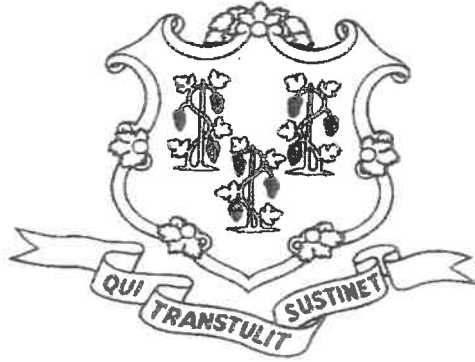


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) 162 South Britain Road Operating Company II, LLC of Fort Lee, NJ D/B/A River Glen Health Care Center	
Address (No. & Street, City, State, Zip Code) 162 South Britain Road, Southbury, CT 06488	
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 2280	RHNS	(Specify)	Medicare Provider 07-5241
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Medicaid Provider Numbers:	CCNH 9431	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
162 South Britain Road Operating Company II, LLC o	2280	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 162 South Britain Road Operating Company II, LLC of Fort Lee, NJ D/B/A River Glen Health Care Center [facility name], for the cost report period beginning October 1, 2021 and ending September 30, 2022, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
					1/25/23
Printed Name (Administrator)			Printed Name (Owner)		
D. A.			David Baruch		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires	
Justine L. Cottrell	New Jersey	1/25/23	Justine L. Cottrell	10, 20, 2026	
Address of Notary Public					
173 Bridge Plaza North, Fort Lee, NJ 07024					

(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 162 South Britain Road Operating Company II, LLC of Fort Lee, NJ D/B/A River Glen Health		Period Covered:	From 10/1/2021	To 9/30/2022
Address of Facility 162 South Britain Road, Southbury, CT 06488				
Report Prepared By Fran Petricone		Phone Number 978-831-2123	Date	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-264-9600		Report for Year Ended 9/30/2022	Page 2	of 37
Name of Facility (as shown on license) 162 South Britain Road Operating Company II, LLC of Fort L		Address (No. & Street, City, State, Zip) 162 South Britain Road, Southbury, CT 06488		
License Numbers:	CCNH 2280	RHNS	(Specify)	Medicare Provider No. 07-5241
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator		Nursing Home Administrator's License No.:		
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire Corporate Owners

Name of Facility 162 South Britain Road Operating Company	License No. 2280	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				

General Information and Questionnaire Related Parties*

Name of Facility 162 South Britain Road Operating Company II, LLC of	License No. 2280	Report for Year Ended 9/30/2022	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No

If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? Yes No

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No %**				
162 South Britain Road, LLC	162 South Britain Road, Southbury, CT 06488	<input type="radio"/>	<input checked="" type="radio"/>	Facility Real Estate Lease	Pg. 22 / Line 9	716,062	716,062
Care Group, LLC	57 Old Road to Nine Acre Corner, Concord, MA 01742	<input type="radio"/>	<input checked="" type="radio"/>	Management Services/Clinical Specialists	Pg. 16 / Line m12	1,065,072	1,065,072
Partners Healthcare CT	6 Thompson Road, East Windsor, CT 06088	<input checked="" type="radio"/>	<input type="radio"/>	Pharmacy Drugs	Pg. 20 / Line 5a2	457,901	435,006
Partners Healthcare CT	6 Thompson Road, East Windsor, CT 06088	<input checked="" type="radio"/>	<input type="radio"/>	Pharmacy Drugs Medicine Cabinet	Page 20 / Line 5b	12,835	12,193
Partners Healthcare CT	6 Thompson Road, East Windsor, CT 06088	<input checked="" type="radio"/>	<input type="radio"/>	Pharmacy - I Vs	Page 20 / Line 5j	55,455	52,682
HealthBridge & Related Facilities	173 Bridge Plaza North, Fort Lee, NJ	<input checked="" type="radio"/>	<input type="radio"/>	Common Pension, Health and Insurance Prg	Page 15 Line 1a5,6,7	2,215,068	2,215,068
		<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 162 South Britain Road Operating Company II,	License No. 2280	Report for Year Ended 9/30/2022	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

Management Fee allocation to facilities on the basis of patient days. Services of related pharmacy invoices as per customary charges that were negotiated.

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

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

**General Information and Questionnaire
 Leases (Excluding Real Property)**

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

Name of Facility		License No.		Report for Year Ended		Page	of
162 South Britain Road Operating Company II, LLC of Fort		2280		9/30/2022		6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease and then on-going	Annual Amount of Lease	Amount Claimed
	Yes	No					
Konica Minolta	<input type="radio"/>	<input checked="" type="radio"/>	Copier	05/24/17		9,939	9,939
Mail Finance	<input type="radio"/>	<input checked="" type="radio"/>	Postage Meter	08/02/12		1,206	1,206
	<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"/>					
						Total ***	11,146

Is a Mileage Log Book Maintained for All Leased Vehicles ? Yes No

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

** Attach copies of newly acquired leases.

*** Amount should agree to Page 22, Line 6c.

General Information and Questionnaire
Accounting Basis

Name of Facility 162 South Britain Road Operating	License No. 2280	Report for Year Ended 9/30/2022	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

Is the accounting basis for this period the same as for the previous period? Yes No If "No," explain.

Independent Accounting Firm

Name of Accounting Firm 1 None 2 3 4	Address (No. & Street, City, State, Zip Code)
--	---

Services Provided by This Firm (*describe fully*)

1	\$
2	\$
3	\$
4	\$
Charge for Services Provided	
	\$

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

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Various Legal (Disallowed page 28) 2 3 4 5	Telephone Number
--	------------------

Address (*No. & Street, City, State, Zip Code*)
1
2
3
4
5

Services Provided by This Firm (*describe fully*)

1 Disallowed - Page 28	\$
2	\$
3	\$
4	\$
5	\$
Charge for Services Provided	
	\$

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Page 15, line 1e

Schedule of Resident Statistics

	License No.		Report for Year Ended		Page					
	162 South Britain Road Operating Company II, LLC of Fort Lee, NJ D/H		9/30/2022		8 37					
	2280		Period 10/1 Thru 6/30		Period 7/1 Thru 9/30					
	Total All Levels	Total CCNH Level	Total RHNS Level	Total	CCNH	RHNS	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	93	93		93			93			
B. As of midnight of THIS report period	104	104					104	104		
3. Total Number of Days Care Provided During Period										
A. Medicare	7,262	7,262		5,388			1,874	1,874		
B. Medicaid (Conn.)	14,419	14,419		10,561			3,858	3,858		
C. Medicaid (other states)										
D. Private Pay	6,293	6,293		4,174			2,119	2,119		
E. State SSI for RCH										
F. Other (Specify)	5,665	5,665		4,542			1,123	1,123		
G. Total Care Days During Period (3A thru F)	33,639	33,639		24,665			8,974	8,974		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds										
A. Medicaid Bed Reserve Days	49	49		45			4	4		
B. Other Bed Reserve Days										
5. Total Resident Days (3G + 4A + 4B)	33,688	33,688		24,710			8,978	8,978		

Schedule of Resident Statistics (Cont'd)

Name of Facility 162 South Britain Road Operating Company			License No. 2280			Report for Year Ended 9/30/2022			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No										If "YES", provide the following information:			
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days										CCNH	RHNS	(Specify)	
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	24		38		24			18					
Per Diem Rate													
a. One bed rm.	Various		239.43		744.00			Various					
b. Two bed rms.	Various		239.43		683.00			Various					
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments										TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B										1,367	1,367		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other										8,877	8,877		
D. Total Physical Therapy Treatments										10,244	10,244		
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B										510	510		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments										1	1		
2. Restorative Treatments													
C. Other										1,495	1,495		
D. Total Speech Therapy Treatments										2,006	2,006		
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B										964	964		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other										9,224	9,224		
D. Total Occupational Therapy Treatments										10,188	10,188		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
162 South Britain Road Operating Company II, LLC of Fort	2280	9/30/2022	10	37		
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes <input type="radio"/> No				
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	163,574	2,086				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	498,174	10,454				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	551,906	23,381				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	419,262	21,020				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	113,011	5,012				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	152,661	8,998				
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	252,399	4,172				
b. RN						
1. Direct Care	799,688	16,443				
2. Administrative**	420,687	12,863				
c. LPN						
1. Direct Care	1,464,371	39,442				
2. Administrative**						
d. Aides and Attendants	1,592,588	69,893				
e. Physical Therapists	573,439	13,364				
f. Speech Therapists	76,964	1,633				
g. Occupational Therapists	382,365	9,546				
h. Recreation Workers	206,780	10,465				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify) Respiratory Therapy	47,269	1,542				
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	93,804	3,081				
n. Marketing	47,508	6,151				
o. Other (Specify) See Attached Schedule	71,751	2,778				
<i>A-13. Total Salary Expenditures</i>	<i>7,928,200</i>	<i>262,323</i>				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Central Supply	\$ 33,761	1,243				
Medical Records	\$ 37,989	1,535				
Total	\$ 71,751	2,778	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

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

Name of Facility		License No.		Report for Year Ended		Page	of		
162 South Britain Road Operating Company II, LLC of Fort Lee, NJ		2280		9/30/2022		11	37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section I - Operators/Owners									
N/A									
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).									
N/A									

* 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		
162 South Britain Road Operating Company II, LLC of Fort Lee, NJ I		2280		9/30/2022		12	37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section III - Administrators***									
Amy D Pellerin, 10/1/2020-9/30/21	163,574		Standard Employee Benefits	Administrator	2,086	A2			
Section IV - Assistant Administrators									
N/A									

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

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

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

Annual Report of Long-Term Care Facility

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
162 South Britain Road Operating Company II, LLC	2280	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						
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	56,500	96				
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)						
Pulmology	16,000	107				
9. Speech Therapist						
a. Resident Care	1,440	8				
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	34,025	368				
2. Administrative***						
b. LPN						
1. Direct Care	109,894	1,721				
2. Administrative***						
c. Aides	265,255	8,095				
d. Other						
12. Other (Specify)						
See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	483,114	10,394				

* 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		License No.	Report for Year Ended		Page	of
162 South Britain Road Operating Company II, LLC of I		2280	9/30/2022		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Nuvance Health	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Alliance Medical Group	Pulmonologist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
All American Healthcare Services, Inc	Agency Pool	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Paramount Healthcare Services	Agency Pool	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Access Nursing Services of New Jersey INC	Agency Pool	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Excellence Nurse Staffing LLC	Agency Pool	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
MAS Medical Staffing	Agency Pool	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Right at Home of Greater Fairfield County	Agency Pool	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Titan Nurse Staffing LLC	Agency Pool	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Solomon-Page Group LLC	Agency Pool	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Swallowing Diagnostics, LLC/SDX Dysphagia Experts	Swallow Studies	<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"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
162 South Britain Road Operating Company II, I	2280	9/30/2022	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 22,193	22,193		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 67,133	67,133		
4. Social Security (F.I.C.A.)	\$ 591,215	591,215		
5. Health Insurance	\$ 2,181,844	2,181,844		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 1,962	1,962		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 31,261	31,261		
8. Uniform Allowance	\$ 13,240	13,240		
9. Other (<i>Specify</i>) See Attached Schedule	\$ 19,807	19,807		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 135,027	135,027		
d. Accounting and Auditing	\$			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 20,806	20,806		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 51,406	51,406		
2. Cellular Phones	\$ 4,818	4,818		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 455,453	455,453		
Subtotal	\$ 3,596,165	3,596,165		

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Employee Medical Expenses	\$ 2,034		
Employee Training	\$ 10,635		
Tuition Reimbursement	\$ 5,498		
Other Employee Benefits			
Flexible Spending Administration	\$ 481		
EAP Administration	\$ 1,159		
Total	\$ 19,807	\$ -	\$ -

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended	Page	of	
162 South Britain Road Operating Company II, LLC d	2280	9/30/2022	16	37	
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		3,596,165	3,596,165		
l. Travel and Entertainment					
1. Resident Travel and Entertainment \$					
2. Holiday Parties for Staff		\$ 3,909	3,909		
3. Gifts to Staff and Residents		\$ 14,694	14,694		
4. Employee Travel		\$ 773	773		
5. Education Expenses Related to Seminars and Conventions		\$			
6. Automobile Expense (not purchase or depreciation)		\$ 3,143	3,143		
7. Other (Specify) See Attached Schedule		\$ 2,621	2,621		
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expenses)		\$ 7,819	7,819		
2. Advertising Telephone Directory (all such expenses)***		\$			
3. Advertising Other (Specify)*** See Attached Schedule		\$ 33,109	33,109		
4. Fund-Raising***		\$			
5. Medical Records		\$ 304	304		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***		\$ 228	228		
7. Postage		\$ 904	904		
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule		\$ 16,609	16,609		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***		\$ 1,393	1,393		
9. Subscriptions		\$ 980	980		
10. Contributions*** See Attached Schedule		\$			
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)		\$ 173,567	173,567		
12. Administrative Management Services**		\$ 1,065,072	1,065,072		
13. Other (Specify) See Attached Schedule		\$ 103,649	103,649		
C-14 Total Administrative & General Expenditures		\$ 5,024,938	5,024,938		

* 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)
Travel - Meals	\$ 82		
Travel - Other	\$ 2,539		
Total Other Travel and Entertainment	\$ 2,621	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising	\$ 1,162		
Marketing Expense	\$ 29,747		
Marketing - Meals	\$ 2,000		
Shows & Conferences	\$ 200		
Total Other Advertising	\$ 33,109	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Allscript	\$ 1,934		
Connecticut Association of HealthCare Facilities	\$ 9,221		
Consolidated Billing Services	\$ 378		
Curaspan	\$ 3,500		
St of CT - various Therapist License renewals	\$ 1,371		
St of CT - Administrator license renewals	\$ 205		
Total Dues	\$ 16,609	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Criminal Record Check	\$ 6,418		
Compliance Expense	\$ 7,387		
Other Professional Fees	\$ 42,629		
Bank Charges and Collection Fees	\$ 24,326		
Off Site Storage	\$ 4,316		
License and Permits and Annual Report Fee	\$ 2,348		
Consolidated Billing	\$ 2,285		
Corporate Business Tax	\$ 2,000		
Annual Report Fees	\$ 1,216		
Resident Replacement Items	\$ 90		
Gift Shop Supplies	\$ 10,634		
Total Other Administrative and General	\$ 103,649	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility 162 South Britain Road Operating Compa	License No. 2280	Report for Year Ended 9/30/2022	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Care Group LLC	738,424	Operational and financial management services	Page 16 / Line 12
Care Group LLC	326,649	Data processing allocation to facility for payroll, HR and employee benefit systems	Page 16 / Line 12

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
162 South Britain Road Operating Company II, LLC o		2280	9/30/2022		18	37
Item	Total	CCNH	RHNS	(Specify)		
2. Dietary						
a. In-House Preparation & Service						
1. Raw Food	\$ 265,922	265,922				
2. Non-Food Supplies	\$ 34,271	34,271				
3. Other (<i>Specify</i>) _____ Other Dietary supplies	\$ 5,228	5,228				
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	\$					
c. Other (<i>Specify</i>) _____	\$					
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 305,421	305,421				
	Total	CCNH	RHNS	(Specify)		
2E. Dietary Questionnaire						
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		License No.	Report for Year Ended		Page	of
162 South Britain Road Operating Company II, LLC of		2280	9/30/2022		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	7,127	7,127		
c. Other (Specify) Laundry Supplies		\$	12,588	12,588		
3D. Total Laundry Expenditures (3a + b + c)		\$	19,715	19,715		
3E. Laundry Questionnaire						
F.	Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
 All allocations should add to total recorded in 3D.
 *** Pounds of Laundry only required for multi-level facilities.

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

Name of Facility		License No.	Report for Year Ended		Page	of
162 South Britain Road Operating Company II,		2280	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.	\$ 45,143	45,143		
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>)		\$			
4D.	Total Housekeeping Expenditures (4a + b + c)		\$ 45,143	45,143		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy		\$			
2.	Purchased from Partners		\$ 459,796	459,796		
b.	Medicine Cabinet Drugs		\$ 48,821	48,821		
c.	Medical and Therapeutic Supplies		\$ 131,629	131,629		
d.	Ambulance/Limousine***		\$			
e.	Oxygen					
1.	For Emergency Use		\$			
2.	Other***		\$ 40,745	40,745		
f.	X-rays and Related Radiological Procedures***		\$ 20,362	20,362		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$ 12,654	12,654		
h.	Laboratory***		\$ 66,034	66,034		
i.	Recreation		\$ 44,503	44,503		
j.	Direct Management Services*		\$			
k.	Indirect Management Services*		\$			
l.	Other (Specify)**** See Attached Schedule		\$ 88,861	88,861		
5M.	Total Resident Care Expenditures (5a - 5j)		\$ 913,406	913,406		

* 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 Supplies	\$ 10,413		
IV Expense	\$ 55,084		
DME (Durable Medical EQPT)	\$ 7,349		
Equipment Rental - Other (Drugs & Supplies)	\$ 1,101		
PT Supplies	\$ 5,806		
RT Supplies	\$ 817		
PT/OT Equipment Rental	\$ 8,292		
Total Other Resident Care	\$ 88,861	\$ -	\$ -

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

Name of Facility 162 South Britain Road Operating Company II, LLC of Fort Lee, NJ D/B/A		License No. 2280	Report for Year Ended 9/30/2022	Page of 21 37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS (Specify)	Pg	Line
		Yes	No						
CWPM, LLC	P.O. Box 415, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Sanitation Services	35,404			22 6f
Green Horizon Landscaping LLC	685 Berkshire Road, Southbury, CT 06488	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Grounds Maintenance & Snow Removal	16,689			22 6f
PointClickCare Technologies Inc	Mississauga, ON L4W 0C4, Canada	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Billing and Accounting System/Service	31,304			16 m11
Smart Linx	333 Thornall St, Edison, NJ 08837	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Time Clock and Staff Scheduling Software	22,898			16 m11
Kodiak Systems	South Suite 499, Piscataway, NJ 08854	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Network Support & Maintenance Fees - ASP	7,548			16 m11
Systems Solution, Inc.	Baltimore, MD 21297-7849	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Network Support & Maintenance Fees - ASP	85,098			
		<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"/>						
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		<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
162 South Britain Road Operating Company I	2280	9/30/2022			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 83,525	83,525				
b. Heat	\$ 78,886	78,886				
c. Light & Power	\$ 166,232	166,232				
d. Water	\$ 20,734	20,734				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 11,146	11,146				
f. Other (<i>itemize</i>)	\$ 114,791	114,791				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 475,313	475,313				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 119,280	119,280				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 119,280	119,280				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 248,377	248,377				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 248,377	248,377				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 716,062	716,062				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 122,429	122,429				
c. Personal property taxes	\$ 20,475	20,475				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,226,623	1,226,623				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Minor Computer Equipment	\$ 5,957		
Maintenance Outside Service Grounds - Other Maintenance	\$ 25,995		
Minor Equipment/Tools Other Equipment Maintenance	\$ 4,587		
Grounds Maintenance Rep and Maintenance	\$ 16,689		
Snow Removal Rep and Maintenance	\$ 12,410		
Pest Control Pest Control	\$ 2,425		
Fire Alarm Service Building Maintenance	\$ 8,015		
Sanitation Corporate Expense	\$ 37,238		
Medical Waste Disposal	\$ 1,476		
Total Other Repairs and Maintenance	\$ 114,791	\$ -	\$ -

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Land Improvements		\$ -		\$ - *
Deletions:				
Total deletions for Land Improvements		\$ -		\$ - **

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Building Improvements		\$ -		\$ - *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Non-Movable Equipment		\$ -		\$ - *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
3/16/2022	tpc nurse call upgrade	Standard Resident	\$ 18,341	10	\$ 917
3/16/2022	Apple 10 2 inch iPad Wi Fi 9th generation tablet 64 GB 10 2	Administrative	\$ 3,615	5	\$ 362
5/5/2021	iPads	Administrative	\$ 941	5	\$ 94
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
Total additions for Movable Equipment			\$ 22,897		\$ 1,373 *
Deletions:					
Total deletions for Movable Equipment			\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
7/29/2022	Duct Cleaning	\$ 3,750	25	\$ 75
7/19/2022	Paving Concrete and Catch Basin	\$ 23,964	25	\$ 479
5/10/2022	Paving Concrete and Catch Basin	\$ 23,964	25	\$ 479
6/30/2022	Secure Care System	\$ 4,267	25	\$ 85
2/24/2022	Cooling Condensor	\$ -	25	\$ -
11/9/2021	Cooling Condensor	1975	25	40
6/21/2022	Nurse Call final bill	2299.36	10	115
3/8/2022	Ice and water dispenser	7133.81	10	357
2/24/2022	New Fire panel	5902	10	295
Total additions for Leasehold Improvement		\$ 73,255		\$ 1,925 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility 162 South Britain Road Operating Company II, LLC of Fort		Date of Acquisition		License No. 2280	Report for Year Ended 9/30/2022			Page 24	of 37
		Month	Year		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations		
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	Var	Var			6,529,854	2,358,683	SL	Var	246,452
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)					73,255				1,925
C-4. Subtotal									
D. Total Amortization									248,377
									248,377

* 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 162 South Britain Road Operating Cor	License No. 2280	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				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	120			
6. Square Footage				
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)				
b. Date Mortgage Obtained	06/29/10			
c. Interest Rate for the Cost Year	2.67%			
d. Term of Mortgage (number of years)	27			
e. Amount of Principal Borrowed	8,900,000			
f. Principal balance outstanding as of	8,633,292			
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

Part C - Arms-Length Leases for Real Property Improvements Only

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
162 South Britain Road Operating Co		2280	9/30/2022		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
162 South Britain Road Operating		2280		9/30/2022		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)				\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$			
14. Insurance							
a. Insurance on Property (buildings only)				\$	11,109	11,109	
b. Insurance on Automobiles				\$	3,031	3,031	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	161,622	161,622	
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$	175,762	175,762	
15. Total All Expenditures (A-13 thru C-14)				\$	16,597,635	16,597,635	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
162 South Britain Road Operating Company II, LLC of Fort Le				2280	9/30/2022	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.	13	n	Salaries not related to Resident Care	\$ 47,508	47,508		
3.	13	g	Occupational Therapy	\$ 382,365	382,365		
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1C	Bad Debts	\$ 135,027	135,027		
10.	15	1D	Accounting	\$ 400	400		
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	M13	Gifts, flowers and coffee shops	\$ 10,634	10,634		
15.	15	1A9	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 5,498	5,498		
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	M3	Unallowable Advertising *	\$ 33,109	33,109		
19.	16	M13	Income Tax / Corporate Business Tax	\$ 2,000	2,000		
20.			Fund Raising / Contributions	\$			
21.	16	M12	Unallowable Management Fees	\$ 815,969	815,969		
22.	16	M6	Barber and Beauty	\$ 228	228		
23.			Other - See attached Schedule	\$ 30,715	30,715		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,463,453	1,463,453		

* 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)
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	L7	Travel - Meals	\$ 82		
16	L7	Travel - Other	\$ 2,539		
16	L7	Travel - Hotel			
16	m13	Bank Charge Fees	\$ 19,571		
16	m13	Collecton Fees	\$ 2,235		
16	m13	Service Fees	\$ 2,520		
16	m13	Consolidated Billing	\$ 2,285		
16	m13	Resident Replacement	\$ 90		
16	m8a	Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 1,393		
Total Other A&G Adjustments			\$ 30,715	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
162 South Britain Road Operating Company II, LLC of Fort			2280	9/30/2022	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,463,453	1,463,453		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 459,796	459,796		
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$ 20,362	20,362		
30.			Laboratory	\$ 66,034	66,034		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$ 40,745	40,745		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 92,790	92,790		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$ 1,461	1,461		
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 60,496	60,496		
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 2,205,137	2,205,137		

*** 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 TV In Excess (see attached disallowance)	\$ 25,405		
20	5l	PT/OT Equipment Rental Disallowed (see attached)	\$ 4,135		
20	5j	DME (Durable Medical Equpt)	\$ 7,349		
20	5j	IV Expense	\$ 55,084		
20	5j	RT Supplies	\$ 817		
20	5j	OT Supplies	\$ -		
Total Other Ancillary Costs			\$ 92,790	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

Schedule of Other - Indirect Adjustments

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

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV8	Other Revenue - Provider Relief Funding	\$ 60,375		
30	IV5	Interest Income	\$ 121		
Total Other Adjustments			\$ 60,496	\$ -	\$ -

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
162 South Britain Road Operating Comp	2280	9/30/2022			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents <i>(CT only)</i>	\$ 6,826,128	6,826,128				
b. Medicaid Room and Board Contractual Allowance **	\$ (3,192,464)	(3,192,464)				
2. a. Medicaid <i>(All other states)</i>	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents <i>(all inclusive)</i>	\$ 4,253,962	4,253,962				
b. Medicare Room and Board Contractual Allowance **	\$ 774,310	774,310				
4. a. Private-Pay Residents and Other	\$ 6,610,365	6,610,365				
b. Private-Pay Room and Board Contractual Allowance **	\$ (698,722)	(698,722)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 234,803	234,803				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 237,403	237,403				
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	\$ 1,042,607	1,042,607				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 840,477	840,477				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 206,730	206,730				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 172,422	172,422				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 1,034,098	1,034,098				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 803,330	803,330				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other <i>(Specify)</i> - Medicare	\$ (2,385,835)	(2,385,835)				
b. Other <i>(Specify)</i> - Non-Medicare	\$ (1,971,190)	(1,971,190)				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 14,788,422	14,788,422				
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 <i>(Specify)</i>	\$ 121	121				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other <i>(Specify)</i>	\$ 60,375	60,375				
V. Total Other Revenue (1 thru 8)	\$ 60,496	60,496				
VI. Total All Revenue (III +V)	\$ 14,848,918	14,848,918				

* 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 III 6a	Lab Medicare A	\$ 69,637		
30 III 6a	IV Therapy Medicare A	\$ 16,011		
30 III 6a	X-Ray Medicare A	\$ 19,964		
30 III 6a	Ancillary Contractual Adjustment Medicare A	\$ (2,491,448)		
Total Other Resident Revenue - Medicare		\$ (2,385,835)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30 III 6b	Lab Managed Care	\$ 50,076		
30 III 6b	IV Therapy Managed Care	\$ 10,516		
30 III 6b	Xray Managed Care	\$ 15,772		
30 III 6b	Flu Shots	\$ -		
30 III 6b	Ancillary Contractual Adjustment Managed Care	\$ (2,047,791)		
30 III 6b	Lab Medicaid	\$ 237		
Total Other Resident Revenue		\$ (1,971,190)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV 5	Interest received		\$ 121		
Total Interest Income			\$ 121	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV 8	Other Revenue	\$ 60,375		
Total Other Revenue		\$ 60,375	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
162 South Britain Road Operating Com	2280	9/30/2022	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	18,570
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,437,075
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	13,167
a. Insurances	17,174			
b. Property Taxes	(4,007)			
c. Misc				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	46,406
Resident PNA	46,406			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,515,218
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>6,603,110</u>		\$	3,996,049
	Accum. Depreciation <u>2,607,060</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>2,645,051</u>		\$	1,253,214
	Accum. Depreciation <u>1,391,837</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	5,249,263

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
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 Pharmacy	\$ 13,561
33	A12	Accrued Workers Comp Insurance	\$ (267,004)
33	A12	Accrued GLPL - Third	\$ 518,039
33	A12	Accrued Auto Insurance	\$ 2,015
33	A12	Accrued Other Insurance	\$ 881
33	A12	Accrued Health Insurance	\$ 251,011
33	A12	Accrued Dental Insurance	\$ 802
33	A12	Accrued Vision Insurance	\$ 3,054
33	A12	Accrued Whole Life Insurance	\$ 1,351
33	A12	Accrued Supplemental Life Payable	\$ 2,067
33	A12	Accrued Critical Illness	\$ 2,128
33	A12	Accrued Short Term Disability	\$ 4,107
33	A12	Accrued Long Term Disability	\$ 2,088
33	A12	Accrued FSA Payable	\$ 173
33	A12	Accrued HSA Payable	\$ 7,098
33	A12	Accrued 401K	\$ 24,783
33	A12	Other Payroll Withholding	\$ 250
33	A12	Social Security Payable	\$ 169,023
33	A12	Accrued Provider Tax Payable	\$ 127,823
33	A12	Accrued Sales and Use Tax Payable	\$ 1,701
33	A12	Unearned R&B	\$ 198,115
33	A12	Unearned Revenue	\$ 78,654
33	A12	PNA Security Deposit	\$ 46,406
Total Other Current Liabilities (Itemize)			\$ 1,087,425

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

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
162 South Britain Road Operating Com	2280	9/30/2022	32	37
Account			Amount	
Total Brought Forward:			\$	6,764,481
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	
_____			\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	23,000
Deposit for Utilities		23,000		
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	23,000
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	6,787,481

* 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 162 South Britain Road Operating Compan		License No. 2280	Report for Year Ended 9/30/2022	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,561,786	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ (11,821,079)	
Name and Address of Lender	Amount	Loan Date			
	(11,821,079)				
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	

See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ (11,821,079)	
C. Total All Liabilities (Lines A-13 + B-5)				\$ (10,259,293)	


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

Name of Facility	License No.	Report for Year Ended	Page	of
162 South Britain Road Operating Co	2280	9/30/2022	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	5,249,263
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			\$	5,249,263
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	13,178,571
6. Gain or Loss for Period	10/1/2021	thru 9/30/2022	\$	(1,381,060)
7. Total Net Worth			\$	11,797,511
C. Total Reserves and Net Worth			\$	17,046,774
D. Total Liabilities, Reserves, and Net Worth			\$	6,787,481

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
162 South Britain Road Operating Comp	2280	9/30/2022	36	37		
Account			Amount			
A.	Balance at End of Prior Period as shown on Report of 09/30/2021		\$	13,070,236		
B.	Total Revenue (<i>From Statement of Revenue Page 30</i>)		\$	14,848,918		
C.	Total Expenditures (<i>From Statement of Expenditures Page 27</i>)		\$	16,229,978		
D.	Net Income or Deficit		\$	(1,381,060)		
E.	Balance		\$	11,689,176		
F.	Additions					
1.	Additional Capital Contributed (<i>itemize</i>)					
	Total Expenditures (Page 27)	\$ 16,597,632				
	(Less F/S vs C/R Depreciation)	(\$367,657)				
	Total	\$16,229,978				
2.	Other (<i>itemize</i>)					
F-3.	Total Additions				\$	
G.	Deductions					
1.	Drawings of Owners/Operators/Partners (<i>Specify</i>)					
	Name and Address (<i>No., City, State, Zip</i>)	Title				
2.	Other Withdrawings (<i>Specify</i>)					
	Purpose	Amount				
3.	Total Deductions		\$			
H.	Balance at End of Period		\$	11,689,176		
	09/30/22					

I. Preparer's/Reviewer's Certification

Name of Facility 162 South Britain Road Operating	License No. 2280	Report for Year Ended 9/30/2022	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title VP Financial Operations	Date Signed 11/30/23		
Printed Name of Preparer Fran Petricone				
Address Address 57 Old Road to Nine Acre Corner, Concord, MA 01742		Phone Number 1-978-831-2123		
Contacted Person Regarding Additional Information Needed Regarding This Report Fran Petricone		Phone Number 1-978-831-2123		
Contact Email Address fpetricone@care-one.com				