

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) Middlebury Convalescent Home, Inc.	
Address (No. & Street, City, State, Zip Code) 778 Middlebury Road, Middlebury, CT 06762	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH) (RHNS)	
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022

License Numbers:	CCNH 704C	RHNS	(Specify)	Medicare Provider 07-5146
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Medicaid Provider Numbers:	CCNH 7047	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Middlebury Convalescent Home, Inc.	License No. 704C	Report for Year Ended 9/30/2022	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Middlebury Convalescent Home, Inc. [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.

(a) Subject to Desk Audit review

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Jeanine Hammitt			Printed Name (Owner) Various, see page 3A		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Middlebury Convalescent Home, Inc.	Period Covered:	From 10/1/2021	To 9/30/2022	
Address of Facility 778 Middlebury Road, Middlebury, CT 06762				
Report Prepared By Marcum LLP	Phone Number 203-781-9600	Date 12/6/2022		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility (203) 758-2471		Report for Year Ended 9/30/2022	Page 2	of 37
Name of Facility (as shown on license) Middlebury Convalescent Home, Inc.		Address (No. & Street, City, State, Zip) 778 Middlebury Road, Middlebury, CT 06762		
License Numbers:	CCNH 704C	RHNS	(Specify)	Medicare Provider No. 07-5146
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," explain fully.
N/A				
Administrator				
Name of Administrator Jeanine Hammitt		Nursing Home Administrator's License No.:	001761	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		
N/A				

General Information and Questionnaire Corporate Owners

Name of Facility Middlebury Convalescent Home, Inc.	License No. 704C	Report for Year Ended 9/30/2022	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Middlebury Convalescent Home, Inc.	778 Middlebury Road, Middlebury, CT 06762	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
See attached page 3A1				
Names of Stockholders Owning at Least 10% of Shares				
See attached page 3A1				

General Information and Questionnaire Individual Proprietorship

Name of Facility Middlebury Convalescent Home, Inc.	License No. 704C	Report for Year Ended 9/30/2022	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

**General Information and Questionnaire
 Related Parties***

Name of Facility Middlebury Convalescent Home, Inc.	License No. 704C	Report for Year Ended 9/30/2022	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Elaine Dabbo	778 Middlebury Road, Middlebury, CT 06762	<input type="radio"/>	<input checked="" type="radio"/>		Directors Fees	Pg 16 / Line m13	2,505	2,505
Carin Peterson	778 Middlebury Road, Middlebury, CT 06762	<input type="radio"/>	<input checked="" type="radio"/>		Directors Fees	Pg 16 / Line m13	2,900	2,900
Cythia Resha	778 Middlebury Road, Middlebury, CT 06762	<input type="radio"/>	<input checked="" type="radio"/>		Directors Fees	Pg 16 / Line m13	2,900	2,900
Jeanine Hammit	778 Middlebury Road, Middlebury, CT 06762	<input type="radio"/>	<input checked="" type="radio"/>		Directors Fees	Pg 16 / Line m13	1,400	1,400
Grace Nardiello	778 Middlebury Road, Middlebury, CT 06762	<input type="radio"/>	<input checked="" type="radio"/>		Directors Fees	Pg 16 / Line m13	1,400	1,400
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Middlebury Convalescent Home, Inc.	License No. 704C	Report for Year Ended 9/30/2022	Page 5	of 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 <i>(See listing page 13)</i>			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
N/A				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
N/A				
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.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
N/A				

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of	
Middlebury Convalescent Home, Inc.			704C	9/30/2022			6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed		
	Yes	No							
Great American	<input type="radio"/>	<input checked="" type="radio"/>	Copier	02/12/20	60 months	1,906	1,906		
Great American	<input type="radio"/>	<input checked="" type="radio"/>	Copier	09/10/19	60 months	1,816	1,816		
Great American	<input type="radio"/>	<input checked="" type="radio"/>	Copier	09/01/19	48 months	2,161	2,161		
Great American	<input type="radio"/>	<input checked="" type="radio"/>	Copier	02/01/21	Open-Ended	504	504		
Great American	<input type="radio"/>	<input checked="" type="radio"/>	Copier	04/06/22	60 months	95	95		
Paylocity	<input type="radio"/>	<input checked="" type="radio"/>	Time Clock	02/01/14	Open-Ended	567	567		
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No	Total ***
								7,049	

* 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.

1. Your Account

Account Number

0011477246

Account Name

MIDDLEBURY CONVALESCENT

Billing Address

778 Middlebury Rd
Middlebury,
CT 06762-2401

2. Equipment

Current Lease Number

F770557005

Current Equipment

DM100

Installation Address

778 Middlebury Rd
Middlebury,
CT 06762-2401

3. New Lease Summary

New Lease Includes:

SendPro Postal Access
SoftGuard for C200
CSD2 Integration
Meter
Standard SLA

Date: Jan 12, 2018
Lease Term: 63 Months
Total Monthly: \$51.50

Signature

Name

jeanine hammitt

Title

office manager

Email Address

jeaninehammitt@yahoo.com

Date Signed

01/03/2018

Salvatore Perotta
Salvatore Perotta
Director, Credit & New Business Operations
3/20/2018

Electronic Signature Process Record

Company: MIDDLEBURY CONVALESCENT

Name: jeanine hammitt

IP Address: 66.109.54.26

Agreed to E-Sign Disclosures at: January 12, 2018

Signed Lease Agreement as : jeanine hammitt at January 12, 2018 09:12:09 EST

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General Information and Questionnaire
Accounting Basis

Name of Facility Middlebury Convalescent Home, Inc	License No. 704C	Report for Year Ended 9/30/2022	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis: <input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain.				
Independent Accounting Firm				
Name of Accounting Firm 1 Marcum LLP 2 3 4		Address (No. & Street, City, State, Zip Code) 555 Long Wharf Dr, New Haven, CT 06511		
Services Provided by This Firm (<i>describe fully</i>)				
1	Compilation, tax preparations, cost report preparation, reimbursement consulting, month end review			\$ 36,030
2				\$
3				\$
4				\$
				Charge for Services Provided \$ 36,030
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. <input checked="" type="radio"/> Yes <input type="radio"/> No Page 15, Line 1d				
Legal Services Information				
Name of Legal Firm or Independent Attorney 1 Murtha Cullina 2 Ford & Harrison LLP 3 4 5			Telephone Number 860-240-6000 860-740-1355	
Address (<i>No. & Street, City, State, Zip Code</i>) 1 280 Trumbull Street, Hartford, CT 06103 2 185 Asylum Street, Hartford, CT 06103 3 4 5				
Services Provided by This Firm (<i>describe fully</i>)				
1	Review of booster mandate, discharge notices, employment, and survey matters			\$ 5,746
2	General employment questions			\$ 200
3				\$
4				\$
5				\$
				Charge for Services Provided \$ 5,946
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. <input checked="" type="radio"/> Yes <input type="radio"/> No Page 15, Line 1e				

Schedule of Resident Statistics

Name of Facility Middlebury Convalescent Home, Inc.		License No. 704C			Report for Year Ended 9/30/2022				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	58	58			58	58							
B. On last day of THIS report period	58	58							58	58			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	39	39			39	39							
B. As of midnight of THIS report period	49	49							49	49			
3. Total Number of Days Care Provided During Period													
A. Medicare	1,221	1,221			1,034	1,034			187	187			
B. Medicaid (Conn.)	11,921	11,921			8,617	8,617			3,304	3,304			
C. Medicaid (other states)													
D. Private Pay	3,549	3,549			2,624	2,624			925	925			
E. State SSI for RCH													
F. Other (Specify)													
G. Total Care Days During Period (3A thru F)	16,691	16,691			12,275	12,275			4,416	4,416			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	12	12			5	5			7	7			
B. Other Bed Reserve Days	36	36			32	32			4	4			
5. Total Resident Days (3G + 4A + 4B)	16,739	16,739			12,312	12,312			4,427	4,427			

Schedule of Resident Statistics (Cont'd)

Name of Facility Middlebury Convalescent Home, Inc.			License No. 704C			Report for Year Ended 9/30/2022			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid			Self-Pay			Other State Assisted				
	CCNH	RHNS	CCNH	RHNS	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents	1		35			13							
Per Diem Rate													
a. One bed rm.	Various		266.53			395.00							
b. Two bed rms.	Various		266.53			370.00							
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments						TOTAL	CCNH	RHNS	(Specify)				
A. Medicare - Part B						1,691	1,691						
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other						960	960						
D. Total Physical Therapy Treatments						2,651	2,651						
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B						228	228						
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other						176	176						
D. Total Speech Therapy Treatments						404	404						
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B						1,136	1,136						
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other						1,185	1,185						
D. Total Occupational Therapy Treatments						2,321	2,321						

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Middlebury Convalescent Home, Inc.	704C	9/30/2022	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	86,205	1,943				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	158,881	5,614				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	70,789	2,120				
c. Dietary Workers	211,457	12,953				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	180,211	10,673				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	157,377	5,983				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
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	90,847	1,956				
b. RN						
1. Direct Care	405,064	9,794				
2. Administrative**	187,177	4,551				
c. LPN						
1. Direct Care	514,696	16,505				
2. Administrative**						
d. Aides and Attendants	800,504	41,263				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	106,565	4,402				
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	97,519	2,984				
n. Marketing						
o. Other (Specify)						
See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	3,067,292	120,741				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

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

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	-					
Medical Librarian Consultant	\$ 1,911	22				
Total	\$ 1,911	22	\$ -	-	\$ -	-

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

Name of Facility				License No.		Report for Year Ended			Page	of
Middlebury Convalescent Home, Inc.				704C		9/30/2022			11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

** Include all employment worked during the cost year.

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Middlebury Convalescent Home, Inc.				704C	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***										
Jeanine Hammitt	86,205			Non. Discrim.	Administrator	1,943	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.

Annual Report of Long-Term Care Facility

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Middlebury Convalescent Home, Inc.	704C	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	15,113	310				
2. Dentist						
3. Pharmacist	7,350	74				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	86,721	1,016				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	70,700	524				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	37,098	286				
b. Other						
10. Occupational Therapist						
a. Resident Care	78,284	920				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	49,839	234				
2. Administrative***						
b. LPN						
1. Direct Care	1,792	29				
2. Administrative***						
c. Aides	61,276	2,144				
d. Other						
12. Other (Specify)						
See Attached Schedule	1,911	22				
B-13 Total Fees Paid in Lieu of Salaries	410,084	5,559				

* 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 Middlebury Convalescent Home, Inc.		License No. 704C		Report for Year Ended 9/30/2022	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers			Explanation of Relationship	
		Yes	No			
The Nurse Network, LLC	RN, LPN, Aides	<input type="radio"/>	<input checked="" type="radio"/>		N/A	
Dr. Deluca, Middlebury, CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		N/A	
Caring Nurses, 46-a Poquonock Ave., Windsor, CT 06095	Medical Librarian Consultant	<input type="radio"/>	<input checked="" type="radio"/>		N/A	
Christine Riley, 587 Breakneck Hill Road, Middlebury, CT	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		N/A	
Marcia Cohen, 806 North Lake View Drive, Orange, CT	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>		N/A	
Health Pro	PT, OT, ST	<input type="radio"/>	<input checked="" type="radio"/>		N/A	
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Middlebury Convalescent Home, Inc.	704C	9/30/2022	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 69,328	69,328		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 28,550	28,550		
4. Social Security (F.I.C.A.)	\$ 229,162	229,162		
5. Health Insurance	\$ 66,239	66,239		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$			
9. Other (Specify) See Attached Schedule	\$ (108)	(108)		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 254	254		
d. Accounting and Auditing	\$ 36,030	36,030		
e. Legal (Services should be fully described on Page 7)	\$ 5,946	5,946		
f. Insurance on Lives of Owners and Operators (Specify)*	\$			
g. Office Supplies	\$ 26,997	26,997		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 17,812	17,812		
2. Cellular Phones	\$			
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	\$			
3. Resident Day User Fee	\$ 326,050	326,050		
Subtotal	\$ 806,260	806,260		

* 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)
	0		
Dental Insurance (Disallowed on Page 28A)	\$ (108)		
Total	\$ (108)	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
	0		
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Middlebury Convalescent Home, Inc.	704C	9/30/2022		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	806,260	806,260			
i. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$ 13,609	13,609			
4. Employee Travel	\$ 480	480			
5. Education Expenses Related to Seminars and Conventions	\$ 285	285			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 21,960	21,960			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 12,782	12,782			
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	\$				
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 6,034	6,034			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 43,602	43,602			
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$ 37,490	37,490			
C-14 Total Administrative & General Expenditures	\$ 942,502	942,502			

* 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)
	0		
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	0		
Promotional Advertising (Disallowaed on Page 28)	\$ 12,782		
Total Other Advertising	\$ 12,782	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	0		
CAHCF	\$ 5,937		
Motion Picture (Disallowaed on Page 28a)	\$ 97		
Total Dues	\$ 6,034	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	0		
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	0		
Celebration Team Expense (Disallowaed on Page 28a)	\$ 3,727		
Bank Charges	\$ 60		
Finance Charges (Disallowaed on Page 28a)	\$ 7,832		
Director Fees (Disallowaed on Page 28a)	\$ 11,105		
Licenses and Fees	\$ 2,511		
Loss on Disposal of Asset (Disallowaed on Page 28a)	\$ 4,640		
CMS Audit (Disallowaed on Page 28a)	\$ 7,615		
Total Other Administrative and General	\$ 37,490	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Middlebury Convalescent Home, Inc.	704C	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 #
N/A			

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

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

Name of Facility Middlebury Convalescent Home, Inc.		License No. 704C	Report for Year Ended 9/30/2022	Page 18	of 37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 115,603	115,603			
2. Non-Food Supplies	\$ 10,493	10,493			
3. Other (Specify) _____	\$ _____				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 4,846	4,846			
c. Other (Specify) _____	\$ _____				
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 130,942	130,942			
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?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify cost.
K. Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify cost.
N. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.

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

Name of Facility Middlebury Convalescent Home, Inc.		License No. 704C	Report for Year Ended 9/30/2022	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	3,154	3,154		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	25,600	25,600		
c. Other (Specify)	\$				
3D. Total Laundry Expenditures (3a + b + c)	\$	28,754	28,754		
3E. Laundry Questionnaire					
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3D.

*** Pounds of Laundry only required for multi-level facilities.

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

Name of Facility		License No.	Report for Year Ended		Page	of
Middlebury Convalescent Home, Inc.		704C	9/30/2022		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt.	\$ 37,857	37,857		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt.	\$			
C.	Other (<i>Specify</i>)		\$			
4D.	Total Housekeeping Expenditures (4a + b + c)		\$ 37,857	37,857		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy		\$			
	2. Purchased from Pharmacy		\$ 38,158	38,158		
b.	Medicine Cabinet Drugs		\$ 138,535	138,535		
c.	Medical and Therapeutic Supplies		\$			
d.	Ambulance/Limousine***		\$			
e.	Oxygen					
	1. For Emergency Use		\$			
	2. Other***		\$			
f.	X-rays and Related Radiological Procedures***		\$ 2,989	2,989		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$			
h.	Laboratory***		\$ 7,845	7,845		
i.	Recreation		\$ 28,785	28,785		
j.	Direct Management Services*		\$			
k.	Indirect Management Services*		\$			
l.	Other (Specify)**** See Attached Schedule		\$ 5,487	5,487		
5M.	Total Resident Care Expenditures (5a - 5j)		\$ 221,799	221,799		

* 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)
	0		
Medicare Related Expenses (Disallowed on Pg 29a)	\$ 3,392		
Personal Health Items (Disallowed on Pg 29a)	\$ 2,095		
Total Other Resident Care	\$ 5,487	\$ -	\$ -

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

Name of Facility Middlebury Convalescent Home, Inc.		License No. 704C		Report for Year Ended 9/30/2022			Page of 21 37			
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
USA Hauling	15 Mullen Road, Enfield, CT 06082	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Trash Removal	21,975			22	6f
Paylocity	1400 American Lane, Schaumburg, IL 60713	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Payroll Services	15,669			16	m11
Wescom Solutions, Inc.	PO Box 674802, Detroit, MI 48267-4802	<input type="radio"/>	<input checked="" type="radio"/>	N/A	PointClickCare Software	16,918			16	m11
Rinaldi Linen	47 Commons Ct, Waterbury, CT 06704	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Washing Services	25,600			19	3b
Facility Compliance Services LLC	221 W Main St, Plainville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Water Testing	10,073			22	6f
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

* List all contracted services over \$10,000. Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.
 *** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended		Page	of
Middlebury Convalescent Home, Inc.	704C	9/30/2022		22	37
Item	Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 19,128	19,128			
b. Heat	\$ 46,159	46,159			
c. Light & Power	\$ 52,120	52,120			
d. Water	\$ 44,896	44,896			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 7,049	7,049			
f. Other (<i>itemize</i>) See Attached Schedule	\$ 60,635	60,635			
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 229,987	229,987			
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements	\$ 6,290	6,290			
b. Building & Building Improvements	\$ 51,662	51,662			
c. Non-Movable Equipment	\$ 9,381	9,381			
d. Movable Equipment	\$ 19,364	19,364			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 86,697	86,697			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$				
d. Other (<i>Specify</i>)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$				
10. Property Taxes					
a. Real estate taxes paid by owner	\$ 62,793	62,793			
b. Real estate taxes paid by lessor	\$				
c. Personal property taxes	\$				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 149,490	149,490			

* 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)
	0		
Maintenance Purchased Services	\$ 60,635		
Total Other Repairs and Maintenance	\$ 60,635	\$ -	\$ -

Depreciation Schedule

Name of Facility		License No.		Report for Year Ended				Page	of				
Middlebury Convalescent Home, Inc.		704C		9/30/2022				23	37				
Property Item		Historical Cost	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				
		Exclusive of Land											
A. Land Improvements													
1. Acquired prior to this report period		254,301		254,301	165,745	S/L	Various	6,290					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal									6,290				
B. Building and Building Improvements													
1. Acquired prior to this report period		2,461,705		2,461,705	1,765,468	S/L	Various	49,157					
2. Disposals (attach schedule)		(9,810)		(9,810)	(7,194)	S/L	15						
3. Acquired during this report period (attach schedule)		25,049		25,049		S/L	Various	2,505					
B-4. Subtotal									51,662				
C. Non-Movable Equipment													
1. Acquired prior to this report period		249,957		249,957	180,321	S/L	Various	7,051					
2. Disposals (attach schedule)		(4,666)		(4,666)	(4,666)	S/L	8						
3. Acquired during this report period (attach schedule)		23,299		23,299		S/L	Various	2,330					
C-4. Subtotal									9,381				
		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	396,223		396,223	330,945	S/L	Various	17,309	
b. Disposals (attach schedule)						(12,724)		(12,724)	(10,502)	S/L	Various		
Acquired during this report period (attach schedule):													
c. Administrative						16,052		16,052				2,055	
d. Standard Resident													
e. Specialized Resident													
Total Acquired during this report period						16,052		16,052				2,055	
D-3. Subtotal													19,364
E. Total Depreciation													86,697

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:				
3/25/2022	Door Alarm Panel	\$ 2,678	10	\$ 268
8/1/2022	Front Awning	\$ 22,371	10	\$ 2,237
Total additions for Building Improvements		\$ 25,049		\$ 2,505 *
Deletions:				
6/2/2011	Front Awning	\$ (9,810)	15	
Total deletions for Building Improvements		\$ (9,810)		\$ - **

*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:				
2/21/2022	WanderGuard Detection	\$ 3,743	10	\$ 374
9/30/2022	Dishwasher	\$ 19,556	10	\$ 1,956
Total additions for Non-Movable Equipment		\$ 23,299		\$ 2,330 *
Deletions:				
7/13/1987	Dishwasher	\$ (4,666)	8	
Total deletions for Non-Movable Equipment		\$ (4,666)		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
2/8/2022	Washer	Administrative	\$ 1,094	10	\$ 109
7/29/2022	Phone System	Administrative	\$ 13,028	10	\$ 1,303
2/1/2022	Laptop	Administrative	\$ 1,930	3	\$ 643
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
Total additions for Movable Equipment			\$ 16,052		\$ 2,055 *
Deletions:					
9/20/2005	Washer		\$ (954)	10	
6/30/2014	Phone System		\$ (11,125)	10	
10/29/2014	Laptops		\$ (645)	3	
Total deletions for Movable Equipment			\$ (12,724)		\$ - **

*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:				
Total additions for Leasehold Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Middlebury Convalescent Home, Inc.			License No. 704C		Report for Year Ended 9/30/2022			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
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									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* 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.

Middlebury Conv, Home
 Depreciation Schedule
 September 30, 2022
 Property

	Date Acquired	Hist. Costs	Cost to Be Deprec	Method	Life***	2020 Deprc	2020 Accum	2021 Deprc	PY 2021 Accum	[a] 2022 Deprc	[a] 2022 Accum
Land Improvements											
Acquired prior	Various	212,251	212,251	SL	Var	1,906	212,251	-	212,251	-	212,251
2009 Acquisition											
Landscape Design & New Plants	6/30/2009	3,256	3,256	SL	5	-	3,256	-	3,256	-	3,256
2010 Acquisition											
Chain Link Fence w/ Gate	9/20/2010	686	-			-	-	-	-	-	-
Paving	9/24/2010	6,927	6,927	SL	8	-	6,927	-	6,927	-	6,927
2012 Acquisition											
Drainage Improvements	11/18/2011	4,786	4,786	SL	15	319	2,845	319	3,164	319	3,483
2014 Acquisitions											
Parking Improvements	7/31/2014	15,332	15,332	SL	20	767	5,368	767	6,135	767	6,902
Drainage Improvements	7/31/2014	8,388	8,388	SL	15	559	3,913	559	4,472	559	5,032
2017 Acquisitions											
Front Sidewalk - American Heritage	4/30/2017	9,997	9,997	SL	20	500	2,000	500	2,500	500	3,000
2018 Acquisitions											
S&S Asphalt - New Driveway	10/31/2017	82,904	82,904	SL	20	4,145	12,435	4,145	16,580	4,145	20,725
2018 Disposals											
1997 Driveway	1/1/1997	(89,540)	(89,540)			-	(89,540)	-	(89,540)	-	(89,540)
Total		254,986	254,301			8,196	159,455	6,290	165,745	6,290	172,035

Building and Building Improvements											
Acquired prior (Building Impro.)	Various	452,863	452,863	SL	Var	-	452,863	-	452,863	-	452,863
Door replacement	9/30/2006	16,556	16,556	SL	15	1,104	15,895	661	16,556	-	16,556
Sprinkler Installation	9/30/2006	348,235	348,235	SL	5	-	348,235	-	348,235	-	348,235
2007 Acquisition											
Pipe replacement	2/28/2007	4,798	4,798	SL	25	192	2,687	192	2,879	192	3,071
Fire alarm	8/2/2007	3,425	3,425	SL	10	-	3,425	-	3,425	-	3,425
Doors	8/31/2007	66,942	66,942	SL	15	4,463	62,480	4,463	66,943	(1)	66,942
Ceilings	8/31/2007	84,867	84,867	SL	8	-	84,867	-	84,867	-	84,867
Wallguards & Handrails	8/31/2007	58,464	58,464	SL	15	3,898	54,568	3,898	58,466	(2)	58,464
Electrical Upgrades	8/31/2007	66,065	66,065	SL	20	3,303	46,244	3,303	49,547	3,303	52,851
Corridor Flooring	8/31/2007	17,777	17,777	SL	10	-	17,777	-	17,777	-	17,777
Carpelng Front Lobby	8/31/2007	8,957	8,957	SL	5	-	8,957	-	8,957	-	8,957
Wallcoverings & Painting	8/31/2007	41,030	41,030	SL	5	-	41,030	-	41,030	-	41,030
3 Sprinklers&Extension of lines	8/31/2007	10,646	10,646	SL	25	426	5,963	426	6,389	426	6,814
Asbestos Removal(During Sprinkler Install)	8/13/2007	142,781	142,781	SL	5	-	142,781	-	142,781	-	142,781
2007 Current Year Disposal											
Disposal of Assets		(1,491)	(1,491)			-	(1,491)	-	(1,491)	-	(1,491)
2008 Acquisition											
Glass sliding front door	11/13/2007	11,287	11,287	SL	10	-	11,287	-	11,287	-	11,287
Credit for paving street for sprinkler	1/11/2008	(11,206)	(11,206)	SL	5	-	(11,206)	-	(11,206)	-	(11,206)
Portion of recreation room placed into service	9/30/2008	208,758	208,758	SL	25	8,350	108,553	8,350	116,903	8,350	125,253

2009 Disposal													
Carpeling Office & Storage	5/10/1989	(507)	(507)			-	(507)	-	(507)	-	-	(507)	
2009 Acquisition													
Recreation Room	9/30/2008	26,614	26,614	SL	25	1,065	12,777	1,065	13,842	1,065		14,907	
PT Room Renovations	10/31/2008	10,478	10,478	SL	25	419	5,029	419	5,448	419		5,867	
DNS Office Renovations	12/31/2008	13,747	13,747	SL	25	550	6,599	550	7,149	550		7,699	
Electrical Upgrades	3/31/2009	20,309	20,309	SL	20	1,015	12,183	1,015	13,198	1,015		14,214	
Door Hardware Dining Room	5/29/2009	3,076	3,076	SL	15	205	2,460	205	2,665	205		2,871	
Resident Room Flooring	7/31/2009	13,755	13,755	SL	10	-	13,754	-	13,754	-		13,754	
Accounting Office Flooring	7/31/2009	1,125	-	NA	NA	-	-	-	-	-		-	
Accumulated Depreciation Adjustment from Prior Year							19,447		19,447				19,447
2010 Acquisition													
2011 Acquisition													
Awnings	6/2/2011	9,810	9,810	SL	15	654	6,540	654	7,194	-		7,194	
Sprinkler Heads Boiler Room	6/30/2011	1,776	1,776	SL	25	71	710	71	781	71		852	
WiFi	9/30/2011	3,768	3,768	SL	10	376	3,768	-	3,768	-		3,768	
2011 Dispositions													
Front Entrance Canopy		(3,286)	(3,286)			-	(3,286)	-	(3,286)	-		(3,286)	
Patio Awning Addition		(4,839)	(4,839)			-	(4,839)	-	(4,839)	-		(4,839)	
2012 Additions													
Shed	9/30/2012	4,401	4,015	SL	20	201	1,681	201	1,882	201		2,082	
Kitchen Hood Sprinklers	1/31/2012	2,106	2,106	SL	25	84	736	84	820	84		904	
Electrical Upgrades	2/1/2012	3,490	3,490	SL	20	174	1,510	174	1,684	174		1,858	
New Soffit	9/30/2012	2,435	2,435	SL	15	162	1,351	162	1,513	162		1,675	
Unidentified Variance		387	387										
2013 Additions													
Front Railing Improvement	5/31/2013	2,659	2,659	SL	15	177	1,313	177	1,490	177		1,668	
Unidentified Variance		(387)	(387)										
2014 Additions													
Electrical for Resident Lights & Ou	12/30/2011	4,496	4,496	SL	20	225	1,575	225	1,800	225		2,024	
Buiding Addition	7/31/2014	516,455	516,455	SL	40	12,911	90,378	12,911	103,289	12,911		116,200	
Carpet main Entrance	3/31/2014	2,978	2,978	SL	5	-	2,978	-	2,978	-		2,978	
Intercom System	7/31/2014	1,955	1,955	SL	10	195	1,366	195	1,561	195		1,756	
Nurse's Stations	7/31/2014	201,661	201,661	SL	15	13,444	94,108	13,444	107,552	13,444		120,996	
Therapy Room Conversion	7/31/2014	81,075	81,075	SL	15	5,405	37,835	5,405	43,240	5,405		48,645	
2015 Additions													
Move A/C Nurse's station Project	7/31/2014	2,500	2,500	S/L	15	167	1,002	167	1,169	167		1,335	
2018 Additions													
Direct Supply Kitchen Counters	12/22/2017	10,426	10,426	S/L	25	417	1,251	417	1,668	417		2,085	
2022 Additions													
Door Alarm Panel	3/25/2022	2,678	2,678	S/L	10						268	268	
Front Awning	8/1/2022	22,371	22,371	S/L	10						2,237	2,237	
2022 Disposal													
Front Awning	6/2/2011	(9,810)	(9,810)										(7,194)
Total		2,478,455	2,476,944			59,653	1,706,634	58,834	1,765,468	51,662		1,809,936	

Non-Movable Equipment

<i>Acquired prior</i>		170,839	170,839	SL	Var	-	170,839	-	170,839	-	170,839
Current Year Acquisitions											
Hot water Heater	5/3/2007	2,550	2,550	SL	10	-	2,550	-	2,550	-	2,550
Nurses Station Counter	8/31/2007	2,680	2,680	SL	15	179	2,503	177	2,680	-	2,680
Lighting Fixtures	4/9/2007	4,414	4,414	SL	10	-	4,414	-	4,414	-	4,414
40LB Speed Queen Washer	7/25/2007	6,355	6,355	SL	10	-	6,355	-	6,355	-	6,355
2007 Current Year Disposal											
Disposal		(8,284)	(8,284)	SL	var	-	(8,284)	-	(8,284)	-	(8,284)
2008 Acquisition											
Electric box upgrade	6/16/2008	9,300	9,300	SL	20	465	6,045	465	6,510	465	6,975
2009 Acquisition											
12 Resident Room Electric Heaters	11/30/2008	9,990	9,990	SL	10	-	9,990	-	9,990	-	9,990
Nurse Call System West	12/31/2008	6,370	6,370	SL	10	-	6,370	-	6,370	-	6,370
Goodhill Mechanical - Boiler #1	8/31/2009	12,490	12,490	SL	20	625	7,497	625	8,122	625	8,746
2009 Disposal											
Nurse Call System West	4/15/1999	(8,055)	(8,055)			-	(8,055)	-	(8,055)	-	(8,055)
Adjustment for Prior Period							589	-	589	-	589
2010 Acquisition											
E Panel for Generator	10/19/2009	1,541	-			-	-	-	-	-	-
Endurance 6 Burner 2 Oven Stove	12/17/2009	4,144	4,144	SL	10	2	4,144	-	4,144	414	4,559
2011 Acquisition											
Telephone Wiring to Resident Rooms	12/22/2010	7,200	7,200	SL	20	360	3,600	360	3,960	360	4,320
57 Over the Bed Light Fixtures	3/11/2011	12,131	12,131	SL	10	1,213	12,131	-	12,131	-	12,131
Ductless AC in Emp Breakroom	4/14/2011	3,650	3,650	SL	5	-	3,650	-	3,650	-	3,650
2014 Acquisition											
Fire System Improvements	4/30/2014	3,367	3,367	SL	10	337	2,358	337	2,695	337	3,032
2014 Disposals											
Lighting Fixtures	4/9/2007	(4,414)	(4,414)	SL	10	-	(4,414)	-	(4,414)	(441)	(4,855)
40LB Speed Queen Washer	7/25/2007	(6,355)	(6,355)	SL	10	-	(6,355)	-	(6,355)	(635)	(6,990)
2015 Additions											
Rooftop A/C Unit Nurses Closet	6/15/2015	1,702	1,702	SL	5	1	1,701	-	1,701	-	1,701
PT - 3 72"H Wall Mirrors Install	8/8/2015	1,515	1,515	SL	15	101	606	101	707	101	808
2016 Additions											
Transfer Switch Schmidt Electric	2/21/2016	6,113	6,113	SL	20	306	1,530	306	1,836	306	2,142
Inline Air Conditioner-Conf. Room	8/15/2016	4,590	4,590	SL	10	459	2,295	459	2,754	459	3,213
2018 Disposals											
Glenko Jacuzzi Bath	1/6/1981	(5,176)	(5,176)	SL		-	(5,176)	-	(5,176)	-	(5,176)
New Telephone Partner ACS System	5/25/2001	(10,059)	(10,059)	SL		-	(10,059)	-	(10,059)	-	(10,059)
Chlorination & Monitoring Well Water	9/1/2008	(11,554)	(11,554)	SL		-	(11,554)	-	(11,554)	-	(11,554)
Hot Water Booster - Hatco	9/22/2002	(1,060)	(1,060)	SL		-	(1,060)	-	(1,060)	-	(1,060)
Water Cooler 5 Gal floor mount #42	2/14/2013	(605)	(605)	SL		-	(605)	-	(605)	-	(605)

2019 Additions											
Ferrari's Appliance - Stove Dining Room	12/31/2018	1,016	1,016	SL	10	102	229	102	331	102	433
Raintech, Door Alarm Recreation	6/27/2019	2,499	2,499	SL	15	167	250	167	417	167	584
New Wing Compressor	7/31/19-8/31/19	3,750	3,750	SL	10	375	500	375	875	375	1,250
2020 Additions											
A/C Unit - Nurses' Station WW	5/29/2020	4,928	4,928	SL	5	358	358	358	716	986	1,702
2020 Disposals											
A/C Unit - WW Med Room	11/13/2001	(4,028)	(4,028)	SL	5	-	(4,028)	-	(4,028)	(806)	(4,834)
2021 Additions											
RainTech Nursing Call System	9/30/2021	42,380	42,380	SL	10	-	-	-	-	4,238	4,238
2021 Disposals											
Executone: Nurses Call System East	4/15/1999	(8,055)	(8,055)	SL	-	-	-	-	(8,055)	-	(8,055)
Nurse Call West Wing	11/30/2008	(6,370)	(6,370)	SL	-	-	-	-	(6,370)	-	(6,370)
2022 Additions											
WanderGuard Detection	2/21/2022	3,743	3,743	S/L	10	-	-	-	-	374	374
Dishwasher	9/30/2022	19,556	19,556	S/L	10	-	-	-	-	1,956	1,956
2022 Disposal											
Dishwasher	7/13/1987	(4,666)	(4,666)	-	-	-	-	-	-	-	(4,666)
Total		270,130	268,590			5,050	190,914	3,832	180,321	9,380	185,035

Movable Equipment

Acquired prior		176,454	176,454	SL	Var	-	176,454	-	176,454	-	176,454
Less: Salvage value											
2007 Acquisitions											
Hamilton Beach Blender HAM 990	4/9/2007	600	-	SL	10	-	-	-	-	-	-
Patient Life	12/14/2006	4,272	4,272	SL	10	-	4,272	-	4,272	427	4,700
Pellet / Plate Heater with cart	4/23/2007	12,794	12,794	SL	10	-	12,794	-	12,794	1,279	14,073
2007 Current Disposal											
Disposal		(1,145)	(1,145)			-	(1,145)	-	(1,145)	-	(1,145)
2008 Acquisitions											
40 stacking w/ arm chairs	11/23/2007	10,762	10,762	SL	15	717	9,325	717	10,042	717	10,759
5 electrical beds	12/17/2007	6,601	6,601	SL	12	-	6,601	-	6,601	550	7,151
Low electrical beds	1/15/2008	1,187	-			-	-	-	-	-	-
Resident furniture	1/15/2008	1,494	-			-	-	-	-	-	-
2 flat screen tv's	3/31/2008	611	-			-	-	-	-	-	-
Oxygen concentrator	4/3/2008	728	-			-	-	-	-	-	-
2 flat screen tv's	4/11/2008	785	-			-	-	-	-	-	-
Whirlpool dryer	4/24/2008	649	-			-	-	-	-	-	-
Slicer 12l knife	4/28/2008	1,039	-			-	-	-	-	-	-
Manual flower bed w/ gate	6/12/2008	1,520	-			-	-	-	-	-	-
11 leak flower boxes	6/12/2008	3,086	3,086	SL	10	-	3,086	-	3,086	-	3,086
2 tv's	6/30/2008	784	-			-	-	-	-	-	-
6 overbed tables	7/10/2008	750	-			-	-	-	-	-	-
6 overbed tables w/ mirror	8/5/2008	1,141	-			-	-	-	-	-	-
6 overbed tables w/ vanity	8/25/2008	1,141	-			-	-	-	-	-	-
Chairs, loveseat, sofa	8/31/2008	3,996	3,996	SL	15	266	3,461	266	3,727	266	3,993

Lift Chair	6/30/2010	1,222										
10 Electric Beds	7/12/2010	13,018	13,018	SL	12	1,085	11,934	1,084	13,018	-	-	13,019
Bedroom Furniture	9/30/2010	678										
2010 Disposals												
Sears Lawntractor	5/9/2005	(1,346)	(1,346)				(1,346)		(1,346)			(1,346)
2011 Acquisitions												
2 Recliners	10/18/2010	2,445	2,445	SL	10	243	2,445	-	2,445	-	-	2,445
10 Electric Beds	10/26/2010	17,289	17,289	SL	12	1,441	15,479	1,441	16,920	-	-	16,920
Wing Chair	11/1/2010	688	688	SL	15	46	459	46	505	46	46	551
Resident furniture	11/18/2010	7,027	7,027	SL	15	468	4,682	468	5,150	468	468	5,619
7 Oak Dining Room Tables	12/2/2010	6,110	6,110	SL	15	407	4,072	407	4,479	407	407	4,886
Lounge Chair	12/3/2010	624	624	SL	15	42	418	42	460	42	42	502
Lift w/ Scale	12/9/2010	1,200	1,200	SL	10	120	1,200	-	1,200	-	-	1,200
2 Med Carts	5/20/2011	4,470	4,470	SL	10	447	4,470	-	4,470	-	-	4,470
3 TV's	5/20/2011	1,470	1,470	SL	5	-	1,470	-	1,470	-	-	1,470
Outside tent	7/11/2011	4,148	4,148	SL	10	414	4,148	-	4,148	-	-	4,148
11 Electric Beds	7/15/2011	15,224	15,224	SL	12	1,269	12,688	1,269	13,957	1,267	1,267	15,224
1 TV	7/22/2011	510	510	SL	5	-	510	-	510	-	-	510
2 tv's	8/5/2011	1,338	1,338	SL	5	-	1,338	-	1,338	-	-	1,338
3 TV's and brackets	9/30/2011	1,608	1,608	SL	5	-	1,608	-	1,608	-	-	1,608
Insulated Mugs/Bowls	9/30/2011	2,614	2,614	SL	10	261	2,612	2	2,614	-	-	2,614
Resident room furniture	9/30/2011	11,597	11,597	SL	15	773	7,731	773	8,504	773	773	9,277
2011 Disposals												
Artomich International	6/24/1985	(1,189)	(1,189)				(1,189)		(1,189)			(1,189)
Artrowick Inc Med Cabinet	9/9/1985	(2,555)	(2,555)				(2,555)		(2,555)			(2,555)
6 New Beds	7/26/1995	(2,800)	(2,800)				(2,800)		(2,800)			(2,800)
6 New Beds	8/18/1995	(2,800)	(2,800)				(2,800)		(2,800)			(2,800)
6 New Beds and siderails	9/15/1995	(3,048)	(3,048)				(3,048)		(3,048)			(3,048)
6 Beds Manual crank	1/26/1996	(3,048)	(3,048)				(3,048)		(3,048)			(3,048)
Outside tent	8/15/1996	(1,729)	(1,729)				(1,729)		(1,729)			(1,729)
Two drug carts	5/20/1999	(5,617)	(5,617)				(5,617)		(5,617)			(5,617)
2 Sunrise Medical Beds	4/13/2000	(1,300)	(1,300)				(1,300)		(1,300)			(1,300)
One Electric Bed	1/9/2001	(900)	(900)				(900)		(900)			(900)
Manual bed with Gate	6/12/2008	(1,520)	(1,520)				(1,520)		(1,520)			(1,520)
2012 Additions												
Snow Blower	11/16/2011	988	988	SL	5	-	988	-	988	-	-	988
Gas Dryer	12/15/2011	823	823	SL	5	-	823	-	823	-	-	823
5 Air Conditioners	2/29/2012	1,165	1,165	SL	5	-	1,165	-	1,165	-	-	1,165
Resident Room Furniture	10/1/2011	1,669	1,669	SL	15	111	1,146	111	1,257	111	111	1,369
2012 Disposals												
Snow Blower		(530)	(530)				(530)		(530)			(530)
Whirlpool Dryer		(649)	(649)				(649)		(649)			(649)
Air Conditioner - Fredrich		(450)	(450)				(450)		(450)			(450)
Air Conditioner 7500 BTU		(485)	(485)				(485)		(485)			(485)
Air Conditioner Two 7500 BTU		(636)	(636)				(636)		(636)			(636)
Air Conditioner Two 7500 BTU		(636)	(636)				(636)		(636)			(636)
Air Conditioner 600 BTU		(301)	(301)				(301)		(301)			(301)
Air Conditioner Roper		(257)	(257)				(257)		(257)			(257)
2013 Additions												
Patient Wheelchair Scale	3/26/2013	1,185	1,185	SL	10	119	901	119	1,020	119	119	1,139
9 Air Conditioners - Lowe's	5/26/2013	1,887	1,887	SL	5	-	1,887	-	1,887	-	-	1,887
5 Air Conditioners - Sears	5/31/2013	936	936	SL	5	-	936	-	936	-	-	936

Air Conditioning and Washer	6/30/2013	1,422	1,422	SL	5	-	1,422	-	1,422	-	1,422
2013 Disposals											
File Server Continental 486/24	9/9/1992	(4,899)	(4,899)	-	-	-	(4,899)	-	(4,899)	-	(4,899)
2 Workstations 386/25;2 Printers	9/9/1992	(3,998)	(3,998)	-	-	-	(3,998)	-	(3,998)	-	(3,998)
Pentium Computer, Two Workstations	3/22/1995	(5,400)	(5,400)	-	-	-	(5,400)	-	(5,400)	-	(5,400)
HP Laserjet 6P MOS Printer	6/8/1998	(843)	(843)	-	-	-	(843)	-	(843)	-	(843)
Air Conditioning Dining Room	6/23/1998	(443)	(443)	-	-	-	(443)	-	(443)	-	(443)
Whirlpool Air Conditioning Dining Room	3/5/1999	(689)	(689)	-	-	-	(689)	-	(689)	-	(689)
Laserjet 6PSE: Office	6/11/1999	(668)	(668)	-	-	-	(668)	-	(668)	-	(668)
6 Air Conditioners Whirlpool	5/15/2000	(1,909)	(1,909)	-	-	-	(1,909)	-	(1,909)	-	(1,909)
3 Air Conditioning Units	7/29/2004	(636)	(636)	-	-	-	(636)	-	(636)	-	(636)
2014 Additions											
Adjustment prior to 2007 assets		2,150	2,150	SL	N/A	-	2,150	-	2,150	-	2,150
Lighting Fixtures	4/9/2007	4,414	4,414	SL	10	441	3,088	441	3,529	441	3,970
401b Speed Queen Washer	4/24/2007	6,355	6,355	SL	10	636	4,451	636	5,087	636	5,723
Water Booster	6/30/2014	1,431	1,431	SL	5	-	1,431	-	1,431	-	1,431
Nurse Call Parts	6/30/2014	3,489	3,489	SL	5	-	3,489	-	3,489	-	3,489
Desks	7/31/2014	5,984	5,984	SL	20	299	2,093	299	2,392	299	2,692
TrMark Chairs	7/31/2014	5,759	5,759	SL	15	384	2,888	384	3,072	384	3,456
Phone System	6/30/2014	11,125	11,125	SL	10	1,113	7,790	1,113	8,903	-	8,903
Tables	9/30/2014	2,723	2,723	SL	10	272	1,905	272	2,177	272	2,449
Vanity Table	9/30/2014	1,481	1,481	SL	10	148	1,036	148	1,184	148	1,332
2014 Disposals											
Whirlpool dryer	4/24/2008	(649)	-	-	-	-	-	-	-	-	-
2015 Additions											
TV's for Rec and Dining Areas	1/31/2015	1,519	1,519	S/L	5	-	1,519	-	1,519	-	1,519
5 Overbed Tables	3/31/2015	1,058	1,058	S/L	15	71	426	71	497	71	567
Recliner Chairs	4/30/2015	5,432	5,432	S/L	10	543	3,258	543	3,801	543	4,344
Refrigerator/Freezer	4/30/2015	859	859	S/L	10	86	516	86	602	86	688
SAFE LITE Patient Lifter (6/2/14 Asset)	6/2/2014	3,047	3,047	S/L	10	305	1,830	305	2,135	305	2,439
Mitsubishi 1.5 ton Ductless A/C for Med Room	6/30/2015	4,840	4,840	S/L	5	-	4,840	-	4,840	-	4,840
6 Deluxe Hampers	9/30/2015	1,673	1,673	S/L	10	167	1,002	167	1,169	167	1,337
Metromax Kitchen Shelves	9/30/2015	1,766	1,766	S/L	20	88	528	88	616	88	705
2015 Disposals											
2 Flat Screen TVs - [e]	3/31/2008	(611)	-	S/L	-	-	-	-	-	-	-
2 Flat Screen TVs - [e]	4/11/2008	(785)	-	S/L	-	-	-	-	-	-	-
19" LCD TV - [e]	8/1/2010	(403)	-	S/L	-	-	-	-	-	-	-
2016 Additions											
2 Zenith Electric Beds	2/11/2016	2,939	2,939	S/L	12	245	1,225	245	1,470	245	1,715
10 Overbed Tables	5/16/2016	1,784	1,784	S/L	15	119	595	119	714	119	833
Patient Wheelchair Scale	7/6/2016	3,016	3,016	S/L	5	603	3,015	1	3,016	-	3,016
2016 Disposals											
Patient Wheelchair Scale	1/5/2005	(1,185)	(1,185)	S/L	10	-	(1,185)	-	(1,185)	-	(1,185)
2017 Additions											
SAFE LITE Footstep Metal Assy - ARJO	11/30/2016	1,331	1,331	SL	5	266	1,064	266	1,330	1	1,331
Merry Walker- Corp.	11/30/2016	1,012	1,012	SL	5	202	808	202	1,010	2	1,012
Merry Walker- Corp.	12/31/2016	1,012	1,012	SL	5	202	808	202	1,010	2	1,012

Optimum Chair #P-1610011637 - LPA	12/31/2016	2,131	2,131	SL	5	426	1,704	426	2,130	1	2,131
DYN-Ergo Scoot Chair #S-1610008387 LPA	12/31/2016	1,579	1,579	SL	5	316	1,264	315	1,579	-	1,579
Evolution Chaire #E-1610002232 LPA	12/31/2016	1,877	1,877	SL	5	375	1,500	375	1,875	2	1,877
Thera-Glide Chaire #W-1607010213 LPA	12/31/2016	973	973	SL	5	195	780	193	973	-	973
Ice Machine Prodigy - Direct Supply	12/31/2016	2,180	2,180	SL	10	218	872	218	1,090	218	1,308
Neurogym sit to stand (PT Equip Direct Sup	12/31/2016	5,765	5,765	SL	10	577	2,308	577	2,885	577	3,462
Neurogym mobility bungee (pt Equip) Dir Sup	12/31/2016	6,253	6,253	SL	10	625	2,500	625	3,125	625	3,750
Trainer, Active Passive, Kinevia Duo (Medline)	4/30/2017	7,666	7,666	SL	5	1,533	6,132	1,533	7,665	1	7,666
Stepper, Recumbent (Medline)	4/30/2017	5,158	5,158	SL	5	1,032	4,128	1,030	5,158	-	5,158
E-Stim, Genisys (Medline)	4/30/2017	2,695	2,695	SL	5	539	2,156	539	2,695	-	2,695
Cart, Vectra Genisys - (Medline)	4/30/2017	422	422	SL	5	84	336	84	420	2	422
Dialthermy Shortwave (Medline)	4/30/2017	7,725	7,725	SL	5	1,545	6,180	1,545	7,725	-	7,725
Vitastim Plus Electrotherapy (Medline)	4/30/2017	3,054	3,054	SL	5	611	2,444	610	3,054	-	3,054
2017 Disposals											
Ice Machine Scotsman Prodigy	12/31/2016	(2,152)	-	-	-	-	-	-	-	-	-
2018 Additions											
2 Blue Power Electric Reclining Chairs	6/30/2018	1,316	1,316	SL	5	263	789	263	1,052	264	1,316
7 Dressers, 24 Nightstands w/ Hutch, 5 Night Stands no H	7/24/2018	12,624	12,624	SL	10	1,262	3,786	1,262	5,048	1,262	6,310
2018 Disposals											
HUDSON MED.: 2 PULL ARM	6/17/1983	(155)	(155)	S/L	-	-	(155)	-	(155)	-	(155)
SOLOMON: 1 DESK #46428	6/5/1985	(339)	(339)	S/L	-	-	(339)	-	(339)	-	(339)
THE KNOTHOLE: REC. CABINET *	2/8/1985	(275)	(275)	S/L	-	-	(275)	-	(275)	-	(275)
KNOTHOLE: HUTCH *	9/17/1985	(825)	(825)	S/L	-	-	(825)	-	(825)	-	(825)
EASTERN FIRE DOOR	3/4/1986	(300)	(300)	S/L	-	-	(300)	-	(300)	-	(300)
OFFICE DESK:CK	2/29/1988	(213)	(213)	S/L	-	-	(213)	-	(213)	-	(213)
2 HICKORY DESKS#127120	2/29/1988	(386)	(386)	S/L	-	-	(386)	-	(386)	-	(386)
2 OVERBED TABLES CHROME	4/18/1989	(201)	(201)	S/L	-	-	(201)	-	(201)	-	(201)
TWO DESKS WITH 3 DRAWERS	4/18/1989	(495)	(495)	S/L	-	-	(495)	-	(495)	-	(495)
SEVEN SETS CUBICLE CURTAINS	2/28/1990	(627)	(627)	S/L	-	-	(627)	-	(627)	-	(627)
SIX SETS CUBICLE CURTAINS	6/3/1990	(553)	(553)	S/L	-	-	(553)	-	(553)	-	(553)
ONE FILING CABINET	6/19/1990	(810)	(810)	S/L	-	-	(810)	-	(810)	-	(810)
ONE COMPACT REFRIGERATOR	10/16/1990	(119)	(119)	S/L	-	-	(119)	-	(119)	-	(119)
24 SAMSONITE CHAIRS [68.75EACH]	7/29/1992	(1,650)	(1,650)	S/L	-	-	(1,650)	-	(1,650)	-	(1,650)
ONE DESK 55x24 BLACK: HOUSEKEEPER	7/29/1992	(421)	(421)	S/L	-	-	(421)	-	(421)	-	(421)
ONE CHAIR, BLACK: HOUSEKEEPER	7/29/1992	(161)	(161)	S/L	-	-	(161)	-	(161)	-	(161)
ONE OFFICE CHAIR	11/15/1994	(309)	(309)	S/L	-	-	(309)	-	(309)	-	(309)
One TV-VCR Stand	11/9/1995	(423)	(423)	S/L	-	-	(423)	-	(423)	-	(423)
Wheelchair Appello 22"	12/22/1995	(522)	(522)	S/L	-	-	(522)	-	(522)	-	(522)
15 Gal PoliVac Minutemen #2911937	5/2/1996	(436)	(436)	S/L	-	-	(436)	-	(436)	-	(436)
58 New Bed Bumper Attachments	8/5/1996	(2,285)	(2,285)	S/L	-	-	(2,285)	-	(2,285)	-	(2,285)
New Charts & Carts	12/17/1996	(3,161)	(3,161)	S/L	-	-	(3,161)	-	(3,161)	-	(3,161)
Two Mauve Geri Chairs	9/1/1997	(844)	(844)	S/L	-	-	(844)	-	(844)	-	(844)
58 Bedside Cabinets	2/13/1997	(15,506)	(15,506)	S/L	-	-	(15,506)	-	(15,506)	-	(15,506)
Marino's TV	4/23/1997	(1,060)	(1,060)	S/L	-	-	(1,060)	-	(1,060)	-	(1,060)
Xaver 4900 Patient Lift Cap. 400#	7/8/1997	(3,455)	(3,455)	S/L	-	-	(3,455)	-	(3,455)	-	(3,455)
Wheelchair, Excel RDL ARM/Elev Blac	6/8/1998	(248)	(248)	S/L	-	-	(248)	-	(248)	-	(248)
5 MDR104215M TABLES, OVERBED	8/19/1998	(399)	(399)	S/L	-	-	(399)	-	(399)	-	(399)
New Furniture Patient's Entrance Ro	10/12/1998	(2,948)	(2,948)	S/L	-	-	(2,948)	-	(2,948)	-	(2,948)
Wheel Chair #85190722	3/2/1999	(555)	(555)	S/L	-	-	(555)	-	(555)	-	(555)
Apex 650 Patient Lift	1/10/2000	(2,650)	(2,650)	S/L	-	-	(2,650)	-	(2,650)	-	(2,650)

Cuisinart Food Processor	3/2/2000	(932)	(932)	S/L	-	-	(932)	-	(932)	-	(932)	
2 Orthobiotic Position Recliner CAI	3/15/2000	(706)	(706)	S/L	-	-	(706)	-	(706)	-	(706)	
4 Double Jumbo Hampers	12/20/2000	(1,179)	(1,179)	S/L	-	-	(1,179)	-	(1,179)	-	(1,179)	
1 Finger Pulse Oximeter item #02407	9/1/2002	(384)	(384)	S/L	-	-	(384)	-	(384)	-	(384)	
Dining Room Chairs	9/1/2003	(677)	(677)	S/L	-	-	(677)	-	(677)	-	(677)	
1 Lumex Geri Chair #RC2	3/22/2001	(650)	(650)	S/L	-	-	(650)	-	(650)	-	(650)	
One Electric Hospital Bed	3/29/2001	(900)	(900)	S/L	-	-	(900)	-	(900)	-	(900)	
Stack Chairs Dining Room 4 Cartons	2/1/2004	(1,303)	(1,303)	S/L	-	-	(1,303)	-	(1,303)	-	(1,303)	
1 MG Wheelchair item 02093-3	7/16/2001	(190)	(190)	S/L	-	-	(190)	-	(190)	-	(190)	
1 Tracer EX Wheelchair #01345-8	7/17/2001	(238)	(238)	S/L	-	-	(238)	-	(238)	-	(238)	
5 Overbed tables item 31952	7/30/2001	(330)	(330)	S/L	-	-	(330)	-	(330)	-	(330)	
Mauve traditional recliner	8/14/2002	(328)	(328)	S/L	-	-	(328)	-	(328)	-	(328)	
Blue Horizontal Recliner	8/16/2002	(328)	(328)	S/L	-	-	(328)	-	(328)	-	(328)	
6 Overbed Tables & Tray for recline	1/3/2001	(559)	(559)	S/L	-	-	(559)	-	(559)	-	(559)	
2 Three Position Recliners	9/3/2001	(656)	(656)	S/L	-	-	(656)	-	(656)	-	(656)	
1 Recliner 54674-6 w/tray	2/14/2003	(428)	(428)	S/L	-	-	(428)	-	(428)	-	(428)	
6 Overbed Tables Walnut Finish	5/3/2005	(472)	(472)	S/L	-	-	(472)	-	(472)	-	(472)	
1 refrigerator MedicaI storeroom ea	6/13/2003	(498)	(498)	S/L	-	-	(498)	-	(498)	-	(498)	
Item 85317 6 overbed tables walnut	5/4/2008	(477)	(477)	S/L	-	-	(477)	-	(477)	-	(477)	
Low Electric Bed	1/15/2008	(1,187)	(1,187)	S/L	-	-	(1,187)	-	(1,187)	-	(1,187)	
Oxygen Concentrator SLPM	3/8/2004	(728)	(728)	S/L	-	-	(728)	-	(728)	-	(728)	
Concentrator	1/28/2009	(1,006)	(1,006)	S/L	-	-	(1,006)	-	(1,006)	-	(1,006)	
1 chest of Draw	1/15/2008	(299)	(299)	S/L	-	-	(299)	-	(299)	-	(299)	
1 chest of Draw	9/30/2010	(318)	(318)	S/L	-	-	(318)	-	(318)	-	(318)	
5 Chest of Draw	11/18/2010	(2,172)	(2,172)	S/L	-	-	(2,172)	-	(2,172)	-	(2,172)	
5 plum chairs	2/11/2009	(667)	(667)	S/L	-	-	(667)	-	(667)	-	(667)	
2019 Additions												
Floor Washer	10/22/2018	6,442	6,442	S/L	10	644	1,825	644	2,469	644	3,113	
Chair Scale	7/31/2019	700	700	S/L	10	70	105	70	175	70	245	
New Reclining Bed Chair	8/31/2019	1,076	1,076	S/L	10	108	144	108	252	108	359	
2019 Disposals												
Auto Scrub STD	10/31/2018	(4,004)	(4,004)	S/L	-	-	-	-	-	-	-	
4 Geri Chairs 3 position 3574	5/31/2019	(1,946)	(1,946)	S/L	-	-	-	-	-	-	-	
2020 Additions												
Kitchen Refrigerator	2/13/2020	4,527	4,527	S/L	7	302	302	302	604	647	1,251	
Sofa & Loveseal	4/24/2020	3,781	3,781	S/L	5	189	189	189	378	756	1,134	
4 Living Room Chairs	5/29/2020	5,209	5,209	S/L	5	217	217	217	434	1,042	1,476	
Treatment Carts	9/30/2020	2,049	2,049	S/L	5	17	17	17	34	410	444	
2020 Disposals												
Kitchen Refrigerator	1/6/2004	(3,992)	(3,992)	S/L	7	-	(3,992)	-	(3,992)	(570)	(4,562)	
Chairs, sofa, loveseal	8/31/2008	(3,996)	(3,996)	S/L	5	-	(3,996)	-	(3,996)	(799)	(4,795)	
2021 Additions												
Dietary Tray, Domes, Mugs, Bowls, etc.	3/31/2021	2,162	2,162	S/L	10	-	-	108	108	216	324	
2 Med Carts	8/31/2021	5,494	5,494	S/L	10	-	-	46	46	549	595	
2021 Disposals												
Kitchen Insulated Tray, Dishes	9/30/2011	(2,614)	(2,614)	S/L	-	-	-	-	(2,614)	-	(2,614)	
2 Med Carts	5/20/2011	(4,470)	(4,470)	S/L	-	-	-	-	(4,470)	-	(4,470)	
2022 Additions												
Washer	2/8/2022	1,094	1,094	S/L	10	-	-	-	-	109	109	
Phone System	7/29/2022	13,028	13,028	S/L	10	-	-	-	-	1,303	1,303	
2022 Disposals												
Washer	9/20/2005	(954)	(954)	-	-	-	-	-	-	-	(954)	
Phone System	6/30/2014	(11,125)	(11,125)	-	-	-	-	-	-	-	(8,903)	
		<u>382,661</u>	<u>356,579</u>				<u>28,370</u>	<u>271,753</u>	<u>23,998</u>	<u>288,666</u>	<u>18,086</u>	<u>296,896</u>

Computers

Acquired prior		30,491	30,491	SL	Var	-	30,491	-	30,491	-	30,491
2009 Acquisitions											
2 Office Computers	1/1/2009	2,358	-	-	-	-	-	-	-	-	-
Staples - Gerry's Dell	8/31/2009	530	-	-	-	-	-	-	-	-	-
Adjustment for Prior Period							12,567	-	12,567	-	12,567
2010 Acquisitions											
Computer for Althea	7/17/2010	529	-	-	-	-	-	-	-	-	-
2010 Disposals											
200 mhz Pentium Service	3/12/1998	(1,897)	(1,897)	-	-	-	(1,897)	-	(1,897)	-	(1,897)
200 mhz Maln Boards MDS Project	3/17/1998	(4,881)	(4,881)	-	-	-	(4,881)	-	(4,881)	-	(4,881)
2011 Acquisitions											
DNS Computer	10/21/2010	1,138	1,138	S/L	5	-	1,138	-	1,138	-	1,138
Accl Computer	11/17/2010	1,138	1,138	S/L	5	-	1,138	-	1,138	-	1,138
2011 Disposals											
A D N Office Computer	12/20/2001	(1,006)	(1,006)	-	-	-	(1,006)	-	(1,006)	-	(1,006)
2012 Additions											
Jeanine PC	3/29/2012	1,143	1,143	S/L	5	-	1,143	-	1,143	-	1,143
2013 Additions											
Server Upgrade	4/30/2013	9,837	9,837	S/L	5	-	9,837	-	9,837	-	9,837
Recreation Computer	6/30/2013	1,262	1,262	S/L	5	-	1,262	-	1,262	-	1,262
Social Services Laptop	8/31/2013	1,062	1,062	S/L	3	-	1,062	-	1,062	-	1,062
Admissions Laptop	9/30/2013	917	917	S/L	3	-	917	-	917	-	917
2013 Disposals											
New Computer: Joe's Office	2/7/2003	(1,070)	(1,070)	-	-	-	(1,070)	-	(1,070)	-	(1,070)
HP Laserjet Printer: Joe's Office	8/5/2002	(1,160)	(1,160)	-	-	-	(1,160)	-	(1,160)	-	(1,160)
1 RON Computer System: Lorene's	1/21/2003	(1,087)	(1,087)	-	-	-	(1,087)	-	(1,087)	-	(1,087)
File Server and Network Upgrades	10/29/2004	(9,371)	(9,371)	-	-	-	(9,371)	-	(9,371)	-	(9,371)
2014 Additions											
2 Computers Dietary	10/5/2011	1,808	1,808	S/L	5	-	1,808	-	1,808	-	1,808
2014 Disposals											
Unidentified Variance with assets prior to 2009		(1,504)	-	S/L	N/A	-	-	-	-	-	-
2015 Additions											
2 HP Pavillion 15" Refurb Laptops	10/29/2014	645	645	S/L	3	-	645	-	645	-	645
Cisco Wireless / Sonicwall Secure Router	3/31/2015	1,227	1,227	S/L	5	2	1,227	-	1,227	-	1,227
1 HP Pavillion 23-xt Laptop	5/23/2015	645	645	S/L	3	-	645	-	645	-	645
2 HP Pavillion 15" Refurbished Laptops	6/20/2015	540	540	S/L	3	-	540	-	540	-	540
2016 Additions											
1 Deli Optiplex 3020 Computer w/ printer	12/15/2015	910	910	S/L	3	-	910	-	910	-	910
Weight Scale - Wall Mount Kiosk	4/16/2016	890	890	S/L	3	-	890	-	890	-	890
HP- File Server	5/1/2016	5,736	5,736	S/L	5	1,148	5,736	-	5,736	-	5,736
Computer - BESA	8/1/2016	1,105	1,105	S/L	3	-	1,105	-	1,105	-	1,105
Computer - Julia	8/1/2016	1,045	1,045	S/L	3	-	1,045	-	1,045	-	1,045

2016 Disposals											
Office Computer Chris	5/5/2001	(1,186)	(1,186)	S/L	3	-	(1,186)	-	(1,185)	-	(1,186)
2 Office Computers	1/9/2001	(2,358)	(2,358)	S/L	5	-	(2,358)	-	(2,358)	-	(2,358)
Compaq Computer for Althea-Mary B	7/11/2010	(529)	-	S/L	3	-	-	-	-	-	-
DNS Computer	10/21/2010	(1,138)	(1,138)	S/L	5	-	(1,138)	-	(1,138)	-	(1,138)
C/R Adjustment							(12,567)	-	(12,567)	-	(12,567)
2017 Additions											
Chris Computer - (Asantino)	11/30/2016	1,938	1,938	S/L	3	-	1,938	-	1,938	-	1,938
2017 Disposals											
Acct Computer	5/31/2017	(1,138)	(1,138)	S/L	5	-	(1,138)	-	(1,138)	-	(1,138)
2018 Additions											
Admissions	4/18/2018	1,260	1,260	S/L	3	420	1,260	-	1,260	-	1,260
MDS	9/30/2018	1,090	1,090	S/L	3	363	1,089	1	1,090	-	1,090
2018 Disposals											
Computer, Annette	10/5/2011	(904)	(904)	S/L	5	-	(904)	-	(904)	-	(904)
2019 Additions											
Optiplex 7050	11/1/2018	1,120	1,120	S/L	3	373	715	373	1,088	32	1,120
Optiplex 7050 dell 24" monitor	11/1/2018	1,490	1,490	SL	3	497	952	497	1,449	41	1,490
OptiPlex 7050 Mini Tower	12/31/2018	1,130	1,130	S/L	3	377	691	377	1,068	62	1,130
2019 Disposals											
Computer, DNS and SS	11/1/2018	(2,186)	(2,186)	S/L	5	-	-	-	-	-	-
2021 Additions											
Besa Intel Core i17	8/31/2021	1,500	1,500	S/L	3	-	-	42	42	500	542
2022 Additions											
Laptops	2/1/2022	1,930	1,930	S/L	3	-	-	-	-	643	643
2022 Disposal											
Laptops	10/29/2014	(645)	(645)								(645)
Total		44,354	42,971			3,180	40,989	1,290	42,279	1,278	42,912
Total Computer & Moveable		427,014	399,550			31,550	312,742	25,287	330,945	19,365	339,808
Grand Total		3,430,586	3,399,384			104,449	2,369,745	94,243	2,442,479	86,697	2,506,814
Assets per Trial balance		3,430,587	3,430,587			110,719	2,342,324	110,719	2,342,324	110,719	2,342,324
Variance		(1)	(31,203) [b]			(6,270)	27,421	(16,476)	100,155	(24,022)	164,490
										[d]	
Page 31, Line B9		195,693	[c]								
Page 31, Line B9		(1)	Rounding variance from C/R schedule due to rounding								
Page 36, Line F1		24,022	[d]								

[a] Amounts tie to page 23 of the cost report without exception.

[b] Variance is due to assets below the \$2,500 threshold for depreciation

[c] F/S vs C/R NBV

[d] F/S vs C/R Depreciation Expense

[e] Disposals are not part of cost to be depreciated column and will not be listed on the cost report as a disposal in order to tie to the schedule

PY Amounts tie to prior year cost report.

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

Name of Facility Middlebury Convalescent Home, Inc.	License No. 704C	Report for Year Ended 9/30/2022	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased	06/01/61				
2. Date Structure Completed	06/01/61				
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure	06/01/61				
5. Total Licensed Bed Capacity	58				
6. Square Footage	6,240				
7. Acquisition Cost					
a. Land	22,950				
b. Building	223,758				
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.

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

Name of Facility	License No.	Report for Year Ended	Page	of
Middlebury Convalescent Home, Inc.	704C	9/30/2022	26	37
Item	Total	CCNH	RHNS	(Specify)
12. Interest				
A. Building, Land Improvement & Non-Movable Equipment				
1. First Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
2. Second Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
3. Third Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
4. Fourth Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
B. CHEFA Loan Information				
1. Original Loan Amount	\$			
2. Loan Origination Date				
3. Interest Rate %				
4. Term				
5. CHEFA Interest Expense				
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$			

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Middlebury Convalescent Home, Inc.	704C	9/30/2022	27	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				
12. C. Movable Equipment				
1. Automotive Equipment	\$			
A. Item	Rate	Amount		
Lender				
Address of Lender				
2. Other (Specify)	\$			
A. Item	Rate	Amount		
Lender				
Address of Lender				
B. Item	Rate	Amount		
Lender				
Address of Lender				
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)	\$			
12. D. Other Interest Expense (Specify)	\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$			
14. Insurance				
a. Insurance on Property (buildings only)	\$	72,568	72,568	
b. Insurance on Automobiles	\$			
c. Insurance other than Property (as specified above)				
1. Umbrella (Blanket Coverage)	\$			
2. Fire and Extended Coverage	\$			
3. Other (Specify)	\$			
14d. Total Insurance Expenditures (14a + b + c)	\$	72,568	72,568	
15. Total All Expenditures (A-13 thru C-14)	\$	5,291,275	5,291,275	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Middlebury Convalescent Home, Inc.				704C	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.	13	B10a	Occupational Therapy	\$ 78,284	78,284		
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 254	254		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	L3	Gifts, flowers and coffee shops	\$ 13,609	13,609		
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	m2/3	Unallowable Advertising *	\$ 12,782	12,782		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 35,008	35,008		
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)				\$ 139,937	139,937		

* 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)
15	1A9	Dental Insurance Add-Back	\$ (108)		
16	m13	Loss on Disposal of Asset	\$ 4,640		
16	m13	Director Fees	\$ 11,105		
16	m13	Celebration Team Expense	\$ 3,727		
16	m8	Finance Charges	\$ 7,932		
16	m8	Motion Picture	\$ 97		
16	m13	CMS Audit	\$ 7,615		
Total Other A&G Adjustments			\$ 35,008	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Middlebury Convalescent Home, Inc.				704C	9/30/2022	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 139,937	139,937		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 38,158	38,158		
28.			Ambulance/Limousine	\$			
29.	20	5f	X-rays, etc	\$ 2,989	2,989		
30.	20	5h	Laboratory	\$ 7,845	7,845		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 5,487	5,487		
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)				\$ 194,416	194,416		

*** Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	51	Medicare Related Expenses	\$ 3,392		
20	51	Personal Health Items	\$ 2,095		
Total Other Ancillary Costs			\$ 5,487	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Middlebury Convalescent Home, Inc.	704C	9/30/2022			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 4,465,773	4,465,773				
b. Medicaid Room and Board Contractual Allowance **	\$ (1,333,034)	(1,333,034)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 946,168	946,168				
b. Medicare Room and Board Contractual Allowance **	\$ (270,684)	(270,684)				
4. a. Private-Pay Residents and Other	\$ 1,422,991	1,422,991				
b. Private-Pay Room and Board Contractual Allowance **	\$ (4,698)	(4,698)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 35,607	35,607				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 2,507	2,507				
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	\$ 413,450	413,450				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 96,510	96,510				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 650	650				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 364,437	364,437				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 250	250				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ (698,067)	(698,067)				
b. Other (<i>Specify</i>) - Non-Medicare	\$ (60,746)	(60,746)				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 5,381,114	5,381,114				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 106,191	106,191				
V. Total Other Revenue (1 thru 8)	\$ 106,191	106,191				
VI. Total All Revenue (III +V)	\$ 5,487,305	5,487,305				

* 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	Xray Medicare	\$ 2,587		
30 II6a	Allowance Ancillary Med B	\$ (282,349)		
30 II6a	Allowance Ancillary Med A	\$ (421,204)		
30 II6a	Lab Charges Medicare A	\$ 5,164		
30 II6a	IV Medicare	\$ (2,265)		
Total Other Resident Revenue - Medicare		\$ (698,067)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 II6b	X-ray Managed Medicare	\$ 101		
31 II6b	Allowance Ancillary Man. Medi	\$ (61,104)		
32 II6b	Allowance Ancillary Ins. Other	\$ (241)		
33 II6b	Allowance Ancillary Medicaid	\$ (239)		
34 II6b	Lab Medicaid	\$ 239		
35 II6b	Lab Managed Medicare	\$ 498		
Total Other Resident Revenue		\$ (60,746)	\$ -	\$ -

Interest Income

Account

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

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 IV8	Deferred Income Recognized	\$ 90,197		
30 IV8	ARPA Fund	\$ 15,994		
Total Other Revenue		\$ 106,191	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Middlebury Convalescent Home, Inc.	704C	9/30/2022	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	1,002,980
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	794,161
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	110,178
a. Prepaid Insurance	77,896			
b. Prepaid Expense	32,282			
c.				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	
N/A				
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,907,319
B. Fixed Assets				
1. Land			\$	20,950
2. Land Improvements	*Historical Cost	254,301	\$	82,266
	Accum. Depreciation	172,035		Net
3. Buildings	*Historical Cost	2,476,944	\$	667,008
	Accum. Depreciation	1,809,936		Net
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost	268,590	\$	83,554
	Accum. Depreciation	185,036		Net
6. Movable Equipment	*Historical Cost	399,551	\$	59,744
	Accum. Depreciation	339,807		Net
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation			Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	195,693
FS vs CR Depreciation	195,693			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,109,215

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

Page Ref	Line Ref	Description	
33	A12	Due to Resident Trust Fund	\$ 25,259
33	A12	Accrued User Dec	\$ 88,936
33	A12	Sewer Assessment Payable	\$ 18,982
33	A12	Corporate Income Taxes Payable	\$ (23,301)
33	A12	Deferred State Corp. Taxes	\$ 26,608
33	A12	Accrued Expense Insurance	\$ 53,511
33	A12	Current Liabilities Temporary	\$ (7,532)
33	A12	AR Exchange	\$ 7,067
Total Other Current Liabilities (Itemize)			\$ 189,530

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

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Middlebury Convalescent Home, Inc.	704C	9/30/2022	32	37
Account			Amount	
Total Brought Forward:			\$	3,016,534
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost _____			
	Accum. Depreciation _____	Net	\$	
3. Buildings				
	*Historical Cost _____			
	Accum. Depreciation _____	Net	\$	
4. Non-Movable Equipment				
	*Historical Cost _____			
	Accum. Depreciation _____	Net	\$	
5. Movable Equipment				
	*Historical Cost _____			
	Accum. Depreciation _____	Net	\$	
6. Motor Vehicles				
	*Historical Cost _____			
	Accum. Depreciation _____	Net	\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost _____			
	Accum. Depreciation _____	Net	\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

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

See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 3,016,534	

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

Annual Report of Long-Term Care Facility

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G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Middlebury Convalescent Home, Inc.		704C	9/30/2022	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	117,238
2. Notes Payable (<i>itemize</i>)				\$	

See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
_____		_____	_____	_____	
_____		_____	_____	_____	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	178,526
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	189,530

See Schedule				189,530	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	485,294

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

(Carry Total forward to next page)

Annual Report of Long-Term Care Facility

G. Balance Sheet (cont'd)

Name of Facility Middlebury Convalescent Home, Inc.		License No. 704C	Report for Year Ended 9/30/2022	Page 34	of 37
Account				Amount	
Total Brought Forward:				485,294	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	

See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 485,294	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Middlebury Convalescent Home, Inc.	704C	9/30/2022	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	137,500
3. Paid-in Surplus			\$	13,850
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	2,207,880
6. Gain or Loss for Period			\$	172,010
	10/1/2021	thru	9/30/2022	
7. Total Net Worth			\$	2,531,240
C. Total Reserves and Net Worth			\$	2,531,240
D. Total Liabilities, Reserves, and Net Worth			\$	3,016,534

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Middlebury Convalescent Home, Inc.	704C	9/30/2022	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2021			\$	2,460,914
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	5,487,305
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	5,315,295
D. Net Income or Deficit			\$	172,010
E. Balance			\$	2,632,924
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Total Expenses per Page 27			5,291,275	
CR vs FC Depreciation			24,022	
Total FS Expenses			5,315,297	
Rounding			(2)	
2. Other <i>(itemize)</i>				
Prior Period Adjustment			8,316	
F-3. Total Additions			\$	8,316
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	110,000
Purpose		Amount		
Dividends Distributed		110,000		
3. Total Deductions			\$	110,000
H. Balance at End of Period			\$	2,531,240
				09/30/22

I. Preparer's/Reviewer's Certification

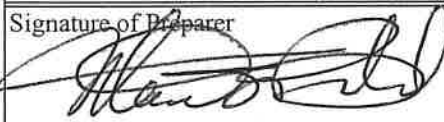
Name of Facility Middlebury Convalescent Home, Inc.	License No. 704C	Report for Year Ended 9/30/2022	Page 37	of 37
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Check appropriate category

<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)
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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 PRINCIPAL	Date Signed 12/7/22
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Printed Name of Preparer Matthew S. Bivolack	
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Address Address 555 Long Wharf Drive, New Haven, CT 06511	Phone Number 203-781-9600
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Contacted Person Regarding Additional Information Needed Regarding This Report Jeanine Hammitt	Phone Number 203-758-2471
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Contact Email Address jhammitt@midconvhome.com
