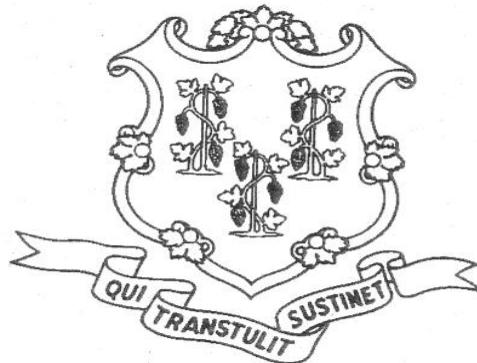


State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2022

Name of Facility (as licensed) Newtown Rehabilitation & Health Care Center		
Address (No. & Street, City, State, Zip Code) 139 Toddy Hill Road, Newtown, CT 06470		
Type of Facility		
<input checked="" type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS)	<input type="checkbox"/> (Specify)
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022	

License Numbers:	CCNH 10207	RHNS	(Specify)	Medicare Provider 07-5355
------------------	---------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 10207	RHNS	ICF-IID
----------------------------	---------------	------	---------

For Department Use Only

Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received

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

General Information

Name of Facility (as licensed) Newtown Rehabilitation & Health Care Center	License No. 10207	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 Newtown Rehabilitation & Health Care Center [facility name], for the cost report period beginning October 1, 2021 and ending September 30, 2022, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)	Date	Signed (Owner)	Date	
Printed Name (Administrator) Stephanie Vitko-Anolek		Printed Name (Owner) Lawrence Santilli		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public) Comm. Expires / /	
Address of Notary Public				

(Notary Seal)

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

Data Required for Real Wage Adjustment		Page 1A	of 37
Name of Facility Newtown Rehabilitation & Health Care Center	Period Covered:	From 10/1/2021	To 9/30/2022
Address of Facility 139 Toddy Hill Road, Newtown, CT 06470			
Report Prepared By Athena Health Care Associates, Inc	Phone Number (860) 751-3900	Date	
Item	Total	CCNH	RHNS (Specify)
1. Dietary wages paid	\$		
2. Laundry wages paid	\$		
3. Housekeeping wages paid	\$		
4. Nursing wages paid	\$		
5. All other wages paid	\$		
6. Total Wages Paid	\$		
7. Total salaries paid	\$		
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$		

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility	Report for Year Ended	Page	of
203-459-5152	9/30/2022	2	37
Name of Facility (as shown on license) Newtown Rehabilitation & Health Care Center		Address (No. & Street, City, State, Zip) 139 Toddy Hill Road, Newtown, CT 06470	
License Numbers:	CCNH 10207	RHNS (Specify)	Medicare Provider No. 07-5355
Type of Facility (Check appropriate box(es))			
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)			
Type of Ownership (Check appropriate box)			
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust			
If this facility opened or closed during report year provide:		Date Opened	Date Closed
Has there been any change in ownership or operation during this report year?		<input type="radio"/> Yes <input checked="" type="radio"/> No	If "Yes," explain fully.
<hr/> Administrator <hr/>			
Name of Administrator Stephanie Vitko-Anolek		Nursing Home Administrator's License No.:	001864
Other Operators/Owners who are assistant administrators (full or part time) of this facility.			
Name		License No.:	
Not Applicable			

General Information and Questionnaire Partners/Members

General Information and Questionnaire

Corporate Owners

General Information and Questionnaire
Individual Proprietorship

Name of Facility Newtown Rehabilitation & Health Care Center	License No. 10207	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

Not Applicable

General Information and Questionnaire

Related Parties*

Name of Facility Newtown Rehabilitation & Health Care Center	License No. 10207	Report for Year Ended 9/30/2022			Page 4	of 37		
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="radio"/> Yes <input checked="" type="radio"/> No				If "Yes," provide the Name/Address and complete the information on Page 11 of the report.				
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?				<input checked="" type="radio"/> Yes <input type="radio"/> No If "Yes," provide the following information:				
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party	
		Yes	No	%**				Description of Goods/Services Provided
Newtown Landlord CT LLC	135 South Road, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Lease of Facility	Pg 22, Ln 9, 10b	185,125	185,125
Athena Health Care Assoc Inc. 401(k) Plan	135 South Road, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Facility participates in group 401(k) plan	Pg 15 ln 1a7	305,433	305,433
Athena Captive LLC	135 South Road, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Workers Comp Captive	Pg 15, ln 1a	181,023	181,023
Miscellaneous Facilities	Various	<input checked="" type="radio"/>	<input type="radio"/>	<98%	Interfacility Loans	Pg 33, A2		
Athena Health Care Insurance	135 South Road, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Self Insured & General Liability Insurance	Pg 15, ln 1a5	1,147,061	1,147,061
Procare LTC	111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Pharmacy	Pg 20 5a2	420,563	420,563
Athena Health Care Assoc Inc.	135 South Road, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>		see attached			
Procare LTC		<input type="radio"/>	<input checked="" type="radio"/>		Note Payable	Pg 20 5a2	53,744	53,744
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Newtown Rehabilitation & Health Care Center	License No. 10207	Report for Year Ended 9/30/2022	Page 5	of 37
---	----------------------	------------------------------------	-----------	----------

If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

1. In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.

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

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes No If "No," explain fully why such allocation was not made.

Not Applicable: No Non-Nursing Home Cost Centers

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
Newtown Rehabilitation & Health Care Center		10207		9/30/2022			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers			Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
		Yes	No					
Pitney Bowes, 60 Wellington Rd, Milford, CT 06484	<input type="radio"/>	<input checked="" type="radio"/>		Postal Equipment	04/28/21	36 months	771	771
Leaf	<input type="radio"/>	<input checked="" type="radio"/>		copiers	02/28/22	48 months	15,768	7,327
Cannon Solutions One Canon Park, Melville, NY 11747	<input type="radio"/>	<input checked="" type="radio"/>		copiers	06/01/18	40 months	17,300	17,300
Cannon Solutions One Canon Park, Melville, NY 11747	<input type="radio"/>	<input checked="" type="radio"/>		copiers	06/01/18	40 months	6,624	6,560
	<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"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?		<input type="radio"/> Yes		<input checked="" type="radio"/> No		Total ***	31,958	

* 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 Newtown Rehabilitation & Health C	License No. 10207	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:

⊕ Accrual ○ Cash ○ Modified Cash

Is the accounting basis for this period the same as for the previous period?

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Marcum, L.L.P.	555 Long Wharf Dr., New Haven, CT
2 CJLC LLC	225 Pitkin Street, East Hartford, CT
3	
4	

Services Provided by This Firm (*describe fully*)

1	Financial Statement Audit - allowed	\$	23,729
2	Medicare Cost Reports - allowed	\$	2,730
3	Tax Return - allowed	\$	4,851
4	Tax Return - Landlord (Disallowed)	\$	2,626
		Charge for Services Provided	
		\$	33,936

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

Yes No

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Goldman, Gruder & Woods, LLC	203-899-8900/ 203-364-3388
2 Connecticut State Marshal Office	790-7656
3 Murtha, Cullina, LLP	203-772-7700
4 Jackson Lewis P.C.	860-522-0404
5 Stephen Woods & Treasurer, State of CT	203-794-8508

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

- 1 200 Connecticut Avenue, Norwalk, CTPO Box 5505, Newtown, CT 06470
- 2 P.O. Box 371, Danbury, CT 06813
- 3 265 Church St., New Haven, CT
- 4 90 State House Square, 8th Floor, Hartford, CT 06103
- 5 PO Box 371 Danbury, CT/ 1 School St, Bethel, CT

Services Provided by This Firm (*describe fully*)

1	Collections - Disallowed	\$	25,130
2	Conservatorship Matters - Disallowed	\$	697
3	General Administration Services - Disallowed	\$	10,877
4		\$	
5		\$	
		Charge for Services Provided	
		\$	36,704

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

Pg.15, Line 1e

Schedule of Resident Statistics

Name of Facility Newtown Rehabilitation & Health Care Center			License No. 10207			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					154	154							
A. On last day of PREVIOUS report period	154	154											
B. On last day of THIS report period	154	154							154	154			
2. Number of Residents					131	131							
A. As of midnight of PREVIOUS report period	131	131											
B. As of midnight of THIS report period	125	125							125	125			
3. Total Number of Days Care Provided During Period					3,226	3,226							
A. Medicare	4,048	4,048							822	822			
B. Medicaid (Conn.)	30,249	30,249			22,351	22,351			7,898	7,898			
C. Medicaid (other states)													
D. Private Pay	4,679	4,679			3,512	3,512			1,167	1,167			
E. State SSI for RCH													
F. Other (Specify) Managed Care	3,467	3,467			2,662	2,662			805	805			
G. Total Care Days During Period (3A thru F)	42,443	42,443			31,751	31,751			10,692	10,692			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days	300	300			182	182			118	118			
5. Total Resident Days (3G + 4A + 4B)	42,743	42,743			31,933	31,933			10,810	10,810			

Schedule of Resident Statistics (Cont'd)

Name of Facility Newtown Rehabilitation & Health Care Cent	License No. 10207	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? Yes No
If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change	
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)		
				(1)	(2)	(3)	(1)	(2)	(3)					

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	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	13	89		13			10	
Per Diem Rate								
a. One bed rm.	707.00	304.00		567.00			556.00	
b. Two bed rms.	707.00	304.00		526.00			507.00	
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B	TOTAL	CCNH	RHNS	(Specify)
	7,551	7,551		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	1,085	1,085		
2. Restorative Treatments				
C. Other	15,470	15,470		
D. Total Physical Therapy Treatments	24,106	24,106		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	TOTAL	CCNH	RHNS	(Specify)
	2,057	2,057		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	255	255		
2. Restorative Treatments				
C. Other	3,299	3,299		
D. Total Speech Therapy Treatments	5,611	5,611		

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	TOTAL	CCNH	RHNS	(Specify)
	7,407	7,407		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	1,555	1,555		
2. Restorative Treatments				
C. Other	15,268	15,268		
D. Total Occupational Therapy Treatments	24,230	24,230		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		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
A. Salaries and Wages*					
1. Operators/Owners (Complete also Sec. I of Schedule A1)					
2. Administrator(s) (Complete also Sec. III of Schedule A1)	149,762	1,826			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	280,585	11,505			
5. Dietary Service					
a. Head Dietitian	68,419	1,815			
b. Food Service Supervisor	96,548	2,179			
c. Dietary Workers	501,821	24,845			
6. Housekeeping Service					
a. Head Housekeeper	58,604	2,085			
b. Other Housekeeping Workers	229,358	14,418			
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	81,474	2,192			
b. Other Maintenance Workers	63,601	2,165			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers					
9. Barber and Beautician Services					
10. Protective Services					
11. Accounting Services					
a. Head Accountant					
b. Other Accountants					
12. Professional Care of Residents					
a. Directors and Assistant Director of Nurses	296,689	3,224			
b. RN					
1. Direct Care	934,038	17,922			
2. Administrative**	519,252	15,805			
c. LPN					
1. Direct Care	1,481,027	35,182			
2. Administrative**					
d. Aides and Attendants	2,204,334	85,247			
e. Physical Therapists	542,598	14,788			
f. Speech Therapists	194,059	4,450			
g. Occupational Therapists	339,886	9,179			
h. Recreation Workers	261,409	10,328			
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	313,908	9,333			
n. Marketing					
o. Other (Specify) See Attached Schedule					
<i>A-13. Total Salary Expenditures</i>	8,617,372	268,488			

* 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)

Schedule of Other Fees (Page 13)

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-11 Rev. 10/2005

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

Name of Facility Newtown Rehabilitation & Health Care Center			License No. 10207		Report for Year Ended 9/30/2022			Page 11	of 37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Not Applicable										
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).										
Not Applicable										

* 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.

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed) Newtown Rehabilitation & Health Care Center				License No. 10207		Report for Year Ended 9/30/2022			Page 12 of 37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Linda Urbanski - License #1171 (10/19/20-5/9/22)	114,192			Health & Life insurances, Payroll Taxes	Day to day operations of the nursing home facility	1,320	A2		1,320	114,192
Stephanie Vitko-Aniolek - License #1864 (6/13/22-9/30/22)	35,570			Health & Life insurances, Payroll Taxes	Day to day operations of the nursing home facility	600	A2		600	35,570
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility Newtown Rehabilitation & Health Care Center	License No. 10207	Report for Year Ended 9/30/2022		Page 13	of 37
Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify) Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)					
1. Dietitian					
2. Dentist	4,477	21			
3. Pharmacist	15,932	245			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care					
b. Other					
6. Social Worker	1,397	18			
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	54,000	215			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**	2,053	20			
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	5,700	66			
b. Other					
10. Occupational Therapist					
a. Resident Care					
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	153,865	1,774			
2. Administrative***					
b. LPN					
1. Direct Care	660,228	8,233			
2. Administrative***					
c. Aides	235,667	4,351			
d. Other					
12. Other (Specify)					
See Attached Schedule					
B-13 Total Fees Paid in Lieu of Salaries	1,133,319	14,943			

* 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 Newtown Rehabilitation & Health Care Center		License No. 10207	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			
SDX Dysphagia Experts, 21 Waterville Road, Avon, CT 06001	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>			
Nurse Network, Access Capital, 405 Park Avenue, New York, NY 10022	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Bridgeport Hospital, 267 Grant Street, Bridgeport, CT 06610	Radiology	<input type="radio"/>	<input checked="" type="radio"/>			
Procare LTC, 111 Executive Blvd, Farmingdale, NY 11735	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners: Minority Interest		
Connecticut Orthopedic Specialist, 2408 Whitney Avenue, Hamden, CT 06518	Orthopedics	<input type="radio"/>	<input checked="" type="radio"/>			
Robert Larosa, DDS, 375 Main Street, Woodbury, CT 06798	Dental Consulting	<input type="radio"/>	<input checked="" type="radio"/>			
Health Drive Dental Group, 100 Crossing Blvd., Framingham, MA 01702	Dental Consulting	<input type="radio"/>	<input checked="" type="radio"/>			
Quotidian, 52 Senff Road, Washington, CT 06793	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
SDX Dysphagia Experts, 21 Waterville Road, Avon, CT 06001	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>			
Ortho CT, PC, 2 riverview Drive, Danbury, CT 06810	Orthopedics	<input type="radio"/>	<input checked="" type="radio"/>			
Orthopaedic Specialty Group, 305 Blackrock Tpke, Fairfield, CT 06830	Orthopedics	<input type="radio"/>	<input checked="" type="radio"/>			
Orthopaedic Specialists of CT, 60 Old New Milford Road, Brookfield, CT 06804	Orthopedics	<input type="radio"/>	<input checked="" type="radio"/>			
Ortho Connecticut, PO Box 26303, Oklahoma City, OK 73126	Orthopedics	<input type="radio"/>	<input checked="" type="radio"/>			
Brigham & Womens Physicians, PO Box 414205, Boston, MA 02241	Radiology	<input type="radio"/>	<input checked="" type="radio"/>			
Yale New Haven Hospital, PO Box 780406, Philadelphia, PA 19178	Radiology	<input type="radio"/>	<input checked="" type="radio"/>			
NOA Diagnostics, 6851 Jericho Tpke., Syosset, NY 11791	Radiology	<input type="radio"/>	<input checked="" type="radio"/>			
Norton Nursing Group, 34 Elm St, Cohasset, MA 02025	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Dedicated Nursing Association, 6536 William Penn Highway, Suite 201, Delmont, PA 15626	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>			
AAA Nursing Care, LLC, 3303 Main Street, Stratford, CT 06614	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility Newtown Rehabilitation & Health Care Center	License No. 10207	Report for Year Ended 9/30/2022		Page 15	of 37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	133,964	133,964		
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	119,731	119,731		
4. Social Security (F.I.C.A.)	\$	622,980	622,980		
5. Health Insurance	\$	867,157	867,157		
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$	54,264	54,264		
8. Uniform Allowance	\$	2,912	2,912		
9. Other (<i>Specify</i>) See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$	95,392	95,392		
d. Accounting and Auditing	\$	33,936	33,936		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$	36,704	36,704		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$	77,190	77,190		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	14,932	14,932		
2. Cellular Phones	\$	989	989		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$	751,440	751,440		
Subtotal	\$	2,811,591	2,811,591		

* 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**

Attachment Page 15

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

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

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

Name of Facility Newtown Rehabilitation & Health Care Center	License No. 10207	Report for Year Ended 9/30/2022	Page 16	of 37
Item	Total	CCNH	RHNS	(Specify)
<i>Subtotals Brought Forward:</i>	2,811,591	2,811,591		
I. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$	3,160	3,160	
3. Gifts to Staff and Residents	\$	5,028	5,028	
4. Employee Travel	\$			
5. Education Expenses Related to Seminars and Conventions	\$	2,560	2,560	
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	12,129	12,129	
7. Other (<i>Specify</i>) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	21,210	21,210	
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	5,869	5,869	
4. Fund-Raising***	\$			
5. Medical Records	\$	(48)	(48)	
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$	6,483	6,483	
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	7,459	7,459	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$	800	800	
10. Contributions*** See Attached Schedule	\$			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$			
12. Administrative Management Services**	\$	147,401	147,401	
13. Other (<i>Specify</i>) See Attached Schedule	\$	130,597	130,597	
<i>C-14 Total Administrative & General Expenditures</i>	\$	3,154,239	3,154,239	

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotional	\$ 5,869		
Total Other Advertising	\$ 5,869	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 7,459		
Total Dues	\$ 7,459	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank Charges	\$ 22,407		
Payroll Processing Fees	\$ 18,682		
Employee Physicals	\$ 19,066		
Data Processing	\$ 62,009		
Licenses	\$ 4,192		
Energy Audit	\$ 4,241		
Total Other Administrative and General	\$ 130,597	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Newtown Rehabilitation & Health Care C	License No. 10207	Report for Year Ended 9/30/2022	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Athena Health Care Assoc. Inc 135 South Road Farmington, CT 06032	223,335		See Below
Allocation of the above	147,401	Admin/Gen 66%	Pg 16, Line 12
	35,734	Indirect 16%	Pg 18, Line 2C
	40,200	Direct 18%	Pg 20, Line 5J

* 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 Newtown Rehabilitation & Health Care Center	License No. 10207	Report for Year Ended 9/30/2022		Page 18 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 353,936	353,936		
2. Non-Food Supplies	\$ 39,509	39,509		
3. Other (Specify) _____ Indirect Portion of Management Fees	\$ 35,734	35,734		
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$			
c. Other (Specify) _____ Temporary Help	\$ 741	741		
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 429,920	429,920		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*	349	349		
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 checked="" type="radio"/> Yes <input type="radio"/> No				If yes, specify cost.
K. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No				If yes, specify amt. \$32,094
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				Pg. 30, IV 1
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility Newtown Rehabilitation & Health Care Center	License No. 10207	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. \$	1,150	1,150	
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$	182,800	182,800	
c. Other (Specify) Laundry Supplies	\$	742	742	
3D. Total Laundry Expenditures (3a + b + c)	\$	184,692	184,692	
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
		9/30/2022		20	37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
	Amt. \$	46,869	46,869		
	(<i>Complete Schedule C-2 att. Page 21</i>)				
C. Other (Specify)	\$	33,862	33,862		
4D. Total Housekeeping Expenditures (4a + b + c)	\$	80,731	80,731		
5. Resident Care (Supplies)**					
	a. Prescription Drugs***				
	1. Own Pharmacy	\$			
	2. Purchased from Procare LTC	\$	420,563	420,563	
	b. Medicine Cabinet Drugs	\$	13,288	13,288	
	c. Medical and Therapeutic Supplies	\$	331,329	331,329	
	d. Ambulance/Limousine***	\$	18,442	18,442	
	e. Oxygen				
	1. For Emergency Use	\$			
	2. Other***	\$	1,006	1,006	
f. X-rays and Related Radiological Procedures***					
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$			
	h. Laboratory***	\$	(278,411)	(278,411)	
	i. Recreation	\$	32,857	32,857	
j. Direct Management Services*	\$	40,200	40,200		
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	156,104	156,104		
5M. Total Resident Care Expenditures (5a - 5j)	\$	766,961	766,961		

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

** Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

*** Facility should self-disallow the expense on Page 29 of the Cost Report.

**** ICFMR's should provide a detailed schedule of all Day Program Costs.

Schedule of Other Resident Care

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

Name of Facility Newtown Rehabilitation & Health Care Center				License No. 10207	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.***				Pg	Line
		Yes	No			CCNH	RHNS	(Specify)			
Procare LTC	111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners: Minority Interest	Pharmacy	474,307				20	5a2
R+P Tree Landscaping	1813 Fairfield Ave, Danbury, CT 06470	<input type="radio"/>	<input checked="" type="radio"/>		Snowplowing	24,255				22	6f
R & P Tree Work	18B Fairfield Ave, Danbury, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping	21,440				22	6a
Air Temp Mechanical Services, Inc.	360 Captain Lewis Dr, Southington CT 06489	<input type="radio"/>	<input checked="" type="radio"/>		Mechanical Repair	58,263				22	6a
Eastern Water Solutions	3 Benson Road, Oxford, CT 06478	<input type="radio"/>	<input checked="" type="radio"/>		Sewage system repairs	14,482				22	6a
All American Waste	P.O. Box 630, East Windsor, CT 06088	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	30,826				22	6f
Facilities Comp	221 West Main Street, Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>		Facility Inspections	83,675				22	6a
ADP	PO Box 842875, Boston, MA 02284	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Services	14,668				16	m13
Pointclickcare Technologies, Inc.	PO Box 674802. Detroit, MI 48267	<input type="radio"/>	<input checked="" type="radio"/>		Data Processing Services	29,175				16	m13
OTIS Elevator	PO Box 73579, Chicago, IL 60673	<input type="radio"/>	<input checked="" type="radio"/>		Mechanical Repair	20,254				16	m13
Wind River Environmental, LLC	46 Lizotte Drie, Marlborough, MA 01752	<input type="radio"/>	<input checked="" type="radio"/>		Sewage System Servicing	18,246				22	6a
Patriot Pest	PO Box 1479, Wallingford, CT 06492	<input type="radio"/>	<input checked="" type="radio"/>		Extermination Services	5,262				22	6a
		<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 Newtown Rehabilitation & Health Care Center	License No. 10207	Report for Year Ended 9/30/2022			Page 22 37
Item	Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 239,054	239,054			
b. Heat	\$ 133,552	133,552			
c. Light & Power	\$ 180,214	180,214			
d. Water	\$ 23,823	23,823			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 31,958	31,958			
f. Other (<i>itemize</i>)	\$ 108,584	108,584			
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 717,185	717,185			
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements	\$				
b. Building & Building Improvements	\$				
c. Non-Movable Equipment	\$				
d. Movable Equipment	\$ 159,558	159,558			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 159,558	159,558			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)					
a. Organization Expense	\$ 266,235	266,235			
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$ 29,033	29,033			
d. Other (<i>Specify</i>)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$ 295,268	295,268			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 786,626	786,626			
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$ 175,268	175,268			
c. Personal property taxes	\$ 17,305	17,305			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,434,025	1,434,025			

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

Schedule of Other Repairs and Maintenance

Depreciation Schedule

Schedule of Land Improvements Acquired during this report period

***Ties to Page 23, Line A3**

****Ties to Page 23, Line A2**

Schedule of Building Improvements Acquired during this report period

***Ties to Page 23, Line B3**

****Ties to Page 23, Line B2**

Schedule of Non-Movable Equipment Acquired during this report period

***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		Cost	Useful Life	
Additions:						
10/31/2021	6 TV's & Parts	Administrative	\$ 2,230	5	\$ 223	
5/31/2022	Refridgerator	Administrative	\$ 1,263	10	\$ 63	
6/30/2022	8 TV's & Parts	Administrative	\$ 2,806	5	\$ 281	
7/31/2022	Dell Latitude 3520 Laptops (3)	Administrative	\$ 2,544	3	\$ 424	
9/30/2022	storage cabinet	Administrative	\$ 1,096	15	\$ 37	
9/30/2022	8tv's & Parts	Administrative	\$ 1,948	5	\$ 195	
9/30/2022	nurse station 4 channel	Administrative	\$ 7,452	5	\$ 745	
Total additions for Movable Equipment			\$ 19,339		\$ 1,968	*
Deletions:						
Total deletions for Movable Equipment			\$ -		\$ -	**

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life		Depreciation
			Cost	Useful Life	
Additions:					
4/22/2023	Double Locking Door System/Door	\$ 7,418		10	\$ 371
Total additions for Leasehold Improvement		\$ 7,418		\$ 371	*
Deletions:					
12/31/2022	Sale Leaseback	\$ (1,340,174)			
Total deletions for Leasehold Improvement		\$ (1,340,174)		\$ -	**

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Newtown Rehabilitation & Health Care Center			License No. 10207		Report for Year Ended 9/30/2022			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1. Start-up Costs	6	2018	10 years	2,573,601	878,355			266,235	
2.									
3. Adj's to start up				61,532					
A-4. Subtotal									266,235
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	9	2021		1,340,174	147,651		Var	28,662	
2. Disposals (attach schedule)	12	2021		(1,340,174)					
3. Acquired during this report period (attach schedule)									
	9	2022		7,418		Straight-Line	Var	371	
C-4. Subtotal									29,033
D. Total Amortization									295,268

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Newtown Rehabilitation & Health Care	License No. 10207	Report for Year Ended 9/30/2022	Page 25	of 37
--	----------------------	------------------------------------	------------	----------

11. Property Questionnaire

Part A

Is the property either owned by the Facility
or leased from a Related Party?*

Yes

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	154			
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				

Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Conventional			
b. Date Mortgage Obtained	06/01/18			
c. Interest Rate for the Cost Year	6.18%			
d. Term of Mortgage (number of years)	4 Years			
e. Amount of Principal Borrowed	13,500,00			
f. Principal balance outstanding as of				

Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)	Sale Leaseback			
h. Date of Refinancing	12/28/21			
i. New Interest Rate	Lease			
j. Term of Mortgage (number of years)	5			
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off	12,818,078			

Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page 26	of 37
Item		Total	CCNH	RHNS	(Specify)	
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage		\$ (22,089)	(22,089)			
Name of Lender	Rate					
Address of Lender						
2. Second Mortgage		\$				
Name of Lender	Rate					
Address of Lender						
3. Third Mortgage		\$				
Name of Lender	Rate					
Address of Lender						
4. Fourth Mortgage		\$				
Name of Lender	Rate					
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount		\$				
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$ (22,089)	(22,089)			

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page 27	of 37
Item			Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:			(22,089)	(22,089)		
12. C. Movable Equipment						
1. Automotive Equipment			\$			
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)		\$	719	719		
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)		\$	719	719		
12. D. Other Interest Expense (Specify)		\$	27,179	27,179		
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$	5,809	5,809		
14. Insurance						
a. Insurance on Property (buildings only)		\$	195,829	195,829		
b. Insurance on Automobiles		\$	255	255		
c. Insurance other than Property (as specified above)						
1. Umbrella (<i>Blanket Coverage</i>)		\$				
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$				
14d. Total Insurance Expenditures (14a + b + c)		\$	196,084	196,084		
15. Total All Expenditures (A-13 thru C-14)		\$	16,720,337	16,720,337		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended		Page of	
Item No.	Page No.	Line No.		10207	9/30/2022	28 37	
			Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<i>Page 10 - Salaries and Wages</i>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$ 12,202	12,202		
3.			Occupational Therapy	\$ 339,886	339,886		
4.			Other - See attached Schedule	\$ 14,794	14,794		
<i>Page 13 - Professional Fees</i>							
5.			Resident Care Physicians **	\$ 2,053	2,053		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<i>Pages 15 & 16 - Administrative and General</i>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 95,392	95,392		
10.			Accounting	\$ 2,626	2,626		
10a.			Legal	\$ 36,704	36,704		
11.			Telephone	\$			
12.			Cellular Telephone	\$ 269	269		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$ 5,028	5,028		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$ 5,869	5,869		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$ 77,628	77,628		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 22,407	22,407		
<i>Page 18 - Dietary Expenditures</i>							
24.			Meals to employees, guests and others who are not residents	\$ 30,213	30,213		
<i>Page 19 - Laundry Expenditures</i>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<i>Page 20 - Housekeeping Expenditures</i>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)			\$ 645,071	\$ 645,071			

* 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	12M	Marketing Activities	\$ 14,794		
Total Other Salaries Adjustment			\$ 14,794	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	M13	Bank Charges	\$ 22,407		
Total Other A&G Adjustments			\$ 22,407	\$ -	\$ -

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-29 Rev. 9/2018

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

Name of Facility			License No.	Report for Year Ended		Page	of
Newtown Rehabilitation & Health Care Center			10207	9/30/2022		29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	\$ 645,071	645,071		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 402,556	402,556		
28.			Ambulance/Limousine	\$ 18,442	18,442		
29.			X-rays, etc	\$ 31,583	31,583		
30.			Laboratory	\$ (278,411)	(278,411)		
31.			Medical Supplies	\$ 9,021	9,021		
32.			Oxygen (non emergency)	\$ 1,006	1,006		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 16,015	16,015		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 142,195	142,195		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$ 15,746	15,746		
43.			Interest Income on Account Rec.	\$ 705	705		
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$ 40,200	40,200		
46.			Management Fees Indirect	\$ 35,734	35,734		
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,079,863	1,079,863		

*** 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

Schedule of Excess Movable Equipment Depreciation

Schedule of Other Property Adjustments

Schedule of Other - Indirect Adjustments

Attachment Page 29

Schedule of Other - Miscellaneous Administrative Adjustments

Schedule of Other - Direct Adjustments

Schedule of Unallowable Building Interest

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page 30 37	
		Item	Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)		\$ 15,932,665	15,932,665			
b. Medicaid Room and Board Contractual Allowance **		\$ (6,927,480)	(6,927,480)			
2. a. Medicaid (<i>All other states</i>)		\$				
b. Other States Room and Board Contractual Allowance **		\$				
3. a. Medicare Residents (<i>all inclusive</i>)		\$ 2,196,383	2,196,383			
b. Medicare Room and Board Contractual Allowance **		\$ 677,644	677,644			
4. a. Private-Pay Residents and Other		\$ 4,514,356	4,514,356			
b. Private-Pay Room and Board Contractual Allowance **		\$ (493,526)	(493,526)			
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare		\$ 179,842	179,842			
b. Prescription Drugs - Medicare Contractual Allowance **		\$ (151,330)	(151,330)			
c. Prescription Drugs - Non-Medicare		\$ 188,032	188,032			
d. Prescription Drugs - Non-Medicare Contractual Allowance **		\$ (188,032)	(188,032)			
2. a. Medical Supplies - Medicare		\$ 9,021	9,021			
b. Medical Supplies - Medicare Contractual Allowance **		\$				
c. Medical Supplies - Non-Medicare		\$ 1,592	1,592			
d. Medical Supplies - Non-Medicare Contractual Allowance **		\$ (1,592)	(1,592)			
3. a. Physical Therapy - Medicare		\$ 885,863	885,863			
b. Physical Therapy - Medicare Contractual Allowance **		\$ (468,310)	(468,310)			
c. Physical Therapy - Non-Medicare		\$ 385,700	385,700			
d. Physical Therapy - Non-Medicare Contractual Allowance **		\$ (385,700)	(385,700)			
4. a. Speech Therapy - Medicare		\$ 425,788	425,788			
b. Speech Therapy - Medicare Contractual Allowance **		\$ (205,325)	(205,325)			
c. Speech Therapy - Non-Medicare		\$ 173,899	173,899			
d. Speech Therapy - Non-Medicare Contractual Allowance **		\$ (173,899)	(173,899)			
5. a. Occupational Therapy - Medicare		\$ 941,230	941,230			
b. Occupational Therapy - Medicare Contractual Allowance **		\$ (477,125)	(477,125)			
c. Occupational Therapy - Non-Medicare		\$ 417,315	417,315			
d. Occupational Therapy - Non-Medicare Contractual Allowance **		\$ (417,315)	(417,315)			
6. a. Other (<i>Specify</i>) - Medicare		\$				
b. Other (<i>Specify</i>) - Non-Medicare		\$ (137,695)	(137,695)			
III. Total Resident Revenue (Section I. thru Section II.)		\$ 16,902,001	16,902,001			
IV. Other Revenue*						
1. Meals sold to guests, employees & others		\$ 7,256	7,256			
2. Rental of rooms to non-residents		\$				
3. Telephone		\$				
4. Rental of Television and Cable Services		\$				
5. Interest Income (<i>Specify</i>)		\$ 705	705			
6. Private Duty Nurses' Fees		\$				
7. Barber, Coffee, Beauty and Gift shops		\$				
8. Other (<i>Specify</i>)		\$ 9,201	9,201			
V. Total Other Revenue (1 thru 8)		\$ 17,162	17,162			
VI. Total All Revenue (III +V)		\$ 16,919,163	16,919,163			

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

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

Schedule of Other Resident Revenue - Medicare**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
	Total Other Resident Revenue - Medicare	\$ -	\$ -	\$ -

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

Page Ref	Description	CCNH	RHNS	(Specify)
	Retroactives	-381,392		
	Misc Revenue from DRS funds	\$ 6,021		
	Reversal of 2020 HHS Funds	\$ 237,676		
	Total Other Resident Revenue	\$ (137,695)	\$ -	\$ -

Interest Income**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
pg 31, L A	Interest on A/R	705	\$ 705		
	Total Interest Income		\$ 705	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
NA	Bad Debt Recoveries	\$ 9,201		
	Total Other Revenue	\$ 9,201	\$ -	\$ -

G. Balance Sheet

Name of Facility Newtown Rehabilitation & Health Care	License No. 10207	Report for Year Ended 9/30/2022	Page 31 37	of
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$ 14,091	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 3,006,999	
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$ 23,963	
5. Prepaid Expenses			\$ 177,426	
a. Prepaid Insurance		172,621		
b. Prepaid Expenses - Other		4,805		
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$ 3,222,479	
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____	Net	
3. Buildings	*Historical Cost	_____	\$	
	Accum. Depreciation	_____	Net	
4. Leasehold Improvements	*Historical Cost	7,418	\$	7,047
	Accum. Depreciation	371	Net	
5. Non-Movable Equipment	*Historical Cost	_____	\$	
	Accum. Depreciation	_____	Net	
6. Movable Equipment	*Historical Cost	927,992	\$	170,775
	Accum. Depreciation	757,217	Net	
7. Motor Vehicles	*Historical Cost	30,000	\$	3,000
	Accum. Depreciation	27,000	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	101,959
Excluded Movable Equipment		101,959		
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$ 282,781	

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	D7	Deposits - Utilities	\$ 6,479
32	D7	Project Development	\$ 146,702
32	D7	Deposits - Other	\$ 533
Total Other Assets			\$ 153,714

Schedule of Notes Payable (Itemize) Page 33 Line A2

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

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

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

G. Balance Sheet (cont'd)

Name of Facility Newtown Rehabilitation & Health Care	License No. 10207	Report for Year Ended 9/30/2022	Page 32 37
Account		Amount	
Total Brought Forward:		\$ 3,505,260	
C. Leasehold or like property recorded for Equity Purposes.			
1. Land		\$	
2. Land Improvements	*Historical Cost _____ Accum. Depreciation _____	Net	\$
3. Buildings	*Historical Cost _____ Accum. Depreciation _____	Net	\$
4. Non-Movable Equipment	*Historical Cost _____ Accum. Depreciation _____	Net	\$
5. Movable Equipment	*Historical Cost _____ Accum. Depreciation _____	Net	\$
6. Motor Vehicles	*Historical Cost _____ Accum. Depreciation _____	Net	\$
7. Minor Equipment-Not Depreciable		\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)		\$	
D. Investment and Other Assets			
1. Deferred Deposits		\$	
2. Escrow Deposits		\$	
3. Organization Expense	*Historical Cost 2,635,133 Accum. Depreciation 1,144,590	Net	\$ 1,490,543
4. Goodwill (Purchased Only)		\$	134,443
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>)		\$	153,714
See Schedule		153,714	
D-8. Total Investments and Other Assets (Lines D1 thru 7)		\$	1,778,700
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)		\$	5,283,960

* 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								
Newtown Rehabilitation & Health Care Center	10207	9/30/2022	33 37								
Account			Amount								
Liabilities											
A. Current Liabilities											
1. Trade Accounts Payable			\$ 3,128,789								
2. Notes Payable (<i>itemize</i>)			\$								
See Schedule											
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Name of Lender</th> <th>Purpose</th> <th>Amount</th> <th>Date Due</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Name of Lender	Purpose	Amount	Date Due				
Name of Lender	Purpose	Amount	Date Due								
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$ 394,703								
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$								
6. Accrued Payroll Taxes Payable			\$ 421,578								
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>)			\$ 2,040,902								
Acc'd Operating Expenses			122,918								
Acc'd Expense - CT Sales Tax			22								
Due to Medicaid - Provider Tax			1,914,858								
Acc'd Personal Property Tax			3,104 See Schedule								
A-13. Total Current Liabilities (Lines A1 thru 12)			\$ 5,985,972								

* 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 Newtown Rehabilitation & Health Care Cen	License No. 10207	Report for Year Ended 9/30/2022	Page 34	of 37
Account				Amount
Total Brought Forward:				5,985,972
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				\$ 6,813
Name of Lender	Purpose	Amount	Date Due	
Movable - Equipment Lease		6,813		
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 1,179,329
Name and Address of Lender	Amount	Loan Date		
Due to Related Party	1,064,708	None		
Due to Affiliates	114,621	None		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 109,545
Note Payable - Procare CT				109,545
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 1,295,687
C. Total All Liabilities (Lines A-13 + B-5)				\$ 7,281,659

G. Balance Sheet (cont'd)

Reserves and Net Worth

Name of Facility Newtown Rehabilitation & Health Care	License No. 10207	Report for Year Ended 9/30/2022	Page 35	of 37
Account				Amount
A. Reserves				
1. Reserve for value of leased land				\$
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized				\$
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)				\$
4. Reserve for leasehold real properties on which fair rental value is based				\$
5. Reserve for funds set aside as donor restricted				\$
6. Total Reserves				\$
B. Net Worth				
1. Owner's Capital				\$
2. Capital Stock				\$
3. Paid-in Surplus				\$ 500,000
4. Treasury Stock				\$
5. Cumulated Earnings				\$ (2,631,388)
6. Gain or Loss for Period	10/1/2021	thru	9/30/2022	\$ 33,698
7. Total Net Worth				\$ (2,097,690)
C. Total Reserves and Net Worth				\$ (2,097,690)
D. Total Liabilities, Reserves, and Net Worth				\$ 5,183,969

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Newtown Rehabilitation & Health Care C	10207	9/30/2022	36	37		
Account				Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2021				\$ (2,039,174)		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 16,919,163		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 16,885,465		
D. Net Income or Deficit				\$ 33,698		
E. Balance				\$ (2,005,476)		
F. Additions						
1. Additional Capital Contributed (<i>itemize</i>)						
Accounting Adjustment				(5,332)		
Insurance Adjustment				(31,063)		
Real & Personal Property Tax Adjustment				(55,819)		
2. Other (<i>itemize</i>)						
F-3. Total Additions				\$ (92,214)		
G. Deductions						
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)				\$		
Name and Address (No., City, State, Zip)		Title	Amount			
2. Other Withdrawings (<i>Specify</i>)				\$		
Purpose		Amount				
3. Total Deductions				\$		
H. Balance at End of Period				\$ (2,097,690)		

I. Preparer's/Reviewer's Certification

Name of Facility Newtown Rehabilitation & Health Care	License No. 10207	Report for Year Ended 9/30/2022	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		

Preparer/Reviewer Certification

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.

Signature of Preparer	Title	Date Signed
Printed Name of Preparer Athena Health Care Associates, Inc		
Address 135 South Road, Farmington, CT 06032		Phone Number (860) 751-3900
Contacted Person Regarding Additional Information Needed Regarding This Report		Phone Number
Contact Email Address		