bethel	37.25	161	12.10	49.35
Bloomfield	54.75	120	9.02	63.77
Brattleboro	38.75	80	6.01	44.76
Brentwood	40.75	78	5.86	46.61
Brewer	39.75	111	8.34	48.09
Bristol	37.75	132	9.92	47.67
Cambridge	42.75	160	12.03	54.78
Catskill	37.75	136	10.22	47.97
Colony	47.75	92	6.92	54.67
Country	51.75	111	8.34	60.09
Dover	47.50	112	8.42	55.92
Eastside	44.50	69	5.19	49.69
Eliot	47.00	114	8.57	55.57
Glen Falls	38.00	120	9.02	47.02
Hebrew Home	63.75	257	19.32	83.07
Huntington	40.50	320	24.05	64.55
Kennebunk	46.25	78	5.86	52.11
Ludlowe	37.00	144	10.82	47.82
Maple View	56.75	120	9.02	65.77
Marlborough	40.25	120	9.02	49.27
Maywood	42.00	120	9.02	51.02
Milford	42.50	120	9.02	51.52
Newton Wellseley	49.75	110	8.27	58.02
Norway	41.75	70	5.26	47.01
Poughkeepsie	42.00	200	15.03	57.03
Regency	43.50	130	9.77	53.27
Reservoir	45.75	144	10.82	56.57
Riverside	61.75	345	25.93	87.68
Rutland	41.50	125	9.40	50.90
Sachem	50.00	111	8.34	58.34
Sands Point	48.50	180	13.53	62.03
Utica	45.75	117	8.79	54.54
Village Crest	42.00	95	7.14	49.14
Water's Edge	42.50	150	11.28	53.78
Westgate	44.50	104	7.82	52.32
Winship	45.75	72	5.41	51.16
Vacation	328.00			
Sick	0.00			
Personal	0.00			
Holiday	48.00			
Total	2080.25	5,002	376	2,080.25

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Milford Health Care Center, Inc.				1056-C	9/30/2022			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Joanne Jinete	189,103			Non Discriminatory	Administrator	2,080	A2			
<b>Section IV - Assistant Administrators</b>										

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

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

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

**Annual Report of Long-Term Care Facility**

**B. Report of Expenditures - Professional Fees**

Name of Facility	License No.	Report for Year Ended	Page	of		
Milford Health Care Center, Inc.	1056-C	9/30/2022	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist	7,308	126				
3. Pharmacist	17,594	117				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	474,482	8,631				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	57,000	89				
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	142,340	1,796				
b. Other						
10. Occupational Therapist						
a. Resident Care	503,114	7,184				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	147,631	1,951				
2. Administrative***						
b. LPN						
1. Direct Care	295,065	5,441				
2. Administrative***						
c. Aides	166,952	4,971				
d. Other						
12. Other (Specify)						
See Attached Schedule	19,344	129				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>1,830,830</b>	<b>30,435</b>				

\* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

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

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

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

Name of Facility Milford Health Care Center, Inc.		License No. 1056-C	Report for Year Ended 9/30/2022	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Gerident Solutions, P.O. Box 290539, Wethersfield, CT 06129	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Procure LTC of CT, 111 Executive Blvd, Farmingdale, NY 11735	Pharmacist / IV Nursing Consultant	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Preferred Thearpy-850 Silas Deane HWY Wethersfield CT	PT, OT, ST	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Dr. Garumuni DeSilva, 15 Aldo Drive, Woodbridge, CT, 16525	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
MassTex Imaging LLC- 3 Electronics Avenue Suite # 201 Danvers, MA 01923-1099	Speech Therapist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
SDX/SWALLOWING DIAGNOSTICS, LLC, 21 Waterville Rd, Avon, CT 06001	Speech Therapist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Preferred Professional Services-850 Silas Deane HWY Wethersfield CT 06109	Contract RNs / LPNs / CNAs	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
AAA Nursing Care, 3303 Main St, Stratford, CT 06614	Contract RNs / LPNs / CNAs	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
INTELYCARE INC PO BOX 200413 PITTSBURGH PA 15262	Contract RNs / LPNs / CNAs	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
MAS MEDICAL STAFFING PO BOX 4473 HOUSTON TX 77210	Contract RNs / LPNs / CNAs	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
The Nurse Network, 653 Main St, Plantsville, CT 06479	Contract RNs / LPNs / CNAs	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Five Star Care, 250 Cedarbridge Ave, Lakewood, NJ 08701	Contract LPNs / CNAs	<input type="radio"/>	<input checked="" type="radio"/>	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"/>		

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

**C. Expenditures Other Than Salaries - Administrative and General**

Name of Facility	License No.	Report for Year Ended	Page	of
Milford Health Care Center, Inc.	1056-C	9/30/2022	15	37
Item	Total	CCNH	RHNS	(Specify)
<b>1. Administrative and General</b>				
<b>a. Employee Health &amp; Welfare Benefits</b>				
1. Workmen's Compensation	\$ 314,314	314,314		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 79,274	79,274		
4. Social Security (F.I.C.A.)	\$ 547,314	547,314		
5. Health Insurance	\$ 828,323	828,323		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 230,695	230,695		
8. Uniform Allowance	\$			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 6,068	6,068		
<b>b. Personal Retirement Plans, Pensions, and         Profit Sharing Plans for Owners and         Operators (Discriminatory)*</b>	\$			
<b>c. Bad Debts*</b>	\$ 267,081	267,081		
<b>d. Accounting and Auditing</b>	\$ 39,570	39,570		
<b>e. Legal (<i>Services should be fully described on Page 7</i>)</b>	\$ 4,540	4,540		
<b>f. Insurance on Lives of Owners and         Operators (<i>Specify</i>)*</b>	\$			
<b>g. Office Supplies</b>	\$ 26,444	26,444		
<b>h. Telephone and Cellular Phones</b>				
1. Telephone & Pagers	\$ 34,297	34,297		
2. Cellular Phones	\$ 7,540	7,540		
<b>i. Appraisal (<i>Specify purpose and         attach copy</i>)*</b>	\$			
<b>j. Corporation Business Taxes (<i>franchise tax</i>)</b>	\$ 91,050	91,050		
<b>k. Other Taxes (<i>Not related to property - See Page 22</i>)</b>				
1. Income*	\$			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 577,648	577,648		
<b>Subtotal</b>	\$ 3,054,158	3,054,158		

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

(Carry Subtotals forward to next page)

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

**Schedule of Other Employee Benefits**

Description	CCNH	RHNS	(Specify)
	-		
Background Checks	\$ 6,068		
<b>Total</b>	<b>\$ 6,068</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Taxes**

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



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

Name of Facility	License No.	Report for Year Ended	Page	of
Milford Health Care Center, Inc.	1056-C	9/30/2022	16	37
Item		Total	CCNH	RHNS (Specify)
<b>Subtotals Brought Forward:</b>		3,054,158	3,054,158	
<b>l. Travel and Entertainment</b>				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$	22,280	22,280	
4. Employee Travel	\$	1,952	1,952	
5. Education Expenses Related to Seminars and Conventions	\$	17,030	17,030	
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$	248	248	
7. Other ( <i>Specify</i> ) See Attached Schedule	\$			
<b>m. Other Administrative and General Expenses</b>				
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$			
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$	15,187	15,187	
4. Fund-Raising***	\$			
5. Medical Records	\$			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$	2,962	2,962	
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$	8,802	8,802	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$	3,450	3,450	
10. Contributions*** See Attached Schedule	\$			
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$	164,557	164,557	
12. Administrative Management Services**	\$	601,747	601,747	
13. Other ( <i>Specify</i> ) See Attached Schedule	\$	44,859	44,859	
<b>C-14 Total Administrative &amp; General Expenditures</b>		<b>\$ 3,937,232</b>	<b>3,937,232</b>	

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
	-		
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	-		
Promotional Advertising (Disallowed on Pg 28)	\$ 9,642		
Marketing Supplies (Disallowed on Pg 28)	5,545		
<b>Total Other Advertising</b>	\$ 15,187	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	-		
CAHCF Dues	\$ 8,802		
<b>Total Dues</b>	\$ 8,802	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	-		
Licenses and Permits-Milford-Administration	\$ 3,899		
Bank Charges-Milford-Administration	34,175		
Misc. Expense-Milford-Administration (Disallowed on Pg 28a)	6,785		
<b>Total Other Administrative and General</b>	\$ 44,859	\$ -	\$ -

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

Name of Facility Milford Health Care Center, Inc.	License No. 1056-C	Report for Year Ended 9/30/2022	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
National Healthcare	601,747	Management Fees	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
Milford Health Care Center, Inc.	1056-C	9/30/2022	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 373,144	373,144		
2. Non-Food Supplies	\$ 46,765	46,765		
3. Other ( <i>Specify</i> ) _____	\$ _____			
b. Purchased Services ( <i>by contract other than through Management Services (Complete Schedule C-2 att. Page 21)</i> )	\$ 20,159	20,159		
c. Other ( <i>Specify</i> ) _____	\$ _____			
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 440,068</b>	<b>440,068</b>		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*				
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				
H. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.				
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify cost.				
K. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.				
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify cost.				
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.				
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility Milford Health Care Center, Inc.		License No. 1056-C	Report for Year Ended 9/30/2022	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$			
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. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Other (Specify) Other Supplies / Diapers		\$	55,806	55,806	
3D. <b>Total Laundry Expenditures</b> (3a + b + c)		\$	55,806	55,806	
3E. Laundry Questionnaire					
F.	Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
G.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
H.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
J.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
K.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

\* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.  
 All allocations should add to total recorded in 3D.

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Milford Health Care Center, Inc.		1056-C	9/30/2022		20	37
Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel					
a. In-House Care						
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt.	\$ 70,675	70,675			
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.	\$ 5,468	5,468			
C. Other ( <i>Specify</i> )		\$				
<b>4D. Total Housekeeping Expenditures (4a + b + c)</b>		\$ 76,143	76,143			
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		\$				
2. Purchased from ProCare LTC		\$ 743,977	743,977			
b. Medicine Cabinet Drugs		\$ 23,804	23,804			
c. Medical and Therapeutic Supplies		\$ 131,901	131,901			
d. Ambulance/Limousine***		\$ 496	496			
e. Oxygen						
1. For Emergency Use		\$				
2. Other***		\$ 7,978	7,978			
f. X-rays and Related Radiological Procedures***		\$ 34,166	34,166			
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )		\$				
h. Laboratory***		\$ 87,044	87,044			
i. Recreation		\$ 25,030	25,030			
j. Direct Management Services*		\$				
k. Indirect Management Services*		\$				
l. Other (Specify)**** See Attached Schedule		\$ 154,832	154,832			
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>		\$ 1,209,228	1,209,228			

\* 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.



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

Name of Facility Milford Health Care Center, Inc.		License No. 1056-C		Report for Year Ended 9/30/2022			Page of 21   37			
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
ADM Enviromental Group	1370 Coney Island Ave. Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Waste Services/Monthly Recycling Services	44,886			22	6f
Milford Quality Landscaping	P.O. Box 329 Milford, CT 06460	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Landscaping	23,714			22	6f
Total Lawn Care & More LLC	15 Clark St. Apt1. Milford CT 06460	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Landscaping	11,433			22	6f
ADP	P.O. Box 842875 Boston, MA 02284	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Payroll Service	16,300			16	m11
MANHATTAN TECH SUPPORT	55 W 39TH ST NEW YORK, NY 10018	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Computer Maintenance Systems	37,446			16	m11
Emcore Services	30 Lindeman Drive, Trumbull, CT 06611	<input type="radio"/>	<input checked="" type="radio"/>	N/A	HVAC	26,639			22	6f
Fire Protection Testing	N/A	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Fire Protection	10,715			22	6f
IRON MOUNTAIN	PO Box 27128 New York NY 10087	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Record Management	27,156			22	6f
SMART CARE	P.O. Box 74008980 Chicago, IL 60674-8980	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Dietary Equip Repair	15,331			18	2b
JUNGA ELECTRIC LLC	19 CandleWood RD, Milford, CT 06461	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Electrical Services	12,662			22	6f
OTIS ELEVATOR	PO BOX 13716 NEWARK NJ 07188	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Elevator Maintenance	15,321			22	6f
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

\* List all contracted services over \$10,000. Use additional sheets if necessary.

\*\* Refer to Page 4 for definition of related.

\*\*\* Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).



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

Name of Facility	License No.	Report for Year Ended			Page	of
Milford Health Care Center, Inc.	1056-C	9/30/2022			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$					
b. Heat	\$ 51,558	51,558				
c. Light & Power	\$ 103,602	103,602				
d. Water	\$ 40,384	40,384				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 56,174	56,174				
f. Other ( <i>itemize</i> )	\$ 223,395	223,395				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 475,113</b>	<b>475,113</b>				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 97,182	97,182				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 97,182</b>	<b>97,182</b>				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 91,825	91,825				
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$ 91,825</b>	<b>91,825</b>				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 789,827	789,827				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 137,655	137,655				
c. Personal property taxes	\$ 11,200	11,200				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 1,127,689</b>	<b>1,127,689</b>				

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





Schedule of Land Improvements Acquired during this report period

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

## Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
<b>Additions:</b>					
10/6/2021	Manhattan Tech - Laptop	Administrative	\$ 1,584	3	\$ 528
10/11/2021	Conveyor Toaster	Administrative	2,708	10	271
10/15/2021	Cabinets (1 Draw, 3 Draws)	Standard Resident	42,524	15	2,835
10/22/2021	Manhattan Tech - Desktop	Administrative	1,260	5	252
10/29/2021	White/Cork Boards	Administrative	2,438	5	488
11/22/2021	Maxwell Thomas Chairs	Standard Resident	17,946	10	1,795
11/24/2021	MTS Laptop	Administrative	1,196	3	399
11/30/2021	Tristate - Chair Scale	Standard Resident	1,270	10	127
12/21/2021	Desktop	Administrative	1,292	3	431
1/20/2022	Common Area Furniture	Standard Resident	71,999	10	7,200
1/21/2022	Maxwell T. Occasional Chair	Standard Resident	4,722	10	472
2/1/2022	Wall Ars & Signs	Administrative	22,843	5	4,569
2/2/2022	Bed Electric	Standard Resident	2,433	12	203
2/28/2022	Power-Flite Carpet Extractor	Administrative	1,468	3	489
3/1/2022	Nurse Visual Call system	Standard Resident	41,609	10	4,161
3/11/2022	Dryer Vent	Administrative	5,337	10	534
3/15/2022	Bed frame	Standard Resident	1,242	10	124
3/15/2022	Bed Frame	Standard Resident	1,225	10	123
3/23/2022	1/2 Hp Motor Install	Administrative	2,190	3	730
4/1/2022	Neg air fan/scrub-Large x 39	Administrative	8,494	5	1,699
4/6/2022	Range /Refrigartor	Administrative	2,270	10	227
4/15/2022	Desktop and Monitor	Administrative	1,318	3	439
4/15/2022	Seal Bearing for PUMP	Standard Resident	1,910	10	191
4/28/2022	Dell Desktop and Monitor	Administrative	1,326	3	442
5/1/2022	Dryer Vent Replacement	Administrative	13,244	15	883
5/27/2022	Dryer 75LB	Administrative	7,053	10	705
6/8/2022	Dell Latitude Laptop	Administrative	1,192	3	397
6/9/2022	Carpet Extractor	Administrative	5,503	7	786
6/9/2022	Dell Optiplex Desktop	Administrative	1,328	3	443
7/28/2022	Kangaroo " E Pump (feeding)"	Standard Resident	1,018	10	102
8/1/2022	A/C Split System ( deposit)	Administrative	7,803	5	1,561
8/1/2022	Food Blender	Administrative	1,495	10	149
8/2/2022	Dell Optiplex Desktop	Administrative	1,327	3	442
8/10/2022	HP Chromebook	Administrative	2,451	3	817
8/18/2022	Blood Pressure Monitor & Temp	Standard Resident	2,101	6	350
8/22/2022	Meat Slicer	Administrative	6,783	10	678
8/30/2022	Dell Latitude Laptop	Administrative	1,201	3	400
9/1/2022	Common Room Signs	Standard Resident	5,488	5	1,098
<b>Total additions for Movable Equipmen</b>			\$ 300,591		\$ 37,540
<b>Deletions:</b>					
<b>Total deletions for Movable Equipmen</b>			\$ -		\$ -

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

## Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
10/2/2021	T. Ruddy - Rakeboards	\$ 1,051	15	\$ 70
10/27/2021	Nardi Masonry - Drainage	16,378	15	1,092
11/9/2021	L&W Supply - Ceiling Tiles	1,164	8	133
11/23/2021	Emcor - Hot Water Heater	5,247	10	481
12/1/2021	Plumbing bathroom renovations	9,741	20	406
3/2/2022	Plumbing/Sink and check valves	1,299	20	38
3/24/2022	Replace 8' off rotted fascia	1,893	3	368
4/4/2022	Ceiling Tile	3,088	5	309
6/2/2022	Oak Prefinishded Doors	2,808	15	62
7/31/2022	Furniture specification binder	19,500	3	1,625
7/31/2022	Roof	17,550	10	439

7/31/2022	Mini Split Repair parts	6,955	10	174
7/31/2022	Rooms' improvements	840,160	25	8,402
7/31/2022	Project Drawings	5,000	3	417
7/31/2022	Ceiling Tiles	2,573	8	81
7/31/2022	2 digital finishes sample boar	1,595	3	133
9/20/2022	Ceiling Tiles Install	1,133	5	19
9/22/2022	Boiler Heating pump/Repipe	8,477	10	71
9/22/2022	1st floor Split system-Final	18,206	10	152
9/30/2022	2nd FL Split Syst -Full Pay	49,144	10	410
<b>Total additions for Leasehold Improvemen</b>		<b>\$ 1,012,962</b>		<b>\$ 14,879</b>
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvemen</b>		<b>\$ -</b>		<b>\$ -</b>

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Amortization Schedule\***

Name of Facility Milford Health Care Center, Inc.			License No. 1056-C		Report for Year Ended 9/30/2022			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period	Var	Var	Various	1,729,622	1,066,588	S/L	Varior	76,946	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	Var	Var	Various	1,012,962		S/L	Varior	14,879	
C-4. Subtotal									91,825
<b>D. Total Amortization</b>									91,825

\* 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.

**Milford Health & Rehab**  
FIXED ASSET / DEPRECIATION SCHEDULE

Asset Type	Description	Date In Service	Method	Life	Historical Cost	2020 Deprec.	2020 A/D	2021 Deprec.	2021 A/D	2022 Deprec.	2022 A/D	NBV
<b>LEASEHOLD IMPROVEMENTS</b>												
LI	Prior Period Acquisitions (Per 9/30/18 CR)	Various	S/L	Various	1,353,600	67,806	979,835	55,632	1,035,467	38,750	1,074,216	279,384
<b>2019 Additions</b>												
LI	MJ Daly-Water Cutoff	10/31/2018	S/L	10	3,274	327	654	327	981	327	1,308	1,966
LI	Rick's Plumbing-Sump Pump	3/21/2019	S/L	10	2,333	234	468	234	702	234	936	1,407
LI	Eagle River Roof Svc	3/28/2019	S/L	10	8,968	897	1,794	897	2,691	897	3,588	5,380
LI	Star Delta Motors-hubler part	4/2/2019	S/L	10	1,002	100	200	100	300	100	400	602
LI	Janga Electric-new lines	4/11/2019	S/L	10	1,406	141	282	141	423	141	564	842
LI	Okulus-phone lines	6/4/2019	S/L	10	3,680	368	736	368	1,104	368	1,472	2,208
LI	Okulus-data lines	6/7/2019	S/L	10	3,930	393	786	393	1,179	393	1,572	2,358
LI	Lindquist - Dishroom Doors	8/1/2019	S/L	10	2,394	239	478	239	717	239	956	1,438
LI	Rick's Plumbing-piping	9/17/2019	S/L	10	3,722	372	744	372	1,116	372	1,488	2,234
LI	Grainger-Water circ motor	9/24/2019	S/L	10	898	90	180	90	270	90	360	538
LI	Okulus - upgrade	9/30/2019	S/L	10	1,840	184	368	184	552	184	736	1,104
LI	MJ Daly-Miscellaneous	9/30/2019	S/L	10	6,774	677	1,354	677	2,031	677	2,708	4,066
LI	Okulus - upgrade	9/30/2019	S/L	10	690	69	138	69	207	69	276	414
<b>2020 Additions</b>												
LI	MJ Daly - HVAC	10/15/2019	S/L	10	2,781	278	556	278	834	278	834	1,947
LI	Eagle River Roof Svc	11/4/2019	S/L	10	1,039	104	208	104	312	104	312	727
LI	Rick's Plumbing - valves	11/18/2019	S/L	10	728	73	146	73	219	73	219	509
LI	Rick's Plumbing - valve	11/19/2019	S/L	10	782	78	156	78	234	78	234	548
LI	MJ Daly - Replace RTU	11/27/2019	S/L	10	14,875	1,488	2,976	1,488	4,464	1,488	4,464	10,411
LI	L&W Supply - Ceiling Tiles	12/5/2019	S/L	10	941	94	188	94	282	94	282	659
LI	MJ Daly - motors	12/31/2019	S/L	10	1,695	169	338	169	507	169	507	1,188
LI	M&R Mechanical - Air Handler	1/13/2020	S/L	10	4,227	423	846	423	1,269	423	1,269	2,958
LI	Rick's Plumbing-roof heating	1/28/2020	S/L	10	3,877	388	776	388	1,164	388	1,164	2,713
LI	RAPS Plumbing	2/5/2020	S/L	10	3,335	334	668	334	1,002	334	1,002	2,333
LI	MJ Daly - coil	2/28/2020	S/L	10	4,092	409	818	409	1,227	409	1,227	2,865
LI	Lindquist-Paddle lock/door	3/16/2020	S/L	10	1,793	179	358	179	537	179	537	1,256
LI	Mallico Construct-Ramp Signage	6/11/2020	S/L	10	2,393	239	478	239	717	239	717	1,676
LI	Emcor Sves-blower motor	7/14/2020	S/L	10	3,165	317	634	317	951	317	951	2,214
LI	Emcor Sves-duct work	7/31/2020	S/L	10	3,516	352	704	352	1,056	352	1,056	2,460
LI	Fire Prot Alarm-expander bnd	8/21/2020	S/L	10	1,375	138	276	138	414	138	414	961
LI	M&R Mechanical - Air Handler	8/24/2020	S/L	10	4,227	423	846	423	1,269	423	1,269	2,958
LI	EmcorSves-Fire damper assembly	9/16/2020	S/L	10	2,307	231	462	231	693	231	693	1,614
<b>2021 Additions</b>												
LI	Emcor-blower motor	10/14/2020	S/L	10	1,237	-	-	124	124	124	248	989
LI	Emcor - AC motor	1/20/2021	S/L	10	3,490	-	-	262	262	349	611	2,879
LI	Emcor Svc-insulate roof pipe	2/28/2021	S/L	15	1,127	-	-	50	50	75	125	1,002
LI	Eagle River - Roof	12/22/2020	S/L	10	94,060	-	-	5,483	5,483	9,400	14,883	79,177
LI	Emcor Sves - Insulation	1/23/2021	S/L	10	101,450	-	-	5,918	5,918	10,145	16,063	85,387
LI	Eagle River - Roof	1/23/2021	S/L	10	3,510	-	-	219	219	439	658	2,851
LI	Nardi Masonry-estead plug	4/9/2021	S/L	8	6,721	-	-	837	2,511	3,348	21,761	1,100
LI	Perfetto Cons - soffit repair	6/7/2021	S/L	10	25,109	-	-	628	2,511	3,139	21,970	1,100
LI	Emcor - Compressor	7/13/2021	S/L	15	3,901	-	-	65	65	260	325	3,576
LI	Emcor - RTU trans replace	6/8/2021	S/L	10	6,662	-	-	222	222	666	888	5,774
LI	Perfetto Cons - soffit material	7/28/2021	S/L	10	1,152	-	-	29	29	115	144	1,009
LI	Perfetto Cons - soffit repair	7/28/2021	S/L	10	25,109	-	-	628	2,511	3,139	21,970	1,100
LI	Emcor Sves - Compressor	6/25/2021	S/L	10	2,380	-	-	40	40	238	278	2,102
LI	Emcor - RTU Trans replace	8/23/2021	S/L	10	15,546	-	-	259	259	1,555	1,814	13,732
<b>2021 Disposals</b>												
LI	Disposal of Prior Period Assets				(6,721)	-	-	-	(6,721)	-	(6,721)	-
<b>2022 Additions</b>												
LI	T. Ruddy - Rakeboards	10/2/2021	S/L	13	1,051	-	-	-	-	70	70	981
LI	Nardi Masonry - Drainage	10/27/2021	S/L	15	16,378	-	-	-	-	1,092	1,092	15,286
LI	L&W Supply - Ceiling Tiles	11/9/2021	S/L	8	1,164	-	-	-	-	133	133	1,031
LI	Emcor - Hot Water Heater	11/23/2021	S/L	10	5,247	-	-	-	-	481	481	4,766
LI	Plumbing bathroom renovations	12/1/2021	S/L	20	9,741	-	-	-	-	406	406	9,335
LI	Flushing Sink and check valves	3/2/2022	S/L	20	1,299	-	-	-	-	38	38	1,261
LI	Replace 8' off rotted fascia	3/24/2022	S/L	3	1,893	-	-	-	-	368	368	1,525
LI	Ceiling Tile	4/4/2022	S/L	5	3,088	-	-	-	-	309	309	2,779
LI	Oak Prefinished Doors	6/2/2022	S/L	15	2,808	-	-	-	-	62	62	2,745
LI	Furniture specification binder	7/31/2022	S/L	3	19,500	-	-	-	-	1,625	1,625	17,875
LI	Roof	7/31/2022	S/L	10	17,530	-	-	-	-	439	439	17,111
LI	Mini Split Repair parts	7/31/2022	S/L	10	6,955	-	-	-	-	174	174	6,781
LI	Rooms improvements	7/31/2022	S/L	3	840,160	-	-	-	-	8,402	8,402	831,759
LI	Project drawings	7/31/2022	S/L	3	5,000	-	-	-	-	417	417	4,583
LI	Ceiling Tiles	7/31/2022	S/L	8	2,573	-	-	-	-	81	81	2,493
LI	2 digital finishes sample boar	7/31/2022	S/L	3	1,595	-	-	-	-	133	133	1,462
LI	Ceiling Tiles Install	9/20/2022	S/L	3	1,133	-	-	-	-	19	19	1,114
LI	Boiler Heating pump/Repipe	9/22/2022	S/L	10	8,477	-	-	-	-	71	71	8,406
LI	1st floor Split system-Final	9/22/2022	S/L	10	18,206	-	-	-	-	152	152	18,055
LI	2nd FL Split Syst -Full Pay	9/30/2022	S/L	10	49,144	-	-	-	-	410	410	48,735
<b>TOTAL LEASEHOLD IMPROVEMENTS</b>					<b>2,742,584</b>	<b>77,614</b>	<b>993,734</b>	<b>79,575</b>	<b>1,066,588</b>	<b>91,825</b>	<b>1,158,413</b>	<b>1,584,171</b>
<b>MOVABLE EQUIPMENT</b>												
MME	Prior Period Acquisitions (Per 9/30/18 CR)	Various	S/L	Various	984,209	70,243	780,160	60,923	841,083	26,390	867,473	116,736
<b>2019 Additions</b>												
MME	Cul Depot-Disposer	10/5/2018	S/L	5	3,091	618	1,236	618	1,854	618	2,472	619
MME	H&R-Pumps	10/10/2018	S/L	5	1,882	376	752	376	1,128	376	1,504	378
MME	Fire Prot Alarms-smoke detect	10/22/2018	S/L	5	1,556	311	622	311	933	311	1,244	312
MME	PenTel-2 cordless phones	10/29/2018	S/L	5	1,372	274	548	274	822	274	1,096	276
MME	Grainger-Power Pack	10/30/2018	S/L	5	1,645	329	658	329	987	329	1,316	329
MME	TriState-Hi Lo Bed	10/31/2018	S/L	5	956	191	382	191	573	191	764	192
MME	Star Delta- Pump Motor/Bearing	1/11/2019	S/L	5	1,745	349	698	349	1,047	349	1,396	349
MME	TriState - Hi Lo Bed	1/16/2019	S/L	5	956	191	382	191	573	191	764	192
MME	PC Connection-HP Monitor	1/24/2019	S/L	5	1,025	205	410	205	615	205	820	205
MME	Kingalee Power-Control board	3/6/2019	S/L	5	1,772	354	708	354	1,062	354	1,416	356
MME	Daniel's Equip-UnitMac Washer	3/7/2019	S/L	5	5,943	1,189	2,378	1,189	3,567	1,189	4,756	1,187
MME	Cul Depot-ice Water Dispenser	3/8/2019	S/L	5	6,552	1,310	2,620	1,310	3,930	1,310	5,240	1,312
MME	PC Connection	4/8/2019	S/L	5	1,123	225	450	225	675	225	900	223
MME	Culinary Depot-Conv Oven	7/16/2019	S/L	5	11,847	2,369	4,738	2,369	7,107	2,369	9,476	2,371
MME	IT Savvy - APC Smart 1500	8/5/2019	S/L	5	1,619	324	648	324	972	324	1,296	323
MME	IT Savvy - HPE Aruba 2530	8/21/2019	S/L	5	1,632	326	652	326	978	326	1,304	328
MME	McKesson-Electric Bed	9/27/2019	S/L	5	1,297	259	518	259	777	259	1,036	261
<b>2020 Additions</b>												



Milford Health & Rehab  
FIXED ASSET / DEPRECIATION SCHEDULE

Asset Type	Description	Date In Service	Method	Life	Historical Cost	2020 Deprec.	2020 A/D	2021 Deprec.	2021 A/D	2022 Deprec.	2022 A/D	NBV
MME	PC Connection	10/22/2019	S/L	5	1,663	333	333	333	666	333	999	664
MME	McKesson - Scale	10/27/2019	S/L	5	756	151	151	151	302	151	453	303
MME	IT Savvy-A/C Smart	11/4/2019	S/L	3	883	177	177	177	354	177	531	352
MME	Cul Depot - Ice Bin	11/5/2019	S/L	5	1,018	204	204	204	408	204	612	406
MME	Daniels Equip-Unit/Mac dryer	11/19/2019	S/L	5	5,943	1,189	1,189	1,189	2,378	1,189	3,567	2,376
MME	PC Connection	12/19/2019	S/L	5	972	194	194	194	388	194	582	390
MME	Cul Depot - Ice Maker	12/26/2019	S/L	5	6,024	1,205	1,205	1,205	2,410	1,205	3,615	2,409
MME	TriState - Digital Chair Scale	1/23/2020	S/L	5	1,235	247	247	247	494	247	741	494
MME	Culinary Depot - Food Processor	2/28/2020	S/L	5	1,486	297	297	297	594	297	891	595
MME	McKesson-Thermometer	3/19/2020	S/L	5	2,586	517	517	517	1,034	517	1,551	1,035
MME	TLD Pro-Whirlpool freezer	4/1/2020	S/L	5	1,359	272	272	272	544	272	816	543
MME	McKesson-Electric Bed	4/22/2020	S/L	5	710	142	142	142	284	142	426	284
MME	PC Connection-Computer	5/7/2020	S/L	5	1,543	309	309	309	618	309	927	616
MME	PC Connection-Chromebook	5/22/2020	S/L	5	930	186	186	186	372	186	558	372
MME	McKesson-Electric bed	5/28/2020	S/L	5	1,345	269	269	269	538	269	807	538
MME	SmartCare-Warewash Booster	6/5/2020	S/L	5	1,120	224	224	224	448	224	672	448
MME	SmartCare-walk in cooler	7/7/2020	S/L	15	10,271	685	685	685	1,370	685	2,055	8,216
MME	Home Depot-Port Rm AC	7/24/2020	S/L	5	764	153	153	153	306	153	459	305
MME	Cul Depot - SalvaJoy Dispenser	7/29/2020	S/L	5	1,884	377	377	377	754	377	1,131	753
MME	Cul Depot-Refrigerator	9/17/2020	S/L	5	3,920	784	784	784	1,568	784	2,352	1,568
MME	PC Connection-Optiflex 3070	10/1/2020	S/L	3	1,092	-	-	334	334	364	698	394
MME	HR-Mattress	10/16/2020	S/L	5	1,223	-	-	224	224	245	469	754
MME	DigiCard - ID printer	1/19/2021	S/L	5	1,521	-	-	177	177	304	481	1,039
MME	Manhattan Tech-laptop	4/12/2021	S/L	3	1,012	-	-	169	169	337	507	507
MME	ManhattanTech-All in One	4/13/2021	S/L	3	2,574	-	-	429	429	858	1,287	1,287
MME	McKesson-Monitor BP Spot	4/14/2021	S/L	5	2,099	-	-	210	210	420	630	1,469
MME	TriState-Wheelchair Scale	4/8/2021	S/L	10	1,328	-	-	66	66	133	199	1,129
MME	Manhattan Tech-Dell	5/24/2021	S/L	3	1,050	-	-	146	146	350	496	554
MME	Direct Supply-Smartcare Trio	5/24/2021	S/L	8	4,305	-	-	224	224	538	762	3,543
MME	Manhattan Tech - Dell	5/28/2021	S/L	3	1,128	-	-	157	157	376	533	596
MME	Tri State - Wheelchair scale	5/6/2021	S/L	10	1,498	-	-	62	62	150	212	1,286
MME	Manhattan Tech-Dell	7/7/2021	S/L	3	1,199	-	-	100	100	400	500	699
MME	Emcor - Spot Coolers	7/16/2021	S/L	5	4,977	-	-	249	249	995	1,244	3,733
MME	Manhattan Tech - Dell	7/16/2021	S/L	3	1,136	-	-	95	95	379	474	662
MME	Manhattan Tech - Dell	6/7/2021	S/L	3	1,213	-	-	135	135	404	539	674
MME	Manhattan Tech-Dell Monitor	7/19/2021	S/L	3	1,367	-	-	114	114	456	570	797
MME	Manhattan Tech-Dell Monitor	6/30/2021	S/L	3	1,191	-	-	132	132	397	529	662
MME	SmartCare-steamer motor	8/10/2021	S/L	5	1,794	-	-	60	60	359	419	1,375
MME	Manhattan Tech-Dell laptop	8/26/2021	S/L	3	1,144	-	-	64	64	381	445	700
MME	Manhattan Tech-SW license	7/9/2021	S/L	3	8,083	-	-	449	449	2,694	3,143	4,940
MME	RainTech - Nurse Call System	7/26/2021	S/L	10	41,609	-	-	347	347	4,161	4,508	37,102
MME	Direct Supply - Tables Overbed	9/30/2021	S/L	15	5,400	-	-	30	30	360	390	5,010
MME	MTS Desktop	9/16/2021	S/L	3	1,285	-	-	36	36	428	464	822
MME	MTS - Desktop	9/15/2021	S/L	3	1,945	-	-	54	54	648	702	1,243
2022 Additions												
MME	Manhattan Tech - Laptop	10/6/2021	S/L	3	1,584	-	-	-	-	528	528	1,056
MME	Conveyor Toaster	10/11/2021	S/L	10	2,708	-	-	-	-	271	271	2,437
MME	Cabinets (1 Draw, 3 Draw)	10/15/2021	S/L	15	42,524	-	-	-	-	2,835	2,835	39,689
MME	Manhattan Tech - Desktop	10/22/2021	S/L	5	1,260	-	-	-	-	252	252	1,008
MME	White/Cook Boards	10/29/2021	S/L	5	2,438	-	-	-	-	488	488	1,950
MME	Maxwell Thomas Chairs	11/22/2021	S/L	10	17,946	-	-	-	-	1,795	1,795	16,151
MME	MTS Laptop	11/24/2021	S/L	3	1,196	-	-	-	-	399	399	797
MME	Tristate - Chair Scale	11/30/2021	S/L	10	1,270	-	-	-	-	127	127	1,143
MME	Desktop	12/21/2021	S/L	3	1,292	-	-	-	-	431	431	861
MME	Common Area Furniture	1/20/2022	S/L	10	71,999	-	-	-	-	7,200	7,200	64,799
MME	Maxwell T Occasional Chair	1/21/2022	S/L	10	4,722	-	-	-	-	472	472	4,250
MME	Wall Ars & Signs	2/1/2022	S/L	5	22,843	-	-	-	-	4,569	4,569	18,274
MME	Bed Electric	2/2/2022	S/L	12	2,433	-	-	-	-	203	203	2,230
MME	Power-Fitte Carpet Extractor	2/28/2022	S/L	3	1,468	-	-	-	-	489	489	979
MME	Nurse Visual Call system	3/1/2022	S/L	10	41,609	-	-	-	-	4,161	4,161	37,448
MME	Dryer Vent	3/11/2022	S/L	10	5,337	-	-	-	-	534	534	4,803
MME	Bed frame	3/15/2022	S/L	10	1,242	-	-	-	-	124	124	1,118
MME	Bed Frame	3/15/2022	S/L	10	1,225	-	-	-	-	123	123	1,102
MME	1/2 Hp Motor-Install	3/23/2022	S/L	3	2,190	-	-	-	-	730	730	1,460
MME	Neg air fan/scrub-Large x 39	4/1/2022	S/L	3	8,494	-	-	-	-	1,699	1,699	6,795
MME	Range /Refrigrator	4/6/2022	S/L	10	2,270	-	-	-	-	227	227	2,043
MME	Desktop aid Monitor	4/15/2022	S/L	3	1,318	-	-	-	-	439	439	879
MME	Seal Bearing for PUMP	4/15/2022	S/L	10	1,910	-	-	-	-	191	191	1,719
MME	Dell Desktop and Monitor	4/28/2022	S/L	3	1,326	-	-	-	-	442	442	884
MME	Dryer Vent Replacement	5/1/2022	S/L	15	13,244	-	-	-	-	883	883	12,361
MME	Dryer 75LB	5/27/2022	S/L	10	7,053	-	-	-	-	705	705	6,348
MME	Dell Latitude Laptop	6/8/2022	S/L	3	1,192	-	-	-	-	397	397	795
MME	Carpet Extractor	6/9/2022	S/L	7	5,503	-	-	-	-	786	786	4,717
MME	Dell Optiplex Desktop	6/9/2022	S/L	3	1,328	-	-	-	-	443	443	885
MME	Kangaroo " E Pump (feeding)"	7/28/2022	S/L	10	1,018	-	-	-	-	102	102	916
MME	A C Split System ( deposit)	8/1/2022	S/L	5	7,803	-	-	-	-	1,561	1,561	6,242
MME	Food Blender	8/1/2022	S/L	10	1,495	-	-	-	-	149	149	1,346
MME	Dell Optiplex Desktop	8/2/2022	S/L	3	1,327	-	-	-	-	442	442	885
MME	HP Chromebook	8/10/2022	S/L	3	2,451	-	-	-	-	817	817	1,634
MME	Blood Pressure Monitor & Temp	8/18/2022	S/L	6	2,101	-	-	-	-	350	350	1,751
MME	Meat Slicer	8/22/2022	S/L	10	6,783	-	-	-	-	678	678	6,105
MME	Dell Latitude Laptop	8/30/2022	S/L	3	1,201	-	-	-	-	400	400	801
MME	Common Room Signs	9/1/2022	S/L	5	5,488	-	-	-	-	1,098	1,098	4,390
TOTAL MOVABLE EQUIPMENT					1,468,399	87,358	806,475	82,100	888,575	97,182	985,757	482,642
TOTAL ASSETS PER CR SCHEDULE					4,210,983	164,972	1,800,209	161,675	1,955,163	189,007	2,144,170	2,066,813
TOTAL ASSETS PER TRIAL BALANCE					4,210,983	189,007	2,144,654	189,007	2,144,654	189,007	2,144,654	2,069,329
ROUNDING VARIANCE					0	(24,035)	(341,445)	(27,332)	(186,491)	-	2,516	(2,516)

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

Name of Facility Milford Health Care Center, Inc.	License No. 1056-C	Report for Year Ended 9/30/2022	Page 25	of 37
11. Property Questionnaire				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		120		
6. Square Footage		59,396		
7. Acquisition Cost				
a. Land				
b. Building				
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Fixed		
b. Date Mortgage Obtained		07/29/04		
c. Interest Rate for the Cost Year		6.39%		
d. Term of Mortgage (number of years)		40		
e. Amount of Principal Borrowed		9,387,600		
f. Principal balance outstanding as of 9/30/2022		9,088,030		
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Milford Health Care Center, Inc.		1056-C	9/30/2022		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)			\$			

*(Carry Subtotals forward to next page)*

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

Name of Facility Milford Health Care Center, Inc.		License No. 1056-C		Report for Year Ended 9/30/2022		Page 27	of 37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify) Admin / Computer Loan Interest				\$	15,710	15,710	
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>				\$	15,710	15,710	
14. Insurance							
a. Insurance on Property (buildings only)				\$	73,506	73,506	
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify) Liability / Crime Ins				\$	144,667	144,667	
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$	218,173	218,173	
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$	16,705,930	16,705,930	

**D. Adjustments to Statement of Expenditures**

Name of Facility			License No.	Report for Year Ended	Page	of	
Milford Health Care Center, Inc.			1056-C	9/30/2022	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 32,286	32,286		
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	b10a	Occupational Therapy	\$ 503,114	503,114		
7.			Other - See attached Schedule	\$ 19,344	19,344		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 267,081	267,081		
10.			Accounting	\$			
10a.			Legal	\$ 4,270	4,270		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 4,740	4,740		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	L3	Gifts, flowers and coffee shops	\$ 22,280	22,280		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.	16	L4	Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$ 106	106		
17.	16	L6	Automobile Expense (e.g. personal use)	\$ 248	248		
18.	16	m2/3	Unallowable Advertising *	\$ 15,187	15,187		
19.	15	j	Income Tax / Corporate Business Tax	\$ 90,800	90,800		
20.			Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ 317,888	317,888		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 13,604	13,604		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,290,948	1,290,948		

\* All except "Help Wanted"

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	12o	Admissions Salary Relating to Marketing	\$ 32,286		
<b>Total Other Salaries Adjustment</b>			\$ 32,286	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	b12o	IV Nursing Consultant	\$ 19,344		
<b>Total Other Fees Adjustments</b>			\$ 19,344	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Misc. Expense-Milford-Administration	\$ 6,785		
15	Var	Benefits Associated with Marketing Salary	6,819		
<b>Total Other A&amp;G Adjustments</b>			\$ 13,604	\$ -	\$ -

**National Health Care Associates, Inc. (CT)  
Disallowance Schedule for Cell Phones  
September 30, 2022**

**Pg. 28b**

	<u>Amount</u>	
Total Cell Phone Expense	7,540	TB Linked
Total Allowable Cost	\$ 2,800	
Days in Cost Report (365out of 365 Days)	365	
Days in Cost Report Year	<u>365</u>	
Partial Year Allowable %	100%	
Revised Allowable Cost	\$ 2,800	
<b>Disallowed Cell Phone (Page 28, Line 12)</b>	<b><u><u>\$ 4,740</u></u></b>	

Milford Health & Rehab  
 Calculation of Allowable Management Fee  
 September 30, 2022

<u>Description</u>	<u>Amount</u>	
Management fees Charged	601,747	Page 16, Line m12
Accounting Charges	39,570	Page 15, Line 1d
Total Management Fees Per Agreement	<u>641,317</u>	
Patient Days	40,470	Page 8 of C/R
Imputed Days - 90% Occupancy (365/365 Days)	39,420	Calculation
<b>Amount Per Patient Day (Greater of 90% or Actaul Days)</b>	<b>\$ 16.27</b>	
PPD Allowance Per Client 2021	7.84	
2022 CPI Index Increase %	<u>1.0732</u>	J.01b
PPD Allowance 9/30/2022	<u>8.414</u>	
<b>Amount over (Under)</b>	<b>\$ 7.8549</b>	
Total Days	40,470	Page 8 of C/R
<b>Disallowed Management Fee</b>	<b><u><u>\$ 317,888</u></u></b>	



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

Name of Facility			License No.	Report for Year Ended	Page	of	
Milford Health Care Center, Inc.			1056-C	9/30/2022	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,290,948	1,290,948		
<b>Page 20 - Resident Care Supplies***</b>							
27.			Prescription Drugs	\$ 743,977	743,977		
28.			Ambulance/Limousine	\$ 496	496		
29.			X-rays, etc	\$ 34,166	34,166		
30.			Laboratory	\$ 87,044	87,044		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$ 7,978	7,978		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 131,588	131,588		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 3,435	3,435		
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	\$ 10,308	10,308		
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 2,978	2,978		
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				<b>\$ 2,312,918</b>	<b>2,312,918</b>		

\*\*\* Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20

## Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5l	IV Thy Supplies-Milford-Rehab Tpy and Ancllry	\$ 16,290		
20	5l	Equip Rental-Milford-Rehab Tpy and Ancllry	11,048		
20	5l	Equip Rental-Milford-Respiratory	15,580		
20	5l	Equip Rental-Milford-Nursing	50,050		
20	5i	Cable Television Disallowance (See Attached)	4,120		
20	5c	Med B Nursing Supplies	34,500		
<b>Total Other Ancillary Costs</b>			<b>\$ 131,588</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Non Allowable Depreciation on Movable Equipment	\$ 3,435		
<b>Total Excess Movable Equipment Depreciation</b>			<b>\$ 3,435</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	6e	Automobile Lease	\$ 10,308		
<b>Total Other Property Adjustments</b>			<b>\$ 10,308</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Other - Indirect Adjustments

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

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV 8	Rebates / Refunds	\$ 1,683		
30	IV 8	Medical Records Income	1,275		
30	IV 8	Donations Revenue	20		
<b>Total Other Adjustments</b>			\$ 2,978	\$ -	\$ -

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

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

National Health Care Associates, Inc. (CT)  
Cable TV Disallowance  
September 30, 2022

Pg. 29b

Total Cable TV Expense	11,320	TB Linked
Total Monthly Fee Allowed	\$ 600	
Total Months	12	
Total Allowable Expense	<u>\$ 7,200</u>	
Partial Year Cost Report (365 out of 365 Days)	\$ 365	
Days in Cost Report Year	365	
Partial Year Allowable %	<u>100.00%</u>	
Revised Allowable Cost	\$ 7,200	
<b>Disallowed Expense</b>	<u><u>\$ 4,120</u></u>	{a}

Tickmark  
{a}

Ties to page 29a

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended			Page	of
Milford Health Care Center, Inc.	1056-C	9/30/2022			30	37
Item	Total	CCNH	RHNS	(Specify)		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 11,733,180	11,733,180				
b. Medicaid Room and Board Contractual Allowance **	\$ (4,549,240)	(4,549,240)				
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 4,180,430	4,180,430				
b. Medicare Room and Board Contractual Allowance **	\$ (3,547,095)	(3,547,095)				
4. a. Private-Pay Residents and Other	\$ 5,104,595	5,104,595				
b. Private-Pay Room and Board Contractual Allowance **	\$ (1,209,971)	(1,209,971)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 719,085	719,085				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (789,590)	(789,590)				
c. Prescription Drugs - Non-Medicare	\$ 585,932	585,932				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (675,836)	(675,836)				
2. a. Medical Supplies - Medicare	\$ 42,471	42,471				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (42,471)	(42,471)				
c. Medical Supplies - Non-Medicare	\$ 5,980	5,980				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 456,616	456,616				
b. Physical Therapy - Medicare Contractual Allowance **	\$ 371,182	371,182				
c. Physical Therapy - Non-Medicare	\$ 405,417	405,417				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (283,289)	(283,289)				
4. a. Speech Therapy - Medicare	\$ 128,215	128,215				
b. Speech Therapy - Medicare Contractual Allowance **	\$ 230,315	230,315				
c. Speech Therapy - Non-Medicare	\$ 135,930	135,930				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (91,281)	(91,281)				
5. a. Occupational Therapy - Medicare	\$ 484,169	484,169				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ 275,254	275,254				
c. Occupational Therapy - Non-Medicare	\$ 485,782	485,782				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (381,278)	(381,278)				
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 3,153,482	3,153,482				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 649,581	649,581				
<b>III. Total Resident Revenue (Section I. thru Section II.)</b>	\$ 17,577,565	17,577,565				
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income ( <i>Specify</i> )	\$ 1,421	1,421				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 192,549	192,549				
<b>V. Total Other Revenue (1 thru 8)</b>	\$ 193,970	193,970				
<b>VI. Total All Revenue (III +V)</b>	\$ 17,771,535	17,771,535				

\* 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.



### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Milford Health Care Center, Inc.	1056-C	9/30/2022	31	37
Account			Amount	
<b>Assets</b>				
<b>A. Current Assets</b>				
1. Cash ( <i>on hand and in banks</i> )			\$	1,237,414
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,602,172
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	2,746,545
4. Inventories			\$	88,227
5. Prepaid Expenses			\$	326,340
a. _____				
b. _____				
c. _____				
d. See Schedule	326,340			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	298,586
Resident Refunds-Milford	862			
CT PET Deferred Tax-Milford	74,777			
Mortgage Escrow-Milford	222,947			
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	6,299,284
<b>B. Fixed Assets</b>				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>2,742,584</u>		\$	1,584,171
	Accum. Depreciation <u>1,158,413</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>1,468,401</u>		\$	482,644
	Accum. Depreciation <u>985,757</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	2,514
F/S vs C/R NBV	2,516			
See Schedule	(2)			
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	2,069,329

\* 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	Prepaid Workers Comp-Milford	\$ 21,312
31	A5	Prepaid Gen. Ins-Milford	58,807
31	A5	Prepaid Expense Other-Milford	22,225
31	A5	Prepaid Real Estate Taxes-Milford	34,530
31	A5	Prepaid Personal Property Taxes-Milford	2,712
31	A5	Prepaid Corp. Taxes-Milford	173,051
31	A5	Prepaid Mgmt Assets-Milford	13,203
<b>Total Prepaid Expenses</b>			<b>\$ 326,340</b>

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

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

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

Page Ref	Line Ref	Description	
31	B9	Rounding	\$ (2)
<b>Total Other Other Fixed Assets (Itemize)</b>			<b>\$ (2)</b>

Schedule of Other Assets Page 32 Line D7

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

Schedule of Notes Payable (Itemize) Page 33 Line A2

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

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

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

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

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



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

Name of Facility	License No.	Report for Year Ended	Page	of
Milford Health Care Center, Inc.	1056-C	9/30/2022	32	37
Account			Amount	
Total Brought Forward:			\$	8,368,613
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 <b>Total Leasehold or Like Properties</b> (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	646,504
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost 21,167	
Accum. Depreciation 21,167			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> )			\$	11,500
Security Deposits-Milford		11,500		
_____				
See Schedule				
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$	658,004
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$	9,026,617

\* 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
Milford Health Care Center, Inc.		1056-C	9/30/2022	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	676,506
2. Notes Payable ( <i>itemize</i> )				\$	79,124
Notes/Loans Payable S/T-Milford		79,124			
See Schedule					
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	17,036
Name of Lender		Purpose	Amount	Date Due	
		Equipment Obligation	17,036		
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	509,794
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	531,151
Unclaimed ADP checks-Milford		3,482	Accrued Pension-Milford	230,695	
Patients Fund-Milford		37,412	Accrued Worker's Comp	76,998	
Sec Deposit Private Patient-Milford		15,033	CT PET Tax Accrued Ex	(16,321)	
Accrued Expenses-Milford		183,852	See Schedule		
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				\$	<b>1,813,611</b>

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

(Carry Total forward to next page)

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

Name of Facility Milford Health Care Center, Inc.		License No. 1056-C	Report for Year Ended 9/30/2022	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,813,611	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )					\$ 26,353
Name of Lender	Purpose	Amount	Date Due		
	Equipment Obligation LT	26,353			
2. Mortgages Payable				\$ 303,815	
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$ 3,308,087	
Name and Address of Lender	Amount	Loan Date			
Due to Realty / HMS / Related	3,308,087				
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$	
_____ _____ _____ See Schedule					
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 3,638,255	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 5,451,866	

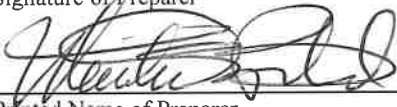
**G. Balance Sheet (cont'd)**  
**Reserves and Net Worth**

Name of Facility	License No.	Report for Year Ended	Page	of
Milford Health Care Center, Inc.	1056-C	9/30/2022	35	37
Account			Amount	
<b>A. Reserves</b>				
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>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	2,508,146
6. Gain or Loss for Period			\$	1,065,605
	10/1/2021	thru 9/30/2022		
7. Total Net Worth			\$	3,574,751
<b>C. Total Reserves and Net Worth</b>			\$	3,574,751
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	9,026,617

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Milford Health Care Center, Inc.	1056-C	9/30/2022	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2021			\$	3,789,146
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	17,771,535
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	16,705,930
D. Net Income or Deficit			\$	1,065,605
E. Balance			\$	4,854,751
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	1,280,000
Purpose		Amount		
Partner Drawings		1,280,000		
3. Total Deductions			\$	1,280,000
H. <b>Balance at End of Period</b>			\$	3,574,751
				09/30/22

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

Name of Facility Milford Health Care Center, Inc.		License No. 1056-C	Report for Year Ended 9/30/2022	Page 37	of 37
<i>Check appropriate category</i>					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
<b>Preparer/Reviewer Certification</b>					
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>					
Signature of Preparer 		Title PRINCIPAL		Date Signed 2   9   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 John Phelps				Phone Number 516-705-4813	
Contact Email Address jphelps@nathealthcare.com					