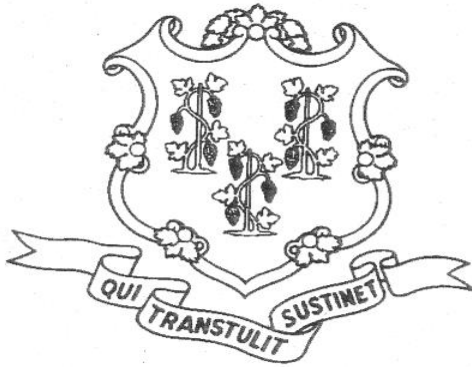


# State of Connecticut



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

Name of Facility (as licensed) Shady Knoll Health Center	
Address (No. & Street, City, State, Zip Code) 44 Skokorat Street, Seymour CT 06483	
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 2107C	RHNS	(Specify)	Medicare Provider 07-5386
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Medicaid Provider Numbers:	CCNH 2107C	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) Shady Knoll Health Center	License No. 2107C	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 Shady Knoll Health Center [facility name], for the cost report period beginning October 1, 2021 and ending September 30, 2022, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Elza Augustin			Printed Name (Owner) Lawerence Santilli		
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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Shady Knoll Health Center	Period Covered:	From 10/1/2021	To 9/30/2022	
Address of Facility 44 Skokorat Street, Seymour CT 06483				
Report Prepared By	Phone Number	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. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

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

Phone No. of Facility 203-881-2555		Report for Year Ended 9/30/2022	Page 2	of 37
Name of Facility (as shown on license) Shady Knoll Health Center		Address (No. & Street, City, State, Zip) 44 Skokorat Street, Seymour CT 06483		
License Numbers:	CCNH 2107C	RHNS	(Specify)	Medicare Provider No. 07-5386
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 checked="" 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.				
<b>Administrator</b>				
Name of Administrator Elza Augustin		Nursing Home Administrator's License No.:	2074	
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 Shady Knoll Health Center	License No. 2107C	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		
Shady Knoll Health Center, Inc.	41 Skokorat St, Seymour CT 06483	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Lawerence G. Santilli	41 Skokorat St, Seymour CT 06483	President	7602.02	
Michael E Mosier	41 Skokorat St, Seymour CT 06483	reasurer/Secreta		
Names of Stockholders Owning at Least 10% of Shares				
Custodians for Lawerence E Santilli	41 Skokorat St, Seymour CT 06483		2397.98	





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

Name of Facility Shady Knoll Health Center	License No. 2107C	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	%**				
Laurel Ridge Health Care Center	642 Danbury Rd, Ridgefield CT 06877	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Bank Fees	Pg 16 ln m13	3,552	3,552
Athena 401k Plan	135 South Rd, Farmington CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Facility participates in a multi facility 401k p			
Athena Captive	135 South Rd, Farmington CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Workers Comp Captive	Pg 15 1a1	290,172	290,172
Shady Knoll Landlord	135 South Rd, Farmington CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Lease of Facility	Pg 22, ln 9, 10b; Pg 27	863,184	863,184
Misc Facilities	Various	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Interfacility Loans	Pg 33 Ln A2		
Athena Health Insurance	135 South Rd, Farmington CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Self Insured Employee Health & Dental Insu	Pg 15 Ln 1a5	1,056,239	1,056,239
Procure LTC	111 Executive Blvd, Farmingdale NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Pharmacy	Pg 20 Ln 5a2	434,431	434,431
Athena Health Care	135 South Rd, Farmington CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	>50%	See attachment			
Procure LTC	111 Executive Blvd, Farmingdale NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Note Payable	Pg 34 B3, Pg 27 12D	86,665	86,665

\* 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 Shady Knoll Health Center	License No. 2107C	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.

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.

N/A

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

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

Name of Facility			License No.	Report for Year Ended			Page	of
Shady Knoll Health Center			2107C	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						
Leaf Capital Funding, 1720A Crete Street, Moherly MO 65270	<input type="radio"/>	<input checked="" type="radio"/>	Copier	05/25/19	48 Month	12,800	12,800	
Pitney Bowes, 60 Wellington Rd, Milford CT 06484	<input type="radio"/>	<input checked="" type="radio"/>	Postal Equipment	09/21/18	48 Months	2,502	2,502	
	<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"/>						
<b>Is a Mileage Log Book Maintained for All Leased Vehicles ?</b>							<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>Total ***</b>							15,302	

\* 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 Shady Knoll Health Center	License No. 2107C	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	Address (No. & Street, City, State, Zip Code)
1 Marcum LLP	555 Long Wharf Dr, 12th Floor New Haven CT 06511
2 PKF O' Connor Davies	4 Corporate Dr, Suite 488 Shelton CT 06484
3 Midcap Financial Services LLC	7255 Woodmont Ave, Bethesda MD 20814
4	

Services Provided by This Firm (*describe fully*)

1 Medicare Cost Report Preparations	\$ 2,750
2 Audited Financials + Income Tax Returns	\$ 6,800
3 Line of credit audit fees: Disallowed	\$ 4,865
4	\$
	<b>Charge for Services Provided</b>
	\$ 14,415

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

- Yes     No    Pg 15 lin 1d

**Legal Services Information**

Name of Legal Firm or Independent Attorney	Telephone Number
1 Midcap Financial Services LLC	301-760-7600
2 State of Connecticut Treasurer	860-702-3000
3 Goldman Gruber & Woods	203-899-8900
4 Murtha Cullina	860-240-6000
5	

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

- 1 7255 Woodmont Ave, Bethesda MD 20814
- 2 55 Elm St, Hartford CT 06106
- 3 200 Connecticut Ave, Norwalk CT 06854
- 4 280 Trumbull St, 12th floor, Hartford CT 06103
- 5

Services Provided by This Firm (*describe fully*)

1 Line of Credit: Disallowed	\$ 1,272
2 Conservator: Disallow	\$ 1,250
3 Collections: Disallow	\$ 28,000
4 Annual Reports: Allowed	\$ 150
5 Employee Matters: Disallow	\$ 4,201
	<b>Charge for Services Provided</b>
	\$ 34,873

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

- Yes     No    Pg 15 Lie 1e

**Schedule of Resident Statistics**

Name of Facility Shady Knoll Health Center			License No. 2107C			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	128	128			128	128							
B. On last day of THIS report period	128	128							128	128			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	93	93			93	93							
B. As of midnight of THIS report period	119	119							119	119			
3. Total Number of Days Care Provided During Period													
A. Medicare	6,361	6,361			5,087	5,087			1,274	1,274			
B. Medicaid (Conn.)	30,349	30,349			22,183	22,183			8,166	8,166			
C. Medicaid (other states)													
D. Private Pay	2,408	2,408			1,886	1,886			522	522			
E. State SSI for RCH													
F. Other (Specify) Contract Other/VA	2,388	2,388			1,870	1,870			518	518			
G. Total Care Days During Period (3A thru F)	41,506	41,506			31,026	31,026			10,480	10,480			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	1	1			1	1							
B. Other Bed Reserve Days	62	62			55	55			7	7			
5. <b>Total Resident Days (3G + 4A + 4B)</b>	41,569	41,569			31,082	31,082			10,487	10,487			

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

Name of Facility Shady Knoll Health Center	License No. 2107C	Report for Year Ended 9/30/2022	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?  Yes  No

If "YES", provide the following information:

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

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

Change in Resident Days	CCNH	RHNS	(Specify)
1st change			
2nd change			
3rd change			
4th change			

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	4	95		7		13		
Per Diem Rate								
a. One bed rm.	526.02	246.77		641.00		395.37		
b. Two bed rms.	526.02	246.77		631.00		395.37		
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	6,615	6,615		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	1,665	1,665		
2. Restorative Treatments				
C. Other	13,129	13,129		
D. <b>Total Physical Therapy Treatments</b>	21,409	21,409		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	814	814		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	256	256		
2. Restorative Treatments				
C. Other	1,605	1,605		
D. <b>Total Speech Therapy Treatments</b>	2,675	2,675		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	4,653	4,653		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	1,530	1,530		
2. Restorative Treatments				
C. Other	11,896	11,896		
D. <b>Total Occupational Therapy Treatments</b>	18,079	18,079		

### Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Shady Knoll Health Center	2107C	9/30/2022	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	142,386	1,960				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	270,135	10,617				
5. Dietary Service						
a. Head Dietitian	29,466	774				
b. Food Service Supervisor	68,038	2,140				
c. Dietary Workers	458,865	26,683				
6. Housekeeping Service						
a. Head Housekeeper	47,600	1,747				
b. Other Housekeeping Workers	231,565	13,973				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	72,492	2,320				
b. Other Maintenance Workers	51,686	2,108				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	156,600	8,082				
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	138,114	2,025				
b. RN						
1. Direct Care	406,016	6,892				
2. Administrative**	501,674	14,798				
c. LPN						
1. Direct Care	1,421,063	38,553				
2. Administrative**						
d. Aides and Attendants	2,089,520	90,108				
e. Physical Therapists	639,088	15,806				
f. Speech Therapists	107,916	2,147				
g. Occupational Therapists	334,574	8,022				
h. Recreation Workers	169,860	7,026				
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	198,933	6,657				
n. Marketing						
o. Other (Specify)						
See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	7,535,591	262,438				

\* 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
<b>Total</b>	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

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



**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	
Shady Knoll Health Center				2107C	9/30/2022			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

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

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

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

Name of Facility (as licensed)				License No.		Report for Year Ended			Page	of
Shady Knoll Health Center				2107C		9/30/2022			12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Patrick McDonnell (10/1/21-12/18/21)	33,514			Health & Life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	450	A2			
Elza, Augustin (1/23/22-9/30/22)	108,872			Health & Life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	1,510	A2			
<b>Section IV - Assistant Administrators</b>										

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

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Shady Knoll Health Center	2107C	9/30/2022	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist	7,680	25				
3. Pharmacist	13,530	265				
4. Podiatrist	2,941	40				
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	60,000	149				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	2,038	8				
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	4,320	12				
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	227,964	1,988				
2. Administrative***						
b. LPN						
1. Direct Care	585,219	6,536				
2. Administrative***						
c. Aides	600,372	12,553				
d. Other						
12. Other (Specify) See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>1,504,064</b>	<b>21,576</b>				

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

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

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

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

Name of Facility Shady Knoll Health Center		License No. 2107C	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		
Garummui Desilva, MD, West Haven Medical Group, 387 Campell Ave, Suite2, West Have CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Dr Hafsa Nawaz, West Haven Medical Group 387 Campell Ave, Suite 2, West Havent CT 06516	Asst. Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
CT Dental, 240 Pomeroy Ave, Suite 2015, Meriden CT 06450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
HealthDrive Podiatry Group, 100 Crossing Boulevard Suite 300, Framingham, MA 01702	Podiatry Services	<input type="radio"/>	<input checked="" type="radio"/>		
Valley Orthopaedic Specialists, LLC 2 Trap Falls, Suite 404, Shelton CT 06484	Physician Services	<input type="radio"/>	<input checked="" type="radio"/>		
Procure LTC, 111 Executive Blvd, Farmingdale NY 11735	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners; Minority Interest	
The Nurse Network, 400 Park Ave, New York, NY 10022	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Star Medical Care LLC 2560 Dixwell Ave #1A, Hamden CT 06514	Physician Services	<input type="radio"/>	<input checked="" type="radio"/>		
SambaCare, 401 Melville Ave, Lakewood NJ 08701	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
SDX Dysphagia Experts, 21 Waterville Rd, Avon CT 06001	Speech Services	<input type="radio"/>	<input checked="" type="radio"/>		
Gale Healthcare Solutions, 11274 W Hillsborough Ave, Tampla FL 33635	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Norton & associates INC, 97 Elm Street, Cohasset Ma 02025	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Soloman Page Staffing Solutions, 350 Motor Pkwy, Suite 207, Hauppauge NY 11788	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<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
Shady Knoll Health Center	2107C	9/30/2022	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 290,172	290,172		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 72,004	72,004		
4. Social Security (F.I.C.A.)	\$ 542,356	542,356		
5. Health Insurance	\$ 908,066	908,066		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 63,151	63,151		
8. Uniform Allowance	\$			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 116,651	116,651		
d. Accounting and Auditing	\$ 14,415	14,415		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 34,873	34,873		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 53,327	53,327		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 69,563	69,563		
2. Cellular Phones	\$			
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*	\$ (30,508)	(30,508)		
2. Other ( <i>Specify</i> ) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 740,072	740,072		
<b>Subtotal</b>	\$ 2,874,142	2,874,142		

\* 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**

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

---

**Schedule of Other Taxes**

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

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

Name of Facility Shady Knoll Health Center	License No. 2107C	Report for Year Ended 9/30/2022	Page 16	of 37
Item	Total	CCNH	RHNS	(Specify)
<b>Subtotals Brought Forward:</b>				
1. Travel and Entertainment				
1. Resident Travel and Entertainment \$				
2. Holiday Parties for Staff \$	2,840	2,840		
3. Gifts to Staff and Residents \$	24,794	24,794		
4. Employee Travel \$	1,767	1,767		
5. Education Expenses Related to Seminars and Conventions \$	4,554	4,554		
6. Automobile Expense ( <i>not purchase or depreciation</i> ) \$				
7. Other ( <i>Specify</i> ) \$ See Attached Schedule				
m. Other Administrative and General Expenses				
1. Advertising Help Wanted ( <i>all such expenses</i> ) \$	7,092	7,092		
2. Advertising Telephone Directory ( <i>all such expenses</i> )*** \$				
3. Advertising Other ( <i>Specify</i> )*** \$ See Attached Schedule	5,630	5,630		
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 \$	4,631	4,631		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) \$ See Attached Schedule	13,954	13,954		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$				
9. Subscriptions \$	473	473		
10. Contributions*** \$ See Attached Schedule				
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> ) \$				
12. Administrative Management Services** \$	427,864	427,864		
13. Other ( <i>Specify</i> ) \$ See Attached Schedule	130,459	130,459		
<b>C-14 Total Administrative &amp; General Expenditures</b>	<b>\$ 3,498,200</b>	<b>3,498,200</b>		

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotional	\$ 5,630		
<b>Total Other Advertising</b>	\$ 5,630	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 12,904		
CAHCF-Long Term Care Mutual Aid	\$ 1,050		
<b>Total Dues</b>	\$ 13,954	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Data Processing Fees	\$ 65,990		
Bank Charges	\$ 20,821		
Payroll Processing Fees	\$ 19,517		
Employee Physicals	\$ 11,735		
Administrator Recruitment	\$ 9,052		
Licenses	\$ 3,344		
<b>Total Other Administrative and General</b>	\$ 130,459	\$ -	\$ -



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

Name of Facility	License No.	Report for Year Ended	Page of
Shady Knoll Health Center	2107C	9/30/2022	17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Athena Health Care Assoc, Inc 135 South Rd, Farmington CT 06032	598,206	Contract attached to a prior year	See below
Allocation of Above	394,816	Admin/Gen 66%	Pg 16 Ln 12
Allocation of Above	95,713	Indirect 16%	Pg 20 5k
Allocation of Above	107,677	Direct 18%	Pg 20 5j
Athena Health Care Assoc, Inc 135 South Rd, Farmington CT 06032	33,048		Pg 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 Shady Knoll Health Center	License No. 2107C	Report for Year Ended 9/30/2022	Page 18	of 37
<b>Item</b>	<b>Total</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 411,663	411,663		
2. Non-Food Supplies	\$ 43,425	43,425		
3. Other (Specify) _____ Dishers	\$ 205	205		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$			
c. Other (Specify) _____ Management Services	\$ 95,713	95,713		
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 551,006</b>	<b>551,006</b>		
<b>2E. Dietary Questionnaire</b>	<b>Total</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
F. Resident Meals: Total no. of meals served per day:*	341	341		
G. Is cost of employee meals included in 2D? <input checked="" type="radio"/> Yes <input 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
Shady Knoll Health Center		2107C	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. \$	12,589	12,589		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Other (Specify) Supplies		\$	8,175	8,175		
<b>3D. Total Laundry Expenditures (3a + b + c)</b>		\$	20,764	20,764		
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
Shady Knoll Health Center		2107C	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. \$	51,249	51,249		
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> ) Temp Help		\$ 1,719	1,719		
4D.	<b>Total Housekeeping Expenditures</b> (4a + b + c )		\$ 52,968	52,968		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from Procure	\$	409,444	409,444		
b.	Medicine Cabinet Drugs	\$	20,291	20,291		
c.	Medical and Therapeutic Supplies	\$	312,601	312,601		
d.	Ambulance/Limousine***	\$	2,086	2,086		
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	19,140	19,140		
f.	X-rays and Related Radiological Procedures***	\$	29,489	29,489		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$	54,048	54,048		
i.	Recreation	\$	33,773	33,773		
j.	Direct Management Services*	\$	107,677	107,677		
k.	Indirect Management Services*	\$	95,713	95,713		
l.	Other (Specify)**** See Attached Schedule	\$	83,743	83,743		
5M.	<b>Total Resident Care Expenditures</b> (5a - 5j)	\$	1,168,005	1,168,005		

\* 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)
Physical Therapy Supplies	\$ 8,130		
Medical Equipment Rental-Other	\$ 27,410		
Cable TV Services	\$ 19,951		
Oxygen Equipment Rentals	\$ 17,116		
Medical quipment Rental-Medicaid	\$ 11,136		
<b>Total Other Resident Care</b>	<b>\$ 83,743</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility Shady Knoll Health Center			License No. 2107C		Report for Year Ended 9/30/2022				Page of 21   37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
ADP	100 Corporate Dr, Windsor CT 06095	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing	15,174			16	m13
CWPM	PO Box 99, Plainville CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	30,974			22	6f
Gold Coast Property Maintenance LLC	151 Monroe Turnpike, Monroe CT 06468	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping/Snow Removal	24,774			22	6f
Procure LTC	111 Executive Blvd, Farmingdale NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners: Minority Interest	Pharmacy	434,431			20	5a2
		<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).

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Shady Knoll Health Center	2107C	9/30/2022			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 129,625	129,625				
b. Heat	\$ 43,696	43,696				
c. Light & Power	\$ 146,080	146,080				
d. Water	\$ 67,132	67,132				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 15,302	15,302				
f. Other ( <i>itemize</i> )	\$ 75,998	75,998				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$ 477,833	477,833				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 559	559				
b. Building & Building Improvements	\$ 80,598	80,598				
c. Non-Movable Equipment	\$ 21,142	21,142				
d. Movable Equipment	\$ 41,700	41,700				
<b>*7e. Total Depreciation Costs</b> (7a + b + c + d)	\$ 143,999	143,999				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 33,413	33,413				
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs</b> (8a + b + c + d)	\$ 33,413	33,413				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 626,751	626,751				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 95,751	95,751				
c. Personal property taxes	\$ 16,365	16,365				
<b>11. Total Property Expenses</b> (7e + 8e + 9 + 10)	\$ 916,279	916,279				

\* 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)
Groundskeeping	\$ 11,906		
Rubbish Removal	\$ 32,818		
Snow Removal	\$ 13,501		
Supplies	\$ 17,773		
<b>Total Other Repairs and Maintenance</b>	\$ 75,998	\$ -	\$ -

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### Depreciation Schedule

Name of Facility Shady Knoll Health Center		License No. 2107C			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				
<b>A. Land Improvements</b>													
1. Acquired prior to this report period		70,380		70,380	68,983	S/L	Var	559					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal									559				
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period		2,747,855		2,747,855	2,260,565	S/L	Var	80,598					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal									80,598				
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period		630,911		630,911	377,037	S/L	Var	21,142					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal									21,142				
		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								
<b>D. Movable Equipment</b>													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period				9	2021	1,105,794		1,105,794	967,226	S/L	Var	40,907	
b. Disposals (attach schedule)				9	2022								
Acquired during this report period (attach schedule):													
c. Administrative				9	2022	15,856		15,856			10	793	
d. Standard Resident													
e. Specialized Resident													
Total Acquired during this report period						15,856		15,856				793	
D-3. Subtotal													41,700
<b>E. Total Depreciation</b>													143,999

Schedule of Land Improvements Acquired during this report period

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
<b>Additions:</b>					
		Administrative	\$ 15,856	10	\$ 793
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
<b>Total additions for Movable Equipment</b>			\$ 15,856		\$ 793
<b>Deletions:</b>					
<b>Total deletions for Movable Equipment</b>			\$ -		\$ -

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
	See attached	\$ 46,621	Var	\$ 1,819
<b>Total additions for Leasehold Improvement</b>		\$ 46,621		\$ 1,819
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ -

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Amortization Schedule\***

Name of Facility Shady Knoll Health Center			License No. 2107C		Report for Year Ended 9/30/2022			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1. Finance Fees-Key Bank	6	2007	7 Years	305,597	305,597	SL	14		
2. Finance Fees	2	18	36 Months	52,729	52,729	SL			
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period		2021	Var	1,559,400	453,621	Var		31,594	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2022	Var	46,621				1,819	
C-4. Subtotal									33,413
<b>D. Total Amortization</b>									33,413

\* 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 Shady Knoll Health Center	License No. 2107C	Report for Year Ended 9/30/2022	Page 25	of 37	
<b>11. Property Questionnaire</b>					
<b>Part A</b>					
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	06/13/05				
2. Date Structure Completed	05/21/93				
3. If <b>NOT</b> Original Owner, Date of Purchase					
4. Date of Initial Licensure	05/21/93				
5. Total Licensed Bed Capacity	128				
6. Square Footage					
7. Acquisition Cost					
a. Land	652,528				
b. Building	5,696,463				
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)	HUD				
b. Date Mortgage Obtained	03/29/12				
c. Interest Rate for the Cost Year	3.22%				
d. Term of Mortgage (number of years)	31				
e. Amount of Principal Borrowed	10,237,067				
f. Principal balance outstanding as of <u>9/30/2022</u>	5,548,980				
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Shady Knoll Health Center		2107C	9/30/2022		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility Shady Knoll Health Center		License No. 2107C		Report for Year Ended 9/30/2022			Page 27	of 37
Item				Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:								
12. C. Movable Equipment								
1. Automotive Equipment				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
2. Other (Specify)				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
B. Item		Rate	Amount					
Lender								
Address of Lender								
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$				
12. D. Other Interest Expense (Specify) Vendor Int=17,484 Mortgage Fees=1,429				\$ 18,913	18,913			
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)				\$ 18,913	18,913			
14. Insurance								
a. Insurance on Property (buildings only)				\$ 145,934	145,934			
b. Insurance on Automobiles				\$				
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$				
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$				
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$ 145,934	145,934			
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$ 15,889,557	15,889,557			

### D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Shady Knoll Health Center			2107C	9/30/2022	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$ 334,574	334,574		
4.			Other - See attached Schedule	\$ 3,937	3,937		
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$ 2,038	2,038		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 116,651	116,651		
10.			Accounting	\$ 4,865	4,865		
10a.			Legal	\$ 34,723	34,723		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$ 24,794	24,794		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$ 5,630	5,630		
19.			Income Tax / Corporate Business Tax	\$ (30,508)	(30,508)		
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$ 211,263	211,263		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 20,821	20,821		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 728,788	728,788		

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

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



## Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	12m	Marketing Salaries & Benefits	\$ 3,937		
<b>Total Other Salaries Adjustment</b>			\$ 3,937	\$ -	\$ -

## Schedule of Fees Adjustments

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

## Schedule of Other A&amp;G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	M13	Bank Charges	\$ 20,821		
<b>Total Other A&amp;G Adjustments</b>			\$ 20,821	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Shady Knoll Health Center			2107C	9/30/2022	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 728,788	728,788		
<b>Page 20 - Resident Care Supplies***</b>							
27.			Prescription Drugs	\$ 409,444	409,444		
28.			Ambulance/Limousine	\$ 2,086	2,086		
29.			X-rays, etc	\$ 29,489	29,489		
30.			Laboratory	\$ 54,048	54,048		
31.			Medical Supplies	\$ 17,120	17,120		
32.			Oxygen (non emergency)	\$ 19,140	19,140		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 27,410	27,410		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 15,935	15,935		
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	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$ 704	704		
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$ 57,617	57,617		
46.			Management Fees Indirect	\$ 51,215	51,215		
47.			Other - Direct	\$ 16,351	16,351		
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 1,429,347	1,429,347		

\*\*\* 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	5j	Medical Equipment Rental	\$ 27,410		
<b>Total Other Ancillary Costs</b>			\$ 27,410	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Excluded Moveable Equipment (See Attached)	\$ 15,935		
<b>Total Excess Movable Equipment Depreciation</b>			\$ 15,935	\$ -	\$ -

**Schedule of Other Property Adjustments**

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

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Radio + Television	\$ 16,351		
<b>Total Other Adjustments</b>			\$ 16,351	\$ -	\$ -

Schedule of Unallowable Building Interest

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

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended			Page	of
Shady Knoll Health Center	2107C	9/30/2022			30	37
Item	Total	CCNH	RHNS	(Specify)		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 18,973,566	18,973,566				
b. Medicaid Room and Board Contractual Allowance **	\$ (10,482,246)	(10,482,246)				
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 1,971,684	1,971,684				
b. Medicare Room and Board Contractual Allowance **	\$ 51,811	51,811				
4. a. Private-Pay Residents and Other	\$ 5,059,373	5,059,373				
b. Private-Pay Room and Board Contractual Allowance **	\$ (1,336,497)	(1,336,497)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 179,742	179,742				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (179,742)	(179,742)				
c. Prescription Drugs - Non-Medicare	\$ 263,051	263,051				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (257,618)	(257,618)				
2. a. Medical Supplies - Medicare	\$ 4,320	4,320				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (6,624)	(6,624)				
c. Medical Supplies - Non-Medicare	\$ 480	480				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (480)	(480)				
3. a. Physical Therapy - Medicare	\$ 752,136	752,136				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (562,725)	(562,725)				
c. Physical Therapy - Non-Medicare	\$ 471,168	471,168				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (470,668)	(470,668)				
4. a. Speech Therapy - Medicare	\$ 165,020	165,020				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (125,723)	(125,723)				
c. Speech Therapy - Non-Medicare	\$ 133,530	133,530				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (133,530)	(133,530)				
5. a. Occupational Therapy - Medicare	\$ 621,901	621,901				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (486,014)	(486,014)				
c. Occupational Therapy - Non-Medicare	\$ 435,925	435,925				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (435,925)	(435,925)				
6. a. Other ( <i>Specify</i> ) - Medicare	\$					
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 352,906	352,906				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 14,958,821	14,958,821				
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income ( <i>Specify</i> )	\$ 704	704				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 76,138	76,138				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 76,842	76,842				
<b>VI. Total All Revenue</b> (III +V)	\$ 15,035,663	15,035,663				

\* 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)
<b>Total Other Resident Revenue - Medicare</b>		\$ -	\$ -	\$ -

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

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
	Retroactives	\$ 13,628		
	Misc Revenue from CRF Funding	\$ 339,278		
<b>Total Other Resident Revenue</b>		\$ 352,906	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
Pg 31 L A 2	Interest on AR		\$ 704		
<b>Total Interest Income</b>			\$ 704	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
	Bad Debt Recoveries	\$ 76,138		
<b>Total Other Revenue</b>		\$ 76,138	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Shady Knoll Health Center	2107C	9/30/2022	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	79,898
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,738,063
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(14,321)
4. Inventories			\$	23,590
5. Prepaid Expenses			\$	137,021
a. Prepaid Insurance	129,753			
b. Operating - See Attached	7,268			
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	353,894
8. Other Current Assets ( <i>itemize</i> )			\$	13,711
State Medicaid Rate Adjustment	13,711			
_____				
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	2,331,856
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	70,380	\$	838
	Accum. Depreciation	69,542		
	Net			
3. Buildings	*Historical Cost	2,747,856	\$	406,692
	Accum. Depreciation	2,341,164		
	Net			
4. Leasehold Improvements	*Historical Cost	1,606,021	\$	1,118,987
	Accum. Depreciation	487,034		
	Net			
5. Non-Movable Equipment	*Historical Cost	630,911	\$	232,732
	Accum. Depreciation	398,179		
	Net			
6. Movable Equipment	*Historical Cost	1,106,260	\$	97,334
	Accum. Depreciation	1,008,926		
	Net			
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation			
	Net			
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	15,389
Excluded Moveable Equipment	15,389			
See Schedule				
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	1,871,972

\* 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	
<b>Total Prepaid Expenses</b>			\$ -

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

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

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

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

Schedule of Other Assets Page 32 Line D7

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

Schedule of Notes Payable (Itemize) Page 33 Line A2

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

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

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

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

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



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

Name of Facility	License No.	Report for Year Ended	Page	of
Shady Knoll Health Center	2107C	9/30/2022	32	37
<b>Account</b>			<b>Amount</b>	
Total Brought Forward:			\$	4,203,828
<b>C. Leasehold or like property recorded for Equity Purposes.</b>				
1. Land			\$	649,355
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	5,602,448		
	Accum. Depreciation	5,462,095	Net	\$ 140,353
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			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	789,708
<b>D. Investment and Other Assets</b>				
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> )			\$	(18,180,047)
Name and Address		Amount	Loan Date	
Related Party Facilities		(18,180,047)	3/29/12	
7. Other Assets ( <i>itemize</i> )			\$	139,244
Deposits - Taxes		13,926		
Project Development		125,318		
See Schedule				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	(18,040,803)
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	(13,047,267)

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Shady Knoll Health Center	2107C	9/30/2022	33	37
<b>Account</b>			<b>Amount</b>	
<b>Liabilities</b>				
A. Current Liabilities				
1. Trade Accounts Payable			\$	3,283,517
2. Notes Payable ( <i>itemize</i> )			\$	(1,444,114)
Line of Credit				(1,444,114)
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> )			\$	360,307
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )			\$	
6. Accrued Payroll Taxes Payable			\$	395,447
7. Medicare Final Settlement Payable			\$	
8. Medicare Current Financing Payable			\$	
9. Mortgage Payable ( <i>Current Portion</i> )			\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )			\$	
11. Accrued Income Taxes*			\$	(26,508)
12. Other Current Liabilities ( <i>itemize</i> )			\$	1,980,869
Acc'd Operating Expenses		59,305		
Acc'd CT Sales Tax		288		
Provider Taxes Due		1,917,319		
Acc'd Personal Property Tax		3,957	See Schedule	
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>			<b>\$</b>	<b>4,549,518</b>

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

(Carry Total forward to next page)

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

Name of Facility Shady Knoll Health Center	License No. 2107C	Report for Year Ended 9/30/2022	Page 34	of 37
Account			Amount	
Total Brought Forward:			4,549,518	
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				
				\$
Name of Lender	Purpose	Amount	Date Due	
Deferred Rent	32,139			
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$ (8,971,691)
Name and Address of Lender	Amount	Loan Date		
Related Party	(9,354,348)			
Note Payable - Procare	382,657			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$ (1,700,549)
Note Payable Related Party - Landlord		(1,700,549)		
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ (10,672,240)
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ (6,122,722)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Shady Knoll Health Center	2107C	9/30/2022	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	649,355
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	140,354
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			\$	789,709
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(6,989,211)
6. Gain or Loss for Period				
	10/1/2021	thru	9/30/2022	\$ (758,182)
7. Total Net Worth			\$	(7,746,393)
<b>C. Total Reserves and Net Worth</b>			\$	(6,956,684)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	(13,079,406)

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Shady Knoll Health Center	2107C	9/30/2022	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2021			\$	(6,960,802)
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	15,035,662
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	15,793,844
D. Net Income or Deficit			\$	(758,182)
E. Balance			\$	(7,718,984)
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
CT PE Tax	(12,886)			
Rent	(14,523)			
2. Other ( <i>itemize</i> )				
F-3. Total Additions			\$	(27,409)
G. Deductions				
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )			\$	
Name and Address ( <i>No., City, State, Zip</i> )	Title	Amount		
2. Other Withdrawings ( <i>Specify</i> )			\$	
Purpose	Amount			
3. Total Deductions			\$	
H. <b>Balance at End of Period</b>			\$	(7,746,393)
09/30/22				

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

Name of Facility Shady Knoll Health Center	License No. 2107C	Report for Year Ended 9/30/2022	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Athena Health Care Associates, INC				
Address Address			Phone Number	
135 South Rd, Farmington CT 06032			860-751-3900	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Lynn Rinaldi			860-751-3900	
Contact Email Address				
lrinaldi@athenahealthcare.com				