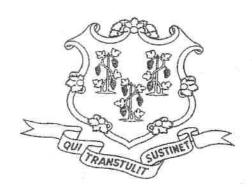
State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) Windsor Health and Rehab Center, LLC Address (No. & Street, City, State, Zip Code) 581 Poquonock Ave, Windsor, CT Type of Facility Rest Home with Nursing Chronic and Convalescent Nursing Home only (CCNH) ☐ Supervision only ☐ (Specify) (RHNS) Report for Year Beginning Report for Year Ending 9/30/2022 10/1/2021 (Specify) Medicare Provider License Numbers: **CCNH RHNS** 07-5011 2214-C **CCNH RHNS ICF-IID** Medicaid Provider Numbers: 9589 For Department Use Only Sequence Number Sequence Number Signed and Date Date Received Signed and Notarized Received Assigned Assigned Notarized

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55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	tm	ent		Page	of
				1A	37
Name of Facility		Period Cov	ered:	From	То
Windsor Health and Rehab Center, LLC				10/1/2021	9/30/2022
Address of Facility					
581 Poquonock Ave, Windsor, CT					
Report Prepared By		Phone Num		Date	
Marcum LLP		203-781-96	00	1/21/2023	
Item		Total	CCNH	RHNS	(Specify)
Dietary wages paid	\$				
2. Laundry wages paid	\$				
Housekeeping wages paid	\$				
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

			ne No. of Fac 688-7211	ility	Report for Y 9/30/2022	'ear Ended	Page 2	of 37
Name of Facility (as shown on license)		300		. & S	Street, City, S	tate, Zip)		
Windsor Health and Rehab Center, LLC					ve, Windsor			
	CCNH		RHNS		(Specify)			Provider No.
	14-C						07-5011	
Type of Facility (Check appropriate box(es))								
Chronic and Convalescent			Home with 1			(Specify)	
Nursing Home only (CCNH)		Supe	rvision only	(RH	NS)	- (-F · · · ·)		
Type of Ownership (Check appropriate box)								
O Proprietorship © LLC O Par	tnership	0	Profit Corp.	0	Non-Profit C	orp. O	Government	O Trust
				Date	Opened	Date Clo	sed	
If this facility opened or closed during report y	ear provide	e:						
Has there been any change in ownership or operation during this report year?		0	Yes	0	No	If "Yes "	explain full	V.
or operation during this report year?			1 03		110	11 105,	CAPIGIT TOTAL	<i>j</i> ·
Administrator			_					
Name of Administrator					Nursing F	Tome		
Lara Alatise					Administr	ator's	2214-C	
					License	No.:		
Other Operators/Owners who are assistant adm	ninistrators	(full	or part time)	of th	nis facility.			
Name					License	No.:		

General Information and Questionnaire Partners/Members

Name of Facility Windsor Health and Rehab Ce	nter, LLC	License No. 2214-C	Report for Y 9/30/2022	ear Ended	Page of 3
Legal Name of Part		Business A			or Town(s) in egistered
Windsor Health and Rehab Ce		581 Poquonock Windsor, CT	Ave,	CT	
Name of Partners/Members	Business Ad	ldress	,	Title	% Owned
Lara Alatise	581 Poquonock Ave, V	Vindsor, CT	Member		100

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year End	led	Page of
Windsor Health and Rehab Center, LLC	2214-C	9/30/2022		3A 37
If this facility is owned or operated as a corpo	ration, provide the	following information	on:	
Legal Name of Corporation		s Address	State(s) in Whi	ch Incorporated
Name of Directors, Officers	Busines	s Address	Title	No. Shares Held by Each
N/A				
Names of Stockholders Owning at Least 10% of Shares				

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General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of
Windsor Health and Rehab Center, LLC	2214-C	9/30/2022	3B 37
If this facility is owned or operated as an individua	l proprietorship, p	rovide the following informat	ion:
Ow	ner(s) of Facility		
N/A			

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General Information and Questionnaire Related Parties*

Name of Facility Windsor Health and Rehab Center, LLC	nab Center, LLC	License No. 2214	. No. 2214-C	П 0	Report for Year Ended 9/30/2022		Page 4	of 37
Are any individuals rece	Are any individuals receiving compensation from the facility related through	acility re	lated throu			If "Yes," provide the Name/Address and	e Name/Add	dress and
marriage, ability to cont	marriage, ability to control, ownership, family or business association?	ess assoc	iation?		Yes © No	complete the information on Page 11 of the report.	nation on Pa	ge 11 of the report.
Are any individuals or c	Are any individuals or companies which provide goods or services,	s or servi	ces,					
including the rental of p	including the rental of property or the loaning of funds to this facility,	to this fa	cility,	Ş				
association to any of the	association to any of the owners, operators, or officials of this facility?	of this fa	or ousing acility?	c c	0 163 0	If "Yes," provide the following information:	e following	information:
		Als	Also Provides	S		Indicate Where		
		Good	Goods/Services to	t to		Costs are Included		
Name of Related		Non-R	유	ties	Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No %	**%	Provided	Page # / Line #	Reported	Related Party
Related Party Notes	581 Poquonock Ave, Windsor, CT	0	•	0,1	See Balance Sheet			
		0	•					
		0	•					
		0	•					
		0	0					
		0	•					
		0	•					
		0	•					
		0	•					
2; -41-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-								

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	License No		Report for Year Ended	Page	of
Windsor Health and Rehab Center, LLC	2214-C		9/30/2022	5	37
If the facility is licensed as CDH and/or RCH or	provides Al	DS or TBI	services with special Medicaid r	rates, cost	ts
must be allocated to CCNH and RHNS as follow	vs:				
Item			Method of Allocation		
Dietary		Number of	meals served to residents		
Laundry		Number of	pounds processed		
Housekeeping			square feet serviced		
			hours of routine care provided b		
Nursing			lassification, i.e., Director (or C	-	
		-	Nurses, Licensed Practical Nurs	ses, Aides	s and
		Attendants			
Direct Resident Care Consultants			hours of resident care provided	by EACI	H
			See listing page 13)		
Maintenance and operation of plant		Square feet			
Property costs (depreciation)		Square feet			
Employee health and welfare		Gross salar			
Management services			e cost center involved		
All other General Administrative expenses			rect and Allocated Costs		
The preparer of this report must answer the follo	wing questi	ons applicat			
1. In the preparation of this Report, were all	O Yes	O No	If "No," explain fully why such	ı allocatic	on was not
costs allocated as required?			made.		
2. Explain the allocation of related company exp	penses and a	ttach copy o	of appropriate supporting data.		
3. Did the Facility appropriately allocate and sel				e cost cen	iters?
(e.g., Assisted Living, Home Health, Outpatie	ent Services,	Adult Day	Care Services, etc.)		
	⊙ Yes	O No	If "No," explain fully why such made.	ı allocatio	on was not

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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.

of 37 Amount Claimed 2,414 Page 9 of Lease Amount Annual 2,414 Term of Report for Year Ended Lease Monthly 9/30/2022 Date of Lease** Monthly Description of Items Leased 2214-C Storage Containers License No. Related * to % Operators, 0 0 0 0 0 0 \odot 0 0 0 Owners, Officers Yes 0 0 0 0 0 0 0 0 0 0 Windsor Health and Rehab Center, LLC Name and Address of Lessor Name of Facility Eagle Leasing

Is a Mileage Log Book Maintained for All Leased Vehicles?

2,414

Total ***

0 0 0

O Yes

^{*} 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	License No.	Report for Year Ended		Page	of
Windsor Health and Rehab Center,		9/30/2022		7	37
The records of this facility for the p	period covered by this report	were maintained on the following basis:			
- 11001	Modified Cash				
Is the accounting basis for this					
period ine banne as real and	Yes	If "No," explain.			
previous period?	No				
Independent Accounting Firm					
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
1 Fred Dalicandro Bookkeeping		74 Bidwell St Glastonbury, CT			
2 Marcum LLP		555 Long Wharf Dr New Haven, CT			
3					
4	+1 (11)				
Services Provided by This Firm (de	escribe Juliy)			100.11	
1 Bookeeping Services Acctg Close			\$	17,111	
2 Cost report preparation services			\$	8,202	
3			\$		
4			S	7 D	
			Charge for		ovided
			\$	25,313	
	diture Portion of This Report? If Ye	es, Specify Expense Classification and Line No.			
⊙ Yes O No					
Legal Services Information			Telephone 1	Number	
Name of Legal Firm or Independen	it Attorney		(860) 740-1		
1 Ford Harrison 2 LTC Matters			(978) 319-2		
2 LTC Matters 3 Murtha Cullina			(860) 240-6		
4 State of CT			,		
5 State Marshall					
Address (No. & Street, City, State,	Zip Code)				
1 CityPlace II, 185 Asylum Stre	et, Suite 820 Hartford, Conne	ecticut 06103			
2 521 Rogers St, Lowell, MA 01					
3 280 Trumbull St, Hartford, CT	7 06103				
4					
5 Services Provided by This Firm (de	escribe fully)				
1 Union Labor Negotiations			\$	27,777	
2 AR Collections Attorney/Medicaid p	ending (Disallowed page 28)		\$	14,230	
3 State Survey Follow Up			\$	837	
4 Misc Expense (Disallow Page 28)			\$	250	
5 Misc Expense (Disallow Page 28)			\$	55	
			Charge for	Services Pr	rovided
			\$	43,149	
Are These Charges Reflected in the Expen-	diture Portion of This Report? If Y	es, Specify Expense Classification and Line No.			
⊙ Yes O No					

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Schedule of Resident Statistics

Name of Facility Windsor Health and Rehab Center, LLC			License No. 2214	e No. 2214-C			Report for 9/30/2022	Report for Year Ended 9/30/2022	pg		Page 8	of 37
						Period 10/	Period 10/1 Thru 6/30	30		Period 7/	Period 7/1 Thru 9/30	0
	Total All	Total CCNH	Total RHNS	Total								
	Levels	Level	Level	(Specify)	Total	CCNH	RHINS	(Specify)	Total	CCNH	RHINS	(Specify)
A. On last day of PREVIOUS report period	801	108			108	108						
B. On last day of THIS report period	108	108							108	108		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	88	88			88	88						
B. As of midnight of THIS report period	87	87							87	87		
3. Total Number of Days Care Provided During Period	1											
A. Medicare	2,743	2,743			2,244	2,244			499	499		
B. Medicaid (Conn.)	26,902	26,902			19,997	19,997			6,905	6,905		
C. Medicaid (other states)												
D. Private Pay	1,360	1,360			1,039	1,039			321	321		
E. State SSI for RCH												
F. Other (Specify)	1,466	1,466			1,232	1,232			234	234		
G. Total Care Days During Period (3A thru F)	32,471	32,471			24,512	24,512			7,959	7,959		
Total Number of Days Not Included in Figures in 4. 3G for Which Revenue Was Received for Reserved												
Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	32,471	32,471			24,512	24,512			7,959	7,959		

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Schedule of Resident Statistics (Cont'd)

Name of Faci Windsor Heal		tehab Ce	enter, LLC		nse No. 214-C				Report	for Year 9/30/202		,	Page 9	of 37
4. Were the	ere any c	hanges	in the certified b	ed caj		ring th	ne repor	t year	?		Yes	•	No	
If "YES"			lowing informat	10n:			· D 1			0	'. A C	Cl		
			Change			nange	in Bed			Ca	pacity Afte	er Change		
Date of	CCNH	RHNS	(Specify)		Lost			Gaine	1					
Change	(1)	(0)	(2)	(1)	(0)	(2)	(1)	(2)	(2)	COMIT	DIBIG	(5 :0)	D (
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason I	or Change
				-					_					
		-		-										
		_	n certified bed o	-	-	the re	port ye	ar (as	reporte	ed in item	4 above) p	provide the num	ber of	
RESIDE	ENT DA	YS for 9	00 days followin	g the	change.									
			Change in Re	esiden	t Days					CC	NH	RHNS	(Spe	ecify)
1st chang														
2nd chan														
3rd chan									_					
4th change. 6. Number		lante and	Rates on Septe	mher	30 of Cos	rt Ven	r							
G. Number	or Kesiu		Medicare	nioci	Medi					Se	lf-Pay		Other Sta	te Assisted
	Item		CCNH	С	CNH	RI	HNS	CC	NH	RF	INS	(Specify)	R.C.H.	ICF-MR
No. of R		_	5		77		escensor.	-11-16-	5	AUTO-UNION	minutes (min		DESCRIPTION OF THE PARTY OF THE	
Per Dien a. One b					01010	10150	[[SEE]]	HECK	156.00			100/20 10/10/10/10		
b. Two b			Var Var		243.18 243.18			_	456.00 350.00					
c. Three			vai		243 16				330,00					
bed r														
		Physica	l Therapy Treat	nents					-	TO	ΓAL	ССИН	RHNS	(Specify)
	Medica										7,578	7,578		
В.			usive of Part B)							Deuting			hweemi	
			Treatments								2,299	2,299		
		orative :	Treatments								0.60#	0.600		
	Other	husical	Therapy Treatm	aute					_		2,637 12,514	2,637 12,514		
			Therapy Treatm							9111	12,514	12,314		
	Medica			CIIIS						Designation of the last	727	727		Series of the se
			usive of Part B)									CONTRACTOR IN THE		
			Treatments								202	202		
	2. Rest	orative 7	[reatments											
	Other										213	213		
			hera <u>py</u> Treatme								1,142	1,142		
			tional Therapy T	reatm	ents									
A.	Medica	re - Part	B							17	6,500	6,500		
			usive of Part B)						- 1	Birm's Li	2.104	2.16.		100 1 7501
			Treatments Treatments								2,184	2,184		
	Other	oralive I	reamients								2,337	2,337		
		ccupatio	onal Therapy Ti	eatm	ents						11,021	11,021		

Report of Expenditures - Salaries & Wages

Name of Facility Windsor Health and Rehab Center, LLC	License No. 2214-C		Report for Year 9/30/2022	r Ended	Page 10	of 37
are time records maintained by all individuals receiving co			Yes	0	No	
the lime records maintained by an individuals receiving our	T T		Total Cost			
			Total Cost	und Hours		
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A Salaries and Wages*			HUNDING HESS.	STUTE	and Strong Co.	A DONA
 Operators/Owners (Complete also Sec. I 			100			US V.A
of Schedule A1)						
2. Administrator(s) (Complete also Sec. III						
of Schedule A1)	145,435	2,090				INSUIT-
3. Assistant Administrator (Complete also Sec. IV			The survey of the same			
of Schedule A1)						
 Other Administrative Salaries (telephone operator, clerks, receptionists, etc.) 	459,256	15,593			Name of Street Street,	
5. Dietary Service	439,230	13,393	7101112			THE PARTY NAMED IN
a. Head Dietitian		-110				
b. Food Service Supervisor						
c. Dietary Workers	385,859	18,323				
6. Housekeeping Service			0.0111			
a. Head Housekeeper						
b. Other Housekeeping Workers	173,094	10,592	11111			
7. Repairs & Maintenance Services		TIM HISH				NAME OF
a. Engineer or Chief of Maintenance b. Other Maintenance Workers	93,082	5,579				
8. Laundry Service	95,002	5,572	The House	College College	and to the first	
a. Supervisor						
b. Other Laundry Workers	45,507	2,699				
Barber and Beautician Services						
10. Protective Services						
 Accounting Services 				STATE OF THE REAL PROPERTY.		
a. Head Accountant	4					
b. Other Accountants					The state of the s	
12. Professional Care of Residents	22.065	1.005				an mile
a. Directors and Assistant Director of Nurses	92,267	1,375			Hamilton and the	1,111
b. RN	582,934	15,394			ROKE MINI	E TO STORY
1. Direct Care 2. Administrative**	70,009	2,334				
c. LPN	70,007					
1. Direct Care	242,850	13,375				
2. Administrative**						
d. Aides and Attendants	1,081,891	56,783				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists	92,198	4,832				
h. Recreation Workers i Physicians	92,198	4,832	No. of Concession,		DUTIN TO ST	
Medical Director				or The Land Street		
Utilization Review						
3. Resident Care***						
4. Other (Specify)						NO DELL'AND DE
j. Dentists	-					
k. Pharmacists						
Podiatrists M. Social Workers/Case Management	62,422	2,341				
	02,422	2,341				
n. Marketing o. Other (Specify)		200	AND DESIGNATION			THU, HE
See Attached Schedule	Art.					
A-13. Total Salary Expenditures	3,526,804	151,310				

^{*} 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)

	Co	CNH	RI	INS	(Spe	cify)
Position	\$	Hours	S	Hours	S	Hours
					4	
				18 V		
				10.00		
		1.0		1,118111,01		
A PILL OF THE PROPERTY OF THE			The River			
		- 20				
			4			
				=0.0		
11 L. Sup. T. Ov. 12 . S. 15			W -			
		NI STATE			1	
Total	\$ -		\$ -		\$ -	1.0

Schedule of Other Fees (Page 13)

	C	CNH	RI	HNS	(Spe	cify)
Service	\$	Hours	\$	Hours	S	Hours
						200
				Lat Ma		
10 V						
				7 7		
					Total Total	
			-			
		+				
		_				
				-		
Fotal .	\$ -		\$ -		\$	

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Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties*

			Assista	ir Autiliiisti	Assistant Auninistrators and Onie Neighbu Falues	Inclaice	ו דמוווכט			
Name of Facility				License No.		Report for	Report for Year Ended		Page	of
Windsor Health and Rehab Center, LLC	TTC			2214-C		9/30/2022			11	37
		Salary Paid								
Name	CCNH	RHINS	(Specify)	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
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).										
Mutis Alatise	81,998			Non-Discrim.	Administration Services	2,112 A4	A4			
Damilola Alatise	35,857			Non-Discrim.	Payroll/Human Resources/Charge Nurse RN	936 A4	A4			
Tony Alatise	95,783			Non-Discrim.	Dir. Of Operations	2,160 A4	A4			
* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required	e considered	unless full	information i	s provided. Use ad	ditional sheets if require					

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.

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Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Darties*

	Page of	12 37		f All Hours Compensation ** Worked Received										
				Name and Address of All Other Employment**										
Parties*	Fear Ended			Line Where Claimed on Page 10		A2				(A)				
Related	Report for Year Ended	9/30/2022		Total Hours Worked		2,090 A2								
Assistant Administrators and Other Related Parties*				Full Description of Services Rendered		Administrator								
. Administra	License No.	2214-C		Fringe Benefits and/or Other Payments (describe fully)		Non-Discrim.	II							
Assistant		Salary Paid	q	(Specify)										
f							Salary Pai	RHNS						
		, LLC		CCNH		145,435								
17.1	Name of Facility (as licensed)	Windsor Health and Rehab Center, LLC		Name	Section III - Administrators***	Lara Alatise		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 Windsor Health and Rehab Center, LLC	License No. 2214	1-C	Report for Y 9/30/2022	ear Ended	Page 13	of 37
Villusor Treatm and Renab Center, EEC	ZZI		Total Cost	and Hours	13	37
MANAGEMENT TRAINING AND THE PROPERTY OF THE PARTY OF THE			Total Cost	and Hours		
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hour
B. Direct care consultants paid on a fee	A10113 SE 185				The state of	
for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	11,662	73				
3. Pharmacist	2,295	24				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	251,789	2,517				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians		THE REAL PROPERTY.	12.200			
a. Medical Director (entire facility)	33,100	180				
b. Utilization Review		UF BON'S	1 18 - 5 - LAV	1 74.8		
(Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
 Infection Control Committee 						
(Quarterly meetings)						
Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee	-					
(Once annually)						
e. Other (Specify)		DIFEE B				AN TO
(1)/						
9. Speech Therapist		Faller Offs		KISK ERT	16 型件 LSFA	E THE
a. Resident Care	50,915	340				
b. Other						
10. Occupational Therapist					MELITE PROPERTY	
a. Resident Care	239,657	2,396				
b. Other		-,-,-				
11. Nurses and aides and attendants	HOISE FEMALE			11.21 11.6	LEIVIE SU	a Benedi
a. RN				100 Y 100		
1. Direct Care	426,097	5,601			V	
2. Administrative***	.20,071	2,001				
b. LPN	Sid malace	Na Control of				
1. Direct Care	733,417	12,223		000		
2. Administrative***	/33,41/	14,443				
	700 624	20.019				
c. Aides	700,634	20,018				
d. Other	Name and Address of the Owner o	DOMESTICATED	E = 0 = 0			200 11-0
12. Other (Specify) See Attached Schedule	Jud = 000 of the mile			TO STATE OF THE ST	do alema a	
	0.440.766	40.050				
-13 Total Fees Paid in Lieu of Salaries	2,449,566	43,372	12 and supported by			

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

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

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

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

Name of Facility	License No.		Report for \\ 9/30/2022	Year Ended	Page 14	of 37
Windsor Health and Rehab Center, LLC	2214-C	Related*	* to Owners,		14	31
Name & Address of Individual	Full Explanation of Service	Operato	rs, Officers	Expla	nation of Relat	ionship
Procare LTC Pharmacy of CT LLC, 1492	Pharmacy Consultant	Yes	No	N/A		_
Highland Ave Ste 1e, Chesire, CT 06410		0	0			
ENCORE REHABILITATION SERVICES, 33533 12 Mile Road, Farmington Hills, MI 48331	PT, OT, ST	0	0	N/A		
Hartford Healthcare Medical Group, 445 S Main St, West Hartford, CT	Medical Director	0	0	N/A		
Healthdrive Dental Group, 888 Worcester St, Suite 130, Wellesly, MA 02482	Dentist	0	0	N/A		
Professional Nursing Services	RN/LPNs/Aides	0	0	N/A		
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	•			
		0	•			
		0	0			
		0	•			
		0	0			
		0	0			
		0	•			

^{*} 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 Ye	ear Ended	Page	of
Windsor Health and Rehab Center, LLC 2214-C	 9/30/2022		15	37
	,			
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
Workmen's Compensation	\$ 150,247	150,247		
2. Disability Insurance	\$			
Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 338,575	338,575		
5. Health Insurance	\$ 361,618	361,618		
6. Life Insurance (employees only)				
(not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory)	\$ 36,674	36,674		
(not-owners and not-operators)				
8. Uniform Allowance	\$			
9. Other (Specify)	\$ 35,920	35,920		
See Attached Schedule				
b. Personal Retirement Plans, Pensions, and	\$			
Profit Sharing Plans for Owners and	PARTO HENDER			
Operators (Discriminatory)*				
•				
c. Bad Debts*	\$ 105,000	105,000		
d. Accounting and Auditing	\$ 25,313	25,313		
e. Legal (Services should be fully described on Page 7)	\$ 43,149	43,149		
f. Insurance on Lives of Owners and	\$			
Operators (Specify)*				
g. Office Supplies	\$ 29,341	29,341		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 29,591	29,591		
2. Cellular Phones	\$ 8,226	8,226		
i. Appraisal (Specify purpose and	\$			
attach copy)*				
j. Corporation Business Taxes (franchise tax)	\$			
k. Other Taxes (Not related to property - See Page 22)				
1. Income*	\$			
2. Other (Specify)	\$			
See Attached Schedule			Well-241 173	
3. Resident Day User Fee	\$ 598,853	598,853		
Subtotal	\$ 1,762,507	1,762,507		

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

Attachment Page 15

Schedule of Other Employee Benefits

Description		CCNH	RHNS	(Specify)
TOTAL TWILL SALE		2		
Admin/Gen Employment Expense (Background Checks)	\$	11,803		
Admin/Gen Employment Expense (Open Item)		24,117		
	-			1
				107
		1.727.5.	W- 1-12	
				jira masa sh
			Water Tollar	
			NI NAME OF STREET	
		. 72		
Total	\$	35,920	\$ -	\$ -

Schedule of Other Taxes

Description	CCN	IHH	RH	NS	(Spe	ecify)
		5.				
		7/4	×	1 = 1		
				71.5		
Total	\$		\$		\$	e.

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

Name of Facility	License No.		Report for Y	Year Ended	Page	of
Windsor Health and Rehab Center, LLC	2214-C		9/30/2022		16	37
Item			Total	CCNH	RHNS	(Specify)
Subtota	ds Brought Forwa	rd:	1,762,507	1,762,507		
1. Travel and Entertainment			HOWING THE REAL PROPERTY.			
Resident Travel and Entertainment		\$				
2. Holiday Parties for Staff		\$				
3. Gifts to Staff and Residents		\$	1,410	1,410		
4. Employee Travel		\$	2,527	2,527		
5. Education Expenses Related to Seminars at	nd Conventions	\$	1,035	1,035		
6. Automobile Expense (not purchase or depr	eciation)	\$				
7. Other (Specify)		\$				
See Attached Schedule				Part of the		
m. Other Administrative and General Expenses						
1. Advertising Help Wanted (all such expense	s)	\$	32,542	32,542		
2. Advertising Telephone Directory (all such e	xpenses)***	\$				
3. Advertising Other (Specify)***		\$	2,040	2,040		
See Attached Schedule				Per in the Mark		
4. Fund-Raising***		\$				
5. Medical Records		\$	285	285		
6. Barber and Beauty Supplies (if this service	is supplied	\$				
directly and not by contract or fee for servi-	ce)***		CONTRACTOR OF THE PARTY OF THE			Per filmi fame)
7. Postage		\$	2,015	2,015		
* 8. Dues and Membership Fees to Professional		\$	4,013	4,013		
Associations (Specify)				STEEL STEEL STEEL		
See Attached Schedule				mfffer for		
8a. Dues to Chamber of Commerce & Other Non-A	Allowable Org.***	\$				
9. Subscriptions		\$				
10. Contributions***		\$				
See Attached Schedule						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
11. Services Provided by Contract Specify and	Complete	\$	176,213	176,213		
Schedule C-2, Page 21 for each firm or ind	lividual)					
12. Administrative Management Services**		\$				
13. Other (Specify)		\$	37,035	37,035		
See Attached Schedule				Barrier Bland		
C-14 Total Administrative & General Expenditures		\$	2,021,622	2,021,622		

^{*} 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	(8	pecify)
Total Other Travel and Entertainment	\$ -	S	- S	

Schedule of Other Advertising

Description		CCNH	RI	INS	(Spe	cify)
			1			
Admin/Gen Advertising/Mrkting (Disallowed page 28)	S	2,040				
Total Other Advertising	\$	2,040	\$		\$	

Schedule of Dues

Description	CCNH	R	HNS	(SI	ecify)
	and the second second				
CT Association of Health Care Facilities	\$ 3,502				
American Assoc of Post Acute Nurses	246	d -			
American Assoc HCF	265				
Total Dues	\$ 4,013	\$	0.5	S	12

Schedule of Contributions

Description	cc	NH	R	HNS	(Spe	cify)
N S S S S S S S S S S S S S S S S S S S		2			1	
			8			
Total Contributions	\$	- 3	\$	088	S	3

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
			1 1 1 1 1 1 1
Prior Period Adjustments- "ot (Disallowed page 28)	\$ 39		
Admin/General Rountine Bank Fees	14,348		
Admin/General Equipment Rental	13,409		
Admin/General Sml Equip Purch	872		
Business Meals (Disallowed page 28)	187		
Admin/General Licenses	3,180		
Admin/General Penalties (Disallowed page 28)	5,000		
Total Other Administrative and General	\$ 37,035	\$	\$ -

Schedule C-1 - Management Services*

NT CE114	License No.	Report for Year Ended	Page of
Name of Facility Windsor Health and Rehab Center, LLC	2214-C	9/30/2022	17 37
Windsor Health and Renau Center, LLC	ZZ14-C	313012022	17 37
	Cost of		Indicate Where Costs
Name & Address of Individual or	Management	Full Description of Mgmt. Service	are Included in Annual
Company Supplying Service	Service	Provided	Report Page #/Line #
N/A			
		-	4]

^{*} 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)

		NO	ote on	Page 5)			
Nan	ne of Facility]	License	No.	Report for Y		Page of
Win	dsor Health and Rehab Center, LLC		2	214-C	9/30/2022		18 37
	Item			Total	CCNH	RHNS	(Specify)
2.	Dietary a. In-House Preparation & Service						
	1. Raw Food		\$	262,122	262,122		
	2. Non-Food Supplies		\$	39,832	39,832		
	3. Other (Specify)		\$				
	b. Purchased Services (by contract other		\$	1,957	1,957		
	than through Management Services) (Complete Schedule C-2 att. Page 21)						
	c. Other (Specify)		\$	14,990	14,990		
	Other Dietary Supplies						
2D.	Total Dietary Expenditures (2a+b+c+d)		\$	318,901	318,901		
2E.	Dietary Questionnaire			Total	CCNH	RHNS	(Specify)
F.	Resident Meals: Total no. of meals served per	day:	*				
G.	Is cost of employee meals included in 2D?	0	Yes	•	No		
H.	Did you receive revenue from employees?	0	Yes	•	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?	0			No	If yes, specify cost.	
K.	Is any revenue collected from these people?	0	Yes	•	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?	0			No	If yes, specify cost.	
N.	Is any revenue collected from employees?	0	Yes	•	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)

	ne of Facility	License		Report for Y	ear Ended	Page	of
Win	dsor Health and Rehab Center, LLC	2	214-C	9/30/2022		19	37
	Item		Total	CCNH	RHNS	(Spe	ecify)
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items	Lbs.	320	320			
	washed, ironed, and/or processed.*** 2. Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.					
	processed.***	Amt. \$					
	3. Personal clothing of residents	Lbs.					
	washed, ironed, and/or processed.***	Amt. \$					
	4. Repair and/or purchase of linens.***	Lbs.					
		Amt. \$					
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$					
	c. Other (Specify)	\$	8,000	8,000			
	Other Laundry Supplies						
3D.	Total Laundry Expenditures (3a + b + c)	\$	8,320	8,320			
3E. F.	Laundry Questionnaire Is cost of employee laundry included in 3D? O	Yes	•	No	If yes, specify cost.		
G.	Did you receive revenue from employees?	Yes	•	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?	Yes	•	No	If yes, specify cost.		
J.	Did you receive revenue from these people?	Yes	•	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	e of Facility	License No.	Repo	ort for Year E	nded	Page	of
Wind	lsor Health and Rehab Center, LLC	2214-C		9/30/2022		20	37
	Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced					
	a. In-House Care	by Personnel					
	1. Supplies - Cleaning (Mops,	Amt.	\$	47,282	47,282		
	pails, brooms, etc.)						
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att.	Amt.	\$	346	346		
	Page 21)						
	C. Other (Specify)		\$	2,229	2,229		
	Other Housekeeping Supplies						
4D.	Total Housekeeping Expenditures (4a +	b+c)	\$	49,857	49,857		
	Resident Care (Supplies)**						
	a. Prescription Drugs***						
	1. Own Pharmacy		\$				
	2. Purchased from		\$	188,126	188,126		
	Pharmacy						
	b. Medicine Cabinet Drugs		\$				
	c. Medical and Therapeutic Supplies		\$	268,756	268,756		
	d. Ambulance/Limousine***		\$	6,437	6,437		
	e. Oxygen						
	1. For Emergency Use		\$				
	2. Other***		\$	19,018	19,018		
	f. X-rays and Related Radiological		\$	11,270	11,270		
	Procedures***						HAX DIST
	g. Dental (Not dentists who should be inc	luded under	\$				
	salaries or fees)						
	h. Laboratory***		\$	19,936	19,936		
	i. Recreation		\$	12,724	12,724		
	j. Direct Management Services*		\$				
	k. Indirect Management Services*		\$				
	l. Other (Specify)****		\$	19,385	19,385		
	See Attached Schedule						
5M.	Total Resident Care Expenditures (5a - 5	j)	\$	545,652	545,652		

^{*} 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	\$ 9,312		
IV Infusion Therapy (Disallowed page 28)	10,073		
		ge v = ii	
		8-11	
Total Other Resident Care	\$ 19,385	\$ -	\$ -

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

Name of Facility Windsor Health and Rehab Center, LLC	nter, LLC			License No. 2214-C	Report for Year Ended 9/30/2022	ਰ			Page of 21 37
		Related ** to Owners, Operators, Officers	o Owners, Officers				Fotal Cost/	Total Cost/Page Ref.***	*
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg Line
FACILITY COMPLIANCE SERVICES LLC		0	0	N/A	BUILDING MAINTENANCE	94,086			22 6f
PAYLOCITY		0	•	N/A	PAYROLL SERVICE	59,538			16 m11
POINTCLICKCARE		0	•	N/A	ACCOUNTING SOFTWARE	49,070			16 m11
VISTA IT SOLUTIONS, LLC		0	•	N/A	IT SERVICE PROVIDER	14,303			22 6f
		0	0						
		0	•						
		0	•						
		0	•						
		0	•						
		0	0						
		0	•						
		0	•						
		0	•						
		0	•						

^{*} List all contracted services over \$10,000. Use additional sheets if necessary.

^{**} Refer to Page 4 for definition of related.

^{***} Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

,	ense No.	Report for Y	ear Ended		Page	of
Windsor Health and Rehab Center, LLC	2214-C	9/30/2022			22	37
Item		Total	CCNH	RHNS	(Spe	cify)
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	57,164	57,164			
b. Heat	\$	53,565	53,565			
c. Light & Power	\$	104,791	104,791			
d. Water	\$	39,136	39,136			
e. Equipment Lease (Provide detail on page	6) \$	2,414	2,414			
f. Other (itemize)	\$	202,769	202,769			
See Attached Schedule						n - 1 10
6g. Total Maint. & Operating Expense (6a - 6f)	\$	459,839	459,839			
7. Depreciation (complete schedule page 23*)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$	96,667	96,667			
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	32,688	32,688			
*7e. Total Depreciation Costs $(7a + b + c + d)$	\$	129,355	129,355			
8. Amortization (Complete att. Schedule Page 2 a. Organization Expense	<i>4</i> *)					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$	37,030	37,030			
d. Other (Specify)	\$					
*8e. Total Amortization Costs $(8a + b + c + d)$	\$	37,030	37,030			
9. Rental payments on leased real property less						
real estate taxes included in item 10b	\$	423,575	423,575			
10. Property Taxes						
a. Real estate taxes paid by owner	\$	84,987	84,987			
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$	2,246	2,246			
11. <i>Total Property Expenses</i> (7e + 8e + 9 + 10)	\$	677,193	677,193			

^{*} 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)
Plant/Maint Purchased Service	\$ 94,086		45.0
Plant/Maint Trash Removal	37,807		
Plant/Maint Service Contracts	33,863		
Plant/Maint Ground Maintenance	21,728		
Covid 19 Maintenance Supplies	12,758		
Covid 19 Maintenance Services	2,527		
	TANA SIN		
			.
	13 L 13 L 13 S C IV 11 L		
	10 TO 12 B / 25 Page 1		
	The Listan Control of the Control of		
10,011,000			
Total Other Repairs and Maintenance	\$ 202,769	\$	\$ -

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				Depre	Depreciation Schedule	hedule					
Name of Facility Windsor Health and Rehab Center, LLC				License No. 2214-C	Ų.		Report for Year Ended 9/30/2022	nded		Page 23	of 37
Property Item				Historical Cost Exclusive of Land	listorical Cost Exclusive of Less Salvage Land Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful	Depreciation for This Year	Totals
A. Land Improvements Acquired prior to this report period											
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)	schedule)										
A-4. Subtotal						A H S HE				STATE OF THE PARTY	
B. Building and Building Improvements											
				2,900,000		2,900,000	555,835	S/L	Var	299'96	
	schedule)										
B-4. Subtotal				The state of the s	ST THE ST		H TO WASHINGTON			SILE III THE PARTY OF	299,96
C. Non-Movable Equipment											THE STREET
 Acquired prior to this report period 										i bra	
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)	schedule)										
C-4. Subtotal						THE PERSON NAMED IN	III SALVERSIII				
	Is a mileage logbook maintained?	e ? Date of	Acquisition	Is a mileage logbook maintained? Date of Acquisition Historical Cost	Less		Accumulated Depreciation to	Method of			
	Yes	Month	Year	Exclusive of Land	Salvage Value	Cost to Be Depreciated	Beginning of Year's Operations	Computing Depreciation	Useful	Depreciation for This Year	Totals
Movable Equipment Motor Vehicles (Specify name, model and year of each vehicle)											
, a, 1											
. · ·											
. 0											
2. Movable Equipment								THE 815	100		
a. Acquired prior to this report period b. Disposals (attach schedule)		Var	Var	439,128		439,128	279,145	S/L	Var	27,660	
Acquired during this report period (attach schedule):								Name of the last			
c. Administrative		Var	Var	23,132				S/L	Var	4.626	
d. Standard Resident		Var	Var	2,010				S/L	Var	402	STATE OF THE PARTY
e. Specialized Resident											
Total Acquired during this report				0,000							
D-3. Subtotal				741,67		S SAME				2,028	32 688
E. Total Depreciation						No. of the last of					129,355

Schedule of Land Improvements Acquired during this report period

		Useful	
Description of Item	Cost	Life	Depreciation
			The same
ement .	\$		S -
	2 (11 00)		
			8 1 5
	A T TO STATE OF THE STATE OF TH		
ment	\$ -		\$
	Description of Item	ement S	Description of Item Cost Life Cost Life Cost Life

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

Senedare of Sanding Improvement	ents Acquired during this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
	E M. S. S. S. MA			The state of
				N OT - X
	1 120/07/0			
			THE STATE OF THE S	
Total additions for Building Imp	rovement	\$ -		\$ -
Deletions:				
				U = US
Total deletions for Building Imp	rovement	\$ -	V.,	\$ -

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report perio

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
			137	
Total additions for Non-Mova	ble Equipmen	\$ =	WILL	\$ -
Deletions:				
			100	
			- 1	
Total deletions for Non-Mova	ble Equipmen	\$ -		\$ -

^{**}Ties to Page 23, Line A2

^{**}Ties to Page 23, Line B2

^{*}Ties to Page 23, Line C3
**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report peric

		Pick One]		Useful		
Acquisition Date	Description of Item	Movable Category		Cost	Life	Dep	reciation
Additions:							
12/30/2021	Computers	Administrative	\$	19,142	5	\$	3,828
4/20/2022	Computers	Administrative	\$	3,990	5	S	798
1/19/2022	Furniture	Standard Resident	\$	2,010	5	S	402
Total additions fo	r Movable Equipmen		\$	25,142		\$	5,028
Deletions:							
							8 5
Total deletions for	r Movable Equipmen		\$			\$	

Schedule of Leasehold Improvements Acquired during this report periods

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
11/5/2021	North, South and Centers	\$ 29,500	10	\$ 2,950
11/20/2021	dietary meal tray cart	\$ 9,894	5	\$ 1,979
12/1/2021	Schmidt Electric LLC	\$ 636	5	\$ 127
2/24/2022	Air Temp Mechanical Services	\$ 8,116	5	\$ 1,623
3/25/2022	laundry equipment repair	\$ 3,137	5	\$ 627
9/2/2022	Spotcooler	\$ 459	5	\$ 92
9/2/2022	Spotcooler	\$ 8,083	5	\$ 1,617
9/30/2022	Med- Essential purch resident elect	\$ 3,517	5	\$ 703
Total additions for	r Leasehold Improvemen	\$ 63,342		\$ 9,718
Deletions:				
				10
		The state of the s		
Total deletions for	Leasehold Improvemen	\$		\$ -

^{*}Ties to Page 23, Line D2c **Ties to Page 23, Line D2b

^{*}Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Window Health & Pehab Center FIXED ASSET / DEPRECIATION SCHEDULE

		Date In Service	Metho	4 Jahr	Haterical Exist	Depree.	2020	2021 Hegyan	1011 A.D	1022 Hapran	2012 - A.Tr	20W
ACHOLDSIEROVESUSYS												
U.S. Additions	40.400						-					
trious Asset Additions	Leach-1d Ingerneness	2016	27		137,778	6,290	39,497	6 290	45,787	6.290	52,077	85.7
19 Addinime placement of had horn in the kitchen	Leasehold Improvements	10/25/2019	31.		971	174	3497	174	45,787	174	696	113,7
taken ceiling repair toke alarm 10 year lithium battery_commercial passage	Leasehold Improvements Leasehold Improvements	11/29/2018	51	32 30	1,543	129	258 480	129	387 720	129 240	516 960	1,0
ac Bed Part and call bells	Leasehold Improvements	11/21/2018	2.1	90	655	66	132	66	198	66	264	
at repair south wing cial patient Floor bed reference 42413	Lemehold Improvements Lemehold Improvements	10/11/2018	51.	100	1,009 2,259	202 226	404 452	202 226	606 678	202 226	108 904	1,3
mtra food trays nerator repair 2/14/19	Leasehold Improvements Leasehold Improvements	1/2 208 F 2/18/2019	51	30.	1,520	152 32	304 64	152 32	4,56 96	152	608 128	9
nerator repair	Leasehold Improvements	3 6 2019	3%	5	1,19#	240	480 574	240	720	240	960	2
nerator repair rking lot light rewiring	Leasehold Improvements Leasehold Improvements	4 9 2019	51.	20	3,296	2117 165	330	287 165	#61 495	287 165	1,146 660	2,6
STAIT SOLUTIONS, LLC EDLINE INDUSTRIES INC	Leasehold Improvements Leasehold Improvements	4:3:2019 4:20:2019	31	5	1,058 958	212 192	424 384	212 192	636 576	212 192	84 B 76 B	2
iling tilen for lobby area ikling repair	Leasehold Improvements Leasehold Improvements	1/2/2019 5/8/2019	31	10	1,836	153	306 212	153	459 316	153 106	612 424	1,2
e door replacemt - life safety deficiencey basement door	Lemehold Inprovements Lemehold Improvements	230.2019	5.5	1.5	3,016	206	412	206	616	206	324	2,2
ant entry of the facility paiting, fascia painting and triming noing room, mercation room windsow treatment	Leasehold [reprovements	9 3/2019 9-24-7019	55	10	4,453 11,000	1,100	890 2,200	1,100	1,335 3,300	T,100	4,400	6,0
hab gym renovation including florring, counter top and cabinetry	Lesschold Improvements	9-311-2018	nt	10:	\$3,336	1,334	2,668	1,004	4,002	1,334	5,336	8,0
44.44					(0,113	5,641	11322	RAA!	16,983	5,841	12,646	30,
24 Additions interfrequency of Continuinien horse rankage home us provenerati	Load Ingresements Load Ingresements	1/1/2020	S-1.	5	4,216 606	643 121	843 121	843 121	\$,686 242	843 121	2,529 363)1.
med Inc	Learning Improvements	11/11/2018	S/L	1	852	170	170	170	340	170	510	
te-Wide Electric Inc EDLINE INDUSTRIES INC	Leaded Inprovence Leaded Improvence	3/2/2020	\$-1. \$-1.	4	886 1682	177 336	177 336	177 336	354 672	177	531 1,009	
Supply riatric Modical II: Surgical Supply Inc	Leadaid Improvementa Leadaid Improvementa	5/5/2020	S-1. S-7.	3	202 925	-40 L&5	40 185	40 185	10 370	-10 LB.5	120	
rel Tape Systems	Leavelold Impresentation	6 6 25 28	SIL	5	1049	210	210	210	420	210	630	
Supply Supply	Laurelield Improvements Laurelield Improvements	9/9/2020 9/9/2020	S/L S/L		46 86	9	17	17	21 14	9 17	27 51	
					10,551	2,100	2,106	2,108	4,216	2,106	6,324	-
LAdditions mean Express	Leasehold Improvements	10/1/2020	51.	to	11,310			1,101	1,131	1,101	2,262	9,
Supply Place	Leasehold Improvements	10/8/2020 11/10/2020	51,	1	134 3,499		- 8	27 700	27 700	27 700	54 1,400	2
an's Maintenance, LLC	Leasthold Improvements	11/13/2020	5.1.		6,410	Ř	- 8	1,296	1,296	1,296	2,592	1
(ED Services rage equipment Co	Leasehold Improvements Leasehold Improvements	12/23/2020 1/26/2021	51. 51.	3	2,101	- 2	- 5	166 420	166 420	166 420	332 840	1
Digital Scale rican Express	Lemehold Improvements Lemehold Improvements	3/23/2021 4/14/2021	#4.	10	2,169	2	- 5	434 310	434	434 310	868 620	1 2
4 Healthcare Supply BUT SUPPLY 1980	Leasehold Improvements	4/16/2021 4/21/2021	10 L	3	5.408	8	8	112	112	112	224 2.164	3
ECT SUPPLY INC	Leasehold Improvements	6/1/2021	10%	3	1,750	- 2	- 5	350	350	350	700	1
nuel Manteza y Rodriguez Floorin so's Maintenance, LLC	Leasehold Improvements Leasehold Improvements	7/23/2021 1/17/2021	54.	10	10,975	- 5	- 2	1,098	1,09E 3,724	1,091	2,196 7,448	91
Temp Mechanical Services Temp Mechanical Services	Lemehold Improvements Lemehold Improvements	II/31/2021 9/16/2021	51	10	1,425		- 5	140 31	143	143	286 62	1,
an's Maintenance LLC	Lessehold Improvements	9/21/2021	51	1	11,146	Ý		2,229	2,229	2,229	4,458	6,
					79,828	7	- 7	1329	15,751	13,253	26,514	.0.
th. South and Centers	Leasehold Improvements	11/5/2021	SI	10	29.500					2,950	2.950	26,5
ary meal tray cart	Lessehold Improvements	11/20/2021	S-1.	5	9,894	- 8	- 9	- 9		1,979	1,979	7.
				5	636						127	
roidt Electric LLC Temp Mochunical Services	Lessehold Improvements Lessehold Improvements	12/1/2021	S-L S-L	5	8,116	- 8	- 8	- 2	- 2	1,623	1,623	6,
midt Electric LLC Temp Mochumical Services dry equipment repair	Lenechold Improvements Lenechold Improvements	2/24/2022		5	8,116 3,137 459	- 8	- 8	- 8		1,623	1,623	2.
mind Electric LLC Temp Mechanical Services ddy equipment repair tecooler tecooler	Lemehold Improvements Lemehold Improvements Lemehold Improvements Lemehold Improvements	2/24/2022 3/25/2022 9/2/2022 9/2/2022	\$1 \$1 \$1	5 5 5	3,137 459 8,083	8	888	8	- 2	1,623 627 92 1,617	1,623 627 92 1,617	6.
midt Electric LLC Temp Mechanical Services uddry oquipment repair cooler	Lenchold Improvements Lenchold Improvements Lenchold Improvements	2/24/2022 3/25/2022 9/2/2022	S/L S/L S/L	5 5 5 5 5	3,137 459			2 2 5		1,623 627 92	1,623 627 92	6.
Mod Electric LLC mm Mechanical Services dys squipment repair cooler cooler cooler Electrical purch resident élect.	Lemehold Improvements Lemehold Improvements Lemehold Improvements Lemehold Improvements	2/24/2022 3/25/2022 9/2/2022 9/2/2022	\$1 \$1 \$1	5 5 5 5 5 5	3,137 -459 8,083 3,517	14379	n,ut	27,10	HILDS:	1,623 627 92 1,617 2m3	1,623 627 92 1,617 2m1	6,- 6,- 3,1 81,-
mid Electric LLC Tenp Mechanical Services dry cquiperent repair cooler cooler	Lemehold Improvements Lemehold Improvements Lemehold Improvements Lemehold Improvements	2/24/2022 3/25/2022 9/2/2022 9/2/2022	\$1 \$1 \$1	5 5 5 5	3,137 -159 8,083 3,717 61,341	14,019	e,er	27,10	84218	1,623 627 92 1,617 203	1,623 627 92 1,617 2m3	6,-
Note Execute LLC Temp Mechanical Services by quagement regate by quagement regate cooler Executed purch resident elect. ALLEASSHOLD DEPROVEMBENTS VALLE FORTMANT LAMBORIST	Leacheld Improvements Leacheld Improvements Leacheld Improvements Leacheld Improvements Leacheld Improvements Leacheld Improvements	224/3012 3/24/2012 9/2/2012 9/2/2012	\$1 \$1 \$1 \$1	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3,137 459 8,083 8,517 8134 111,038					1,62) 627 92 1,617 763 1,718	1,623 627 92 1,617 203 8,718	6, 21, 237, 237, 237, 237, 237, 237, 237, 237
AND Exercise LLC Tomp Mechanical Services dy capterior repair clother Exercisel purch resident elect. AL LEASSHOLD EMPEDYEMENTS VARIE EQUIPALEY LEAGUERALY L	Lemehold Improvements Lemehold Improvements Lemehold Improvements Lemehold Improvements	2/24/2022 3/25/2022 9/2/2022 9/2/2022	\$1 \$1 \$1	5 5 5 5 5 5 5	3,137 -159 8,083 3,717 61,341	17.580 17,590	235.581 235.581	17.580 17.580	253.161 253,161	1,623 627 92 1,617 203	1,623 627 92 1,617 2m3	6, 21 63,
AND Exercise LLC ong Mechanical Services by equipment regain color color color AL LEASSHOLD DIPSOFEMENTS CARLES CATEMANT CA	Leadhold Improvements Leadhold Improvements Leadhold Improvements Leadhold Improvements Leadhold Improvements Leadhold Improvements Furniture A Fotoers Furniture & Futoers	2,043622 1,0456922 97,26022 97,26022 97,26022 97,26022 97,26022 97,26022	\$1 \$1 \$1 \$1 \$1 \$1	5 5 5 5 5 5	3,137 459 8,003 3,517 61,341 141,624 372,428 172,428 1,599	17,580 17,590	235,581 235,581 320	17.580 17,580	253.161 253,161 4E0	1,623 627 92 1,617 201 8,718 37,638 17,540 17,540	1,623 627 92 1,617 201 8,718 117,245 270,741 270,741 640	2 6 7 83 227 101
AND Execute LLC map Mechanical Services ys equipment regate societ contr con	Leacheld Improvements	2048022 9/2/0022 9/2/0023 9/2/	\$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3,137 459 9,043 2,117 81,341 141,624 372,428 1,599 1,600 1,261	17,510 17,500 160 320 252	235,581 235,581 320 640 504	17,580 17,580 160 320 242	253.161 253,161 4E0 960 756	1,623 627 92 1,617 263 1,718 37,839 17,540 17,540 160 320 252	1,623 627 92 1,617 203 8,718 117,249 270,741 270,741 640 1,240 1,000	101
AND Exercise LLC map Mechanical Services y equipment regular ooder Emerstial parch resident effect. Emerstial parch resident effect. AL LEASSHOLD DEPROYEMENTS Additional Additional	Leachold Improvements Leachold Improvements Leachold Improvements Leachold Improvements Leachold Improvements Leachold Improvements Furniture & Fictories	2048022 9/2/0022 9/2/0023 5/2/0023 5/2/0023 2018 2018 2018 2018	\$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1	5 5 5 5 5 5	3,137 459 8,043 3,717 81,341 141,628 372,428 1,599 1,600 1,261 4,591	17.580 17.490 160 320 252 306	235,581 235,581 320 640 594 612	17,580 17,580 160 320 242 306	253,161 253,161 480 960 756 918	1,623 627 92 1,617 207 8,718 37,688 17,580 160 320 252 306	1,623 627 92 1,617 273 1,718 117,249 270,741 270,741 640 1,210 1,000 1,224	101
AND EXECUTED ATTEMPTS OF THE AND	Leachold Improvements Leachold Improvements Leachold Improvements Leachold Improvements Leachold Improvements Leachold Improvements Further & Fictories Further & Fictories Further & Fi	204/9022 9/2/0022 9/2/0023 9/2/0023 9/2/0023 9/2/0023 9/2/0023 1/1/2/018 1/2/2/018 1/2/2/018	\$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1	5 5 5 5 5 5 5 10 11 12 11	3,137 459 8,083 3,117 81,341 144,638 372,428 372,428 1,599 1,600 1,261 4,591 1,372 16,784	17,580 17,590 160 330 252 306 274 1,671	235,581 235,581 320 640 504 612 548 3,356	17,580 17,580 160 320 242 306 274 1,678	253.161 753,161 480 960 756 918 822 5,014	1,623 627 92 1,617 771 771 771 17,580 17,580 160 320 320 252 252 252 252 274 1,678	1,623 627 92 1,617 270,741 270,741 270,741 640 1,200 1,224 1,000 6,712	101
AND LECTOR LLC mpm Mechmed Services y equipment repair ooder control purch resident elect. ALLEASEHOLD DIPROVEMENTS SAME FORTALIST Additions was Annel Additions Additions and Annel Additions and Annel Additions and Annel Additions and Annel A	Leachold Improvements Furniture & Fictures	2044902 9/2/0022 9/2/0022 9/2/0023 5/8/2/002	\$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1	5 5 5 5 5 5 5	3,137 459 8,083 3,117 81,341 111,034 117,438 372,428 1,599 1,600 1,261 4,591 1,372	17.580 17.490 160 330 252 306 274	235,581 235,581 320 640 504 612 548	17,580 17,580 160 320 242 306 274	253,161 253,161 4E0 960 756 918 822	1,623 623 92 1,617 773 7,718 17,680 17,580 100 320 252 306 274 4,678 1,443 273	1,623 627 92 1,617 273 8,718 117,243 270,741 270,741 640 1,240 1,008 1,224 1,096	2 6 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
AND Exercise LLC ony Mechanical Services y equipment repair abort Emertial purch resident elect. AL LEANDHOLD PLAPMONEMENTS AND E FORTHAND AND	Leachold Improvements Furniture A Fotorers	2/4/022 9/2/022 9/2/023 9/2/023 9/2/023 9/3/022 9/3/02	\$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3,127 459 8,083 4,717 81348 111,224 372,428 1,599 1,690 1,291 1,572 1,579 1,579 1,579 1,579 1,571 1,57	17.580 17.590 160 320 252 306 274 1.678 1,443	235,581 235,581 320 640 504 612 541 3,356 2,866	17,580 17,580 160 320 242 306 274 1,678 443	253.161 759,161 480 960 756 918 822 5,034 4,329	1,623 627 92 1,617 793 17,510 17,510 17,510 160 320 252 306 274 4,678	1,623 627 92 1,617 271 8,718 117,2+3 270,741 270,741 1,008 1,224 1,096 6,712 5,772	2 6 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
AND Exercise LLC ong Mechanical Services by equipment regular solar Emersial purch resident ches. AL LEANDSHOLD TAPPIONEMENTS ALLE FORTALEST ALABIditions DAMA ALLE Additions Additions Additions To A Land Additions Additions Control of the week of the control of th	Leachold Improvements Further & Fictories Further & Fi	2/4/902 9/2/002 9/2/002 9/2/002 9/2/002 9/2/002 9/2/002 9/2/002 9/2/002 1/1/2/018 1/2/2/019 1/2/2/019 1/2/2/019 1/2/2/019 1/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2	\$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3,137 459 8,063 3,717 81,244 144,624 372,429 1,599 1,600 1,251 1,772 1,674 7,174 1,164	17.580 17.490 160 320 252 306 274 1.678 1,443 273	235,581 235,581 320 640 504 612 548 3,746 2,746 546	17,580 17,580 160 320 252 306 274 678 443 273	253,161 259,141 480 960 756 918 822 5,014 4,329 819	1,623 623 92 1,617 773 7,718 17,680 17,580 100 320 252 306 274 4,678 1,443 273	1,623 627 92 1,617 293 8,718 117,249 270,741 279,741 640 1,240 1,008 1,224 1,006 6,712 5,772 1,092	2 6, 61 101 101, 101, 101, 101, 101, 101,
AND Exercise LLC mpm Mechanical Services by equipment regular by equipment regular by equipment regular Exercisal purch resident chec. AL LEASSHOLD PAPPONEMBENTS AND EXECUTABLEST LAdditional but Assets Additions LAdditional Additional Description of the Control of the Control and matter control and	Leachold Improvements Further & Fictories Further & Fi	2/4/902 9/2/002 9/2/002 9/2/002 9/2/002 9/2/002 9/2/002 9/2/002 9/2/002 1/1/2/018 1/2/2/019 1/2/2/019 1/2/2/019 1/2/2/019 1/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2	\$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3,137 459 8,063 3,517 61,34 111,624 111,624 172,428 1,599 1,600 1,261 4,593 1,774 1,544 5,097	17.580 17.590 160 330 252 306 274 1.678 1,443 273 1,019	235,581 235,591 320 640 504 612 548 3,316 2,816 546 2,038	17,580 17,580 160 320 252 366 274 4678 443 273 1,019	253,161 759,141 480 960 756 918 822 5,014 4,329 819 3,057	1,623 627 92 1,617 203 7,718 17,580 17,580 160 320 252 306 274 1,678 4,413 273 1,019	270,741 270,741 270,741 270,741 270,741 270,741 270,741 1,000 1,224 1,000 6,712 5,772 1,092 4,076	101
AND Execute LLC Tomp Mechanical Services by equipment regular London Executial purch resident closs Executial purch resident closs AL LEASSHOLD PAPEOVENHENTS LAMILE CAPALIST LAMILE CAPALIST LAMILE CAPALIST LAMILE CAPALIST LAMILE CAPALIST Contract Additions LAMILE CAPALIST Contract Additions LAMILE CAPALIST Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Lamile Contract Contract Lamile Contract Contract Lamile Contract Contract Lamile Contract La	Leachold Improvements Furniture & Fictures	2044902 972902 9	\$1. \$1. \$1. \$1. \$1. \$1. \$1. \$1. \$1. \$1.	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3,137 459 8,063 2,517 81,34 111,224 372,429 1,599 1,600 1,261 1,372 1,579 1,674 4,593 1,377 1,374 4,593 1,374 4,593 1,374 4,593 1,374 4,593 4,593 4,593 4,593 4,593 4,593 4,593 4,593 4,593 4,594 4,593 4,594 4,593 4,594 4,593 4,594 4,59	17.580 17.580 160 320 252 306 274 1,671 1,443 273 1,019	235,581 235,581 320 640 504 612 548 3,346 2,038 11,475	17,580 17,580 160 320 222 366 274 1,678 1,443 273 1,019	253.161 759,141 4E0 960 756 918 822 5,014 4,329 819 3,057	1,623 622 92 1,617 263 7,718 37,818 17,580 17,580 160 320 252 306 274 1,678 1,619 2,718 1,619	1,623 627 92 1,617 273 8,718 117,243 270,741 270,741 640 1,240 1,240 1,240 1,040 6,712 5,772 4,076 21,091 1,122 4,076	2 6 7 93 93 93 93 93 93 93 93 93 93 93 93 93
AND Execute LLC ong Mechanical Services by equipment regular action Executial purch resident elect. AL LEASSHOLD THENOVEMENTS ALLE FORTHLAT LEAdditions Lead from the lead of the l	Leachold Improvements Furniture & Fictories	2044902 9724902 9724002 9724003 9724003 9780202 97802 97	\$1. \$1. \$1. \$1. \$1. \$1. \$1. \$1. \$1. \$1.	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3,137 459 6,063 3,117 63,248 141,224 372,428 177,428 1,590 1,500 1,261 4,591 1,772 1,507 1,317 1	17.580 17.680 160 320 252 252 262 1,678 1,443 273 1,019	235.581 235.581 320 640 504 612 541 3,316 2,116 546 2,038 11,417 1417 1417 1417 1417 1417 1417	17,580 17,580 160 320 252 306 274 678 4,473 273 1,019	253,161 259,161 480 960 756 918 822 5,014 4,329 819 3,057	1,623 627 92 1,617 271 7,718 17,580 17,580 100 320 253 300 60 322 274 1,678 1,413 273 1,019	270,741 270,741 270,741 270,741 270,741 270,741 270,741 270,741 270,741 270,741 270,741 270,741 270,741 270,741 1,000 6,712 5,772 1,002 4,076 21,001 1,122 1,172 1	2 6 6 7 83 83 83 83 83 83 83 83 83 83 83 83 83
AND EXCENSION CONTROL OF CONTROL	Leachold Improvements Further & Fictories Further & F	20449022 97270022 97270022 97270022 97270022 97270022 97370022 97370022 973700 973700 973	\$1, \$1, \$1, \$1, \$1, \$1, \$1, \$1, \$1, \$1,	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3.137 459 8.061 3.137 8.344 111,224 111,224 127,228 127,228 1,299 1,200 1,201 1,372 1,372 1,372 1,372 1,372 1,372 1,493 1,597	17,580 17,580 1,60 3,20 2,52 3,62 2,72 1,673 1,44 2,73 1,01 5,72 5,72 5,72 5,72 5,72 5,72 5,72 5,72	235,581 235,581 320 640 504 612 548 2,316 546 2,038 11,475	17,580 17,580 160 320 252 306 274 4,671 273 1,019 273 1,019	253.161 253.161 480 960 756 918 822 5,014 4,329 819 3,057	1,623 627 92 1,617 271 7,718 17,580 17,580 17,580 160 320 320 252 306 274 1,675 1,413 273 1,019 2,718 1,019 2,718 1,019 2,718 1,019 2,718 1,019 2,718 1,019 2,718 1,019 2,718 1,019 2,718 1,019	270,741 278,741 278,741 278,741 278,741 278,741 240 1,	101
AND EXECUTED ATTEMPT OF THE ADMINISTRATION OF CHARLES AND ADMINIST	Leachold Improvements	2044902 972902 9	\$1. \$1. \$1. \$1. \$1. \$1. \$1. \$1. \$1. \$1.	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3,137 459 8,083 3,417 84,344 111,754 372,428 372,428 1,590 1,590 1,590 1,644 1	17.580 17.480 160 320 252 241 1,441 1,441 1,441 273 1,019 5,225 294 294 298	235.58) 235.581 320 640 640 504 612 546 2,035 11,475	17,580 17,580 160 320 252 366 274 1,678 443 1,019	253,161 253,161 480 960 736 918 822 5,014 4,329 819 3,057 12,477	1,623 627 92 1,617 773 7,718 17,880 17,580 100 320 320 320 252 306 274 1,675 1,413 273 1,019	1,623 627 92 1,617 271 271 270,741 270,741 640 1,240 1,008 1,224 1,006 6,712 4,076 21,092 4,076	101 101 101 101 101 111
AND EXECUTED ATTEMPT OF THE TOTAL TO	Leachold Improvements Furniture & Fictories	2048022 972002 972002 972002 972002 972002 972002 972002 972009 11/1/2018 12/4/2018 12/4/2018 12/4/2019 9726/2019 9726/2019 9726/2019 9726/2019 9726/2019 9726/2019	\$1, \$1, \$1, \$1, \$1, \$1, \$1, \$1, \$1, \$1,	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3,137 459 6,031 3,137 64,242 372,428 372,428 1,599 1,690 1,231 1,591 1,592 1,593 1,593 1,593 1,593 1,593 1,593 1,594 1,5	17,540 17,540 160 320 252 396 6274 1,671 1,671 1,019 5,728 241 243 241 241 243 241 243 241 243 244 243 244 244 244 244 244 244 244	235.581 235.581 320 640 504 612 546 2,316 546 2,038 114/12 291 407 307 308 208 317 309 317 309 317 317 317 317 317 317 317 317 317 317	17,580 17,580 160 320 252 366 274 4,678 1,443 273 1,019 281 281 283 281 283 283	253,161 759,161 450 960 756 918 822 5,014 4,329 819 3,057 17,177 879 879 872 144 564 571	1,623 627 92 1,617 201 17,540 177,540 177,540 177,540 177,540 177,540 160 177,540 160 177,540 160 177,540 160 177,540 160 177,540 160 177,540 160 177,540 160 177,540 160 177,540 160 177,540	1,623 627 92 1,617 273 117,249 117,249 117,249 1270,741 640 1,240 1,000 6,712 5,772 1,092 4,076 1,210 1,111	2 6 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
AND Execute LLC may Mechanical Services by equipment regain socker sock	Leachold Improvements Further & Fictories Further	2018 2018 2018 2018 2018 46-019 117/2018 127/2019	\$1, \$1, \$1, \$1, \$1, \$1, \$1, \$1, \$1, \$1,	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3.137 459 8.061 3.137 4.134 111,524 111,524 111,524 111,524 111,524 11,5	17.500 17.500 17.500 160 333 339 339 339 41 274 1,674	235.58] 225.58] 320 640 504 612 548 2,346 546 2,038 111452 1445 249 347 332 323 145 707	17,580 17,580 160 320 325 366 274 1,678 273 1,019 723 213 213 213 213 213 214 215 217 218	25X.161 759,161 4E0 950 756 918 822 5,044 4,329 819 3,057 12,177 ETP ETP ETP ETP 144 566 571 1,5	1,623	1,633 627 92 1,617 92	200 1001 1001 1 1 1 1 1 1 1 1 1 1 1 1 1
AND EXECUTE LLC TOTAL PROPERTY EXPERIENCE TOTAL PROPERTY EXPERIENCE LEARNING TO THE PROPERTY EXPERIENCE LEARNING TO THE PROPERTY EXPERIENCE LEARNING TO THE PROPERTY EXPERIENCE LABritisms LABr	Leachold Improvements Furniture & Februare	20/4/022 97/2002 97/2002 97/2002 97/2002 97/2002 97/2002 97/2002 97/2002 97/2009 97/2009 97/2009 97/2009 97/2009 97/2009 97/2009 97/2009 97/2009 97/2009 97/2009	ST.	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3.137 459 8,061 3.137 8.134 111,021 111,021 127,428 1,299 1,000 1,201 1,277 1,577 1,	17,580 17,580 100 320 252 306 274 1,677 1,443 273 1,019 5,225 281 283 283 283 283 284 287 284 287 288 287 288 287 288 287 288 287 288 287 288 287 288 287 288 287 288 287 288 287 288 288	235,581 235,581 320 680 594 612 3376 2,038 11,475 386 208 387 387 208 387 387 387 387 387 387 387 387 387 38	17,590 17,590 160 320 321 360 274 1,678 1,079 7,228 291 293 293 293 293 294 295 295 295 295 295 295 295 295	253.161 759.161 4E0 950 756 918 822 5014 4,329 819 2,057 12,177 ETP ETP FIG. 501 501 501 501 501 501 501 501 501 501	1,623 627 627 627 627 627 627 627 627 627 627	1,623 627 782 11,627 821 11,627 821 11,627 821 11,627 821 11,627 821 11,628 8	2 6 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
AND EXECUTED THE PROPERTY IN T	Leadhold Improvements Furniture & Fictures Furniture & Ficture	2018 2018 2018 2018 462019 11/1/2018 12/1/2018	\$1, \$1, \$1, \$1, \$1, \$1, \$1, \$1, \$1, \$1,	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3.137 459 8.061 3.137 4.134 111,524 111,524 111,524 111,524 111,524 11,5	17.500 17.500 17.500 160 333 339 339 339 41 274 1,674	235.58] 225.58] 320 640 504 612 548 2,346 546 2,038 111452 1445 249 347 332 323 145 707	17,580 17,580 160 320 325 366 274 1,678 273 1,019 723 213 213 213 213 213 214 215 217 218	25X.161 759,161 4E0 950 756 918 822 5,044 4,329 819 3,057 12,177 ETP ETP ETP ETP 144 566 571 1,5	1,623	1,633 627 92 1,617 92	2 6 93 93 93 93 94 94 94 94 94 94 94 94 94 94 94 94 94
sold Electric LLC comp Mechanical Services by captern st regat tooler ty captern st regat tooler Electrical purch resident elect. ALLEASSHOLD DEPENDENTIA ALLEASSHOLD DEPENDENTIA LAMBERT LA	Leachold Improvements	2018 2018 2018 2018 462019 111/12018 112/2018 123/2019 123/2019 123/2019 123/2019 123/2019 123/2019 123/2019 123/2019 123/2019 123/2019 123/2019 123/2019 123/2019	SIL	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3,137 459 8,083 3,137 84,344 377,439 377,439 1,500 1,201 1,2	17.500 17.500 17.500 160 333 339 339 339 41 274 1,674	235.58] 225.58] 320 640 504 612 548 2,346 546 2,038 111452 1445 249 347 332 323 145 707	12,580 17,580 160 320 320 321 321 321 471 471 472 273 273 273 273 274 477 275 277 277 277 277 277 277 2	253.161 753,161 480 756 918 822 5,011 13,25 819 10,07 17,177 179 179 179 179 179 179 170 170 170 170 170 170 170 170 170 170	1,623 627 92 92 1,617 92 1,617 92 1,617 92 1,617 92 1,617 92 1,617 92 1,618	1,623	2 6 7 1 101 101, 101 101, 101, 111, 111, 11
sold Execute LLC comp Mechanical Services by captions requir to proper requirements required to the composition of the composit	Leachold Improvements Furniture & Fictories	2048022 972002 9	STL	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3.137 459 8.061 3.137 4.134 111.524 111.524 111.524 11.599 1.000 1.201 1	17.500 17.500 17.500 160 333 339 339 339 41 274 1,674	235.58] 225.58] 320 640 504 612 548 2,346 546 2,038 111452 1445 249 347 332 323 145 707	12,580 17,580 160 320 320 321 321 321 471 471 472 273 273 273 273 274 477 275 277 277 277 277 277 277 2	253.161 753,161 480 756 918 822 5,011 13,25 819 10,07 17,177 179 179 179 179 179 179 170 170 170 170 170 170 170 170 170 170	1,623 (27) (27) (27) (27) (27) (27) (27) (27)	1,623 270,741 1,100 1,10	2
sold Electric LLC comp Mechanical Services by captern st regat tooler ty captern st regat tooler Electrical purch resident elect. ALLEASSHOLD DEPENDENTIA ALLEASSHOLD DEPENDENTIA LAMBERT LA	Leachold Improvements	2018 2018 2018 2018 462019 111/12018 112/2018 123/2019 123/2019 123/2019 123/2019 123/2019 123/2019 123/2019 123/2019 123/2019 123/2019 123/2019 123/2019 123/2019	SIL	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	372-429 372-429 372-429 372-429 372-429 372-429 372-429 372-429 372-429 1,599 1,690 1,261 1,272 1,572 1,574	17.500 17.500 17.500 160 333 339 339 339 41 274 1,674	235.58] 225.58] 320 640 504 612 548 2,346 546 2,038 111452 1445 249 347 332 323 145 707	12,580 17,580 160 320 320 321 321 321 471 471 472 273 273 273 273 274 477 275 277 277 277 277 277 277 2	253.161 753,161 480 756 918 822 5,011 13,25 819 10,07 17,177 179 179 179 179 179 179 170 170 170 170 170 170 170 170 170 170	1,623	1,623 627 92 1,673 1,673 1,673 1,673 1,674 1,675	2
sold Execute LLC comp Mechanical Services by captions requir to proper requirements required to the composition of the composit	Leachold Improvements Furniture & Fictories	2048022 972002 9	SIL	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3,137 459 8,083 3,137 84,244 372,428 372,428 372,428 372,428 372,428 1,560 1,561 1,561 1,574 1,574 1,574 1,564 1,665 1,6	17.500 17.500 17.500 160 333 339 339 339 41 274 1,674	235.58] 225.58] 320 640 504 612 548 2,346 546 2,038 111452 1445 249 347 332 323 145 707	12,580 17,580 160 320 320 321 321 321 471 471 472 273 273 273 273 274 477 275 277 277 277 277 277 277 2	253.161 753,161 480 756 918 822 5,011 13,25 819 10,07 17,177 179 179 179 179 179 179 170 170 170 170 170 170 170 170 170 170	1,623	1,623 627 92 1,673 6,718 1,673 1,718 1,673 1,718 1,673 1,718 1,670 1,718	2 6, 7, 93,
ski Bereich LLC mpm Mechmed Services y equipment reguir y equipment reguir y equipment reguir outer Enerstial purch resident elect. AL LEADSHOLD PAPPOVEMENTS ALLE Additions AL HAMBHOLD SAMPHOLD SAMPHOLD AL HAMBHOLD SAMPHOLD Additions The Asset Additions Additions Additions Additions The Same And Additions Additions Additions The Same Asset Additions Additions Additions The Same Asset Additions Additions Additions The Same Asset Additions Additions Additions Additions The Same Asset As	Leachold Improvements Furniture & Fictories	2048022 972002 9	SIL	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3.137 459 8,083 3.137 84.344 372.428 372.428 372.428 372.428 372.428 1.500 1.501 4.503 1.574 1.574 1.564 5.507 2.604 1.465 1.4	17.500 17.500 17.500 17.500 520 520 521 1,643 273 1,678 1,643 273 1,019 5,726 291 293 200 201 201 201 201 201 201 201 201 201	235.581 225.581 320 640 640 501 228.6 546 546 546 547 548 548 248 248 248 248 248 248 248 248 248 2	17,540 17,260 130 130 130 130 125 125 125 126 127 14,43 121 121 121 121 121 121 121 121 121 12	253.161 480 960 975 960 975 975 975 975 12,25 975 12,25 12,25 13,25 14,25 15,25 16,2	1,623 627 627 627 627 627 627 627 627 627 627	1,023 627 72 72 72 72 72 72 72 72 72 72 72 72 7	2 6 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Annual Report of Long-Term Care Facility CSP-24 Rev. 10/2006 State of Connecticut

Amortization Schedule*

Name of Facility Windsor Health and Rehab Center 11 C			License No.		Report for Year Ended 9/30/2022	r Ended		Page	of 3.7
Hildsol Hoalth and Itoliae Collest, DDC			177		713012012	1		1.7	
					Accumulated				
	Dat	Date of			Amort. to				
	Acqu	Acquisition			Beginning of	Basis for			
			Length of	Cost to Be	Year's	Computing	Rate	Amortization	
Item	Month	Year	A	Amortized	Operations	Amortization**	%	for This Year	Totals
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal		1000 田	1000年,湖下建一			新州学 明朝皇 明	100 100 100 100 100	TEST STATES	
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	Var	Var		281,282	80,239	S/L	Var	27,312	
2. Disposals (attach schedule)									
3. Acquired during this report period	Transport		源 州 川				180		
(attach schedule)	Var	Var		63,342		S/L	Var	9,718	
C-4. Subtotal						No. of the last of			37,030
D. Total Amortization									37,030

* 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 License N		Report for Year En	ded		Page of
Windsor Health and Rehab Center, LL 22	214-C	9/30/2022			25 37
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility	0	Yes	•	No	If "Yes," complete Part B.
or leased from a Related Party?*	Ŭ	105	J	110	If "No," complete Part C.
*If any owner or operator of this facility is related					
business association to any person or organization related party transaction.	on from whom	ouildings are leased, thei	n it is considered a		
Description		Total			
Date Land Purchased		01/01/16			
2. Date Structure Completed		01/01/72			
3. If NOT Original Owner, Date of Purcha	ase	01/01/16			
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity		108			
6. Square Footage					
 Acquisition Cost a. Land 					
a. Land b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing		1st Wortgage	Ziid Wiortgage	31d Wortgage	4th Wortgage
a. Type of Financing (e.g., fixed, varia	ble)				
b. Date Mortgage Obtained	,				
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of					
Complete if Mortgage was Refinance	d				
During Current Cost Year	11 \				
g. Type of Financing (e.g., fixed, variah. Date of Refinancing	ble)				
i. New Interest Rate					
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed	,				
Principal Outstanding on Note Paid-	Off				
Part C - Arms-Length Leases for Rea	l Property I	mprovements Only	7		
Name and Address of Lessor	Pro	perty Leased	Date of Lease	Term of Lease	Annual Amount of Lease
Rina Properties		nock Ave, Windsor,	11/01/18		423,575
	CT 06095				
	+				
				<u> </u>	

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 Ye	ar Ended		Page	of
Windsor Health and Rehab Center, Li 2214-C		9/30/2022			26	37
Item		Total	CCNH	RHNS	(Speci	fy)
 Interest A. Building, Land Improvement & Non-Movable Equipment 1. First Mortgage 	e \$					
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				20101		
1. Original Loan Amount	\$					
2. Loan Origination Date				# 1	2000	
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
•	\$					
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$		y Subtotals	forward to r	aert nag	2)

(Carry Subtotals forward to next page)

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

Name of Facility Windsor Health and Rehab Center, 221			Report for Ye 9/30/2022	ear Ended		Page of 27 37
				G CO TT	PIPIG	(0 :6)
Item	1 460	W/0 m 1	Total	CCNH	RHNS	(Specify)
	totals Bro	ught Forward:				
12. C. Movable Equipment		Φ.				
1. Automotive Equipment	D .	\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)		\$	heer It initiation		W. N. Charles	
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interese Expense (C1 + 2)	st	\$				
12. D. Other Interest Expense (Specify)		\$				
13. Total All Interest Expense (12B7 + 120	(3 + 12D)	\$				
14. Insurance						
a. Insurance on Property (buildings on	ly)	\$	59,990	59,990		
b. Insurance on Automobiles		\$				
c. Insurance other than Property (as sp	ecified ab	oove)				
1. Umbrella (Blanket Coverage)		\$		101,563		
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$			HES BUILDING	
14d. Total Insurance Expenditures (14a + b	+ c)	\$	161,553	161,553		
15. Total All Expenditures (A-13 thru C-14		\$		10,219,307		

D. Adjustments to Statement of Expenditures

	e of Fa Isor H		and Rehab Center, LLC	Lie	cense No. 2214-C	Report for Year 9/30/2022	ır Ended	Page 28	of 37
					Total	i I			
Item	Page	Line			Amount of				
	No.		Item Description		Decrease	CCNH	RHNS	(Spec	cify)
			es and Wages				100		
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$					
3.			Occupational Therapy	\$					
4.			Other - See attached Schedule	\$					
	13 - F	Profes	sional Fees						智量を
5.		10,00	Resident Care Physicians **	\$					
6.	13	B10a	Occupational Therapy	\$	239,657	239,657			
7.			Other - See attached Schedule	\$					
	s 15 &	16 -	Administrative and General						
8.			Discriminatory Benefits	\$					
9.	15	1c	Bad Debts	\$	105,000	105,000			
10.			Accounting	\$					
10a.			Legal	\$	14,535	14,535			
11.			Telephone	\$					
12.	15	1h2	Cellular Telephone	\$	6,786	6,786			
13.			Life insurance premiums on the life						BEN
			of Owners, Partners, Operators	\$					
14.	16	3	Gifts, flowers and coffee shops	\$	1,410	1,410			
15.			Education expenditures to colleges or					Te. 51 de	VALUE OF
			universities for tuition and related costs						
			for owners and employees	\$					
16.			Travel for purposes of attending					HILDER TO	
			conferences or seminars outside the						
			continental U.S. Other out-of-state						
			travel in excess of one representative	\$					
17.			Automobile Expense (e.g. personal use)	\$					
18.	16	m2/3	Unallowable Advertising *	\$	2,040	2,040			
19.			Income Tax / Corporate Business Tax	\$					
20.	16	m10	Fund Raising / Contributions	\$					
21.			Unallowable Management Fees	\$					
22.			Barber and Beauty	\$					
23.			Other - See attached Schedule	\$	5,226	5,226			
Page	18 - L		y Expenditures						
24.			Meals to employees, guests and others						
			who are not residents	\$					
	19 - L		ry Expenditures						
25.			Laundry services to employees, guests					Cener III	E.00
			and others who are not residents	\$					
	20 - H		keeping Expenditures						de la
26.			Housekeeping services to employees, guests						
			and others who are not residents	\$					
			Subtotal (Items 1 - 26)	\$	374,654	374,654			

^{*} 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		CC	NH	R	HNS	(Spe	ecify)
				_0					
							113		
		السنانا للحماء ومعمرينا فيعقب							
									NI L
otal Othe	r Salaries	Adjustment	N = X	\$	×	\$	-	\$	-

Schedule of Fees Adjustments

Line Ref	Description		CCNI	I	RHN	S	(Speci	ify)
		724						
				í A	T . A			
					11.02			
						_		
				-		-		
r Fore Adia	etmants		\$		\$	_	S	-
֡֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜		Line Ref Description						

 $Schedule\ of\ Other\ A\&G\ Adjustments$

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m11	Prior Period Adjustments- "ot	\$ 39		
16	m11	Business Meals	187		
16	mll	Admin/General Penalties	5,000		
Total Othe	r A&G Ad	justments	\$ 5,226	\$ -	\$ -

Windsor Health and Rehabilitation Center Cell Phone Disallowance September 30, 2022

<u>Beds</u> 1-100	No. of Phones	-	Month 30	 Fotal owable 1,080
101-200	4	\$	30	\$ 1,440
201-300	5	\$	30	\$ 1,800
301-400	6	\$	30	\$ 2,160
Cell Phone Expense			8,226	
Allowable Cost Per Month			120	
Months in Cost Year			12	
Total Allowable Cost			1,440	
Disallowed on Page 28, Line	12		6,786	

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

			D. Adjustments to Statemen	nt	of Expend				
Name	e of Fa	acility		Lic	ense No.	Report for Y	ear Ended	Page	of
Wind	lsor H	ealth a	and Rehab Center, LLC		2214-C	9/30/2022		29	37
					Total				
Item	Page	Line			Amount of				
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(Sp	ecify)
	-		Subtotals Brought Forward	\$	374,654	374,654			
Page	20 - 1	Reside	nt Care Supplies***			Republic			
27.			Prescription Drugs	\$	188,126	188,126			
28.	20	5d	Ambulance/Limousine	\$	6,437	6,437			
29.	20	5f	X-rays, etc	\$	11,270	11,270			
30.	20	5h	Laboratory	\$	19,936	19,936			
31.			Medical Supplies	\$					
32.	20	5e2	Oxygen (non emergency)	\$	19,018	19,018			
33.			Occupational Therapy	\$					
34.			Other - See Attached Schedule	\$	16,205	16,205			
Page	22 - I	Mainte	enance and Property			MANAGE STATE		41.44.59	
35.			Excess Movable Equipment Depreciation			HOW THE REAL PROPERTY.		THE EAST	
			See Attached Schedule	\$					
36.			Depreciation on Unallowable						
			Motor Vehicles	\$					
37.			Unallowable Property and Real			The state of			
			Estate Taxes	\$					
38.			Rental of Building Space or Rooms	\$					
39.			Other - See Attached Schedule	\$					
Page	27 - I	nsura	nce		My of the law o				
40.			Mortgage Insurance	\$					
41.			Property Insurance	\$					
Othe	r - Mi	scella	neous						
42.			Other - Indirect	\$					
43.			Interest Income on Account Rec.	\$					
44.			Other - Miscellaneous Administrative	\$					
45.			Management Fees Direct	\$					
46.			Management Fees Indirect	\$					
47.			Other - Direct	\$	71,054	71,054			
Not I	or Pr	ofit P	roviders Only		والمستراط				Hungarite.
48.			Building/Non Movable Eq. Depreciation						
			Unallowable Building Interest -		<u> Вих / 5. ден</u>				
			See Attached Schedule	\$					
49.	Total	Amoi	unt of Decrease (Items 1 - 48)	\$	706,700	706,700			

^{***} 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)
22	6f	Cable Disallowance (See Attached)	\$ 6,132		
20	51	IV Infusion Therapy	10,073		
	100				
	1, 2	THE A STATE OF THE			
	N IN				
Total Othe	r Ancillary	Costs	\$ 16,205	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH		RHNS		(Specify)
						u ni	
				_			
		X X				+	
				Щ	www.m=Y		
			-0.8			_	V
			d'	_	•	6	
Total Exce	ss Movable	Equipment Depreciation	2		2 -	1.0	

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	The state of the s	CCNH	RHN	S	(Speci	fy)
					-			-
Total Othe	r Property	Adjustments	S	: es	S	-	\$	-

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
100					
Total Other Adjustments		\$ -	\$ -	\$ -	

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	 CCNH	RHNS	(S	pecify)
			-		_	
						2,0
				-77		
- V - 1 - 1	1000					
Total Other Adjustments		\$ 100	\$	- \$		

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
		Miscellaneous Managed Care Income (Disallowed page 29)	\$ 71,054		
	8 12				
TA TOTAL				N VIII	
					1 121 15
			= 1		
			1 A 1 A 1		
	The second				
Total Othe	r Adjustme	ents	\$ 71,054	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description		CCNH	RHNS	(Specify)
Total Unal	lowable Bu	ilding Interest	5	1 12	\$	- \$	-

Windsor Health & Rehab Center Disallowance Schedule for Cable TV September 30, 2022

Total Cable TV Expense acct #65450	<u>A1</u> \$	9,732 TB Linked
Monthly Allowable amount Months in Year % of Actual Days in Cost Year (365 Days) Total Allowable Cost	\$ 	300 12 100% 3,600
Disallowed Cable TV	\$	6,132

F. Statement of Revenue

Name of Facility License No.	VEII	Report for Y	ear Fnded		Page of
Windsor Health and Rehab Center, LLC 2214-C		9/30/2022	30 37		
, , , , , , , , , , , , , , , , , , , ,					
Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (CT only)	\$	11,335,624	11,335,624		
b. Medicaid Room and Board Contractual Allowance **	\$	(4,965,413)	(4,965,413)		
2. a. Medicaid (All other states)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (all inclusive)	\$	1,171,040	1,171,040		
b. Medicare Room and Board Contractual Allowance **	\$	844,662	844,662		
4. a. Private-Pay Residents and Other	\$	1,439,974	1,439,974		
b. Private-Pay Room and Board Contractual Allowance **	\$	(27,483)	(27,483)		
II. Other Resident Revenue		HIE HIE			
1. a. Prescription Drugs - Medicare	\$	86,616	86,616		
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$	80,854	80,854		
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	\$	320,117	320,117		
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$	113,024	113,024		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$	68,806	68,806		
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$	28,311	28,311		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$	300,083	300,083		
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$	102,642	102,642		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (Specify) - Medicare	\$	(583,550)	(583,550)		
b. Other (Specify) - Non-Medicare	\$	(324,139)	(324,139)		
III. Total Resident Revenue (Section I. thru Section II.)	\$	9,991,168	9,991,168		
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$	(833)	(833)		
2. Rental of rooms to non-residents	\$				7.
3. Telephone	\$				
Rental of Television and Cable Services	\$				
5. Interest Income (Specify)	\$				
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (Specify)	\$	1,367,874	1,367,874		
V. Total Other Revenue (1 thru 8)	\$	1,367,041	1,367,041		
	\$				
VI. Total All Revenue (III +V)	D	11,358,209	11,358,209		

^{*} 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 6a	X-Ray Medicare A	\$ 3,517		
30 6a	Laboratory- Medicare	9,869		
30 6a	Oxygen Medicare A	1,261		
30 6a	Medicare Contract Allow Ancill	(569,836)		
30 6a	Med B Contract Allow Ancil	(28,361)		
Total Otho	Total Other Resident Revenue - Medicare		\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description		RHNS	(Specify)
		ı		
30 6b	XRay Medicaid	\$ 2,681		
30 6b	XRay Managed Care	491		
30 6b	Laboratory-Private	26		
30 6b	Laboratory-Medicaid	5,227		
30 6b	Laboratory- Other	25		
30 6b	Laboratory- Managed	852		
30 6b	Oxygen- Medicaid	4,753		
30 6b	Oxygen Managed Care	922		
30 6b	Medicaid Contr Allow Ancilla	(211,244)		
30 6b	Other Contract Allow Ancillary	(36,553)		
30 6b	Mgd Care Contract Allow Ancill	(91,319)		
Total Otho	er Resident Revenue	\$ (324,139)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			-		
Total Interest Income			\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 Line 8	Transportation Service	\$ (1,283)		
30 Line 8	PPP Loan Forgiveness	894,000		
30 Line 8	Strike Cost Reimbursement	403,026		
30 Line 8	Medicaid reimbursement	34,278		
30 Line 8	\$10 Million Nursing Home ARPA Grant - June 2022	37,853		
Total Other	er Revenue	\$ 1,367,874	\$ -	\$ -

G. Balance Sheet

	f Facility	License No.	Report for Year Ended 9/30/2022	Page 31	e of 37
Windso	r Health and Rehab Center, L		9/30/2022	31	
A 4 .		Account			Amount
Assets	4				
A. C	urrent Assets	.)		\$	2,112,243
2.	Cash (on hand and in bank. Resident Accounts Receiva		for Pad Dahts)	\$	2,307,936
3.				\$	(324,306
3. 4	Inventories	(Excluding Owners C	i Related Lattics)	\$	(324,300
5.				\$	50,232
٥.	a. Prepaid Insurance		7,351	THE RESERVE	10,232
	b. Prepaid Real Estate Tax	20	42,881		
	c.	25	72,001	STATE OF THE	
	d. See Schedule				
6.				\$	
	Medicare Final Settlement	Receivable		\$	
	Other Current Assets (itemi			\$	73,726
0.	Patient Refund Acct		69,161	1205	
	Utility Deposits		4,565		
	See Schedule				
A-9 T	otal Current Assets (Lines A	1 thru 8)		\$	4,219,831
	xed Assets				, ,
	Land			\$	
	Land Improvements	*Historical Cost		\$	
	Zana mpre rememe	Accum. Depreciat	ion Net		
3.	Buildings	*Historical Cost		\$	
	2	Accum. Depreciat	ion Net		
4.	Leasehold Improvements	*Historical Cost	344,624	\$	227,355
	1	Accum. Depreciat			
5.	Non-Movable Equipment	*Historical Cost	·	\$	
		Accum. Depreciat	ion Net		
6.	Movable Equipment	*Historical Cost	464,270	\$	152,437
	1 1	Accum. Depreciati	ion 311,833 Net		
7.	Motor Vehicles	*Historical Cost		\$	
		Accum. Depreciati	ion Net		
8.	Minor Equipment-Not Dep			\$	
9.	Other Fixed Assets (itemize)		\$	(221,691
	C/R vs F/S NBV		(221,691)		
	See Schedule				
B-10.	Total Fixed Assets (Lines)	31 thru 9)		\$	158,101

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

Schedule 1	Prepuid Expenses Puge 31 Line A5	
Page Ref	Line Ref Description	
Total Pres	d Expenses	2
Total Tree	- Darlance	
Schedule o	Other Current Assets (itemized) Page 31 Line A8	
Page Rof	Line Ref Description	
1 mgc Acci	Communication of the Communica	
		W 1
Taral On	Current Assets (Itemize)	s -
Total Ole	Current Assets (Henuze)	-
Schedule	Other Fixed Assets (Itemize) Page 31 Line B9	
Page Ref	Line Ref Description	
Total Othe	Other Fixed Assets (Itemize)	2 - 2
Cabadula a	Other Assets Page 32 Line D7	
Seneuule i	Office Assets Page 32 Line D7	
Page Ref	Line Ref Description	
		-
-		
Total Othe	Assels	s -
Schedule o	Notes Payable (Itemize) Page 33 Line A2	
D D. r	Line Ref Description	
I age rec	and KK, Description	
Total Nate	Parabla	\$ 2
Total Note	a yaute	4
Schedule	Other Current Liabilities (Itemize) Page 33 Line A12	
Page Ref	ine Ref Description	
Total Othe	Current Liabilities (Itemize)	S +
Schadula -	Other Long-Term Liabilities (Itemize) Page 34 Line B4	
Page Ref	ine Ref Description	
Total Othe	Current Liabilities (Itemize)	\$.

G. Balance Sheet (cont'd)

Nam	e of	f Facility	License No.	Report for Year	Ended	Page	of
Win	dsor	Health and Rehab Center, LL	C 2214-C	9/30/2022		32	37
			Account			A	Amount
				Total Broug	ht Forward: \$	}	4,377,932
C.	Le	asehold or like property record	ded for Equity Purpos	es.			
		Land			\$		
	2.	Land Improvements	*Historical Cost	1	_		
			Accum. Depreciation		Net \$		
	3.	Buildings	*Historical Cost	2,900,000	- 1.		
			Accum. Depreciation	on 652,502	Net \$		2,247,498
	4.	Non-Movable Equipment	*Historical Cost	8	_		
			Accum. Depreciation	n	Net \$		
	5.	Movable Equipment	*Historical Cost	3)	- 2		
			Accum. Depreciation	n	Net \$		
	6.	Motor Vehicles	*Historical Cost	0	-		
			Accum. Depreciation	n	Net \$		
		Minor Equipment-Not Depre			\$		
C-8		tal Leasehold or Like Propert	ies (C1 thru 7)		\$		2,247,498
D.		vestment and Other Assets					
		Deferred Deposits			\$		
		Escrow Deposits	1221		\$		37,277
	3.	Organization Expense	*Historical Cost	-			
			Accum. Depreciatio	n	Net \$		
		Goodwill (Purchased Only)	\$				
	5. Investments Related to Resident Care (temize)				\$		
	_	Loans to Owners or Related I	Partias (itamias)	1	\$	some villati	
	0,	Name and Address		Loan D		(SVA)	10 ST 00 ST 10 ST
		Name and Address	Amount	Loan D	ate		
	7	Other Assets (itemize)			\$		
	, .	Cinci Tissets (nemize)			•	1000	
		See Schedule					
D-8.	To	tal Investments and Other Ass	sets (Lines D1 thru 7))	\$		37,277
		tal All Assets (Lines A9 + B10			\$		6,662,707

^{*} 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 Fac			License No.	Report for Year	Ended	Page	of
Windsor He	alth a	nd Rehab Center, LLC	2214-C	9/30/2022		33	37
			Account			A	mount
Liabilities							
A.	Cu	rrent Liabilities					
	1.	Trade Accounts Payable				\$	1,277,036
	2.	Notes Payable (itemize)				\$	
		:=					
		0 01 11					
		See Schedule		\		\$	ELEY SATE
	3.	Loans Payable for Equipm				>	
		Name of Lender	Purpose	Amount	Date Due		
					1 1		
				1			
					1 1		
					1 1		
		4 1D 11/D 1 1	50 7/ 1	C4 11 . 1 . 1		\$	254,776
	4.	Accrued Payroll (Exclusive				\$	234,770
	5.	Accrued Payroll (Owners of		only)		\$ \$	
	6.	Accrued Payroll Taxes Pa				\$ \$	
	7. Medicare Final Settlement Payable					\$ \$	
	8. Medicare Current Financing Payable					\$ \$	
	9. Mortgage Payable (Current Portion) 10. Interest Payable (Exclusive of Owner and/or Related Parties)					\$ \$	
			e of Owner analor K	elatea Parties)		\$ \$	
	11. Accrued Income Taxes*						
	12. Other Current Liabilities (itemize)				\$		
		. 10	A 1 41 10\	See Schedule		er e	1 521 912
A-13	3. To	tal Current Liabilities (Lin	es A1 thru 12)			\$	1,531,812

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended		Page	of
Windsor Health and Rehab Center, LLC	2214-C	9/30/2022		34	37
Account Total Brought Forward			14 D1	F	Amount
		I otal Broug	int Forward:		1,531,812
Liabilities (cont'd)					
B. Long-Term Liabilities	\$				
1. Loans Payable-Equipment		Amount	Date Due	P	STATE OF THE PARTY
Name of Lender	Purpose	Amount	Date Due		
			1		
			1 1		
			1 1		
2. Mortgages Payable		K		\$	
Loans from Owners or Relation	nted Parties (itemize)		!	\$	(13,415)
Name and Address of Lender	Amount	Loan D	ate	Contract	The firm on the confi
			1		
Due to Member>Alatise	(13,415)	Var			
Duo to Manison Thanse	(12,112)				
					nesting 1
4. Other Long-Term Liabilitie	s (itamiza)			\$	
4. Other Long-Term Diabilitie	s (temize)		h		The second second
· · · · · · · · · · · · · · · · · · ·					
, 					
See Schedule					
B-5. Total Long-Term Liabilities (I	Lines B1 thru 4)			\$	(13,415)
C. Total All Liabilities (Lines A-	(3 + B-5)			\$	1,518,397

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

	ne of Facility License No. Report for Yea	ar Ended	Page	of 37
Win	adsor Health and Rehab Center, LL 2214-C 9/30/2022 Account		35 Am	ount
A.	Reserves		7 1111	Ount
	Reserve for value of leased land	\$		
	Reserve for depreciation value of leased buildings and appurtenanto be amortized	nces \$		
	3. Reserve for depreciation value of leased personal property (Equit	<i>y)</i> \$		
	4. Reserve for leasehold real properties on which fair rental value is	based \$		2,247,498
	5. Reserve for funds set aside as donor restricted	\$		
	6. Total Reserves	\$		2,247,498
В.	Net Worth 1. Owner's Capital	\$		(1,496,647)
	2. Capital Stock	\$		
	3. Paid-in Surplus	\$		
	4. Treasury Stock	\$		
	5. Cumulated Earnings	\$		3,248,172
	6. Gain or Loss for Period 10/1/2021 thru	9/30/2022 \$		1,145,287
	7. Total Net Worth	\$		2,896,812
C.	Total Reserves and Net Worth	\$		5,144,310
D.	Total Liabilities, Reserves, and Net Worth	\$		6,662,707

H. Changes in Total Net Worth

Name of Facility License No.	Report for Year l	Ended	Page	of	
Windsor Health and Rehab Center, LLC 2214-C	9/30/2022		36	37	
Account			mount		
A. Balance at End of Prior Period as shown on Report		\$		2,211,905	
B. Total Revenue (From Statement of Revenue Page 3		\$		11,358,209	
C. Total Expenditures (From Statement of Expenditure	es Page 27)	\$		10,212,922	
D. Net Income or Deficit		\$		1,145,287	
E. Balance		\$		3,357,192	
F. Additions					
1. Additional Capital Contributed (temize) Expenses Per Page 27 \$10,219,307 F/S vs C/R Dep \$(6,385) Total Expenditures \$10,212,922					
2. Other (itemize) Prior Period Adjustments	(460,380)				
F-3. Total Additions		\$		(460,380)	
G. Deductions					
1. Drawings of Owners/Operators/Partners (Specif	<i>5y</i>)	\$			
Name and Address (No., City, State, Zip)	Title	Amount			
2. Other Withdrawings (Specify)		\$			
Purpose	ınt				
, and the second					
3. Total Deductions		\$			
	30/22	\$		2,896,812	

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of		
Windsor Health and Rehab Center, LLC	2214-C	9/30/2022	37	37		
	Check appropriate category	Y				
Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	□ (Specify)				
	Preparer/Reviewer Certificat	tion				
I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.						
Signature of Preparer Title Principal (/25/23)						
Printed Name of Preparer						
Matthew Bavolack Addres Address Phone Number						
555 Long Wharf Drive, New Haven, CT 06	203-781-9600	203-781-9600				
Contacted Person Regarding Additional Inf	Phone Number	Phone Number				
Fred Dalicandro	860-212-8558	860-212-8558				
Contact Email Address						
Hermanfromhartford@gmail.com						