State of Connecticut

Annual Report of Long-Term Care Facility

Cost Year 2022

Name of Facility (as licensed) Colonial Health and Rehab Center of Plainfield, LLC		
Address (No. & Street, City, State, Zip Code) 16 Windsor Ave, Plainfield, CT 06374		
Type of Facility ☑ Chronic and Convalescent Nursing Home only (CCNH) ☐ Rest Home with Nursing Supervision only (RHNS) ☐ (Specify)		
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022	

License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider
	2387			2387

Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
	07-5310		

For Department Use Only

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

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General Information

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Colonial Health and Rehab Center of Plainfield, LLC	2387	9/30/2022	1	37

Administrator's/Owner's Certification

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

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

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

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

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Curtis Rodowicz			Printed Name (Owner) Colonial Health & Rehab LLC	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public				

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Colonial Health and Rehab Center of Plainfield, LLC	Period Covered:		From 10/1/2021	To 9/30/2022
Address of Facility 16 Windsor Ave, Plainfield, CT 06374				
Report Prepared By CJLC LLC	Phone Number 860-610-9009		Date	

Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid $				
2. Laundry wages paid $				
3. Housekeeping wages paid $				
4. Nursing wages paid $				
5. All other wages paid $				
6. ***Total Wages Paid*** $				
7. Total salaries paid $				
8. ***Total Wages and Salaries Paid*** (As per page 10 of Report) $				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

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General Information and Questionnaire

Type of Facility - Organization Structure

Phone No. of Facility	Report for Year Ended	Page	of
860-564-4081	9/30/2022	2	37

Name of Facility (as shown on license)	Address (*No. & Street, City, State, Zip*)
Colonial Health and Rehab Center of Plainfield, LLC	16 Windsor Ave, Plainfield, CT 06374

License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider No.
	2387			2387

Type of Facility (Check appropriate box(es))

☑ Chronic and Convalescent Nursing Home only (CCNH) ☐ Rest Home with Nursing Supervision only (RHNS) ☐ (Specify)

Type of Ownership (Check appropriate box)

○ Proprietorship ◉ LLC ○ Partnership ○ Profit Corp. ○ Non-Profit Corp. ○ Government ○ Trust

If this facility opened or closed during report year provide:	Date Opened	Date Closed

Has there been any change in ownership or operation during this report year? ○ Yes ◉ No If "Yes," explain fully.

Administrator

Name of Administrator	Nursing Home Administrator's License No.:	
Curtis Rodowicz		1775

Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name	License No.:

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General Information and Questionnaire
Partners/Members

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health and Rehab Center of Plainfield, LLC	2387	9/30/2022	3	37

Legal Name of Partnership/LLC	Business Address	State(s) and/or Town(s) in Which Registered
Colonial Health & Rehab Center of Plainfield, LLC	16 Windsor Ave, Plainfield, CT 06247	CT

Name of Partners/Members	Business Address	Title	% Owned
Curtis Rodowicz	318 E. Haddam Colchester Tpke, East Haddam, CT 06423	President	50
Robert Darigan	60 Aldrich Road, Putnam, CT 06260	Vice President	50

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General Information and Questionnaire
Corporate Owners

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health and Rehab Center of Plainfi	2387	9/30/2022	3A	37

If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
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
Colonial Health and Rehab Center of Plainfield, LI	2387	9/30/2022	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

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General Information and Questionnaire
Related Parties*

Name of Facility	License No.	Report for Year Ended	Page	of
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? ⊙ Yes ○ No

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

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

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Colonial Health & Rehab Management LLC	2385 NW Executive Center Dr., Boca Raton, FL 33431	○	⊙		Management Services	16/m12	560,064	560,064
Family First of Plainfield	2385 NW Executive Center Dr., Boca Raton, FL 33431	○	⊙		Rent of Facility	22/9	677,159	677,159
Covered Staffing LLC	2385 NW Executive Center Dr., Suite 100, Boca Raton, FL 33431	⊙	○		Nursing Pool	13/11c	326,574	326,574
		○	⊙					
		○	⊙					
		○	⊙					
		○	⊙					
		○	⊙					
		○	⊙					

* Use additional sheets if necessary.

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

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General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health and Rehab Center of Plainfield	2387	9/30/2022	5	37

If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

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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.

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health and Rehab Center of Plainfield, LLC	2387	9/30/2022	6	37

Name and Address of Lessor	Related * to Owners, Operators, Officers Yes	Related * to Owners, Operators, Officers No	Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
Xerox Financial Services LLC, 201 Merritt 7, Norwalk, CT 06851	○	⊙	Copier	04/01/21	3 years	3,999	3,999
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
						Total ***	3,999

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

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

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General Information and Questionnaire
Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health and Rehab Center (	2387	9/30/2022	7	37

The records of this facility for the period covered by this report were maintained on the following basis:

⊙ Accrual ○ Cash ○ Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 CJLC LLC	225 Pitkin St., East Hartford, CT 06108
2	
3	
4	

Services Provided by This Firm (*describe fully*)

1	Medicaid and Medicare Cost Report, Audited Financial Statements, and Tax Services	$ 14,796
2		$
3		$
4		$
		Charge for Services Provided $ 14,796

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
⊙ Yes ○ No Pg 15/1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Murtha Cullina LLP	
2	
3	
4	
5	

Address (*No. & Street, City, State, Zip Code*)
1 PO Box 150435, Hartford, CT 06115
2
3
4
5

Services Provided by This Firm (*describe fully*)

1	Health Regulatory & Survey IDR Review	$ 4,581
2		$
3		$
4		$
5		$
		Charge for Services Provided $ 4,581

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

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Schedule of Resident Statistics

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	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	90	90			90	90						
B. On last day of THIS report period	90	90							90	90		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	83	83			83	83						
B. As of midnight of THIS report period	82	82							82	82		
3. Total Number of Days Care Provided During Period												
A. Medicare	2,659	2,659			2,027	2,027			632	632		
B. Medicaid (Conn.)	22,018	22,018			16,482	16,482			5,536	5,536		
C. Medicaid (other states)												
D. Private Pay	3,098	3,098			2,347	2,347			751	751		
E. State SSI for RCH												
F. Other (Specify) Commercial, Managed Care	2,402	2,402			1,724	1,724			678	678		
G. Total Care Days During Period (3A thru F)	30,177	30,177			22,580	22,580			7,597	7,597		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	24	24			24	24						
B. Other Bed Reserve Days												
5. ***Total Resident Days*** **(3G + 4A + 4B)**	30,201	30,201			22,604	22,604			7,597	7,597		

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Schedule of Resident Statistics (Cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
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4. Were there any changes in the certified bed capacity during the report year? ○ Yes ⊙ No
If "YES", provide the following information:

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

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

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	15	60		7				
Per Diem Rate								
a. One bed rm.	650.91	290.19		405.00				
b. Two bed rms.		309.12		385.00				
c. Three or more bed rms.								

	TOTAL	CCNH	RHNS	(Specify)
7. Total Number of Physical Therapy Treatments				
A. Medicare - Part B	6,205	6,205		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	4,888	4,888		
D. ***Total Physical Therapy Treatments***	11,093	11,093		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	446	446		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	439	439		
D. ***Total Speech Therapy Treatments***	885	885		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	3,073	3,073		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	4,413	4,413		
D. ***Total Occupational Therapy Treatments***	7,486	7,486		

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Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health and Rehab Center of Plainfield, LLC	2387	9/30/2022	10	37

Are time records maintained by all individuals receiving compensation? ⊙ Yes ○ No

	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	116,634	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	192,260	5,426				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	389,543	20,503				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	246,332	12,467				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	64,466	2,172				
b. Other Maintenance Workers	31,847	1,766				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	31,523	2,059				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	126,835	2,303				
b. RN						
1. Direct Care	864,951	22,233				
2. Administrative**	436,649	8,393				
c. LPN						
1. Direct Care	670,895	19,411				
2. Administrative**						
d. Aides and Attendants	1,379,583	60,869				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	131,258	5,157				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	60,498	1,673				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	67,057	2,063				
A-13. Total Salary Expenditures	4,810,330	168,573				

* 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)

	CCNH		RHNS		(Specify)	
Position	**$**	**Hours**	**$**	**Hours**	**$**	**Hours**
Admission Director Wages	$ 67,057	2,063				
Total	$ 67,057	2,063	$ -	-	$ -	-

Schedule of Other Fees (Page 13)

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

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

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Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										
Amber Darigan	104,525			Standard	Business Office Manager	2,080	A4			

* 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 Parties*

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Colonial Health and Rehab Center of Plainfield, LLC	2387	9/30/2022	12	37

Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators* **										
Curtis Rodowicz	116,634			Standard	Administrator	2,080	A2			
Section IV - Assistant Administrators										

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

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

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

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B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health and Rehab Center of Plainfield, LL(	2387	9/30/2022	13	37

	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. **Direct care consultants paid on a fee for service basis in lieu of salary** (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	11,057	116				
3. Pharmacist	9,062	180				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	359,483	6,564				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	36,000	216				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
Medical Staff	35,988	1,241				
9. Speech Therapist						
a. Resident Care	73,227	1,350				
b. Other						
10. Occupational Therapist						
a. Resident Care	248,842	4,111				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	25,779	162				
2. Administrative***						
b. LPN						
1. Direct Care	88,512	1,278				
2. Administrative***						
c. Aides	326,574	8,195				
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	1,214,523	23,413				

* 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.

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

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health and Rehab Center of Plainfield, LLC	2387	9/30/2022	14	37

Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship
		Yes	No	
HealthPro Therapy Service, LLC,10600 York Road, Suite 105, Cockeysville, MD 21030	PT, ST, OT	○	⊙	
Healthdrive, 88 Worcester St, Wellesley, MA 02482	Dental Consultant	○	⊙	
Joseph Allessandro, D.O.	Medical Director	○	⊙	
Pro Health Pysicians, PO Box 150483, Hartford, CT 06115	Physician Fees	○	⊙	
Partners Pharmacy of CT, PO Box 9689, Uniondale, NY 11555	Pharmacist	○	⊙	
Maureen McCarthy	Nursing Pool	○	⊙	
Alegiant Healthcare	Nursing Pool	○	⊙	
RIAS Staffing	Nursing Pool	○	⊙	
Covered Staffing LLC, 2385 NW Executive Center Dr, Suite 100, Boca Raton, FL 33431	Nursing Pool	⊙	○	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	

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

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C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health and Rehab Center of Plainfield, I	2387	9/30/2022	15	37

Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	$	134,675	134,675		
2. Disability Insurance	$	19,482	19,482		
3. Unemployment Insurance	$	66,312	66,312		
4. Social Security (F.I.C.A.)	$	360,657	360,657		
5. Health Insurance	$	872,435	872,435		
6. Life Insurance (employees only)					
(not-owners and not-operators)	$				
7. Pensions (Non-Discriminatory)	$	289,823	289,823		
(not-owners and not-operators)					
8. Uniform Allowance	$	10,448	10,448		
9. Other (*Specify*)	$	70,361	70,361		
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	$				
c. Bad Debts*	$	36,000	36,000		
d. Accounting and Auditing	$	14,796	14,796		
e. Legal (*Services should be fully described on Page 7)*	$	4,581	4,581		
f. Insurance on Lives of Owners and Operators (*Specify*)*	$	11,996	11,996		
g. Office Supplies	$	28,952	28,952		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	$	7,097	7,097		
2. Cellular Phones	$				
i. Appraisal (*Specify purpose and attach copy*)*	$				
j. Corporation Business Taxes (*franchise tax*)	$	219	219		
k. Other Taxes (*Not related to property - See Page 22)*					
1. Income*	$				
2. Other (*Specify*)	$	2,398	2,398		
See Attached Schedule					
3. Resident Day User Fee	$	556,602	556,602		
Subtotal	$	2,486,833	2,486,833		

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Other Employee Benefits	$ 70,361		
Total	$ 70,361	$ -	$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Sales & Use Tax	$ 2,398		
Total	$ 2,398	$ -	$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health and Rehab Center of Plainfield, LLC	2387	9/30/2022	16	37

Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		2,486,833	2,486,833		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	$				
2. Holiday Parties for Staff	$	12,938	12,938		
3. Gifts to Staff and Residents	$				
4. Employee Travel	$	17	17		
5. Education Expenses Related to Seminars and Conventions	$	2,148	2,148		
6. Automobile Expense (*not purchase or depreciation*)	$				
7. Other (*Specify*)	$	2,962	2,962		
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (*all such expenses*)	$	48,029	48,029		
2. Advertising Telephone Directory (*all such expenses*)***	$	1,184	1,184		
3. Advertising Other (*Specify*)***	$	23,873	23,873		
See Attached Schedule					
4. Fund-Raising***	$				
5. Medical Records	$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	$				
7. Postage	$	6,199	6,199		
* 8. Dues and Membership Fees to Professional Associations (*Specify*) See Attached Schedule	$	6,696	6,696		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	$	650	650		
9. Subscriptions	$	5,635	5,635		
10. Contributions*** See Attached Schedule	$				
11. Services Provided by Contract (*Specify and Complete Schedule C-2, Page 21 for each firm or individual)*	$	6,788	6,788		
12. Administrative Management Services**	$	560,064	560,064		
13. Other (*Specify*) See Attached Schedule	$	99,708	99,708		
C-14 Total Administrative & General Expenditures	$	3,263,725	3,263,725		

* Do not include Subscriptions, which should go in item 9.
** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.
*** Facility should self-disallow the expense on Page 28 of the Cost Report.

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Meal & Entertainment	$ 2,742		
Employee Meals	$ 220		
Total Other Travel and Entertainment	$ 2,962	$ -	$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Community Awarness	$ 23,873		
Total Other Advertising	$ 23,873	$ -	$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	$ 5,896		
CBIA	$ 800		
Total Dues	$ 6,696	$ -	$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Background Checks	$ 5,330		
License & Permit Fees	$ 2,638		
Bank Fees	$ 11,189		
Software Maintenance	$ 80,550		
Total Other Administrative and General	$ 99,708	$ -	$ -

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Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Colonial Health and Rehab Center of Plai	2387	9/30/2022	17 | 37

Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Colonial Health & Rehab Management, LLC	560,064	Management Services	16/m12

*** 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.**

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

Name of Facility	License No.	Report for Year Ended	Page
Colonial Health and Rehab Center of Plainfield, LLC	2387	9/30/2022	18 | 37

Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	$	264,763	264,763		
2. Non-Food Supplies	$	27,472	27,472		
3. Other (*Specify*)_____	$				
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$	63,712	63,712		
c. Other (*Specify*)_____	$				
2D. ***Total Dietary Expenditures*** (2a + b + c + d)	$	355,947	355,947		

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?	○ Yes	⊙ No	
H.	Did you receive revenue from employees?	○ 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?	○ Yes	⊙ No	If yes, specify cost.
K.	Is any revenue collected from these people?	○ 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?	○ Yes	⊙ No	If yes, specify cost.
N.	Is any revenue collected from employees?	○ 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.

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

Name of Facility	License No.	Report for Year Ended	Page
Colonial Health and Rehab Center of Plainfield, LLC	2387	9/30/2022	19 | 37

Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*					
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Lbs.				
	Amt. $				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. $				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. $				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. $	13,071	13,071		
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$				
c. Other (*Specify*) Supplies	$	5,528	5,528		
3D. ***Total Laundry Expenditures*** (3a + b + c)	$	18,599	18,599		

3E.	Laundry Questionnaire			
F.	Is cost of employee laundry included in 3D?	○ 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.

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

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health and Rehab Center of Plainfield	2387	9/30/2022	20	37

Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel					
a. In-House Care						
1. Supplies - Cleaning (*Mops, pails, brooms, etc.*)	Amt.	$	20,488	20,488		
b. Purchased Services (*by contract other than through Management Services)*	Sq. Ft. Serviced by Personnel					
(Complete Schedule C-2 att. Page 21)	Amt.	$	11,128	11,128		
C. Other (*Specify*)		$				
4D. ***Total Housekeeping Expenditures*** (4a + b + c)		$	31,616	31,616		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		$				
2. Purchased from Prescribed Drugs - Medicare A		$	168,883	168,883		
b. Medicine Cabinet Drugs		$	20,746	20,746		
c. Medical and Therapeutic Supplies		$	267,260	267,260		
d. Ambulance/Limousine***		$	10,632	10,632		
e. Oxygen						
1. For Emergency Use		$				
2. Other***		$	8,106	8,106		
f. X-rays and Related Radiological Procedures***		$	25,652	25,652		
g. Dental (*Not dentists who should be included under salaries or fees)*		$				
h. Laboratory***		$	13,085	13,085		
i. Recreation		$	11,924	11,924		
j. Direct Management Services*		$				
k. Indirect Management Services*		$				
l. Other (Specify)**** See Attached Schedule		$	55,692	55,692		
5M. ***Total Resident Care Expenditures*** (5a - 5j)		$	581,981	581,981		

* 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)
PT Supplies	$ 2,695		
OT Supplies	$ 1,849		
IV therapy consult	$ 1,093		
IV Supplies	$ 8,611		
IV Solution	$ 13,654		
Wound Care Medicare A	$ 174		
Equipment Rental Wound Care	$ 7,316		
Equipment over $100	$ 5,854		
Cable Television / Internet	$ 8,787		
Resident Expense	$ 5,661		
Total Other Resident Care	$ 55,692	$ -	$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health and Rehab Center of Plainfield, LLC	2387	9/30/2022	21	37

Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Healthcare Services Group, Inc.	3220 Tillman Drive, Bansalem, PA 19020	○	⊙		Dietary Services	63,712			18	2b
Healthcare Services Group, Inc.	3220 Tillman Drive, Bansalem, PA 19020	○	⊙		Housekeeping Services	11,128			20	4b
Point Click Care	Unit 4, Mississauga, Ontario Canada 109178-	○	⊙		Software Provider	80,550			16	m13
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							

* 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).

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

Name of Facility	License No.	Report for Year Ended	Page of
Colonial Health and Rehab Center of Plainfiel	2387	9/30/2022	22 | 37

Item		Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	$	87,515	87,515		
b. Heat	$	41,681	41,681		
c. Light & Power	$	99,718	99,718		
d. Water	$	22,270	22,270		
e. Equipment Lease (*Provide detail on page 6*)	$	3,999	3,999		
f. Other (*itemize*)	$	39,108	39,108		
See Attached Schedule					
6g. ***Total Maint. & Operating Expense*** (6a - 6f)	$	294,290	294,290		
7. Depreciation (*complete schedule page 23**)					
a. Land Improvements	$				
b. Building & Building Improvements	$				
c. Non-Movable Equipment	$	17,443	17,443		
d. Movable Equipment	$	45,372	45,372		
*7e. ***Total Depreciation Costs*** (7a + b + c + d)	$	62,816	62,816		
8. Amortization (*Complete att. Schedule Page 24**)					
a. Organization Expense	$				
b. Mortgage Expense	$				
c. Leasehold Improvements	$	9,910	9,910		
d. Other (*Specify*)	$				
*8e. ***Total Amortization Costs*** (8a + b + c + d)	$	9,910	9,910		
9. Rental payments on leased real property less real estate taxes included in item 10b	$	677,159	677,159		
10. Property Taxes					
a. Real estate taxes paid by owner	$				
b. Real estate taxes paid by lessor	$	95,701	95,701		
c. Personal property taxes	$	12,728	12,728		
11. ***Total Property Expenses*** (7e + 8e + 9 + 10)	$	858,314	858,314		

* 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 Garbage	$ 26,749		
Equipment Rental	$ 12,359		
Total Other Repairs and Maintenance	$ 39,108	$ -	$ -

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Depreciation Schedule

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health and Rehab Center of Plainfield, LLC	2387	9/30/2022	23	37

Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. **Land Improvements**								
1. Acquired prior to this report period								
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
A-4. Subtotal								
B. **Building and Building Improvements**								
1. Acquired prior to this report period								
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
B-4. Subtotal								
C. **Non-Movable Equipment**								
1. Acquired prior to this report period	524,763		524,763	256,732	SL	Var	14,042	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	71,460						3,401	
C-4. Subtotal								17,443

	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
D. **Movable Equipment**												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period			Var	Var	778,782		778,782	664,085	SL	Var	44,717	
b. Disposals (attach schedule)												
Acquired during this report period (attach schedule):												
c. Administrative					3,785						654	
d. Standard Resident												
e. Specialized Resident												
Total Acquired during this report period					3,785						654	
D-3. Subtotal												45,371
E. ***Total Depreciation***												62,814

Schedule of Land Improvements Acquired during this report period

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

***Ties to Page 23, Line A3**

****Ties to Page 23, Line A2**

Schedule of Building Improvements Acquired during this report period

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

***Ties to Page 23, Line B3**

****Ties to Page 23, Line B2**

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
11/17/2021	5 Ton American Standard C1 - Cedar Hallway	$ 7,176	10	$ 658	
11/18/2021	Reimburse Fabricate/Install/Crane Roof Curb Cedar	$ 4,594	10	$ 421	
12/30/2021	Fire Pump Remove, Repack, Reinstall Test	$ 5,785	10	$ 482	
2/23/2022	Overhead Garage Door Maintenance Shop	$ 1,302	10	$ 87	
3/4/2022	Drive Assembly 5HP 240VAC Washer Part	$ 2,937	10	$ 171	
5/18/2022	2 roof top units, labor, crane	$ 16,692	10	$ 695	
6/27/2022	Generator Cam Lock Transfer Install	$ 7,472	10	$ 249	
7/20/2022	Final Installment Maintenance Garage Door	$ 1,302	10	$ 33	
7/23/2022	Emergency Generator	$ 24,199	10	$ 605	
Total additions for Non-Movable Equipment		$ 71,460		$ 3,401	*
Deletions:					

Total deletions for Non-Movable Equipment	$ -		$ -	**24

***Ties to Page 23, Line C3**
****Ties to Page 23, Line C2**

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One Movable Category	Cost	Useful Life	Depreciation	
Additions:						
11/29/2021	Order#27406516/Manual Shower Bed	Administrative	$ 1,955	5	$ 359	
12/21/2021	Credit Invoice# 30151295 / Moveable Shower Bed	Administrative	$ (538)	5	$ (99)	
12/28/2021	Order#27470516/Pressure Air Mattress	Administrative	$ 2,368	5	$ 395	
		PICK A CATEGORY				
		PICK A CATEGORY				
		PICK A CATEGORY				
Total additions for Movable Equipment			$ 3,785		$ 654	*
Deletions:						
Total deletions for Movable Equipment			$ -		$ -	**

***Ties to Page 23, Line D2c**
****Ties to Page 23, Line D2b**

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
10/21/2021	Roof Replacement 3 Wings, Service Area, Entrance	$ 134,045	20	$ 6,702	
Total additions for Leasehold Improvement		$ 134,045		$ 6,702	*
Deletions:					
Total deletions for Leasehold Improvement		$ -		$ -	**

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

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Amortization Schedule*

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health and Rehab Center of Plainfield, LLC	2387	9/30/2022	24	37

Item	Date of Acquisition: Month	Date of Acquisition: Year	Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
A. **Organization Expense**									
1.									
2.									
3.									
A-4. Subtotal									
B. **Mortgage Expense**									
1.									
2.									
3.									
B-4. Subtotal									
C. **Leasehold Improvements and Other**									
1. Acquired prior to this report period	Var	Var	Var	935,843	151,597	SL	Var	3,208	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				134,045				6,702	
C-4. Subtotal									9,910
D. ***Total Amortization***									9,910

* 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.

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

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health and Rehab Center of H	2387	9/30/2022	25	37

11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party?* ○ Yes ⊙ No

If "Yes," complete Part B.
If "No," complete Part C.

*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total
1. Date Land Purchased	
2. Date Structure Completed	
3. If **NOT** Original Owner, Date of Purchase	12/29/12
4. Date of Initial Licensure	07/13/83
5. Total Licensed Bed Capacity	90
6. Square Footage	37,000
7. Acquisition Cost	
a. Land	
b. Building	

Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
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 Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page of
Colonial Health and Rehab Center of	2387	9/30/2022	26 | 37

Item	Total	CCNH	RHNS	(Specify)
12. Interest				
A. Building, Land Improvement & Non-Movable Equipment				
1. First Mortgage $				
Name of Lender / Rate				
Address of Lender				
2. Second Mortgage $				
Name of Lender / Rate				
Address of Lender				
3. Third Mortgage $				
Name of Lender / Rate				
Address of Lender				
4. Fourth Mortgage $				
Name of Lender / Rate				
Address of Lender				
B. CHEFA Loan Information				
1. Original Loan Amount $				
2. Loan Origination Date				
3. Interest Rate %				
4. Term				
5. CHEFA Interest Expense				
12 B7. ***Total Building Interest Expense*** (A1 - A4 + B5) $				

(*Carry Subtotals forward to next page*)

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

Name of Facility	License No.	Report for Year Ended	Page of
Colonial Health and Rehab Center	2387	9/30/2022	27 | 37

Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				
12. C. Movable Equipment 1. Automotive Equipment $				
A. Item / Rate / Amount				
Lender				
Address of Lender				
2. Other (*Specify*) $				
A. Item / Rate / Amount				
Lender				
Address of Lender				
B. Item / Rate / Amount				
Lender				
Address of Lender				
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2) $				
12. D. Other Interest Expense (*Specify*) $ Vendor and Finance Interest	14,426	14,426		
13. ***Total All Interest Expense*** (12B7 + 12C3 + 12D) $	14,426	14,426		
14. Insurance				
a. Insurance on Property (buildings only) $	92,537	92,537		
b. Insurance on Automobiles $	188	188		
c. Insurance other than Property (as specified above)				
1. Umbrella (*Blanket Coverage*) $				
2. Fire and Extended Coverage $				
3. Other (*Specify*) $				
14d. ***Total Insurance Expenditures (14a + b + c)*** $	92,724	92,724		
15. ***Total All Expenditures (A-13 thru C-14)*** $	11,536,473	11,536,473		

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D. Adjustments to Statement of Expenditures

Name of Facility	License No.	Report for Year Ended	Page of
Colonial Health and Rehab Center of Plainfield, LLC	2387	9/30/2022	28 | 37

Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs $				
2.			Salaries not related to Resident Care $				
3.			Occupational Therapy $				
4.			Other - See attached Schedule $				
Page 13 - Professional Fees							
5.			Resident Care Physicians ** $				
6.	13	B10a	Occupational Therapy $	248,842	248,842		
7.			Other - See attached Schedule $				
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits $				
9.	15	1c	Bad Debts $	36,000	36,000		
10.			Accounting $				
10a.			Legal $				
11.			Telephone $				
12.			Cellular Telephone $				
13.	15	1f	Life insurance premiums on the life of Owners, Partners, Operators $	11,996	11,996		
14.	15	1a9	Gifts, flowers and coffee shops $	1,683	1,683		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees $				
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative $				
17.			Automobile Expense (e.g. personal use) $				
18.	16	m2/m	Unallowable Advertising * $	25,057	25,057		
19.	15	1k2	Income Tax / Corporate Business Tax $	2,398	2,398		
20.			Fund Raising / Contributions $				
21.			Unallowable Management Fees $				
22.			Barber and Beauty $				
23.			Other - See attached Schedule $	3,612	3,612		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents $				
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents $				
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents $				
			Subtotal (Items 1 - 26) $	329,587	329,587		

* All except "Help Wanted".

(*Carry Subtotal forward to next page*)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Salaries Adjustment			$ -	$ -	$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	l7	Meal & Entertainment	$ 2,742		
16	l7	Employee Meals	$ 220		
16	m8a	Chamber of Commerce	$ 650		
Total Other A&G Adjustments			$ 3,612	$ -	$ -

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

Name of Facility	License No.	Report for Year Ended	Page of
Colonial Health and Rehab Center of Plainfield, LLC	2387	9/30/2022	29 | 37

Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward $	329,587	329,587		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs $	168,883	168,883		
28.	20	5d	Ambulance/Limousine $	10,632	10,632		
29.	20	5f	X-rays, etc $	25,652	25,652		
30.	20	5h	Laboratory $	13,085	13,085		
31.			Medical Supplies $				
32.	20	5e	Oxygen (non emergency) $	8,106	8,106		
33.	20	5l	Occupational Therapy $	1,849	1,849		
34.			Other - See Attached Schedule $	36,508	36,508		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule $				
36.			Depreciation on Unallowable Motor Vehicles $				
37.			Unallowable Property and Real Estate Taxes $				
38.			Rental of Building Space or Rooms $				
39.			Other - See Attached Schedule $				
Page 27 - Insurance							
40.			Mortgage Insurance $				
41.			Property Insurance $				
Other - Miscellaneous							
42.			Other - Indirect $				
43.			Interest Income on Account Rec. $				
44.			Other - Miscellaneous Administrative $				
45.			Management Fees Direct $				
46.			Management Fees Indirect $				
47.			Other - Direct $				
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule $				
49. ***Total Amount of Decrease (Items 1 - 48)***			$	594,303	594,303		

*** 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.

Attachment Page 29

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	51	IV therapy consult	$ 1,093		
20	51	IV Supplies	$ 8,611		
20	51	IV Solution	$ 13,654		
20	51	Wound Care Medicare A	$ 174		
20	51	Equipment Rental Wound Care	$ 7,316		
20	51	Resident Expense	$ 5,661		
Total Other Ancillary Costs			$ 36,508	$ -	$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

Schedule of Other - Indirect Adjustments

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

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

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F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health and Rehab Center of Plai	2387	9/30/2022	30	37

Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (*CT only*)	$	8,394,491	8,394,491		
b. Medicaid Room and Board Contractual Allowance **	$	(2,053,736)	(2,053,736)		
2. a. Medicaid (*All other states*)	$				
b. Other States Room and Board Contractual Allowance **	$				
3. a. Medicare Residents *(all inclusive)*	$	277,576	277,576		
b. Medicare Room and Board Contractual Allowance **	$	827,613	827,613		
4. a. Private-Pay Residents and Other	$	2,273,432	2,273,432		
b. Private-Pay Room and Board Contractual Allowance **	$	(1,172,290)	(1,172,290)		
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	$	99,983	99,983		
b. Prescription Drugs - Medicare Contractual Allowance **	$				
c. Prescription Drugs - Non-Medicare	$	133,720	133,720		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	$				
2. a. Medical Supplies - Medicare	$				
b. Medical Supplies - Medicare Contractual Allowance **	$				
c. Medical Supplies - Non-Medicare	$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	$				
3. a. Physical Therapy - Medicare	$	1,497,375	1,497,375		
b. Physical Therapy - Medicare Contractual Allowance **	$				
c. Physical Therapy - Non-Medicare	$	834,925	834,925		
d. Physical Therapy - Non-Medicare Contractual Allowance **	$				
4. a. Speech Therapy - Medicare	$	151,950	151,950		
b. Speech Therapy - Medicare Contractual Allowance **	$				
c. Speech Therapy - Non-Medicare	$	119,250	119,250		
d. Speech Therapy - Non-Medicare Contractual Allowance **	$				
5. a. Occupational Therapy - Medicare	$	1,004,650	1,004,650		
b. Occupational Therapy - Medicare Contractual Allowance **	$				
c. Occupational Therapy - Non-Medicare	$	624,875	624,875		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	$				
6. a. Other *(Specify)* - Medicare	$	(1,833,674)	(1,833,674)		
b. Other *(Specify)* - Non-Medicare	$	12,588	12,588		
III. *Total Resident Revenue* (Section I. thru Section II.)	$	11,192,730	11,192,730		
IV. Other Revenue*					
1. Meals sold to guests, employees & others	$				
2. Rental of rooms to non-residents	$				
3. Telephone	$				
4. Rental of Television and Cable Services	$				
5. Interest Income *(Specify)*	$	310	310		
6. Private Duty Nurses' Fees	$				
7. Barber, Coffee, Beauty and Gift shops	$				
8. Other (*Specify*)	$	173,054	173,054		
V. Total Other Revenue (1 thru 8)	$	173,364	173,364		
VI. Total All Revenue (III +V)	$	11,366,094	11,366,094		

* *Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.*

** *Facility should report all contractual allowances and/or payer discounts.*

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30/II6a	X-Ray -Medicare A	$ 10,766		
30/II6a	Lab Revenue-Medicare A	$ 7,577		
30/II6a	Contractual Allow-Med A Ancill	$ (946,850)		
30/II6a	Contractual Allow - Med B	$ (903,703)		
30/II6a	Contractual Allow-Med B Seq 2%	$ (1,464)		
Total Other Resident Revenue - Medicare		$ (1,833,674)	$ -	$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30/II6b	X-ray Medicaid	$ 25		
30/II6b	X-ray Private Insurance	$ 315		
30/II6b	X-ray Managed Care	$ 9,593		
30/II6b	Lab Revenue - Medicaid	$ 27		
30/II6b	Lab Revenue - Private Ins	$ 59		
30/II6b	Lab Revenue Managed Care	$ 2,569		
Total Other Resident Revenue		$ 12,588	$ -	$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30/IV5	Interest Income		$ 310		
Total Interest Income			$ 310	$ -	$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30/IV8	Miscellaneous Income	$ 2,597		
30/IV8	Gifts Donations/Revenue	$ 180		
30/IV8	HRSA Stimulus	$ 170,278		
Total Other Revenue		$ 173,054	$ -	$ -

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G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health and Rehab Center of Pl	2387	9/30/2022	31	37

Account				Amount
Assets				
A. Current Assets				
1. Cash (*on hand and in banks*)				$ 801,122
2. Resident Accounts Receivable (Less Allowance for Bad Debts)				$ 855,430
3. Other Accounts Receivable (Excluding Owners or Related Parties)				$
4 Inventories				$
5. Prepaid Expenses				$ 101,703
a.				
b.				
c.				
d. See Schedule		101,703		
6. Interest Receivable				$
7. Medicare Final Settlement Receivable				$
8. Other Current Assets (*itemize*)				$ 257,997
See Schedule		257,997		
A-9. ***Total Current Assets*** (Lines A1 thru 8)				$ 2,016,251
B. Fixed Assets				
1. Land				$
2. Land Improvements	*Historical Cost			$
	Accum. Depreciation		Net	
3. Buildings	*Historical Cost			$
	Accum. Depreciation		Net	
4. Leasehold Improvements	*Historical Cost	1,069,888		$ 908,381
	Accum. Depreciation	161,507	Net	
5. Non-Movable Equipment	*Historical Cost	596,223		$ 322,047
	Accum. Depreciation	274,176	Net	
6. Movable Equipment	*Historical Cost	782,566		$ 73,108
	Accum. Depreciation	709,458	Net	
7. Motor Vehicles	*Historical Cost			$
	Accum. Depreciation		Net	
8. Minor Equipment-Not Depreciable				$
9. Other Fixed Assets (*itemize*)				$ (887,124)
See Schedule		(887,124)		
B-10. ***Total Fixed Assets*** (Lines B1 thru 9)				$ 416,412

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

(*Carry Total forward to next page*)

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health and Rehab Center of Pl	2387	9/30/2022	32	37

Account				Amount
			Total Brought Forward:	$ 2,432,663
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				$
2. Land Improvements	*Historical Cost			
	Accum. Depreciation		Net	$
3. Buildings	*Historical Cost			
	Accum. Depreciation		Net	$
4. Non-Movable Equipment	*Historical Cost			
	Accum. Depreciation		Net	$
5. Movable Equipment	*Historical Cost			
	Accum. Depreciation		Net	$
6. Motor Vehicles	*Historical Cost			
	Accum. Depreciation		Net	$
7. Minor Equipment-Not Depreciable				$
C-8 ***Total Leasehold or Like Properties*** (C1 thru 7)				$
D. Investment and Other Assets				
1. Deferred Deposits				$
2. Escrow Deposits				$
3. Organization Expense	*Historical Cost			
	Accum. Depreciation		Net	$
4. Goodwill (Purchased Only)				$
5. Investments Related to Resident Care (*itemize*)				$
6. Loans to Owners or Related Parties (*itemize*)				$
Name and Address	Amount	Loan Date		
7. Other Assets (*itemize*)				$
See Schedule				
D-8. ***Total Investments and Other Assets*** (Lines D1 thru 7)				$
D-9. ***Total All Assets*** (Lines A9 + B10 + C8 + D8)				$ 2,432,663

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

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description		
31	A5	Prepaid Insurance P&L	$	22,356
31	A5	Prepaid Insurance Workers Comp	$	36,137
31	A5	Prepaid Expenses (Other)	$	12,480
31	A5	Prepaid RE Tax Expense	$	26,996
31	A5	Prepaid PP Taxes	$	3,733
Total Prepaid Expenses			$	101,703

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

Page Ref	Line Ref	Description		
31	A8	HUD Tax	$	15,492
31	A8	HUD Insurance	$	78,954
31	A8	HUD Replacement Reserves	$	121,769
31	A8	HUD Mortgage Insurance Protect	$	37,787
31	A8	Security Deposits - Short Term	$	3,994
Total Other Current Assets (Itemize)			$	257,997

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

Page Ref	Line Ref	Description		
31	B9	Capitilized Finance Cost	$	64,240
31	B9	Accumulated Amortization Finance Costs	$	(64,240)
31	B9	Book vs Cost	$	(887,124)
Total Other Other Fixed Assets (Itemize)			$	(887,124)

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			$ -

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

Page Ref	Line Ref	Description		
33	A12	Advance Payments to Facility	$	166,564
33	A12	Bank Reconciliation Wash Acct	$	10,261
33	A12	401-K / Pension / Health	$	7,804
33	A12	Union PAC Withheld	$	416
33	A12	Union Dues Withheld	$	200
33	A12	CT Paid Family Leave- EE Contr	$	310
33	A12	HRA	$	127,269
33	A12	EBHRA	$	37,800
33	A12	Capital Lease Payable	$	(2)
33	A12	Home Depot Credit	$	815
33	A12	American Express	$	11,921
Total Other Current Liabilities (Itemize)			$	363,358

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

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

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health and Rehab Center of Plainfiel	2387	9/30/2022	33	37

Account					Amount
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable					$ 1,175,661
2. Notes Payable (*itemize*)					$
See Schedule					
3. Loans Payable for Equipment (*Current portion*) (*itemize*)					$
Name of Lender	Purpose	Amount	Date Due		
4. Accrued Payroll (*Exclusive of Owners and/or Stockholders only*)					$ 399,717
5. Accrued Payroll (*Owners and/or Stockholders only*)					$
6. Accrued Payroll Taxes Payable					$ 25,556
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*)					$
11. Accrued Income Taxes*					$
12. Other Current Liabilities (*itemize*)					$ 363,358
See Schedule 363,358					
A-13. ***Total Current Liabilities*** (Lines A1 thru 12)					$ 1,964,292

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

(Carry Total forward to next page)

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health and Rehab Center of Plainf	2387	9/30/2022	34	37

Account	Amount
Total Brought Forward:	1,964,292
Liabilities (cont'd)	
B. Long-Term Liabilities	
1. Loans Payable-Equipment (*itemize*)	$

Name of Lender	Purpose	Amount	Date Due

2. Mortgages Payable	$
3. Loans from Owners or Related Parties (*itemize*)	$

Name and Address of Lender	Amount	Loan Date

4. Other Long-Term Liabilities (*itemize*)	$
See Schedule	
B-5. ***Total Long-Term Liabilities*** (Lines B1 thru 4)	$
C. ***Total All Liabilities*** (Lines A-13 + B-5)	$ 1,964,292

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

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health and Rehab Center of I	2387	9/30/2022	35	37

Account		Amount
A.	**Reserves**	
	1. Reserve for value of leased land	$
	2. Reserve for depreciation value of leased buildings and appurtenances to be amortized	$
	3. Reserve for depreciation value of leased personal property (*Equity)*	$
	4. Reserve for leasehold real properties on which fair rental value is based	$
	5. Reserve for funds set aside as donor restricted	$
	6. Total Reserves	$
B.	**Net Worth**	
	1. Owner's Capital	$
	2. Capital Stock	$
	3. Paid-in Surplus	$ (2,812,908)
	4. Treasury Stock	$
	5. Cumulated Earnings	$ 3,451,658
	6. Gain or Loss for Period 10/1/2021 thru 9/30/2022	$ (170,379)
	7. Total Net Worth	$ 468,371
C.	***Total Reserves and Net Worth***	$ 468,371
D.	***Total Liabilities, Reserves, and Net Worth***	$ 2,432,663

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H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health and Rehab Center of Pla	2387	9/30/2022	36	37

Account				Amount
A.	Balance at End of Prior Period as shown on Report of 09/30/2021			$ 3,566,504
B.	Total Revenue (*From Statement of Revenue Page 30*)			$ 11,366,094
C.	Total Expenditures (*From Statement of Expenditures Page 27*)			$ 11,536,473
D.	Net Income or Deficit			$ (170,379)
E.	Balance			$ 3,396,125
F.	Additions			
	1. Additional Capital Contributed (*itemize*)			
	2. Other (*itemize*)			
F-3.	Total Additions			$
G.	Deductions			
	1. Drawings of Owners/Operators/Partners (*Specify*)			$
	Name and Address (*No., City, State, Zip*)	Title	Amount	
	2. Other Withdrawings *(Specify)*			$
	Purpose		Amount	
	3. Total Deductions			$
H.	***Balance at End of Period*** 09/30/22			$ 3,396,125

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I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health and Rehab Center of	2387	9/30/2022	37	37

Check appropriate category

☑ Chronic and Convalescent Nursing Home only (CCNH)	☐ Rest Home with Nursing Supervision only (RHNS)	☐ (Specify)

Preparer/Reviewer Certification

I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.

Signature of Preparer	Title	Date Signed

Printed Name of Preparer	
CJLC LLC	
Addres Address	Phone Number
225 Pitkin St., East Hartford, CT 06108	860-610-9009
Contacted Person Regarding Additional Information Needed Regarding This Report	Phone Number
CJLC	860-610-9009
Contact Email Address	
annualreports@cjlc.com	