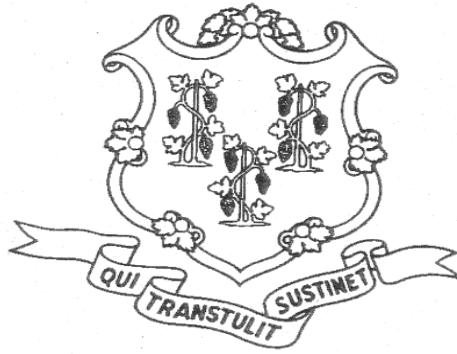


# State of Connecticut



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

Name of Facility (as licensed) 93 W Main Operating, LLC d/b/a Norwich Sub-Acute and Nursing	
Address (No. & Street, City, State, Zip Code) 93 W Town Street, Norwich, CT 06360	
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 859-C	RHNS	(Specify)	Medicare Provider 07-5079
------------------	---------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 8599	RHNS	ICF-IID
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### For Department Use Only

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

### General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
93 W Main Operating, LLC d/b/a Norwich Sub-Acute	859-C	9/30/2022	1	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 93 W Main Operating, LLC d/b/a Norwich Sub-Acute and Nursing [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) John Miller			Printed Name (Owner) Mirlis Childern Trust		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires  / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility 93 W Main Operating, LLC d/b/a Norwich Sub-Acute and Nursing		Period Covered:	From 10/1/2021	To 9/30/2022
Address of Facility 93 W Town Street, Norwich, CT 06360				
Report Prepared By Marcum LLP		Phone Number 203-781-9600	Date 2/8/2023	
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 860-889-2614	Report for Year Ended 9/30/2022	Page 2	of 37
Name of Facility (as shown on license) 93 W Main Operating, LLC d/b/a Norwich Sub-Acute and Nu		Address (No. & Street, City, State, Zip ) 93 W Town Street, Norwich, CT 06360			
License Numbers:	CCNH 859-C	RHNS	(Specify)	Medicare Provider No. 07-5079	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)					
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:		Date Opened	Date Closed		
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No      If "Yes," explain fully.					
N/A					
<b>Administrator</b>					
Name of Administrator John Miller		Nursing Home Administrator's License No.:	1866		
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name N/A		License No.:			

[illegible]

## General Information and Questionnaire Corporate Owners

Name of Facility 93 W Main Operating, LLC d/b/a Norwich Su	License No. 859-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		
N/A				
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
N/A				
Names of Stockholders Owning at Least 10% of Shares				
N/A				

N/A



## General Information and Questionnaire Related Parties\*

Name of Facility 93 W Main Operating, LLC d/b/a Norwich Sub-Acute	License No. 859-C	Report for Year Ended 9/30/2022	Page 4	of 37				
<p>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</p> <p style="text-align: right;">If "Yes," provide the Name/Address and complete the information on Page 11 of the report.</p>								
<p>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</p> <p style="text-align: right;">If "Yes," provide the following information:</p>								
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	%**				
93 W Town Street Realty, LLC	93 W Town Street, Norwich, CT 06360	<input type="radio"/>	<input checked="" type="radio"/>		Rent	Page 22 / Line 9	2,274,412	2,296,930
RegalCare Rehab	26 Firemens Memorial Drive, Suite 205, Pomona, NY 10970	<input type="radio"/>	<input checked="" type="radio"/>		Physical Therapy & COVID Therapy	Page 13 / Line 5a & B1	327,877	327,877
RegalCare Rehab	26 Firemens Memorial Drive, Suite 205, Pomona, NY 10970	<input type="radio"/>	<input checked="" type="radio"/>		Speech Therapy	Page 13 / Line 9a	30,083	30,083
RegalCare Rehab	26 Firemens Memorial Drive, Suite 205, Pomona, NY 10970	<input type="radio"/>	<input checked="" type="radio"/>		Occupational Therapy	Page 13 / Line 10a	326,109	326,109
Loans from Partners/Norwich Realty		<input type="radio"/>	<input checked="" type="radio"/>		Loans	Page 34 / Line B3	304,394	304,394
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

\* Use additional sheets if necessary.

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

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility 93 W Main Operating, LLC d/b/a Norwich Sub-	License No. 859-C	Report for Year Ended 9/30/2022	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist ( <i>See listing page 13</i> )			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No      If "No," explain fully why such allocation was not made.				
N/A				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
N/A				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No      If "No," explain fully why such allocation was not made.				
N/A				

## 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 93 W Main Operating, LLC d/b/a Norwich Sub-Acute and N			License No. 859-C		Report for Year Ended 9/30/2022		Page 6 of 37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Pitney Bowes Global Finance, PO Box 856460, Louisville, KY 40285	<input type="radio"/>	<input checked="" type="radio"/>	DM200 and DM200L Base with Lifter and Moistener	01/20/19	48 Months	488	488	
TIAA, FSB.- PO Box 911608 Denver CO 80291	<input type="radio"/>	<input checked="" type="radio"/>	Kyocera Taskalfa 5002I Copier	05/29/18	63 Months	3,509	3,509	
Aztec Leasing- PO Box 509015 San Diego CA 92150	<input type="radio"/>	<input checked="" type="radio"/>	Kyocera / KT70031	02/03/22	63 Months	12,667	12,667	
	<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"/>						
<div style="display: flex; justify-content: space-between; align-items: center;"> <span>Is a Mileage Log Book Maintained for All Leased Vehicles ?</span> <span> <input type="radio"/> Yes           <input checked="" type="radio"/> No         </span> </div>							<b>Total ***</b> 16,664	

\* 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.



## LEASE AGREEMENT

Agreement #: ECS280

This Agreement has been written in "Plain English." When we use the words You and Your in this Agreement, we mean our **Customer**, which is the user of the Equipment indicated below. When we use the words We, Us, and Our in this Agreement, we mean **AZTEC LEASING, INC.**, "Owner". Our address is 2215 Vista Rodeo Dr. San Diego CA. 92019 Phone 619.443.6363

<b>CUSTOMER INFORMATION</b>	Customer Legal Name and Billing Address <b>93 w main operating</b>		Federal Tax ID # <b>820737214</b>
	Equipment Location (if different from above) <b>93 W TOWN ST NORWICH, CT 06360-3262</b>		Customer Phone # <b>860-889-2614</b>
<b>SUPPLIER INFORMATION</b>	Supplier Name ("SUPPLIER") and Billing Address <b>E Copier Solutions 245 Park Ave 39th Floor New York, NY 10167</b>		Supplier Phone # <b>212-300-3582</b>
	<b>EQUIPMENT DESCRIPTION</b>	Equipment Description <b>(2) Kyocera 7003i</b>	Quantity <b></b>
		Serial Number <b></b>	
<b>END OF TERM PURCHASE OPTION</b> Check one applicable box. If no box is checked or if more than one box is checked, the Fair Market Value Purchase Option will apply. <input checked="" type="checkbox"/> Fair Market Value <input type="checkbox"/> \$1.00 Purchase Option <input type="checkbox"/> Fixed Price Purchase Option - 10% of Total Cash Price			
<b>TERM AND PAYMENT</b>	Initial Term: <b>63</b>	Monthly Lease Payment, Plus applicable tax: <b>\$ 1,500.00</b>	Document Fee: <b>\$85.00</b>
		Advance Lease Payment (Sales Tax Included): <b>\$ 1,680.25</b>	Trade Up Amount: <b></b>

## TERMS AND CONDITIONS

**1. AGREEMENT:** You agree to lease the Equipment including any Trade Up Amount (if any) listed above from Us (the "Equipment") on the terms and conditions of this agreement ("Agreement"). The Equipment will be deemed irrevocably accepted by You upon the earlier of a) the delivery to Us of a signed Delivery and Acceptance Certificate or b) 10 days after delivery of the Equipment to You if previously You have not given written notice to Us of Your non-acceptance ("Acceptance Date"). The Agreement commences on the day the Equipment is delivered to You (the "Commencement Date") and the first Lease Payment shall be payable on the Commencement Date or any other date that We designate, and the remaining Lease Payments will be due on the same day of each subsequent month at an address specified by Us in writing. If more than one Lease Payment is required in advance, the additional amount will be applied at the end of the initial or any renewal term. We may charge You, and You agree to pay, a one time processing fee. YOUR OBLIGATIONS UNDER THIS AGREEMENT ARE ABSOLUTE, UNCONDITIONAL AND NOT SUBJECT TO CANCELLATION, REDUCTION, SETOFF OR COUNTER CLAIM.

**2. NO WARRANTIES:** You are leasing the Equipment "AS-IS" AND WE MAKE NO WARRANTIES TO YOU, EITHER EXPRESS OR IMPLIED, INCLUDING WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. We shall transfer to You any manufacturer's warranties of the Equipment.

**3. EQUIPMENT USE AND MAINTENANCE:** You will keep the Equipment at the location stated above and maintain it in good working condition, eligible for manufacturer's certification, normal wear and tear excepted. You further agree to pay for any repairs. You will pay all shipping expenses if You return the Equipment to Us, to anywhere in the United States We tell You.

**4. ASSIGNMENT:** You agree not to transfer, sell, assign, pledge, subrent, or encumber either the Equipment or any right under this Agreement without Our prior written consent. You agree that We may sell, assign or transfer the Agreement without notice and the new owner will have the same rights that We have and will not be subject to any claims, defenses or setoffs that You may have against any Supplier.

**5. TAXES AND FEES:** You will pay all excise, sales and use, and all other taxes and charges which may be imposed by any governmental entity during the term of this Agreement, arising from the use, acquisition, ownership or renting of the Equipment, whether due before or after termination of the Agreement. If applicable, You agree to pay a supply delivery charge if billed, on a per machine basis, plus applicable taxes.

**6. INSURANCE:** You will maintain at Your expense (a) property insurance against the loss, theft or destruction of, or damage to, the Equipment for its full replacement value, naming Us as loss payee, and (b) public liability and third party property insurance, naming Us as an additional insured, and give Us written proof of Your insurance. If You do not give Us evidence of insurance acceptable to Us, We have the right, but not the obligation, to obtain insurance covering our interest in the Equipment for the term of this Agreement, including any renewal or extensions. We may add the costs of acquiring and maintaining such insurance, and Our fees for Our services in placing and maintaining such insurance (collectively "Insurance Charge") to the amounts due from You under this Agreement. You acknowledge that We are not required to secure or maintain any insurance.

**7. PURCHASE OPTION; AUTOMATIC RENEWAL:** If no default exists under this Agreement, You will have the option at the end of the initial or any renewal term to purchase all (but not less than all) of the Equipment at the Purchase Option price shown above, plus any applicable taxes. Unless the purchase price is \$1.00, You must give Us at least 90 days but no sooner than 150 days written notice before the end of the initial term that You will purchase the Equipment or that You will return the Equipment to Us. If You do not give Us such written notice or if You do not purchase or deliver the

Equipment in accordance with the terms and conditions of this Agreement, this Agreement will automatically renew for an additional 12 months period, and then on a monthly basis until You exercise a purchase option or deliver the Equipment to Us.

**8. TRANSITION BILLING:** In order to facilitate an orderly transition, including installation and training and to provide a uniform billing cycle, the "Effective Date" of this Agreement will be the fifteenth (15<sup>th</sup>) day of the month following installation. You agree to pay a prorated amount for the period between the installation date and the Effective Date. This payment for the transition period will be based on the Lease Payment prorated on a 30-day calendar month and will be added to Your first invoice.

**9. DEFAULT AND REMEDIES:** You shall be in default under this Agreement if (a) You fail to make any Lease Payment or other payment within 10 days of its due date, (b) You do not perform any of Your other obligations under this Agreement and this failure continues for 10 days, (c) You become insolvent; if a default occurs, We may do one or more of the following: (a) terminate the Agreement, (b) require that You immediately pay to Us the balance of unpaid Lease Payments plus the Equipment's anticipated residual value plus any other amounts due under this Agreement, and (c) exercise any other legal right or remedy that We may have. In the event of default listed in item (c) We may bill You a 20% restocking fee that is based on the total value of the signed Agreement. If any Lease Payment is not paid to Us within 30 business days of its due date, You will owe Us a late charge not to exceed the greater of 10% of each late payment or \$20.00 (or such lesser amount as is the maximum allowable under applicable law.) You agree to pay all of Our costs of enforcing Our rights against you, whether in a bankruptcy proceeding or otherwise, including reasonable attorney's fees.

**10. OWNERSHIP; UCC:** You agree that We are the owner of the Equipment and that the Agreement is a "finance lease" as defined in Article 2A of the UCC; however, in the event it is deemed to be an agreement intended for security, You hereby grant to Us a first priority security interest in the Equipment. You AUTHORIZE US TO FILE A COPY OF THIS AGREEMENT AND/OR ANY OTHER DOCUMENT AS A FINANCING STATEMENT AND APPOINT US OR OUR DESIGNEE AS YOUR ATTORNEY-IN-FACT TO EXECUTE AND FILE UCC FINANCING STATEMENTS ON YOUR BEHALF. TO THE EXTENT PERMITTED BY APPLICABLE LAW, YOU WAIVE ANY AND ALL RIGHTS AND REMEDIES CONFERRED UPON A LESSEE BY ARTICLE 2A.

**11. INDEMNIFICATION:** You are responsible for any losses, damages, penalties, claims, suits and actions (collectively "Claims"), whether based on a theory of strict liability or otherwise caused by or related to (a) the installation, ownership, use, lease, possession, or delivery of the Equipment or (b) any defects in the Equipment. You agree to reimburse Us for and if We request, to defend Us against, any Claims.

**12. MISCELLANEOUS:** YOU AGREE TO USE THE EQUIPMENT ONLY FOR BUSINESS PURPOSES. YOU WARRANT THAT THE PERSON SIGNING THIS AGREEMENT HAS THE AUTHORITY TO DO SO AND TO GRANT THE POWER OF ATTORNEY SET FORTH IN SECTION 9 OF THIS AGREEMENT. YOU CONFIRM THAT YOU DECIDED TO ENTER INTO THIS AGREEMENT RATHER THAN PURCHASE THE EQUIPMENT. YOU AUTHORIZE US TO CORRECT OBVIOUS ERRORS OR SUPPLY MISSING INFORMATION IN THIS AGREEMENT WITHOUT NOTICE TO YOU. YOU AGREE THAT THIS AGREEMENT WILL BE GOVERNED BY THE LAWS OF THE STATE OF CALIFORNIA. YOU CONSENT TO THE JURISDICTION OF ANY STATE OR FEDERAL COURT LOCATED WITHIN CALIFORNIA. IF A SIGNED COPY OF THIS AGREEMENT IS DELIVERED TO US, IT WILL BE BINDING ON YOU; HOWEVER, WE WILL NOT BE BOUND BY THIS AGREEMENT UNTIL WE ACCEPT IT BY MANUALLY SIGNING IT OR BY PURCHASING THE EQUIPMENT SUBJECT TO THE AGREEMENT, WHICHEVER OCCURS FIRST. YOU AND WE EXPRESSLY WAIVE ANY RIGHTS TO A TRIAL BY JURY.

Customer: 93 W MAIN OPERATING LLC

Authorized Signature  
**eliyahu merlis, owner**

Print Name and Title

## PERSONAL GUARANTY

I hereby unconditionally guarantee the payment of all equipment and accessories leased to me.

Owner: Aztec Leasing, Inc.

Authorized Signature

Print Name and Title

## ACCEPTANCE OF DELIVERY

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

Name of Facility 93 W Main Operating, LLC d/b/a N	License No. 859-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     If "No," explain. <input type="radio"/> No				
N/A				
<b>Independent Accounting Firm</b>				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1 Marcum LLP		555 Long Wharf Drive, 8th Floor, New Haven, CT 06511		
2 Roth & Co		1428 36th street Suite 200 Brooklyn NY 11218		
3 PDR CPAs		4023 Tampa Road, Suite 2000, Oldsmar, FL 34677		
4				
Services Provided by This Firm ( <i>describe fully</i> )				
1 Management Advisory Services / Cost Report Preparation / Covid related consulting		\$ 12,477		
2 Monthly Retainer Fee		\$ 7,639		
3 401k Audit		\$ 2,375		
4		\$		
		Charge for Services Provided		
		\$ 22,491		
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			Telephone Number	
1 Litchfield Cavo LLP			312-781-6677	
2 Goldberg & Weinberger LLP			212-986-8999	
3 Murtha Cullina LLP			203-772-7700	
4 State Marshall			203-787-4805	
5				
Address ( <i>No. &amp; Street, City, State, Zip Code</i> )				
1 303 West Madison Suite 300 Chicago, IL 60606-3309				
2 630 3rd Ave #1801, New York, NY 10017				
3 280 Trumbull Street, 12th Floor, Hartford CT 06103				
4 32 Elm St #1, New Haven, CT 06510				
5				
Services Provided by This Firm ( <i>describe fully</i> )				
1 Review/analyzeAnalysis/Strategy		\$ 4,350		
2 NLRB election matters and procedures		\$ 12,500		
3 Licensing/general health care regulatory		\$ 2,346		
4 Conservatorship (Disallow Page 28)		\$ 112		
5		\$		
		Charge for Services Provided		
		\$ 19,308		
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 93 W Main Operating, LLC d/b/a Norwich Sub-Acute and Nursing				License No. 859-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	82	82			82	82						
B. As of midnight of THIS report period	94	94							94	94		
3. Total Number of Days Care Provided During Period												
A. Medicare	5,838	5,838			4,581	4,581			1,257	1,257		
B. Medicaid (Conn.)	20,032	20,032			14,682	14,682			5,350	5,350		
C. Medicaid (other states)												
D. Private Pay	4,248	4,248			3,116	3,116			1,132	1,132		
E. State SSI for RCH												
F. Other (Specify) Insurance, HMO & Hospice	2,649	2,649			1,917	1,917			732	732		
G. Total Care Days During Period (3A thru F)	32,767	32,767			24,296	24,296			8,471	8,471		
Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	253	253			220	220			33	33		
B. Other Bed Reserve Days	18	18			12	12			6	6		
5. <b>Total Resident Days (3G + 4A + 4B)</b>	33,038	33,038			24,528	24,528			8,510	8,510		

## Schedule of Resident Statistics (Cont'd)

Name of Facility 93 W Main Operating, LLC d/b/a Norwich Su			License No. 859-C			Report for Year Ended 9/30/2022			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
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	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR					
No. of Residents	15	60		19									
Per Diem Rate													
a. One bed rm.	Various	214.18		450.00									
b. Two bed rms.	Various	214.18		400.00									
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments													
A. Medicare - Part B													
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. <b>Total Physical Therapy Treatments</b>													
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B													
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. <b>Total Speech Therapy Treatments</b>													
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B													
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. <b>Total Occupational Therapy Treatments</b>													

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

CSP-10 Rev. 9/2002

**Report of Expenditures - Salaries & Wages**

Name of Facility 93 W Main Operating, LLC d/b/a Norwich Sub-Acute and N	License No. 859-C	Report for Year Ended 9/30/2022	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	255,049	2,086				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	118,325	2,086				
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	171,931	6,122				
5. Dietary Service						
a. Head Dietitian	58,378	1,765				
b. Food Service Supervisor	77,999	2,086				
c. Dietary Workers	299,585	17,566				
6. Housekeeping Service						
a. Head Housekeeper	25,076	2,086				
b. Other Housekeeping Workers	176,454	11,161				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	56,911	2,086				
b. Other Maintenance Workers	64,729	2,575				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	206,138	10,995				
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	225,229	3,918				
b. RN						
1. Direct Care	626,218	13,759				
2. Administrative**	332,879	9,046				
c. LPN						
1. Direct Care	825,250	23,654				
2. Administrative**						
d. Aides and Attendants	1,510,622	70,482				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	172,501	7,116				
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	79,641	2,657				
n. Marketing	18,049	521				
o. Other (Specify)						
See Attached Schedule	111,119	4,534				
A-13. Total Salary Expenditures	5,412,083	196,301				

\* 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 Fees (Page 13)**

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	-					
Other Resident Care Physician (Motion Fluoroscopy evaluation)	\$ 101	1				
Respiratory Therapist (Disallow Page 28)	1,145	12/Estimate				
28)IV Insertion Nurse (Disallow Page 28)	9,653	N/A				
<b>Total</b>	\$ 10,899	1	\$ -	-	\$ -	-

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

Name of Facility 93 W Main Operating, LLC d/b/a Norwich Sub-Acute and Nursing				License No. 859-C		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)							
<b>Section I - Operators/Owners</b>										
<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.

**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
93 W Main Operating, LLC d/b/a Norwich Sub-Acute and Nursing				859-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>										
John P Miller	255,049			Non Discriminatory	Administrator	2,086	A2			
<b>Section IV - Assistant Administrators</b>										
Michelle C. Quattrocchi	118,325			Non Discriminatory	Asst. Administrator	2,086	A2			

\*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

CSP-13 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended	Page	of		
93 W Main Operating, LLC d/b/a Norwich Sub-Acu	859-C	9/30/2022	13	37		
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	4,980	74/Est.				
3. Pharmacist	24,271	124				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	327,877	4,879				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	72,000	239				
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	30,083	445				
b. Other						
10. Occupational Therapist						
a. Resident Care	326,109	4,853				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	74,624	708				
2. Administrative***	30,000	416				
b. LPN						
1. Direct Care	255,303	4,330				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	10,899	1				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	1,156,146	15,995				

\* 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 93 W Main Operating, LLC d/b/a Norwich Sub-Acute an		License No. 859-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			
LTC Management, 174 Scott Rd Prospect CT 06712	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Integra Scripts, 160 Airport Rd Lakewood NJ 08701	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Regal Care Rehab, 26 Firemens Memorial Drive, Suite 205, Pomona, NY 10970	Physical, Occupational, Speech and COVID Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Dr. Yahya Qureshi, 12 Case St Suite 103 Norwich CT 06360	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
MassTex Imaging, 3 Electronics Ave Suite 201, Danvers MA 01923	Contract Dysphagia	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Medwiz, 167 Route 304 Bardonia NY 10954	Peripheral / Midline Insertion	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
HC Consulting, PO Box 265 Waterbury CT 06720	MDS Consulting (RN Admin)	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Technical Gas, 101 North Plains Industrial Rd Wallingford CT 06492	Respiratory Therapist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
All American Healthcare Services- 494 Broad Street, Suite 302 Newark NJ 07102	LPNs, RNs	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Genie Healthcare Inc, 50 Millstone Rd Bldg 100 Suite 100, East Windsor, NJ 08520	LPNs, RNs	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Norton and Associates	LPNs	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Sevacare Staffing Solution	RNs	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Yamba Care	LPNs	<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.

## Annual Report of Long-Term Care Facility

CSP-15 Rev. 9/2018

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

Name of Facility	License No.	Report for Year Ended		Page	of
93 W Main Operating, LLC d/b/a Norwich Sub-A	859-C	9/30/2022		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 97,273	97,273			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$				
4. Social Security (F.I.C.A.)	\$ 452,457	452,457			
5. Health Insurance	\$ 365,031	365,031			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 58,893	58,893			
8. Uniform Allowance	\$				
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 6,751	6,751			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 124,255	124,255			
d. Accounting and Auditing	\$ 22,491	22,491			
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 19,308	19,308			
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$				
g. Office Supplies	\$ 34,630	34,630			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 9,735	9,735			
2. Cellular Phones	\$ 780	780			
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$				
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$ 80	80			
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	\$ 518,564	518,564			
<b>Subtotal</b>	\$ 1,710,248	1,710,248			

\* 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)
	-		
Background Checks	\$ 6,751		
<b>Total</b>	\$ 6,751	\$ -	\$ -

## Schedule of Other Taxes

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

## Annual Report of Long-Term Care Facility

CSP-16 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended	Page	of
93 W Main Operating, LLC d/b/a Norwich Sub-Acute	859-C	9/30/2022	16	37
Item	Total	CCNH	RHNS	(Specify)
<b>Subtotals Brought Forward:</b>	1,710,248	1,710,248		
1. Travel and Entertainment				
1. Resident Travel and Entertainment \$	4,211	4,211		
2. Holiday Parties for Staff \$	476	476		
3. Gifts to Staff and Residents \$				
4. Employee Travel \$	10,754	10,754		
5. Education Expenses Related to Seminars and Conventions \$	4,286	4,286		
6. Automobile Expense ( <i>not purchase or depreciation</i> ) \$	919	919		
7. Other ( <i>Specify</i> ) \$				
See Attached Schedule				
m. Other Administrative and General Expenses				
1. Advertising Help Wanted ( <i>all such expenses</i> ) \$	957	957		
2. Advertising Telephone Directory ( <i>all such expenses</i> )*** \$				
3. Advertising Other ( <i>Specify</i> )*** \$	16,076	16,076		
See Attached Schedule				
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 \$	2,580	2,580		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) \$				
See Attached Schedule				
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$	238	238		
9. Subscriptions \$	691	691		
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> ) \$	371,333	371,333		
12. Administrative Management Services** \$				
13. Other ( <i>Specify</i> ) \$	34,870	34,870		
See Attached Schedule				
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 2,157,639	2,157,639		

\* 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)
	-		
Marketing & Advertising	\$ 16,076		
<b>Total Other Advertising</b>	\$ 16,076	\$ -	\$ -

## Schedule of Dues

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

## Schedule of Contributions

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

## Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	-		
Admin Expense>Licenses	\$ 7,627		
Admin Expense>Fines, Penalties & Settlements (Disallow Page 28)	5,375		
Admin Expense>Late Fees (Disallow Page 28)	2,362		
Routine Bank Fees	5,724		
Credit Card Fees (Disallow Page 28)	2,179		
Overdraft Fees (Disallow Page 28)	18		
Employee Food (Disallow Page 28)	4,943		
Employee Relations (Disallow Page 28)	6,642		
<b>Total Other Administrative and General</b>	\$ 34,870	\$ -	\$ -

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

Name of Facility 93 W Main Operating, LLC d/b/a Norwic	License No. 859-C	Report for Year Ended 9/30/2022	Page 17	of 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 #	
N/A				

\* 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 93 W Main Operating, LLC d/b/a Norwich Sub-Acute		License No. 859-C	Report for Year Ended 9/30/2022	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$	278,616	278,616		
2. Non-Food Supplies	\$	16,981	16,981		
3. Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)					
c. Other (Specify) _____					
2D. <b>Total Dietary Expenditures</b> (2a + b + c + d)		\$ 295,597	295,597		
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 93 W Main Operating, LLC d/b/a Norwich Sub-Acute at		License No. 859-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 ( <i>by contract other than through Management Services</i> ) (Complete Schedule C-2 att. Page 21)		\$				
c. Other ( <i>Specify</i> )		\$	13,875	13,875		
3D. <b>Total Laundry Expenditures</b> (3a + b + c)		\$	13,875	13,875		
3E. Laundry Questionnaire						
F. Is cost of employee laundry included in 3D?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.		
J. Did you receive revenue from these people?		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.		
K. Where is the revenue received reported in the Cost Report?		(Page/Line Item) 30 IV 8				

\* 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
93 W Main Operating, LLC d/b/a Norwich Sub		859-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. \$	28,728	28,728		
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )		Sq. Ft. Serviced by Personnel				
		Amt. \$				
C. Other ( <i>Specify</i> )		\$				
<b>4D. Total Housekeeping Expenditures (4a + b + c )</b>			\$ 28,728	28,728		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy			\$			
2. Purchased from McKesson			\$ 297,136	297,136		
b. Medicine Cabinet Drugs			\$ 4,943	4,943		
c. Medical and Therapeutic Supplies			\$ 101,750	101,750		
d. Ambulance/Limousine***			\$			
e. Oxygen						
1. For Emergency Use			\$			
2. Other***			\$ 4,438	4,438		
f. X-rays and Related Radiological Procedures***			\$ 15,752	15,752		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )			\$			
h. Laboratory***			\$ 43,264	43,264		
i. Recreation			\$ 21,298	21,298		
j. Direct Management Services*			\$			
k. Indirect Management Services*			\$			
l. Other (Specify)**** See Attached Schedule			\$ 73,629	73,629		
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>			\$ 562,210	562,210		

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

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

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

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

### Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
	-		
Nursing Expense>Supplies>COVID19	\$ 17,534		
Nursing Expense>Minor Equip & Supplies (Disallow Page 29)	2,622		
Nursing Expense>Minor Equip & Supplies>COVID19	1,147		
Nursing Expense>Sanitation & Incineration	296		
Nursing Expense>Equip-Rental (Disallow Page 29)	22,407		
Nursing Expense>Data Processing	28,180		
Nursing Expense>Data Processing>COVID19	1,443		
<b>Total Other Resident Care</b>	\$ 73,629	\$ -	\$ -

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

Name of Facility 93 W Main Operating, LLC d/b/a Norwich Sub-Acute and Nursing				License No. 859-C	Report for Year Ended 9/30/2022				Page 21	of 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
Caretech Group	1123 McDonald Ave Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Purchasing Company	16,800			22	6f
On-Time IT Solutions Inc	154 Spring Street, Monroe, NY 10950	<input type="radio"/>	<input checked="" type="radio"/>	N/A	IT	36,753			22	6f
CWPM	PO Box 415 Plainville CT 06062	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Sanitation	12,882			16	m11
LTC Consulting Services	7 Randolph Road, Howell, NJ 07731	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Billing and Fiscal Services	183,800			16	m11
Labor Advisors		<input type="radio"/>	<input checked="" type="radio"/>	N/A	HR Advisors	134,000			16	m11
		<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"/>							

\* 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
93 W Main Operating, LLC d/b/a Norwich Su		859-C	9/30/2022		22	37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	24,958	24,958			
b. Heat	\$	53,698	53,698			
c. Light & Power	\$	162,310	162,310			
d. Water	\$	69,636	69,636			
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$	16,664	16,664			
f. Other ( <i>itemize</i> )	\$	94,602	94,602			
See Attached Schedule						
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$	421,868	421,868			
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$	148,784	148,784			
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	30,330	30,330			
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$	179,114	179,114			
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b		\$	2,274,412	2,274,412		
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$	17,379	17,379			
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$	2,470,905	2,470,905			

\* 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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
	-		
Maintenance Expense>Supplies	\$ 10,490		
Maintenance Expense>Supplies>COVID19	227		
Maintenance Expense>Minor Equip & Supplies	1,714		
Maintenance Expense>Sanitation & Incineration	22,154		
Maintenance Expense>Equip-Rental	169		
Maintenance Expense>Extermination	1,775		
Maintenance Expense>Snow Removal	7,998		
Maintenance Expense>Landscaping	7,168		
Maintenance Expense>Fire Drill	3,676		
Maintenance Expense>Contracted Service	39,231		
<b>Total Other Repairs and Maintenance</b>	<b>\$ 94,602</b>	<b>\$ -</b>	<b>\$ -</b>

[illegible]

## 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>				
10/16/2021	Upgraded fire alarm system to cellular dialer	\$ 7,587	10	\$ 759
12/26/2021	fire sprinkler renovations	3,540	15	235
3/18/2022	performed duct modifications	8,835	15	588
6/7/2022	performed duct modifications	20,615	15	1,373
9/30/2022	Paterson Renovation Project	1,824,244	20	91,211
<b>Total additions for Building Improvement</b>		\$ 1,864,821		\$ 94,166
<b>Deletions:</b>				
4/30/2022	Reverse door bill that was for Southport	\$ (4,987)		
<b>Total deletions for Building Improvement</b>		\$ (4,987)		\$ -

\*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 Equipment</b>		\$ -		\$ -
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</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>					
5/3/2022	New Payroll system implementation/transition	Administrative	\$ 6,146	3	\$ 2,049
5/31/2022	Tax on New Payroll system implementation/transition	Administrative	61	3	20
7/26/2022	Installed Nurse call system	Administrative	6,761	5	1,352
7/31/2022	Installed Nurse call system	Administrative	21,350	5	4,270
<b>Total additions for Movable Equipmen</b>			\$ 34,318		\$ 7,691
<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
<b>Additions:</b>				
<b>Total additions for Leasehold Improvemen</b>		\$ -		\$ -
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvemen</b>		\$ -		\$ -

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

Norwichtown Convalescent Home, Inc.

Cost Report Year 2022

Medicaid Cost Report - Depreciation Summary - Realty Co

	Historical Cost	Method	Life	9/30/2021 Depreciation Expense	9/30/2021 Accumulated Depreciation	9/30/2022 Depreciation Expense	9/30/2022 Accumulated Depreciation	Net Book Value
<b>Building &amp; Building Improvements</b>								
install new accelerator	2,146	S/L	15	143	143	143	286	1,860
install new door	4,987	S/L	10	499	499	499	998	3,989
replace 4" main	1,560	S/L	15	104	104	104	208	1,352
life safety repairs smoke barriers	3,800	S/L	10	380	380	380	760	3,040
Architectural Services	4,100	S/L	20	205	205	205	410	3,690
new flame sensor in boiler	2,875	S/L	15	192	192	192	384	2,491
carrier 5-ton System replacement	3,474	S/L	15	232	232	232	464	3,010
carrier 5-ton System replacement	4,632	S/L	15	309	309	309	618	4,014
5 ton carrier condenser and a-coil.	3,474	S/L	15	232	232	232	464	3,010
<b>Total Additions 2021</b>	<b>31,048</b>			<b>2,296</b>	<b>2,296</b>	<b>2,296</b>	<b>4,592</b>	<b>26,456</b>
fire sprinkler renovations	3,540	S/L	15	-	-	236	236	3,304
performed duct modifications	8,835	S/L	15	-	-	589	589	8,246
performed duct modifications	20,615	S/L	15	-	-	1,374	1,374	19,241
Paterson Renovation Project	1,824,244	S/L	20	-	-	91,212	91,212	1,733,032
<b>Total Additions 2022</b>	<b>1,857,234</b>			<b>-</b>	<b>-</b>	<b>93,411</b>	<b>93,411</b>	<b>1,763,823</b>
reported last year- was for a different facility	(4,987)	S/L	10	-	-	-	(4,987)	-
<b>Total Disposals 2022</b>	<b>(4,987)</b>			<b>-</b>	<b>-</b>	<b>-</b>	<b>(4,987)</b>	<b>-</b>
<b>Total Building &amp; Building Improvements Total</b>	<b>1,883,295</b>			<b>2,296</b>	<b>2,296</b>	<b>95,707</b>	<b>93,016</b>	<b>1,790,279</b>
<b>Movable Equipment</b>								
Installed Nurse call system	6,761	S/L	5	-	-	1,352	1,352	5,409
Installed Nurse call system	21,350	S/L	5	-	-	4,270	4,270	17,080
<b>Total Additions 2022</b>	<b>28,111</b>			<b>-</b>	<b>-</b>	<b>5,622</b>	<b>5,622</b>	<b>22,489</b>
<b>Movable Total</b>	<b>28,111</b>			<b>-</b>	<b>-</b>	<b>5,622</b>	<b>5,622</b>	<b>22,489</b>

Norwichtown Convalescent Home, Inc.

Cost Report Year 2021

Medicaid Cost Report - Depreciation Summary - Operating Co

	Historical Cost	Method	Life	9/30/2022 Depreciation Expense	9/30/2022 Accumulated Depreciation	Net Book Value
<b>Land</b>						
Per 2010 Cost Report	15,542					15,542
<b><u>Total Land</u></b>	<b><u>15,542</u></b>					<b><u>15,542</u></b>
<b>Building &amp; Building Improvements</b>						
Prior to 2004	3,659,581	S/L	VAR	-	3,659,581	-
2004 Additions	22,347	S/L	10	-	22,347	-
2005 Additions	73,320	S/L	10	-	73,320	-
2006 Additions	34,430	S/L	5	-	34,430	-
2008 Additions	169,987	S/L	10	-	169,987	-
2010 Additions	47,739	S/L	10	-	47,739	-
2011 Additions	246,914	S/L	Var	15,528	246,914	-
<i>Total prior to 2012</i>	<i>4,254,318</i>			<i>15,528</i>	<i>4,254,318</i>	<i>-</i>
<b>2012 Additions</b>						
WALLPAPER AND PAINT 6 ROOMS	5,397	S/L	5	-	5,397	-
ELECTRICAL ADDITIONS	3,084	S/L	20	154	1,618	1,464
PAINTING/WALLPAPERING WEST WING	6,590	S/L	5	-	6,590	-
PAINTING/WALLPAPERING	3,385	S/L	5	-	3,386	-
PAINTING/WALLPAPERING	3,385	S/L	5	-	3,386	-
WALLPAPER	5,397	S/L	5	-	5,397	-
LANDSCAPING	47,702	S/L	10	2,386	47,702	-
UPPER PARKING LOT EXPANSION	18,500	S/L	20	925	9,713	8,788
DRIVEWAY TAX	1,175	S/L	20	59	618	556
ADARAMP	15,390	S/L	20	770	8,083	7,307
<b><i>Total 2012 Additions</i></b>	<b><i>110,005</i></b>			<b><i>4,294</i></b>	<b><i>91,889</i></b>	<b><i>18,115</i></b>
<b>2014 Additions</b>						
400Kw GENERATOR	241,721	S/L	20	12,086	105,753	135,966
AWNING FOR PATIENT PATIO	6,861	S/L	5	-	6,861	-
ELECTRICAL HOOKUP FOR WALKIN FREEZER	3,084	S/L	20	154	963	2,122
LABOR&MATERIAL TO INSTALL WALKIN FRIDGE/FREEZER	18,015	S/L	15	1,201	7,506	10,509
NOR-LAKE WALKIN FRIDGE/FREEZER	34,579	S/L	15	2,305	14,406	20,173
HARTFORD PROVISION ARCHITECT FEES WALKIN FRIDGE	4,254	S/L	15	284	1,775	2,479
<b><i>Total 2014 Additions</i></b>	<b><i>308,514</i></b>			<b><i>16,030</i></b>	<b><i>137,264</i></b>	<b><i>171,249</i></b>

Norwichtown Convalescent Home, Inc.

Cost Report Year 2021

Medicaid Cost Report - Depreciation Summary - Operating Co

	Historical Cost	Method	Life	9/30/2022 Depreciation Expense	9/30/2022 Accumulated Depreciation	Net Book Value
<b>2015 Additions</b>						
WANDERGUARD UPGRADE	3,288	S/L	5	-	3,288	-
NEW GUTTERS	7,896	S/L	20	395	3,160	4,736
FACILITY WIDE LIGHTING UPGRADE	148,731	S/L	30	4,958	39,664	109,067
NDPU LIGHTING REBATE	(48,948)	S/L	30	(1,632)	(13,056)	(35,892)
REPAIR TO SPRINKLER SYSTEM	6,375	S/L	15	425	3,402	2,973
LOCHINVAR HOLDING TANKS	6,500	S/L	20	325	2,600	3,900
<b>Total 2015 Additions</b>	<u>123,842</u>			<u>4,471</u>	<u>39,058</u>	<u>84,784</u>
					-	-

Norwichtown Convalescent Home, Inc.

Cost Report Year 2021

Medicaid Cost Report - Depreciation Summary - Operating Co

	Historical Cost	Method	Life	9/30/2022 Depreciation Expense	9/30/2022 Accumulated Depreciation	Net Book Value
<b>2014 Adjustments from Myers &amp; Stauffer LLC (Adjusted on 2015 Report)</b>					-	-
CALL BELL SYSTEM	65,874	S/L	20	3,294	29,371	36,502
CALL BELL SYSTEM	41,318	S/L	20	2,066	18,422	22,897
CALL BELL SYSTEM	22,634	S/L	20	1,132	10,093	12,541
LOCHINVAR REPLACEMENT	4,743	S/L	15	316	2,713	2,031
SIGN ON FRONT LAWN	3,510	S/L	5	-	3,510	-
LOCHINVAR REPLACEMENT	5,169	S/L	15	345	2,874	2,294
<b>Total 2014 Adj from Myers &amp; Stauffer</b>	<b>143,248</b>			<b>7,153</b>	<b>66,983</b>	<b>76,265</b>
<b>2015 Disposals</b>						
COLONIAL CARPET 2005	(9,291)	S/L	10	-	(9,291)	-
COLONIAL CARPET 11012006	(2,815)	S/L	10	-	(2,815)	-
<b>Total 2015 Disposals</b>	<b>(12,106)</b>			<b>-</b>	<b>(12,107)</b>	<b>-</b>
<b>2016 Additions</b>						
SPRINKLER REPAIR	9,786	S/L	25	391	2,737	7,049
O2 ROOM ON WEST WING	6,889	S/L	15	459	3,213	3,676
ELECTRIC FOR O2 ROOM	1,820	S/L	20	91	637	1,183
<b>Total 2016 Additions</b>	<b>18,495</b>			<b>941</b>	<b>6,587</b>	<b>11,908</b>
<b>2018 Additions</b>						
Install New Sprinkler Valve, Accelerator & Air Compressor	3,339	S/L	15	223	1,115	2,224
Repair Sprinkler Leak	3,378	S/L	15	225	1,125	2,253
Fire Door	2,650	S/L	20	133	665	1,985
Repair to Sprinkler System	3,507	S/L	15	234	1,170	2,337
Repace Piping to Hot Water Storage	1,450	S/L	15	97	485	965
<b>Total 2018 Additions</b>	<b>14,324</b>			<b>912</b>	<b>4,560</b>	<b>9,764</b>
<b>2019 Additions</b>						
Fire Door	2,179	S/L	20	109	436	1,743
Fire Door	471	S/L	20	24	96	375
Fire Door	4,358	S/L	20	218	872	3,486
Quick Response sprinkler head	2,310	S/L	15	154	616	1,694
architectural services	9,400	S/L	15	627	2,508	6,892
smoke detectors	1,325	S/L	10	133	532	793



Norwichtown Convalescent Home, Inc.

Cost Report Year 2021

Medicaid Cost Report - Depreciation Summary - Operating Co

	Historical Cost	Method	Life	9/30/2022 Depreciation Expense	9/30/2022 Accumulated Depreciation	Net Book Value
<b>Total 2019 Additions</b>	20,043			1,265	5,060	14,983
<b>2020 Additions</b>						
Repair and replace dry system	1,805	S/L	15	120	360	1,445
Tiles and insulation	680	S/L	15	45	135	545
repair rear walk side	1,500	S/L	15	100	300	1,200
replaced 2 panels	4,350	S/L	15	290	870	3,480
Fre door replacement	959	S/L	20	48	144	815
Lockinvar Boiler	3,499	S/L	15	233	699	2,800
Repairs and service for pipes	1,440	S/L	10	144	432	1,008
Pin stripe parking lot handicap area	1,100	S/L	10	110	330	770
<b>Total 2020 Additions</b>	15,333			1,090	3,270	12,063
<b>2019 Disposals</b>						
Repace Piping to Hot Water Storage	(1,450)	S/L	15	-	(97)	(1,353)
<b>Total 2019 Disposals</b>	(1,450)			-	(97)	(1,353)
<b>2021 Additions</b>						
Repair /replace asphalt walkways Repair concrete loading dock rar	9,500	S/L	15	633	1,266	8,234
<b>Total 2021 Additions</b>	9,500			633	1,266	8,234
<b>2021 Disposals</b>						
Case Electric - Dec 2019	(2,700)			-	(2,700)	-
H&E - (\$1100 from Jun 2020 & 1500 Nov 2020)	(2,340)			-	(2,340)	-
Jones & Jones (July 2019)	(8,460)			-	(8,460)	-
John Miller (Sept 2019)	(1,193)			-	(1,193)	-
<b>Total 2021 Disposals</b>	(14,693)			-	(14,693)	-
<b>2022 Additions</b>						
Upgraded fire alarm system to cellular dialer	7,587	S/L	10	759	759	6,828
	7,587			759	759	6,828
<b>Total Building Improvements</b>	<b>4,996,960</b>			<b>53,077</b>	<b>4,584,119</b>	<b>412,841</b>

Norwichtown Convalescent Home, Inc.

Cost Report Year 2021

Medicaid Cost Report - Depreciation Summary - Operating Co

	Historical Cost	Method	Life	9/30/2022 Depreciation Expense	9/30/2022 Accumulated Depreciation	Net Book Value
<b>Non-Moveable Equipment</b>						
<b>Prior to 2005</b>	92,630	S/L	VAR	-	92,630	-
2005 Additions	2,653	S/L	10	-	2,653	-
2006 Additions	6,638	S/L	10	-	6,638	-
2007 Additions	2,815	S/L	10	-	2,815	-
2010 Additions	84,188	S/L	10	-	84,188	-
2011 Additions	12,545	S/L	5	-	12,545	-
<b>Total prior to 2011</b>	<u>201,469</u>			-	<u>201,469</u>	-
<b>2016 Disposals</b>						
CCI SERVER FOR NORWICHTOWN	(12,545)	S/L	5.00	-	(12,545)	-
AVAYA PHONE SYSTEM	(13,833)	S/L		-	(13,833)	-
GENERATOR 1982	(29,793)	S/L		-	(29,793)	-
<b>Total 2016 Disposals</b>	<u>(56,171)</u>			-	<u>(56,171)</u>	-
<b>Total Non-Moveable Equipment</b>	<u><u>145,298</u></u>			<u>-</u>	<u><u>145,298</u></u>	<u>-</u>

Norwichtown Convalescent Home, Inc.

Cost Report Year 2021

Medicaid Cost Report - Depreciation Summary - Operating Co

	Historical Cost	Method	Life	9/30/2022 Depreciation Expense	9/30/2022 Accumulated Depreciation	Net Book Value
<b>Moveable Equipment</b>						
Prior to 2004	1,362,809	S/L	VAR	-	1,362,809	-
2004 Additions	4,738	S/L	5	-	4,738	-
2005 Additions	18,084	S/L	5	-	18,084	-
2006 Additions	3,257	S/L	10	-	3,257	-
2006 Additions	15,787	S/L	15	-	15,787	-
2007 Additions	17,719	S/L	15	-	17,127	592
2007 Additions	8,041	S/L	10	-	8,041	-
2007 Additions	29,134	S/L	10	-	29,134	-
2008 Additions	24,838	S/L	10	-	24,838	-
2008 Additions	12,936	S/L	5	-	12,936	-
2009 Additions	4,216	S/L	5	-	4,216	-
2009 Additions	20,002	S/L	10	-	20,002	-
2009 Additions	8,882	S/L	5	-	8,882	-
2009 Additions*	(7,547)	S/L	5	-	(7,547)	-
2011 Additions	7,373	S/L	5	-	7,373	-
<b>Total Prior to 2011</b>	<b>1,530,269</b>			<b>-</b>	<b>1,529,676</b>	<b>592</b>
<b>2012 Additions</b>						
CHAIR BEDS	5,172	S/L	15	345	3,622	1,550
FURNITURE IN WEST WING	6,128	S/L	10	305	6,128	-
FLAT PANEL TVS	3,924	S/L	5	-	3,924	-
PT ROOM DESKS	3,722	S/L	20	186	1,954	1,769
WEST WING FURNITURE	6,128	S/L	10	305	6,128	-
FURNITURE	15,848	S/L	10	791	15,847	-
WEST WING FURNITURE	6,128	S/L	10	305	6,128	-
WEST WING ROOM FURNITURE	6,128	S/L	10	305	6,128	-
DIRECT SUPPLY WEST WING FURNITURE	6,128	S/L	10	305	6,128	-
DIRECT SUPPLY WEST WING FURNITURE	6,128	S/L	10	306	6,129	-
10 POC STATIONS	12,240	S/L	5	-	12,240	-
6 Dell Vostro Workstations	3,907	S/L	5	-	3,908	-
4 DELL VOSTRO WORKSTATIONS	2,629	S/L	5	-	2,629	-
<b>Total 2012 Additions</b>	<b>84,210</b>			<b>3,153</b>	<b>80,890</b>	<b>3,319</b>

**Norwichtown Convalescent Home, Inc.**

**Cost Report Year 2021**

**Medicaid Cost Report - Depreciation Summary - Operating Co**

	Historical Cost	Method	Life	9/30/2022 Depreciation Expense	9/30/2022 Accumulated Depreciation	Net Book Value
<b>2013 Additions</b>						
New Timeclock System	7,583	S/L	3	-	7,583	-
Steam Table	2,498	S/L	5	-	2,498	-
Beds	2,945	S/L	3	-	2,945	-
Beds HI-LO	5,428	S/L	5	-	5,428	-
Beds for West Wing	4,863	S/L	5	-	4,863	-
Dining Room Tables	5,089	S/L	5	-	5,089	-
Speed Scrubber	3,977	S/L	5	-	3,977	-
Dining Room Armchairs	12,913	S/L	5	-	12,913	-
Patio Furniture for Residents	2,530	S/L	5	-	2,530	-
Resident Room Furniture	47,950	S/L	5	-	47,950	-
<b>2013 Total Additions</b>	<b>95,776</b>			<b>-</b>	<b>95,776</b>	<b>-</b>
<b>2014 Additions</b>						
CALL BELL SYSTEM	65,873.95	S/L	20	3,294	29,371	36,503
CALL BELL SYSTEM	41,318.18	S/L	20	2,066	18,422	22,897
CALL BELL SYSTEM	22,634.00	S/L	20	1,132	10,093	12,541
LOCHINVAR REPLACEMENT	4,743.21	S/L	15	316	2,713	2,030
SIGN ON FRONT LAWN	3,509.55	S/L	5	-	3,510	-
LOCHINVAR REPLACEMENT	5,168.61	S/L	15	345	2,874	2,295
WANDERGUARD UPGRADE	2,589.82	S/L	3	-	2,590	-
BEDS AND FOOTBOARDS	12,591.63	S/L	12	1,049	8,567	4,024
<b>2014 Total Additions</b>	<b>158,429</b>			<b>8,202</b>	<b>78,139</b>	<b>80,290</b>
<b>2014 Adjustments from Myers &amp; Stauffer LLC (Adjusted on 2015 Report)</b>						
CALL BELL SYSTEM	(65,874)	S/L	20	(3,294)	(29,371)	(36,503)
CALL BELL SYSTEM	(41,318)	S/L	20	(2,066)	(18,422)	(22,897)
CALL BELL SYSTEM	(22,634)	S/L	20	(1,132)	(10,093)	(12,541)
LOCHINVAR REPLACEMENT	(4,743)	S/L	15	(316)	(2,713)	(2,031)
SIGN ON FRONT LAWN	(3,510)	S/L	5	702	(2,808)	(702)
LOCHINVAR REPLACEMENT	(5,169)	S/L	15	(345)	(2,874)	(2,294)
<b>Total 2014 Adj from Myers &amp; Stauffer</b>	<b>(143,248)</b>			<b>(6,451)</b>	<b>(66,281)</b>	<b>(76,968)</b>
<b>2015 Additions</b>						
NEW POC FOR EAST WING	1,224	S/L	3	(408)	816	408

Norwichtown Convalescent Home, Inc.

Cost Report Year 2021

Medicaid Cost Report - Depreciation Summary - Operating Co

	Historical Cost	Method	Life	9/30/2022 Depreciation Expense	9/30/2022 Accumulated Depreciation	Net Book Value
NEW MATTRESSES	5,274	S/L	5	-	5,274	-
<b>2015 Total Additions</b>	<b>6,498</b>			<b>(408)</b>	<b>6,090</b>	<b>408</b>

Norwichtown Convalescent Home, Inc.

Cost Report Year 2021

Medicaid Cost Report - Depreciation Summary - Operating Co

	Historical Cost	Method	Life	9/30/2022 Depreciation Expense	9/30/2022 Accumulated Depreciation	Net Book Value
<b>2015 Disposals</b>						
COMPUTER EQUIPMENT 1990	(1,487)	S/L	10	-	(1,487)	-
COMPUTER SOLUTIONS	(4,404)	S/L	10	-	(4,404)	-
COMPUTER SOLUTIONS	(2,827)	S/L	10	-	(2,827)	-
SIMPLEX TIMECLOCK	(3,850)	S/L	10	-	(3,850)	-
COMPUTER SOLUTIONS	(1,819)	S/L	10	-	(1,819)	-
COMPUTER SOLUTIONS	(2,360)	S/L	10	-	(2,360)	-
MODEM 1990	(546)	S/L	10	-	(546)	-
SEARS LAWN TRACTOR	(1,589)	S/L	10	-	(1,589)	-
SYSTEMS FAX	(885)	S/L	10	-	(885)	-
STAPLES	(509)	S/L	10	-	(509)	-
<b>2015 Total Disposals</b>	<b>(20,276)</b>			<b>-</b>	<b>(20,276)</b>	<b>-</b>
<b>2016 Additions</b>						
DELL R430 SERVER AND BACK UP APPLIANCE	18,061	S/L	5	-	18,061	-
TIME CLOCK FOR PBJ	5,018	S/L	3	-	5,018	-
OXYGEN CONCENTRATORS	9,700	S/L	10	970	6,790	2,910
ULTRA STIM REHAB EQUIPMENT	5,351	S/L	7	764	5,348	3
DIATHERMY UNIT REHAB EQUIPMENT	17,235	S/L	10	1,724	12,068	5,167
<b>2016 Total Additions</b>	<b>55,365</b>			<b>3,458</b>	<b>47,285</b>	<b>8,080</b>
<b>2016 Disposals</b>						
OXYGEN CONCENTRATORS	(7,740)	S/L	10	-	(7,740)	-
TIMECLOCK PLUS	(7,583)	S/L	10	-	(7,583)	-
<b>2016 Total Disposals</b>	<b>(15,323)</b>			<b>-</b>	<b>(15,323)</b>	<b>-</b>
<b>6/30/2017 Addition</b>						
Electric Beds	13,772	S/L	12	1,148	6,888	6,884
<b>6/30/2017 Total Additions</b>	<b>13,772</b>			<b>1,148</b>	<b>6,888</b>	<b>6,884</b>
<b>9/30/2017 Addition</b>						
Wander Guards	2,003	S/L	5	299	2,003	-
<b>9/30/2017 Total Additions</b>	<b>2,003</b>			<b>299</b>	<b>2,003</b>	<b>-</b>

**Norwichtown Convalescent Home, Inc.**

**Cost Report Year 2021**

**Medicaid Cost Report - Depreciation Summary - Operating Co**

	Historical Cost	Method	Life	9/30/2022 Depreciation Expense	9/30/2022 Accumulated Depreciation	Net Book Value
<b>2018 Additions</b>						
2 Hi Low Beds	2,168	S/L	12	181	905	1,263
Hot Buffet Cart	4,163	S/L	10	416	2,080	2,083
Sales Use Tax Buffet Cart	264	S/L	10	26	130	134
Auto Bipap	1,650	S/L	8	206	1,030	620
Copier Lease	44,220	S/L	5	8,844	44,220	-
<b>2018 Total Additions</b>	<u>52,465</u>			<u>9,673</u>	<u>48,365</u>	<u>4,100</u>
<b>2019 Additions</b>						
generator	1,026	S/L	5	205	820	206
Gravity 7 Pressure Redistribution Mattress	706	S/L	5	141	564	142
Thinlabs Touchscreen computer	1,317	S/L	3	-	1,317	-
Thinlabs Touchscreen computer	1,317	S/L	3	-	1,317	-
Thinlabs Touchscreen computer	1,317	S/L	3	-	1,317	-
Sales Use Tax Thinlabs Touchscreen Computers	251	S/L	3	-	251	-
Low Airloss and Alternating Pressure Mattress System	985	S/L	5	197	788	197
<b>2019 Total Additions</b>	<u>6,919</u>			<u>543</u>	<u>6,374</u>	<u>545</u>
<b>2020 Additions</b>						
Refridgerator	2,441	S/L	10	244	732	1,709
Reclining shower chair	968	S/L	15	65	195	773
Kit Drainage	1,847	S/L	10	185	555	1,292
Kit Drainage	1,999	S/L	10	200	600	1,399
Dell laptop	1,536	S/L	3	512	1,536	-
Sales Use Tax Laptop	98	S/L	3	32	98	-
<b>2020 Total Additions</b>	<u>8,890</u>			<u>1,238</u>	<u>3,716</u>	<u>5,173</u>

Norwichtown Convalescent Home, Inc.

Cost Report Year 2021

Medicaid Cost Report - Depreciation Summary - Operating Co

	Historical Cost	Method	Life	9/30/2022 Depreciation Expense	9/30/2022 Accumulated Depreciation	Net Book Value
<b>2019 Disposals</b>						
2 Hi Low Beds	(2,168)	S/L	12	-	(362)	(1,806)
Sales Use Tax Buffet Cart	(264)	S/L	10	-	(52)	(212)
Copier Lease	(44,220)	S/L	5	-	(17,688)	(26,532)
Auto Bipap	(1,650)	S/L	8	-	(412)	(1,238)
<b>2019 Total Disposals</b>	<u>(48,302)</u>			<u>-</u>	<u>(18,514)</u>	<u>(29,788)</u>
<b>2021 Additions</b>						
Overbed table	512	S/L	10	51	102	410
Overlay system	1,587	S/L	10	159	318	1,274
Dell latitude laptop	1,214	S/L	3	405	810	404
opti plex 3080	2,465	S/L	3	822	1,644	821
opti plex 3080	760	S/L	3	253	506	254
ontime dell laptop	77	S/L	3	26	52	25
opti plex 3080 x2	204	S/L	3	68	136	68
<b>2021 Total Additions</b>	<u>6,819</u>			<u>1,784</u>	<u>3,568</u>	<u>3,256</u>
<b>2022 Additions</b>						
New Payroll system implementation/transition	6,146	S/L	3	2,049	2,049	4,097
Tax on New Payroll system implementation/transition	61	S/L	3	20	20	41
	<u>6,207</u>			<u>2,069</u>	<u>2,069</u>	<u>4,138</u>
<b><u>Total Moveable Equipment</u></b>	<b><u>1,800,474</u></b>			<b><u>24,708</u></b>	<b><u>1,790,445</u></b>	<b><u>10,029</u></b>



Norwichtown Convalescent Home, Inc.

Cost Report Year 2021

Medicaid Cost Report - Depreciation Summary - Operating Co

	Historical Cost	Method	Life	9/30/2022 Depreciation Expense	9/30/2022 Accumulated Depreciation	Net Book Value
<b>Vehicles</b>						
Prior to 2002	26,148	S/L	5	-	26,148	-
2009 Additions	7,416	S/L	5	-	7,416	-
2010 Additions	10,261	S/L	5	-	10,261	-
<b>Total Prior to 2013</b>	<b>43,825</b>	S/L	Var.	-	43,825	-
<b>2013 Additions</b>						
2013 Chevy Express	42,663	S/L	5	-	42,663	-
	42,663			-	42,663	-
<b>2013 Disposals</b>						
Cube van 1993	(8,119)	S/L	5	-	(8,119)	-
Cube Van 2002	(18,029)	S/L	5	-	(18,029)	-
Cube Van 2008	(7,416)	S/L	5	-	(7,416)	-
Cube Van 2010	(10,261)	S/L	5	-	(10,261)	-
<b>Total 2013 Disposals</b>	<b>(43,825)</b>			-	(43,825)	-
<b>Total Vehicles</b>	<b>42,663</b>			-	<b>42,663</b>	-
<b>Total for 2022</b>	<b>\$ 7,000,937</b>			<b>77,785</b>	<b>6,562,525</b>	<b>438,412</b>
TB Linked	86,311			10,110	30,520	55,791
Plus Realty Assets	1,911,406			101,329	98,638	1,812,768
<b>F/S vs C/R Variance</b>	<b>\$ (666)</b>			<b>169,004</b>	<b>6,532,005</b>	<b>382,621</b>
				{b}		
F/S vs C/R NBV - Page 31, Line B9	\$ (382,621)	{a}			Rounding	-
F/S vs C/R Depreciation - Page 36, Line F1	\$ (169,004)	{b}				382,621
Reserve for Dep. - Page 35, Line A2	1,812,768					{a}

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

CSP-24 Rev. 10/2006

**Amortization Schedule\***

Name of Facility 93 W Main Operating, LLC d/b/a Norwich Sub-Acute and N			License No. 859-C		Report for Year Ended 9/30/2022			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. <b>Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
B. <b>Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
C. <b>Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. <b>Total Amortization</b>									

\* 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 93 W Main Operating, LLC d/b/a Nor	License No. 859-C	Report for Year Ended 9/30/2022	Page 25	of 37
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**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	1964/1991				
2. Date Structure Completed	1965				
3. If <b>NOT</b> Original Owner, Date of Purchase	07/01/17				
4. Date of Initial Licensure	1964				
5. Total Licensed Bed Capacity	120				
6. Square Footage	44,390				
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)	Variable for LIBOR	Promissory Note		
b. Date Mortgage Obtained	07/01/17	09/26/19		
c. Interest Rate for the Cost Year	LIBOR + 3.25% Wit	3.31%		
d. Term of Mortgage (number of years)	5 Years	420 Months		
e. Amount of Principal Borrowed	8,250,000	16,327,600		
f. Principal balance outstanding as of 09/30/2022		15,952,067		
<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				

**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 93 W Main Operating, LLC d/b/a Nor		License No. 859-C	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 \$						
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 93 W Main Operating, LLC d/b/a N		License No. 859-C		Report for Year Ended 9/30/2022		Page      of 27      37	
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment \$							
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify ) \$							
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2) \$							
12. D. Other Interest Expense (Specify ) \$				14,105	14,105		
Various Non Allowable Interest Expense							
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D) \$				14,105	14,105		
14. Insurance							
a. Insurance on Property (buildings only) \$				132,484	132,484		
b. Insurance on Automobiles \$				4,414	4,414		
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage ) \$							
2. Fire and Extended Coverage \$							
3. Other (Specify ) \$				6,699	6,699		
EPLI Ins / Surety Bond / Property & Casualty							
14d. <b>Total Insurance Expenditures (14a + b + c)</b> \$				143,597	143,597		
15. <b>Total All Expenditures (A-13 thru C-14)</b> \$				12,676,753	12,676,753		

## D. Adjustments to Statement of Expenditures

Name of Facility 93 W Main Operating, LLC d/b/a Norwich Sub-Acute and Nurs				License No. 859-C	Report for Year Ended 9/30/2022	Page 28	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	13	B10a	Occupational Therapy	\$ 326,109	326,109		
4.			Other - See attached Schedule	\$ 14,850	14,850		
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 10,899	10,899		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 124,255	124,255		
10.			Accounting	\$			
10a.			Legal	\$ 112	112		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/3	Unallowable Advertising *	\$ 16,076	16,076		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 24,483	24,483		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.	Var	Var	Laundry services to employees, guests and others who are not residents	\$ 86,155	86,155		
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
<b>Subtotal (Items 1 - 26)</b>				\$ 602,939	602,939		

\* 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	B12n	Marketing Salary	\$ 14,850		
<b>Total Other Salaries Adjustment</b>			\$ 14,850	\$ -	\$ -

## Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B12o	Other Resident Care Physician (Motion Fluoroscopy evaluation)	\$ 101		
13	B12o	Respiratory Therapist	1,145		
13	B12o	IV Insertion Nurse	9,653		
<b>Total Other Fees Adjustments</b>			\$ 10,899	\$ -	\$ -

## Schedule of Other A&amp;G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	Var	Benefits Associated with Marketing Salaries (See Attached)	\$ 2,726		
16	m13	Admin Expense>Fines, Penalties & Settlements	5,375		
16	m13	Admin Expense>Late Fees	2,362		
16	m13	Credit Card Fees	2,179		
16	m13	Overdraft Fees	18		
16	m13	Employee Food	4,943		
16	m13	Employee Relations	6,642		
16	m8a	Dues to Chamber of Commerce	238		
<b>Total Other A&amp;G Adjustments</b>			\$ 24,483	\$ -	\$ -

**Marketing Benefits Disallowance**

Marketing Salary	18,049	<a href="#">Page 10</a>
Total Salaries	5,412,083	<a href="#">TB Linked</a>
Percent to Total Salaries	<hr/> 0.33%	

Total Benefits (Pg 15, Line 1a3 - 1a6)	817,488	<a href="#">TB Linked</a>
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Marketing Benefits Disallowed	<b>2,726</b>	<a href="#">Page 28 attachment</a>
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### D. Adjustments to Statement of Expenditures (cont'd)

Name of Facility				License No.	Report for Year Ended	Page	of
93 W Main Operating, LLC d/b/a Norwich Sub-Acute and N				859-C	9/30/2022	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 602,939	602,939		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 297,136	297,136		
28.			Ambulance/Limousine	\$			
29.	20	5f	X-rays, etc	\$ 15,752	15,752		
30.	20	5h	Laboratory	\$ 43,264	43,264		
31.	20	5c	Medical Supplies	\$ 41,760	41,760		
32.	20	5e2	Oxygen (non emergency)	\$ 4,438	4,438		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 36,279	36,279		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 5,789	5,789		
<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	\$ 14,105	14,105		
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 2,285	2,285		
<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>				\$ 1,063,747	1,063,747		

\*\*\* 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	5i	Cable Television Disallowance (See Attached)	\$ 11,250		
20	5l	Nursing Expense>Minor Equip & Supplies	2,622		
20	5l	Nursing Expense>Equip-Rental	22,407		
<b>Total Other Ancillary Costs</b>			\$ 36,279	\$ -	\$ -

## Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Excess Movable Equipment Depreciation</b>			\$ -	\$ -	\$ -

## Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Var	Var	Utilities Associated with 88 Clark Laundry (See Attached)	\$ 5,789		
<b>Total Other Property Adjustments</b>			\$ 5,789	\$ -	\$ -

## Schedule of Other - Indirect Adjustments

Attachment Page 29

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)
27	12d	Various Non-Allowable Interest Expense	\$ 14,105		
30	IV 8	Other Rev>Medical Records	433		
30	IV 8	Startup Costs	1,852		
<b>Total Other Adjustments</b>			\$ 16,390	\$ -	\$ -

## 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>			\$ -	\$ -	\$ -

**93 W Main Operating, LLC**  
**Disallowance Schedule for Cable TV**  
**September 30, 2022**

**Pg. 29a**

	<u>Amount</u>	
Total Cable TV Expense acct # 80-232-00	\$ 18,450	<a href="#">TB Linked</a>
Monthly Allowable amount	\$ 600	
Months in Cost Report Year	12	
Total Allowable Cost	<u>\$ 7,200</u>	
Full Year Cost Report (365 out of 365 Days)	100%	
Revised Allowable Cost	<u>\$ 7,200</u>	
 <b>Disallowed Cable TV</b>	 <u><u>\$ 11,250</u></u>	

**93 W Main Disallowances - Laundry svcs provided to 88 Clark**

Laundry salaries / benefits / supplies

Laundry Income (salaries) - Pg. 30 / Line IV8	72,000	
Laundry benefits - Pg. 15 / Lines 1a1 - 1a7	9,309	
Laundry supplies - Pg. 19 / Line 3c	4,846	
<b>Total laundry disallowance</b>	<b>86,155</b>	<b>Ties to page 28 / Line 25</b>

Laundry Benefits

Laundry salaries related to 88 Clark	72,000	
Total salaries per page 10	5,412,083	
% to total	1.33%	

Benefits - Page 15 / Lines 1a1 - 1a7	699,766	
--------------------------------------	---------	--

Benefits disallowed	9,309	
---------------------	-------	--

Laundry Supplies

		13,875	
Split of laundry salaries on 93 W Main	72,000	134,138	206,138 Ties to 93 W Main salaries
% of laundry salaries	34.93%	65.07%	
Laundry supplies allocated	4,846	9,029	13,875 Ties to 93 W Main laundry supplies

Laundry overhead

Medicare CR sq / ft	1,584	
Medicare CR total sq / ft	39,959	
% of building	3.96%	

% of costs related to 88 Clark	34.93%	
--------------------------------	--------	--

% of sq / ft related to work performed for 88 Clark	1.38%	
---	-------	--

Heat	53,698	Ties to page 22 / Line 6b
Light & Power	162,310	Ties to page 22 / Line 6c
Water	69,636	Ties to page 22 / Line 6d
Real estate taxes paid by lessor	-	Ties to page 22 / Line 10b
Insurance on Property	132,484	Ties to page 27 / Line 14a
Total utilities	418,128	

<b>Utilities associated with 88 Clark laundry</b>	<b>5,789</b>	<b>Ties to page 29 / Line 39</b>
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**NOTE: Rent expense not included as it is replaced by fair rent.**

## F. Statement of Revenue

Name of Facility 93 W Main Operating, LLC d/b/a Norwic		License No. 859-C		Report for Year Ended 9/30/2022		Page 30	of 37
Item		Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue							
1. a. Medicaid Residents ( CT only )		\$ 4,192,085	4,192,085				
b. Medicaid Room and Board Contractual Allowance **		\$					
2. a. Medicaid ( All other states )		\$					
b. Other States Room and Board Contractual Allowance **		\$					
3. a. Medicare Residents ( all inclusive )		\$ 3,917,807	3,917,807				
b. Medicare Room and Board Contractual Allowance **		\$ (14,697)	(14,697)				
4. a. Private-Pay Residents and Other		\$ 2,921,550	2,921,550				
b. Private-Pay Room and Board Contractual Allowance **		\$					
II. Other Resident Revenue							
1. a. Prescription Drugs - Medicare		\$ 178,764	178,764				
b. Prescription Drugs - Medicare Contractual Allowance **		\$ (178,764)	(178,764)				
c. Prescription Drugs - Non-Medicare		\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **		\$					
2. a. Medical Supplies - Medicare		\$					
b. Medical Supplies - Medicare Contractual Allowance **		\$					
c. Medical Supplies - Non-Medicare		\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **		\$					
3. a. Physical Therapy - Medicare		\$ 387,536	387,536				
b. Physical Therapy - Medicare Contractual Allowance **		\$ (347,982)	(347,982)				
c. Physical Therapy - Non-Medicare		\$ 108,789	108,789				
d. Physical Therapy - Non-Medicare Contractual Allowance **		\$ (84,273)	(84,273)				
4. a. Speech Therapy - Medicare		\$ 44,601	44,601				
b. Speech Therapy - Medicare Contractual Allowance **		\$ (35,784)	(35,784)				
c. Speech Therapy - Non-Medicare		\$ 13,078	13,078				
d. Speech Therapy - Non-Medicare Contractual Allowance **		\$ (7,763)	(7,763)				
5. a. Occupational Therapy - Medicare		\$ 384,223	384,223				
b. Occupational Therapy - Medicare Contractual Allowance **		\$ (326,196)	(326,196)				
c. Occupational Therapy - Non-Medicare		\$ 116,282	116,282				
d. Occupational Therapy - Non-Medicare Contractual Allowance **		\$ (75,269)	(75,269)				
6. a. Other (Specify) - Medicare		\$ 28,668	28,668				
b. Other (Specify) - Non-Medicare		\$ 99,716	99,716				
III. Total Resident Revenue (Section I. thru Section II.)		\$ 11,322,371	11,322,371				
IV. Other Revenue*							
1. Meals sold to guests, employees & others		\$					
2. Rental of rooms to non-residents		\$					
3. Telephone		\$					
4. Rental of Television and Cable Services		\$					
5. Interest Income (Specify)		\$ 812	812				
6. Private Duty Nurses' Fees		\$					
7. Barber, Coffee, Beauty and Gift shops		\$					
8. Other (Specify)		\$ 2,149,883	2,149,883				
V. Total Other Revenue (1 thru 8)		\$ 2,150,695	2,150,695				
VI. Total All Revenue (III +V)		\$ 13,473,066	13,473,066				

\* 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)
		-		
30 II 6a	Other Ancillary Rev>Medicare B	\$ 7,433		
30 II 6a	Other Ancillary Rev>Medicare B>Sequester	(482)		
30 II 6a	Revenue Adjustments>Medicare A	12,447		
30 II 6a	Revenue Adjustments>Medicare HMO	9,270		
<b>Total Other Resident Revenue - Medicare</b>		<b>\$ 28,668</b>	<b>\$ -</b>	<b>\$ -</b>

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

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 II 6b	Other Ancillary Revenue>Private	\$ 730		
30 II 6b	Other Ancillary Rev>HMO	4,266		
30 II 6b	Other Ancillary Rev>Medicaid	224		
30 II 6b	Other Rev>HMO>Incentive Payments	2,130		
30 II 6b	Other Rev>Medicaid>COVID19	91,333		
30 II 6b	Revenue Adjustments>Commercial HMO	6,457		
30 II 6b	Revenue Adjustments>Medicaid	1,426		
30 II 6b	Revenue Adjustments>Ancillary	(6,850)		
<b>Total Other Resident Revenue</b>		<b>\$ 99,716</b>	<b>\$ -</b>	<b>\$ -</b>

**Interest Income****Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			-		
30 IV 5	Interest on claims	N/A	\$ 722		
30 IV 5	Interest on Medical Records	N/A	90		
<b>Total Interest Income</b>			<b>\$ 812</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 IV 8	Other Rev>ERC>COVID19	\$ 1,099,162		
30 IV 8	Other Rev>Medicare A>COVID19	976,436		
30 IV 8	Other Rev>Laundry	72,000		
30 IV 8	Other Rev>Medical Records (Disallow Page 29)	433		
30 IV 8	Startup Costs (Disallow Page 29)	1,852		
<b>Total Other Revenue</b>		<b>\$ 2,149,883</b>	<b>\$ -</b>	<b>\$ -</b>

## G. Balance Sheet

Name of Facility 93 W Main Operating, LLC d/b/a Norw	License No. 859-C	Report for Year Ended 9/30/2022	Page 31	of 37
Account			Amount	
<b>Assets</b>				
<b>A. Current Assets</b>				
1. Cash ( <i>on hand and in banks</i> )			\$	22,997
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,623,226
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	1,114,584
a. _____				
b. _____				
c. _____				
d. See Schedule 1,114,584				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
_____				
_____				
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	2,760,807
<b>B. Fixed Assets</b>				
1. Land			\$	15,542
2. Land Improvements      *Historical Cost _____			\$	
Accum. Depreciation _____ Net				
3. Buildings                      *Historical Cost 4,996,960			\$	412,841
Accum. Depreciation 4,584,119 Net				
4. Leasehold Improvements      *Historical Cost _____			\$	
Accum. Depreciation _____ Net				
5. Non-Movable Equipment      *Historical Cost 145,298			\$	
Accum. Depreciation 145,298 Net				
6. Movable Equipment              *Historical Cost 1,800,474			\$	10,029
Accum. Depreciation 1,790,445 Net				
7. Motor Vehicles                      *Historical Cost 42,663			\$	
Accum. Depreciation 42,663 Net				
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	(294,806)
F/S vs C/R NBV (382,621)				
See Schedule 87,815				
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	143,606

\* 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 Expenses	\$ 1,115,457
31	A5	Prepaid Rent	(168,007)
31	A5	Prepaid Insurance	91,410
31	A5	Prepaid Taxes	912
31	A5	Prepaid Workers Comp	74,812
Total Prepaid Expenses			\$ 1,114,584

## Schedule of Other Current Assets (Itemized) Page 31 Line A8

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

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

Page Ref	Line Ref	Description	
31	B9	Fixed Assets>CIP	\$ 87,815
Total Other Other Fixed Assets (Itemize)			\$ 87,815

## Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

## Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

Page Ref	Line Ref	Description	
33	A12	Accrued Expenses	\$ 1,277,413
33	A12	Accrued Expenses>Ancillary	4,897
33	A12	Accrued Expenses>Insurance - General Liability & Other	69,786
33	A12	Accrued Expenses>Insurance - EPLI	3,821
33	A12	Accrued Expenses>Insurance - Property	(117)
33	A12	Accrued Expenses>Insurance - Auto	354
33	A12	Accrued Expenses>Year End Adjustments	24,306
33	A12	Accrued Expenses>Workers Comp	63,473
33	A12	Deferred Revenue>Medicare>COVID19	469,694
Total Other Current Liabilities (Itemize)			\$ 1,913,627

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

Page Ref	Line Ref	Description	
34	B4	Due To(From)>Taunton	\$ (559)
34	B4	Due To(From)>Quincy	(389)
34	B4	Due To(From)>Greenfield	(852)
34	B4	Due To(From)>Holyoke	(853)
34	B4	Due To(From)>Pine View	(50)
34	B4	Due To(From)>Ridgeland	(2)
34	B4	Due To(From)>HMO	112,338
34	B4	Due To(From)>Hospice	4,803
34	B4	Due To(From)>Medicaid	73,157
34	B4	Due To(From)>Income	9,142
34	B4	Due To(From)>Employee	5,941
34	B4	Due To>Old Owner	229
Total Other Current Liabilities (Itemize)			\$ 202,905

## Annual Report of Long-Term Care Facility

CSP-32 Rev. 6/95

## G. Balance Sheet (cont'd)

Name of Facility 93 W Main Operating, LLC d/b/a Norw	License No. 859-C	Report for Year Ended 9/30/2022	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	2,904,413
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
*Historical Cost _____				
Accum. Depreciation _____ Net			\$	
3. Buildings				
*Historical Cost 1,883,295				
Accum. Depreciation 93,016 Net			\$	1,790,279
4. Non-Movable Equipment				
*Historical Cost _____				
Accum. Depreciation _____ Net			\$	
5. Movable Equipment				
*Historical Cost 28,112				
Accum. Depreciation 5,622 Net			\$	22,490
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)			\$	1,812,769
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	12,747
3. Organization Expense				
*Historical Cost _____				
Accum. Depreciation _____ Net			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care <i>(itemize)</i>			\$	
_____				
6. Loans to Owners or Related Parties <i>(itemize)</i>			\$	4,359,907
Name and Address	Amount	Loan Date		
Due to/From>Var	4,359,907			
7. Other Assets <i>(itemize)</i>			\$	5,006
Due to/(From)>Vendor 5,006				
_____				
See Schedule				
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$	4,377,660
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$	9,094,842

\* 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 93 W Main Operating, LLC d/b/a Norwich Su		License No. 859-C	Report for Year Ended 9/30/2022	Page 33	of 37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,445,593
2. Notes Payable ( <i>itemize</i> )				\$	
See Schedule					
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	
Name of Lender	Purpose	Amount	Date Due		
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	465,678
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	(2,102)
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	1,913,627
See Schedule				1,913,627	
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	3,822,796

\* 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 93 W Main Operating, LLC d/b/a Norwich S	License No. 859-C	Report for Year Ended 9/30/2022	Page 34	of 37
Account				Amount
Total Brought Forward:				3,822,796
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$ 304,394
Name and Address of Lender	Amount	Loan Date		
Due to Realty Norwich/Partners	304,394	Var		
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$ 202,905
See Schedule				202,905
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 507,299
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 4,330,095

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

Name of Facility	License No.	Report for Year Ended	Page	of
93 W Main Operating, LLC d/b/a Norw	859-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			\$	1,812,769
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			\$	1,812,769
<b>B. Net Worth</b>				
1. Owner's Capital			\$	(1,775,882)
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	3,762,543
6. Gain or Loss for Period			\$	965,317
7. Total Net Worth			\$	2,951,978
<b>C. Total Reserves and Net Worth</b>			\$	4,764,747
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	9,094,842

## H. Changes in Total Net Worth

Name of Facility 93 W Main Operating, LLC d/b/a Norwic	License No. 859-C	Report for Year Ended 9/30/2022	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2021			\$	3,612,666
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	13,473,066
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	12,507,749
D. Net Income or Deficit			\$	965,317
E. Balance			\$	4,577,983
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
Expenses Per Page 27 \$12,676,753				
F/S vs C/R Depreciation \$(169,004)				
Total F/S Expenses \$12,507,749				
2. Other ( <i>itemize</i> )				
Prior Period Adjustment				(1,626,005)
F-3. Total Additions			\$	(1,626,005)
G. Deductions				
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )			\$	
Name and Address ( <i>No., City, State, Zip</i> )		Title	Amount	
2. Other Withdrawings ( <i>Specify</i> )			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. <b>Balance at End of Period</b>			\$	2,951,978

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

Name of Facility 93 W Main Operating, LLC d/b/a Norwich	License No. 859-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 <i>Matthew S Bavolack</i>		Title National Healthcare Services Leader		Date Signed 02/09/2023
Printed Name of Preparer  Matthew S. Bavolack				
Address Address  555 Long Wharf Drive, New Haven, CT 06511			Phone Number  203-781-9600	
Contacted Person Regarding Additional Information Needed Regarding This Report  Tzippy Krupenia			Phone Number  732-961-9600	
Contact Email Address  tzippyk@ltccs.com				