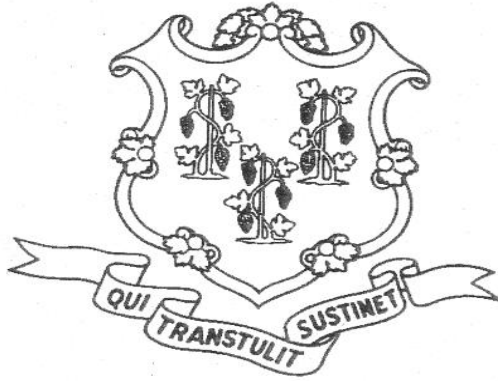


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) Saint Joseph Living Center LLC	
Address (No. & Street, City, State, Zip Code) 14 Club Rd. Windham, CT 06280	
Type of Facility <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) </div> <div style="width: 30%;"> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) </div> <div style="width: 30%;"> <input type="checkbox"/> (Specify) </div> </div>	
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022

License Numbers:	CCNH 20397	RHNS	(Specify)	Medicare Provider 07-5321
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Medicaid Provider Numbers:	CCNH	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) Saint Joseph Living Center LLC	License No. 20397	Report for Year Ended 9/30/2022	Page 1	of 37
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Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Saint Joseph Living Center LLC [facility name], for the cost report period beginning October 1, 2021 and ending September 30, 2022, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

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

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Saint Joseph Living Center LLC		Period Covered:	From 10/1/2021	To 9/30/2022
Address of Facility 14 Club Rd. Windham, CT 06280				
Report Prepared By RKL LLP		Phone Number 717-394-5666	Date	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

		Phone No. of Facility	Report for Year Ended 9/30/2022	Page 2	of 37
Name of Facility (as shown on license) Saint Joseph Living Center LLC			Address (No. & Street, City, State, Zip) 14 Club Rd. Windham, CT 06280		
License Numbers:	CCNH 20397	RHNS	(Specify)	Medicare Provider No. 07-5321	
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 type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" 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 Ginny Person			Nursing Home Administrator's License No.:	001882	
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 Saint Joseph Living Center LLC	License No. 20397	Report for Year Ended 9/30/2022	Page 3A	of 37
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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	

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
See Attached			

Names of Stockholders Owning at Least 10% of Shares			

General Information and Questionnaire Related Parties*

Name of Facility Saint Joseph Living Center LLC	License No. 20397	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	%**				
Diocese of Norwich	201 Broadway, Norwich, CT 06360	<input type="radio"/>	<input checked="" type="radio"/>		Health Insurance	15/1a5	1,026,698	1,026,698
Diocese of Norwich	201 Broadway, Norwich, CT 06360	<input type="radio"/>	<input checked="" type="radio"/>		Auto Insurance	27/14b	2,843	2,843
Christian Brothers	1205 Windham Parkway, Romeoville, IL 60446	<input type="radio"/>	<input checked="" type="radio"/>		Pension	15/1a7	163,597	163,597
See Attached List		<input type="radio"/>	<input checked="" type="radio"/>		Pastoral	13/B12	13,000	12,800
Diocese of Norwich	201 Broadway, Norwich, CT 06360	<input type="radio"/>	<input checked="" type="radio"/>		Advertising	16/M3	14,003	2,178
		<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 Saint Joseph Living Center LLC	License No. 20397	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.

- In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.
- Explain the allocation of related company expenses and attach copy of appropriate supporting data.
- 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	
Saint Joseph Living Center LLC			20397	9/30/2022			6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed		
	Yes	No							
Pitney Bowes, PO Box 371887, Pittsburgh, PA 15250-7887	<input type="radio"/>	<input checked="" type="radio"/>	Postage Machine	06/20/21	36 months	3,257	3,257		
	<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"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No	Total ***
								3,257	

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
 ** Attach copies of newly acquired leases.
 *** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire
Accounting Basis

Name of Facility Saint Joseph Living Center LLC	License No. 20397	Report for Year Ended 9/30/2022	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain.				
Independent Accounting Firm				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1 CliftonLarsonAllen LLP		29 South Main St, West Hartford, CT 06127		
2 RKL LLP		1800 Fruitville Pike, Lancaster, PA 17601		
3				
4				
Services Provided by This Firm (<i>describe fully</i>)				
1 Audited Financial Statements & Tax Form 990		\$	31,182	
2 Financial Consulting & Medicaid and Medicare Cost Reports		\$	108,296	
3		\$		
4		\$		
			Charge for Services Provided	
			\$ 139,478	
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 15/1d				
Legal Services Information				
Name of Legal Firm or Independent Attorney			Telephone Number	
1 Murtha Cullina LLP			860-240-6000	
2 Updike, Kelly & Spellacyt, PC			860-548-2600	
3 Pulman & Comely LLC			860-424-4300	
4 Treasurer State of CT			860-702-3000	
5 Wiggin and Dana LLP			203-498-4400	
Address (<i>No. & Street, City, State, Zip Code</i>)				
1 City Place 1 Asylum Street, Hartford, CT 06103				
2 100 Pearl St, Hartford, CT 06103				
3 90 State House Square, Hartford, CT 06103				
4 55 Elm St #2, Hartford, CT 06106				
5 PO Box 1832, New Haven, CT, 06508				
Services Provided by This Firm (<i>describe fully</i>)				
1 Review of correspondence, response preparation, telephone conferences, various		\$	16,852	
2 Modification of revenue bonds		\$	7,775	
3 Bond counsel in connection with loan modification		\$	3,868	
4 Resident matter		\$	58	
5 Town of Windham tax exemption application		\$	2,444	
			Charge for Services Provided	
			\$ 30,997	
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 15/1e				

Schedule of Resident Statistics

Name of Facility Saint Joseph Living Center LLC			License No. 20397		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	87	87			87	87							
B. As of midnight of THIS report period	84	84							84	84			
3. Total Number of Days Care Provided During Period													
A. Medicare	1,570	1,570			1,195	1,195			375	375			
B. Medicaid (Conn.)	23,288	23,288			17,582	17,582			5,706	5,706			
C. Medicaid (other states)													
D. Private Pay	3,155	3,155			2,132	2,132			1,023	1,023			
E. State SSI for RCH													
F. Other (Specify) MA Plans & Contracts	3,046	3,046			2,383	2,383			663	663			
G. Total Care Days During Period (3A thru F)	31,059	31,059			23,292	23,292			7,767	7,767			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	32	32			21	21			11	11			
B. Other Bed Reserve Days	35	35			31	31			4	4			
5. Total Resident Days (3G + 4A + 4B)	31,126	31,126			23,344	23,344			7,782	7,782			

Schedule of Resident Statistics (Cont'd)

Name of Facility Saint Joseph Living Center LLC			License No. 20397			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	4		64		16								
Per Diem Rate													
a. One bed rm.			260.51		455.00								
b. Two bed rms.			260.51		425.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								535	535				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								8,247	8,247				
D. Total Physical Therapy Treatments								8,782	8,782				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								40	40				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								512	512				
D. Total Speech Therapy Treatments								552	552				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								516	516				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								8,478	8,478				
D. Total Occupational Therapy Treatments								8,994	8,994				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Saint Joseph Living Center LLC	20397	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)	152,399	1,960				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	364,275	10,759				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	73,693	1,990				
c. Dietary Workers	454,463	22,507				
6. Housekeeping Service						
a. Head Housekeeper	27,904	977				
b. Other Housekeeping Workers	204,742	10,166				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	120,099	4,191				
8. Laundry Service						
a. Supervisor	24,655	863				
b. Other Laundry Workers	199,290	8,625				
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	247,290	3,824				
b. RN						
1. Direct Care	841,702	17,300				
2. Administrative**	493,785	14,380				
c. LPN						
1. Direct Care	699,846	18,409				
2. Administrative**						
d. Aides and Attendants	1,650,664	68,338				
e. Physical Therapists	271,702	5,705				
f. Speech Therapists	38,188	529				
g. Occupational Therapists	224,254	5,438				
h. Recreation Workers	157,965	6,406				
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	116,463	3,424				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	41,596	2,093				
<i>A-13. Total Salary Expenditures</i>	6,404,975	207,884				

* 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
Pastoral Wages	\$ 41,596	2,093				
Total	\$ 41,596	2,093	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Pastoral Service	\$ 13,000	132				
Total	\$ 13,000	132	\$ -	-	\$ -	-

**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	
Saint Joseph Living Center LLC				20397	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										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Saint Joseph Living Center LLC				20397	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***										
Ginny Person	152,399			Standard	Responsible for daily operations of the facility	1,960	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Saint Joseph Living Center LLC	20397	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	30,480	762				
2. Dentist	13,032	130				
3. Pharmacist	13,893	140				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	60,000	450				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	25,369	420				
2. Administrative***						
b. LPN						
1. Direct Care	175,464	3,341				
2. Administrative***						
c. Aides	49,977	1,564				
d. Other						
12. Other (Specify) See Attached Schedule	13,000	132				
B-13 Total Fees Paid in Lieu of Salaries	381,215	6,939				

* 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 Saint Joseph Living Center LLC		License No. 20397	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		
Margaret B Higgins, 635 RT 197, Woodstock ,CT 06281	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
HealthDrive Dental Group, 1 Prestige Dr, Meriden, CT 06450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Omnicare Pharmacy Services, PO Box 715268, Columbus, OH 43271	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>		
Michael Kilgannon, MD, 60 Fieldstone Drive, Storrs, CT 06268	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Elizabeth Visone, APRN, 1 Enders Rd, Windsor, CT 06095	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
See List Attached to Page 4	Pastoral Care	<input checked="" type="radio"/>	<input type="radio"/>	Affiliate Organization	
Facility Compliance Services, 221 West Main St, Plantsville, CT 06479	Emergency Preparedness & Risk Assessment	<input type="radio"/>	<input checked="" type="radio"/>		
All American Healthcare Services, Inc, 484 Broad St, Suite 302, Newark, NJ 07102	Agency Nursing	<input type="radio"/>	<input checked="" type="radio"/>		
Genie Healthcare, Suite 100, Monroe, NJ 08831	Agency Nursing	<input type="radio"/>	<input checked="" type="radio"/>		
Jireh Medical Staffing, 4 Collins Road, Bethany, CT 06524	Agency Nursing	<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
Saint Joseph Living Center LLC	20397	9/30/2022	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 128,808	128,808		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 23,656	23,656		
4. Social Security (F.I.C.A.)	\$ 497,514	497,514		
5. Health Insurance	\$ 1,026,698	1,026,698		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 163,597	163,597		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 358	358		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 36,259	36,259		
d. Accounting and Auditing	\$ 139,478	139,478		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 30,997	30,997		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 18,266	18,266		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 6,579	6,579		
2. Cellular Phones	\$ 838	838		
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	\$ 580,803	580,803		
Subtotal	\$ 2,653,851	2,653,851		

* 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 Physicals	\$ 358		
Total	\$ 358	\$ -	\$ -

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
Saint Joseph Living Center LLC	20397	9/30/2022	16	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	2,653,851	2,653,851		
1. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$			
4. Employee Travel	\$ 871	871		
5. Education Expenses Related to Seminars and Conventions	\$ 14,087	14,087		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 245	245		
7. Other (<i>Specify</i>) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 38,021	38,021		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 14,003	14,003		
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	\$ 4,920	4,920		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 3,066	3,066		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 200	200		
9. Subscriptions	\$			
10. Contributions*** See Attached Schedule	\$ 484	484		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 78,903	78,903		
12. Administrative Management Services**	\$			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 137,190	137,190		
C-14 Total Administrative & General Expenditures	\$ 2,945,841	2,945,841		

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Business Promotion	\$ 4,857		
Advertising	9,146		
Total Other Advertising	\$ 14,003	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
ALTCFM	\$ 170		
AAPACN	146		
LeadingAge	\$ 2,750		
Total Dues	\$ 3,066	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Restricted Donations	\$ 334		
Donations to other NFPs	\$ 150		
Total Contributions	\$ 484	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
New Hire Expenses	\$ 5,594		
Employee Relations	22,885		
Professional Fees	2,700		
Breakroom Expense	2,536		
Licenses	2,120		
G&A -Business Cards	6,981		
G&A- Raffle	3,015		
G&A -Miscellaneous Exp	847		
Service Charges - Bank	8,736		
Chapel Supplies	1,746		
Restricted Chapel	\$ 770		
Purchased Services	\$ 76,973		
Taxes	\$ 56		
Copier	\$ 257		
Loss on Property Deposit	\$ 1,974		
Total Other Administrative and General	\$ 137,190	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Saint Joseph Living Center LLC	License No. 20397	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 #	

*** 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 Saint Joseph Living Center LLC		License No. 20397	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	\$	328,541	328,541		
2. Non-Food Supplies	\$	47,989	47,989		
3. Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Other (Specify) _____		\$			
2D. Total Dietary Expenditures (2a + b + c + d)		\$	376,530	376,530	
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
F. Resident Meals:	Total no. of meals served per day:*	3	3		
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 checked="" type="radio"/> Yes <input type="radio"/> No			If yes, specify amt.	\$75
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
					30/IV1

* 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 Saint Joseph Living Center LLC		License No. 20397	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. \$	5,936	5,936	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Other (Specify) Laundry Supplies		\$	16,275	16,275	
3D. Total Laundry Expenditures (3a + b + c)		\$	22,211	22,211	
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
Saint Joseph Living Center LLC		20397	9/30/2022		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Served				
	a. In-House Care	by Personnel				
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	30,161	30,161		
	b. Purchased Services (<i>by contract other than through Management Services</i>)	Sq. Ft. Served				
	(<i>Complete Schedule C-2 att. Page 21</i>)	by Personnel				
		Amt. \$				
	C. Other (<i>Specify</i>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	30,161	30,161		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	126,037	126,037		
	b. Medicine Cabinet Drugs	\$	20,961	20,961		
	c. Medical and Therapeutic Supplies	\$	156,786	156,786		
	d. Ambulance/Limousine***	\$	7,368	7,368		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	26,385	26,385		
	f. X-rays and Related Radiological Procedures***	\$	8,638	8,638		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory***	\$	10,679	10,679		
	i. Recreation	\$	12,451	12,451		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (Specify)**** See Attached Schedule	\$	93,529	93,529		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	462,834	462,834		

* 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 - Patient Personal	\$ 554		
Nursing-Physician Service	3,294		
Nursing-COVID Vaccine Expenses	6,660		
Nursing Admin-Supplies	14		
Nursing Admin-Small Equipment Purchase	132		
PT-Supplies	2,233		
PT-Other - Management Fee	60,000		
OT-Supplies	2,191		
ST-Purchased Services	3,685		
ST-Supplies	22		
Medical Supplies-IV Therapy Supplies	197		
Medical Supplies-IV Therapy Supplies Me	26		
Medical Supplies-IV Therapy Supplies In	2,044		
Medical Supplies-IV Therapy Consultant	1,235		
Medical Supplies-DME Rental	10,070		
Medical Supplies-Billable Medicare Dist	74		
Medical Supplies-Non-Billable Medicare	1,098		
Total Other Resident Care	\$ 93,529	\$ -	\$ -

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

Name of Facility Saint Joseph Living Center LLC			License No. 20397	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
ADP	PO Box 8242875, Boston, MA 02284	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing	43,776			16	m11
Conn Computer Service Inc	Box 35, Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>		Service Contracts	69,416			15/22	1g/6a
Willimantic Waste Paper	PO Box 239, Willimantic, CT 06226	<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal	35,874			22	6f
Healthpro Management Services	536 Old Howell Rd, Greenville, SC 29615	<input type="radio"/>	<input checked="" type="radio"/>		Rehab Department Software & Consulting	60,000			20	5l
		<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).

Annual Report of Long-Term Care Facility

CSP-22 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended			Page	of
Saint Joseph Living Center LLC	20397	9/30/2022			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 91,445	91,445				
b. Heat	\$ 60,121	60,121				
c. Light & Power	\$ 106,294	106,294				
d. Water	\$ 30,997	30,997				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 3,257	3,257				
f. Other (<i>itemize</i>)	\$ 228,073	228,073				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 520,187	520,187				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 4,223	4,223				
b. Building & Building Improvements	\$ 63,864	63,864				
c. Non-Movable Equipment	\$ 41,072	41,072				
d. Movable Equipment	\$ 108,037	108,037				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 217,196	217,196				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$ 11,434	11,434				
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 11,434	11,434				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 228,630	228,630				

* 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)
POM-Small Equipment Purchase	\$ 833		
POM-Purchased Services	231		
POM-Service Contracts	150,423		
POM-Trash Removal	40,905		
POM-Grounds Maintenance	20,235		
POM-Grounds Landscaping	13,238		
POM-Rent - Storage	2,208		
Total Other Repairs and Maintenance	\$ 228,073	\$ -	\$ -

Depreciation Schedule

Name of Facility Saint Joseph Living Center LLC			License No. 20397		Report for Year Ended 9/30/2022			Page 23	of 37		
Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
A. Land Improvements											
1. Acquired prior to this report period	163,049		163,049	129,634	SL	Various	4,223				
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)	3,270		3,270								
A-4. Subtotal								4,223			
B. Building and Building Improvements											
1. Acquired prior to this report period	8,015,241		8,015,241	11,669,369	SL	Various	62,566				
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)	19,227		19,227				1,298				
B-4. Subtotal								63,864			
C. Non-Movable Equipment											
1. Acquired prior to this report period	771,494		771,494	633,256	SL	Various	38,733				
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)	31,751		31,751				2,339				
C-4. Subtotal								41,072			
	Is a mileage logbook maintained?	Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year							
D. Movable Equipment											
1. Motor Vehicles (Specify name, model and year of each vehicle)											
a. Senator Bus											
	x		12	2001	44,405	44,405	44,405				
b.											
c.											
d.											
2. Movable Equipment											
a. Acquired prior to this report period											
					2,142,226	2,225,367	1,736,427			79,414	
b. Disposals (attach schedule)											
					(35,544)						
c. Acquired during this report period (attach schedule)											
					118,684					28,623	
D-3. Subtotal											
											108,037
E. Total Depreciation											
											217,196

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life
Additions:			
9/19/2022	Fish Pond	\$ 3,270	10
Total additions for Land Improvements		\$ 3,270	
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
Additions:			
11/10/2021	12 Faucet Handles and Drains	\$ 1,107	20
12/29/2021	3 Maxi Lifts	7,056	10
12/25/2021	Sanborns Sprinkler Repair	1,569	25
12/1/2021	Vanity sink tops	1,095	20
12/8/2021	Hartford Elevator LLC (elevator parts & repair)	5,200	20
7/19/2022	Stained Glass Window Repair	3,200	20
Total additions for Building Improvements		\$ 19,227	
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
Additions:			
1/20/2022	New Motor, Sensors, & Thermostat for Washer	\$ 1,145	15
1/24/2022	Washer Repair	336	15
1/27/2022	Fire Alarm Panel	5,134	15
1/28/2022	Sprinkler System Belt	501	15
1/28/2022	Motor Installation for Washer	518	15
3/8/2022	Doors	4,798	15
3/8/2022	Water and Ice Dispenser	4,690	10
8/16/2022	HVAC units	12,642	15
9/14/2022	Dryer Vents	1,987	10
Total additions for Non-Movable Equipment		\$ 31,751	
Deletions:			

Total deletions for Non-Movable Equipment		\$	-

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Total deletions for Leasehold Improvement			\$	-

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



Depreciation

\$ -
\$ - *
\$ - **

Depreciation

\$ 55
705
63
55
260
160
\$ 1,298 *
\$ - **

Depreciation

76
22
342
33
35
320
469
843
199
\$ 2,339 *

\$ - **

\$ - **

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility Saint Joseph Living Center LLC			License No. 20397		Report for Year Ended 9/30/2022			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1. Insurance Costs	6	2016	87 months	83,919	60,079	SL		11,434	
2.									
3.									
A-4. Subtotal									11,434
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									11,434

* 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 Saint Joseph Living Center LLC	License No. 20397	Report for Year Ended 9/30/2022	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased	02/17/94				
2. Date Structure Completed	09/01/88				
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure	10/12/88				
5. Total Licensed Bed Capacity	120				
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building	6,458,157				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)	Fixed				
b. Date Mortgage Obtained	06/15/16				
c. Interest Rate for the Cost Year	3.32%				
d. Term of Mortgage (number of years)	10				
e. Amount of Principal Borrowed	2,840,000				
f. Principal balance outstanding as of <u>9/30/22</u>	2,336,000				
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
Saint Joseph Living Center LLC	20397	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	\$	2,840,000		
2. Loan Origination Date		06/15/16		
3. Interest Rate %		3.32%		
4. Term		10		
5. CHEFA Interest Expense		(18,790)	(18,790)	
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$	(18,790)	(18,790)	

(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
Saint Joseph Living Center LLC		20397		9/30/2022		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				(18,790)	(18,790)		
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)				\$ (18,790)	(18,790)		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 219,379	219,379		
b. Insurance on Automobiles				\$ 2,843	2,843		
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$ 222,222	222,222		
15. Total All Expenditures (A-13 thru C-14)				\$ 11,576,016	11,576,016		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Saint Joseph Living Center LLC				20397	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.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$ 224,254	224,254		
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 36,259	36,259		
10.			Accounting	\$			
10a.			Legal	\$ 10,575	10,575		
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.			Unallowable Advertising *	\$ 14,003	14,003		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 40,705	40,705		
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)				\$ 325,796	325,796		

* 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	8a	G&A - Dues & Membership	\$ 3,066		
30	IV8	Other Revenue-Restricted Revenue	(147)		
30	IV8	Other Revenue-Chapel-Restricted Revenue	188		
30	IV8	Other Revenue-Rec-Restricted Revenue	1,935		
30	IV8	Other Revenue-Pet Therapy Restricted Re	(36)		
16	m3	Employee Benefits-Employee Relations	22,885		
16	m3	G&A -Miscellaneous Expense	10,843		
16	m3	G&A -Bank Reconciliation Adjustments	(3)		
16	m3	PROP- Loss on Property Deposit Disposal	1,974		
Total Other A&G Adjustments			\$ 40,705	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Saint Joseph Living Center LLC			20397	9/30/2022	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 325,796	325,796		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 126,037	126,037		
28.			Ambulance/Limousine	\$ 7,368	7,368		
29.			X-rays, etc	\$ 8,638	8,638		
30.			Laboratory	\$ 10,679	10,679		
31.			Medical Supplies	\$ 26,385	26,385		
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 25,354	25,354		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
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)				\$ 530,257	530,257		

*** 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	51	Nursing-Supplies - Patient Personal	\$ 554		
20	51	Nursing-Physician Service	3,294		
20	51	PT-Supplies	2,233		
20	51	OT-Supplies	2,191		
20	51	ST-Purchased Services	3,685		
20	51	ST-Supplies	22		
20	51	Medical Supplies-DME Rental	10,070		
20	51	Medical Supplies-IV Therapy Supplies	1,235		
20	51	Medical Supplies-IV Therapy Supplies Me	26		
20	51	Medical Supplies-IV Therapy Supplies In	2,044		
Total Other Ancillary Costs			\$ 25,354	\$ -	\$ -

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			\$ -	\$ -	\$ -

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)
Total Other Adjustments			\$ -	\$ -	\$ -

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
Saint Joseph Living Center LLC	20397	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>)	\$ 10,157,205	10,157,205				
b. Medicaid Room and Board Contractual Allowance **	\$ (3,888,458)	(3,888,458)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 562,134	562,134				
b. Medicare Room and Board Contractual Allowance **	\$ 153,958	153,958				
4. a. Private-Pay Residents and Other	\$ 2,496,255	2,496,255				
b. Private-Pay Room and Board Contractual Allowance **	\$ 21,621	21,621				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 60,248	60,248				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 107,836	107,836				
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	\$ 128,667	128,667				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 208,868	208,868				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 15,917	15,917				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 32,358	32,358				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 127,282	127,282				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 234,395	234,395				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ (207,744)	(207,744)				
b. Other (<i>Specify</i>) - Non-Medicare	\$ (487,886)	(487,886)				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 9,722,656	9,722,656				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 75	75				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$ (22,605)	(22,605)				
5. Interest Income (<i>Specify</i>)	\$ 535	535				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 3,550,993	3,550,993				
V. Total Other Revenue (1 thru 8)	\$ 3,528,998	3,528,998				
VI. Total All Revenue (III +V)	\$ 13,251,654	13,251,654				

* 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/II6a	Medicare Part A-X-Ray	\$ 5,576		
30/II6a	Medicare Part A-Physician Care	95		
30/II6a	Medicare Part A-Lab	4,846		
30/II6a	Medicare Part A-Contractual Adjustment	(202,621)		
30/II6a	Medicare B-Vaccines	1,272		
30/II6a	Medicare B-Contractual Adjustment	(16,912)		
Total Other Resident Revenue - Medicare		\$ (207,744)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30/II6b	Private-Physician Care	\$ 19		
30/II6b	Medicaid-Contractual Adjustment	(4,689)		
30/II6b	Managed Care-IV Therapy	77		
30/II6b	Managed Care-X-Ray	(2,125)		
30/II6b	Managed Care-Physician Care	141		
30/II6b	Managed Care-Lab	6,317		
30/II6b	Managed Care-Contractual Adjustment	(432,404)		
30/II6b	Insurance-IV Therapy	560		
30/II6b	Insurance-X-Ray	(484)		
30/II6b	Insurance-Lab	583		
30/II6b	Insurance-Contractual Adjustment	(21,496)		
30/II6b	Managed Care B-Vaccines	2,703		
30/II6b	Managed Care B-Contractual Adjustment	(37,082)		
30/II6b	Insurance B-Contractual Adjustment	(6)		
Total Other Resident Revenue		\$ (487,886)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30/IV5	Interest Income		\$ 535		
Total Interest Income			\$ 535	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30/IV8	Other Revenue-Restricted Revenue	\$ (147)		
30/IV9	Other Revenue-Chapel Offering Box	589		
30/IV10	Other Revenue-Chapel-Restricted Revenue	188		
30/IV11	Other Revenue-Rec-Restricted Revenue	1,935		
30/IV12	Other Revenue-Pet Therapy Restricted Re	(36)		
30/IV13	Other Revenue-HHS Cares Act Revenue	3,517,155		
30/IV14	Other Revenue-CRF Revenue	(52,880)		
30/IV15	Other Revenue-AR Transfer/Suspense	3,273		
30/IV16	Other Revenue-Charitable Donations	19,741		
30/IV17	Other Revenue-Misc. Income	40,813		
30/IV18	Other Revenue-Recovery Of Bad Debt	400		
30/IV19	Other Revenue-Small Balance Adjustments	(653)		
	Other Revenue-Discounts Earned	\$ 20,615		
Total Other Revenue		\$ 3,550,993	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Saint Joseph Living Center LLC	20397	9/30/2022	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	2,847,165
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	923,614
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(880)
4 Inventories			\$	108,497
5. Prepaid Expenses			\$	76,560
a. _____				
b. _____				
c. _____				
d. See Schedule	76,560			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	2,668

See Schedule	2,668			
A-9. Total Current Assets (Lines A1 thru 8)			\$	3,957,624
B. Fixed Assets				
1. Land			\$	1,220,000
2. Land Improvements	*Historical Cost	166,319	\$	32,462
	Accum. Depreciation	133,857		Net
3. Buildings	*Historical Cost	8,034,468	\$	(3,698,765)
	Accum. Depreciation	11,733,233		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	803,245	\$	128,917
	Accum. Depreciation	674,328		Net
6. Movable Equipment	*Historical Cost	2,225,366	\$	380,902
	Accum. Depreciation	1,844,464		Net
7. Motor Vehicles	*Historical Cost	44,405	\$	
	Accum. Depreciation	44,405		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	4,157,464

See Schedule	4,157,464			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	2,220,980

* 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	\$ 17,209
31	A5	Prepaid Insurance	59,351
Total Prepaid Expenses			\$ 76,560

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

Page Ref	Line Ref	Description	
31	A8	Refundable Deposits	\$ 2,660
31	A8	Property Tax	8
Total Other Current Assets (Itemize)			\$ 2,668

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

Page Ref	Line Ref	Description	
31	B9	Book vs. Cost	\$ 4,157,464
Total Other Other Fixed Assets (Itemize)			\$ 4,157,464

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 Expense Othe	\$ 93,247
33	A12	Bonds Payable Non-Ta	96,000
33	A12	Withholdings-WH IRA - TSA	(25)
33	A12	Withholdings-W/H ST Disability	1,995
33	A12	Withholdings-W/H Life Insurance	(1,056)
33	A12	Withholdings-W/H Vision Insurance	(3,168)
33	A12	Accr Exp- Provider Tax	149,347
33	A12	Cur Liab-Garnishments	70
33	A12	Cur Liab -Advance Billing	92,785
33	A12	Res Rel Liab-Resident Trust	32,782
Total Other Current Liabilities (Itemize)			\$ 461,977

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

Page Ref	Line Ref	Description	
34	B4	Interest Rate Swap Obligation	(27,522)
Total Other Current Liabilities (Itemize)			\$ (27,522)

G. Balance Sheet (cont'd)

Name of Facility Saint Joseph Living Center LLC	License No. 20397	Report for Year Ended 9/30/2022	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 6,178,604	
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			\$ 12,406	
	*Historical Cost _____	83,919		
	Accum. Depreciation _____	71,513	Net	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	

See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 12,406	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 6,191,010	

* 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 Saint Joseph Living Center LLC		License No. 20397	Report for Year Ended 9/30/2022	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	85,304
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>)				\$	753,924
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	67,836
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>)				\$	6,334
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	461,977

See Schedule				461,977	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,375,375

* 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 Saint Joseph Living Center LLC		License No. 20397	Report for Year Ended 9/30/2022	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,375,375	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	2,240,000
3. Loans from Owners or Related Parties (<i>itemize</i>)					
\$					
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	(27,522)

See Schedule					(27,522)
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$	2,212,478
C. Total All Liabilities (Lines A-13 + B-5)				\$	3,587,853

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

Name of Facility	License No.	Report for Year Ended	Page	of
Saint Joseph Living Center LLC	20397	9/30/2022	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	927,519
6. Gain or Loss for Period			\$	1,675,638
	10/1/2021	thru	9/30/2022	
7. Total Net Worth			\$	2,603,157
C. Total Reserves and Net Worth			\$	2,603,157
D. Total Liabilities, Reserves, and Net Worth			\$	6,191,010

H. Changes in Total Net Worth

Name of Facility Saint Joseph Living Center LLC	License No. 20397	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			\$	927,517
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	13,251,655
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	11,576,016
D. Net Income or Deficit			\$	1,675,638
E. Balance			\$	2,603,157
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. <i>Balance at End of Period</i>			\$	2,603,157

I. Preparer's/Reviewer's Certification

Name of Facility Saint Joseph Living Center LLC	License No. 20397	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		Date Signed
Printed Name of Preparer				
RKL LLP				
Address Address			Phone Number	
1800 Fruitville Pike, Lancaster, PA 17601			717-394-5666	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Viola Youssif			717-394-5666	
Contact Email Address				
vyoussif@rklcpa.com				