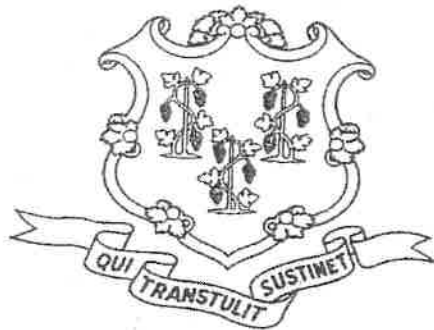


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) New Milford Crossings, LLC / DBA Village Crest Center for Health and Rehabilitation	
Address (No. & Street, City, State, Zip Code) 19 Poplar Street, New Milford, CT 06776	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)
<input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022

License Numbers:	CCNH 2330	RHNS	(Specify)	Medicare Provider 07-5208
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Medicaid Provider Numbers:	CCNH 8771	RHNS	ICF-IID
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For Department Use Only

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

General Information

Name of Facility (as licensed) New Milford Crossings, LLC / DBA Village Crest Cen	License No. 2330	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 New Milford Crossings, LLC / DBA Village Crest Center for Health and Rehabilitation [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) Timothy J Flaherty Sr.			Printed Name (Owner) Marvin J. Ostreicher		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment		Page 1A	of 37
Name of Facility New Milford Crossings, LLC / DBA Village Crest Center for Health and Rehabilitation		Period Covered: From 10/1/2021	To 9/30/2022
Address of Facility 19 Poplar Street, New Milford, CT 06776			
Report Prepared By Marcum LLP		Phone Number 203-781-9600	Date 2/8/2023
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 203-354-9365		Report for Year Ended 9/30/2022	Page 2	of 37
Name of Facility (as shown on license) New Milford Crossings, LLC / DBA Village Crest Center for		Address (No. & Street, City, State, Zip) 19 Poplar Street, New Milford, CT 06776		
License Numbers:	CCNH 2330	RHNS (Specify)	Medicare Provider No. 07-5208	
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 checked="" type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input 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 Timothy J Flaherty Sr.		Nursing Home Administrator's License No.:	002115	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

Village Crest Center for Health & Rehab
Page 3 Attachment
9/30/2022

Owner	Ownership Percentage
Agnes Zitter	2.083%
Albert David	1.667%
Barry Bokow	1.000%
BNB Healthcare Funds LLC	6.667%
Chaim Goldenberg	5.000%
David Cohen	6.667%
Gerald Neuman	3.333%
Ira Geffner	1.000%
Josef Skoczylas	2.000%
Tzivy Roberts	6.667%
Magda Manela	5.000%
Marvin J. Ostreicher	30.749%
Michael Lipman	5.000%
Mordechai Eisen	2.500%
Morris Fuchs	8.333%
Moshe Shaya-Mograby	1.667%
Nathan Pollack	4.167%
Shmuel Rubenstein	2.500%
Tali Skoczylas	4.000%
	<hr/>
	100.000%

General Information and Questionnaire Related Parties*

Name of Facility New Milford Crossings, LLC / DBA Village Crest Cen	License No. 2330	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

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 Compan	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				
National HealthCare Associates	20 E Sunrise Hwy, Valley Stream NY, 11581	<input type="radio"/>	<input checked="" type="radio"/>	Consulting Fees	Pg 16 / Line m12	9,234	9,234
National HealthCare Associates	20 E Sunrise Hwy, Valley Stream NY, 11581	<input type="radio"/>	<input checked="" type="radio"/>	Interest Expense	Pg 27 Line 12d	2,716	2,716
National HealthCare Associates	20 E Sunrise Hwy, Valley Stream NY, 11581	<input type="radio"/>	<input checked="" type="radio"/>	Shared Expense	Pg 16 / Line m12	451,910	451,910
850 SILAS DEANE	850 Silas Deane Hwy Wethersfield, CT 06109	<input type="radio"/>	<input checked="" type="radio"/>	Rent	Pg 16 / Line m12	1,286	1,286
20Sunrise	20 E Sunrise Hwy, Valley Stream NY, 11581	<input type="radio"/>	<input checked="" type="radio"/>	Rent	Pg 16 / Line m12	13,817	13,817
Preferred Therapy Solutions	850 Silas Deane Hwy Wethersfield, CT 06109	<input type="radio"/>	<input checked="" type="radio"/>	PT, OT, ST Services/Consulting	Various	605,555	570,321
NOA DIAGNOSTICS	6851 Jericho Tpke, Suite 150 Syosset, NY 11791	<input type="radio"/>	<input checked="" type="radio"/>	Radiology	Pg. 20 / Line 5f	12,299	10,991
PROCARE LTC PHARMACY OF CT	1492 Highland Ave Cheshire CT 06410	<input type="radio"/>	<input checked="" type="radio"/>	Drug/OTC/Rx Consulting	Various	355,393	331,405
See Attached for Continued List	Various	<input type="radio"/>	<input checked="" type="radio"/>	Various	Various	1,360,949	1,360,949

* Use additional sheets if necessary.

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

**General Information and Questionnaire
 Related Parties***

Name of Facility Village Crest Center for Health & Rehab		License No.	2330	Report for Year Ended 9/30/2022	Page 4a	of 37
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 #	Actual Cost to the Related Party
		Yes	No			
National HealthCare Associates-Aetna	850 Silas Deane Hwy Wethersfield, CT 06109	<input type="radio"/>	<input checked="" type="radio"/>	0% Health Insurance	Page 15 / Line 1a5	567,230
National HealthCare Associates	20 E Sunrise Hwy, Valley Stream NY, 11581	<input type="radio"/>	<input checked="" type="radio"/>	0% Bank Charges	Page 16 / Line m13	14,914
EP New Milford Acquisitions, LLC	850 SILAS DEANE HWY, WETHERSFIELD CT 06109	<input type="radio"/>	<input checked="" type="radio"/>	0% Facility Lease	Page 22 / Line 9	372,000
Preferred Professional Services	20 Sunrise Highway, Valley Stream NY 11581	<input type="radio"/>	<input checked="" type="radio"/>	0% Nursing Agency	Various	406,805

* Use additional sheets if necessary.

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

*** N/A Medicaid reimbursement is based upon fair rental value system. Replaced during rate setting.

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility New Milford Crossings, LLC / DBA Village Cre	License No. 2330	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.)				
<p align="right"><input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.</p>				
N/A				

General Information and Questionnaire
Accounting Basis

Name of Facility New Milford Crossings, LLC / DB	License No. 2330	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. N/A				
Independent Accounting Firm				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1	Marcum LLP	555 Long Wharf Drive, 8th Floor, New Haven, CT 06511		
2	MARTIN FRIEDMAN CPA	2600 NOSTRAND AVE. BROOKLYN, NY 11210		
3				
4				
Services Provided by This Firm (<i>describe fully</i>)				
1	Compilation, preparation of Medicare and Medicaid cost reports and YE tax services	\$	28,685	
2	EE RETENTION CREDIT	\$	6,000	
3		\$		
4		\$		
			Charge for Services Provided	
			\$	34,685
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			Telephone Number	
1	Rogin Nassau, LLC	860-278-7480		
2	Corporation Service Company	800-927-9800		
3	CHUBB	888-259-6445		
4	BERCHEM MOSES PC	203-783-1200		
5	Various - See Attached	Various		
Address (<i>No. & Street, City, State, Zip Code</i>)				
1	185 Asylum Street -22nd Floor Hartford CT 06103-3460			
2	251 Little Falls Drive, Wilmington, DE 19808-1674			
3	202A Hall's Mill Rd., Whitehouse Station, NJ08889			
4	75 Broad St, Milford CT 06460			
5	Various			
Services Provided by This Firm (<i>describe fully</i>)				
1	Refinancing (Disallowed on Pg 28)	\$	2,005	
2	Statutory Representation	\$	164	
3	Brown vs New Milford (Disallowed on Pg 28)	\$	5,124	
4	Eileen Knauf-Coon (Case Ongoing)	\$	15,501	
5	Various - See Attached (\$29,461 Disallowed on Pg 28)	\$	29,821	
			Charge for Services Provided	
			\$	52,615
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				

General Information and Questionnaire
Accounting Basis

Name of Facility New Milford Crossings, LLC / DBA Villa	License No. 8771	Report for Year Ended 9/30/2022	Page 7a	of 37
Legal Services Information				
Name of Legal Firm or Independent Attorney		Telephone Number		
1	CONA ELDER LAW PLLC	631-390-5000		
2	GOLDMAN GRUDER & WOOD	203-899-8900		
3	TREASURER STATE OF CT	860-702-3000		
4	Marshall Fee	N/A		
5				
Address (No. & Street, City, State, Zip Code)				
1	225 Broadhollow Rd, Suite 200 Melville, NY11747			
2	200 CONNECTICUT AVENUE NORWALK CT 06854			
3	55 Elm St #2, Hartford, CT 06106			
4	N/A			
5				
Services Provided by This Firm (describe fully)				
1	Bank Search	\$	360	
2	Collections (Disallowed on Pg 28)	\$	27,661	
3	Conservatorship (Disallowed on Pg 28)	\$	1,500	
4	Conservatorship (Disallowed on Pg 28)	\$	300	
5		\$		
			Charge for Services Provided	
			\$	29,821
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				

State of Connecticut
 Annual Report of Long-Term Care Facility
 CSP-8 Rev. 9/2002

Schedule of Resident Statistics

Name of Facility New Milford Crossings, LLC / DBA Village Crest Center for Health and	License No. 2330	Report for Year Ended 9/30/2022				Report for Year Ended 9/30/2022				Page 8	of 37											
		Period 10/1 Thru 6/30		Period 7/1 Thru 9/30		Period 10/1 Thru 6/30		Period 7/1 Thru 9/30														
		Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total	CCNH	RHNS (Specify)	Total			CCNH	RHNS (Specify)									
1. Certified Bed Capacity																						
A. On last day of PREVIOUS report period		95	95			95					95					95						
B. On last day of THIS report period		95	95																			
2. Number of Residents																						
A. As of midnight of PREVIOUS report period		76	76			76					76					76						
B. As of midnight of THIS report period		88	88													88						
3. Total Number of Days Care Provided During Period																						
A. Medicare		4,735	4,735								3,535					1,200						
B. Medicaid (Conn.)		18,603	18,603								13,895					4,708						
C. Medicaid (other states)																						
D. Private Pay		3,344	3,344								2,496					848						
E. State SSI for RCH																						
F. Other (Specify) Managed Care / Hospice		2,424	2,424								1,637					787						
G. Total Care Days During Period (3A thru F)		29,106	29,106								21,563					7,543						
4. 3G for Which Revenue Was Received for Reserved Beds																						
A. Medicaid Bed Reserve Days																						
B. Other Bed Reserve Days																						
5. Total Resident Days (3G + 4A + 4B)		29,106	29,106								21,563					7,543						

Schedule of Resident Statistics (Cont'd)

Name of Facility New Milford Crossings, LLC / DBA Village C			License No. 2330			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)				
N/A													
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days										CCNH	RHNS	(Specify)	
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	16		53		19								
Per Diem Rate													
a. One bed rm.	Various		306.66		485.00								
b. Two bed rms.	Various		306.66		455.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments										TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B										2,102	2,102		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other										9,050	9,050		
D. Total Physical Therapy Treatments										11,152	11,152		
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B										268	268		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other										1,157	1,157		
D. Total Speech Therapy Treatments										1,425	1,425		
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B										1,464	1,464		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other										9,781	9,781		
D. Total Occupational Therapy Treatments										11,245	11,245		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
New Milford Crossings, LLC / DBA Village Crest Center for	2330	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)	8,314	49				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	145,622	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	271,367	11,253				
5. Dietary Service						
a. Head Dietitian	35,345	723				
b. Food Service Supervisor	69,948	2,180				
c. Dietary Workers	316,728	16,886				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	339,380	19,059				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	84,176	2,196				
b. Other Maintenance Workers	55,007	3,094				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	87,233	5,023				
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	162,938	2,160				
b. RN						
1. Direct Care	602,813	11,149				
2. Administrative**	251,633	4,455				
c. LPN						
1. Direct Care	921,645	26,883				
2. Administrative**						
d. Aides and Attendants	1,039,167	52,957				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	191,607	7,992				
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	92,559	2,790				
n. Marketing						
o. Other (Specify) See Attached Schedule	72,896	2,203				
<i>A-13. Total Salary Expenditures</i>	<i>4,748,378</i>	<i>173,132</i>				

* 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
Admissions (\$14,579 Disallowed Relating to Marketing)	\$ 72,896	2,203				
Total	\$ 72,896	2,203	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
IV Nursing Consultant (Disallowed on Pg 28a)	\$ 13,736	137				
Physician Fees (Disallowed on Pg 28a)	263	N/A				
Total	\$ 13,999	137	\$ -	-	\$ -	-

**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					
		9/30/2022	11			37				
Name	CCNH	RHNS	(Specify)	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section I - Operators/Owners										
Marvin J. Ostreicher	8,314			Non Discriminatory	Supervises Operations, Deals with DNS	49	AI	See Attached		
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.

	TOTAL	BEDS	AllocatedBenefits	Total w/ Bnft
Augusta	38.75	72	5.41	44.16
Belair	45.50	102	7.67	53.17
Bethel	37.25	161	12.10	49.35
Bloomfield	54.75	120	9.02	63.77
Brattleboro	38.75	80	6.01	44.76
Brentwood	40.75	78	5.86	46.61
Brewer	39.75	111	8.34	48.09
Bristol	37.75	132	9.92	47.67
Cambridge	42.75	160	12.03	54.78
Catskill	37.75	136	10.22	47.97
Colony	47.75	92	6.92	54.67
Country	51.75	111	8.34	60.09
Dover	47.50	112	8.42	55.92
Eastside	44.50	69	5.19	49.69
Eliot	47.00	114	8.57	55.57
Glen Falls	38.00	120	9.02	47.02
Hebrew Home	63.75	257	19.32	83.07
Huntington	40.50	320	24.05	64.55
Kennebunk	46.25	78	5.86	52.11
Ludlowe	37.00	144	10.82	47.82
Maple View	56.75	120	9.02	65.77
Marlborough	40.25	120	9.02	49.27
Maywood	42.00	120	9.02	51.02
Milford	42.50	120	9.02	51.52
Newton Wellseley	49.75	110	8.27	58.02
Norway	41.75	70	5.26	47.01
Poughkeepsie	42.00	200	15.03	57.03
Regency	43.50	130	9.77	53.27
Reservoir	45.75	144	10.82	56.57
Riverside	61.75	345	25.93	87.68
Rutland	41.50	125	9.40	50.90
Sachem	50.00	111	8.34	58.34
Sands Point	48.50	180	13.53	62.03
Utica	45.75	117	8.79	54.54
Village Crest	42.00	95	7.14	49.14
Water's Edge	42.50	150	11.28	53.78
Westgate	44.50	104	7.82	52.32
Winship	45.75	72	5.41	51.16
Vacation	328.00			
Sick	0.00			
Personal	0.00			
Holiday	48.00			
Total	2080.25	5,002	376	2,080.25

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

Name of Facility (as licensed) New Milford Crossings, LLC / DBA Village Crest Center for Health at	License No. 2330		Report for Year Ended 9/30/2022		Page 12	of 37				
	CCNH	RHNS (Specify)	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered			Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked
Section III - Administrators***										
Ann Callahan (10/1/2021 - 1/3/2022)	33,000		Non Discriminatory	Administrator	528	A2				
Timothy J Flaherty Sr. (1/4/2022 - 9/30/2022)	112,622		Non Discriminatory	Administrator	1,552	A2				
Section IV - Assistant Administrators										

*No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include **all** other employment worked during the cost year.
 *** If more than one Administrator is reported, include dates of employment for each.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
New Milford Crossings, LLC / DBA Village Crest C	2330	9/30/2022	13	37		
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	7,083	71				
3. Pharmacist	17,234	172				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	268,761	4,343				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	81,225	243				
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	67,097	1,018				
b. Other						
10. Occupational Therapist						
a. Resident Care	272,498	4,834				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	81,221	1,185				
2. Administrative***						
b. LPN						
1. Direct Care	80,566	1,545				
2. Administrative***						
c. Aides	315,674	8,949				
d. Other						
12. Other (Specify)						
See Attached Schedule	13,999	137				
B-13 Total Fees Paid in Lieu of Salaries	1,205,358	22,497				

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

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
New Milford Crossings, LLC / DBA Village Crest Cent		2330	9/30/2022		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Gerident Solutions, P.O. Box 290539, Wethersfield, CT 06129	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Procure LTC of CT, 111 Executive Blvd, Farmingdale, NY 11735	Pharmacist / IV Nursing Consultant	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Preferred Thearpy-850 Silas Deane HWY Wethersfield CT	PT, OT, ST	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
NEW MILFORD MEDICAL GROUP LLC 11 Old Park Lane Road New Milford, CT 06776	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Dr. John Mullen - 131 Kent Road, New Milford, CT 06776	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
DANBURY HOSPITAL po box 21278 NEW YORK NY 10087	Physician Fees	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
SDX/SWALLOWING DIAGNOSTICS, LLC, 21 Waterville Rd, Avon, CT 06001	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
MassTex Imaging LLC- 3 Electronics Avenue Suite # 201 Danvers, MA 01923-1099	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Preferred Professional Service - 850 Silas Deane Highway, Wethersfield, CT 06109	Contract RNs / LPNs / CNAs	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
AAA Nursing Care - 3303 Main Street, Stratford, CT 06614	Contract RNs / LPNs / CNAs	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
The Nurse Network - 653 Main Street, Plantsville, CT 06479	Contract RNs / LPNs / CNAs	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
FIVE STAR CARE 410 MEVILLE AVE LAKEWOOD NY 08701	Contract RNs / CNAs	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
MAS MEDICAL STAFFING PO BOX 4473 HOUSTON TX 77210	Contract RNs / CNAs	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
GERONNURSING REGISTRY NORTHWEST INC-P.O. Box 552-New Milford,CT 06776	Contract RNs / LPNs / CNAs	<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"/>			

* 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
New Milford Crossings, LLC / DBA Village Cre	2330	9/30/2022		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 224,237	224,237			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 56,594	56,594			
4. Social Security (F.I.C.A.)	\$ 350,538	350,538			
5. Health Insurance	\$ 567,230	567,230			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 113,644	113,644			
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$ 1,825	1,825			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 240,033	240,033			
d. Accounting and Auditing	\$ 34,685	34,685			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 52,615	52,615			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 22,526	22,526			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 43,670	43,670			
2. Cellular Phones	\$ 1,926	1,926			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$ 59,549	59,549			
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 472,908	472,908			
Subtotal	\$ 2,241,980	2,241,980			

* 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)
	-		
Background Checks	\$ 1,825		
Total	\$ 1,825	\$ -	\$ -

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
New Milford Crossings, LLC / DBA Village Crest Ce	2330	9/30/2022		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	2,241,980	2,241,980			
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 3,515	3,515			
3. Gifts to Staff and Residents	\$ 25,150	25,150			
4. Employee Travel	\$ 941	941			
5. Education Expenses Related to Seminars and Conventions	\$ 15,436	15,436			
6. Automobile Expense (not purchase or depreciation)	\$ 1,402	1,402			
7. Other (Specify) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expenses)	\$ 1,200	1,200			
2. Advertising Telephone Directory (all such expenses)***	\$				
3. Advertising Other (Specify)*** See Attached Schedule	\$ 60,126	60,126			
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	\$ 1,778	1,778			
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$ 6,833	6,833			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 300	300			
9. Subscriptions	\$ 12,916	12,916			
10. Contributions*** See Attached Schedule	\$ 1,250	1,250			
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$ 146,861	146,861			
12. Administrative Management Services**	\$ 476,247	476,247			
13. Other (Specify) See Attached Schedule	\$ 163,941	163,941			
C-14 Total Administrative & General Expenditures	\$ 3,159,876	3,159,876			

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	-		
Promotional Advertising (Disallowed on Pg 28)	\$ 53,505		
Marketing Supplies (Disallowed on Pg 28)	6,621		
Total Other Advertising	\$ 60,126	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	-		
CAHCF Dues	\$ 6,833		
Total Dues	\$ 6,833	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	-		
Political Contributions (Disallowed on Pg 28)	\$ 1,250		
Total Contributions	\$ 1,250	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	-		
Amort Exp Good Will-Village Crest (Disallowed on Pg 28a)	\$ 79,000		
Licenses and Permits-Village Crest-Administration	2,514		
Bank Charges-Village Crest-Administration	27,209		
Misc. Expense-NewMilford-Administration (Disallowed on Pg 28a)	22,620		
Prior Period Expense-Village Crest-Administration (Disallowed on Pg 28a)	32,598		
Total Other Administrative and General	\$ 163,941	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
New Milford Crossings, LLC / DBA Villa	2330	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 #
National Healthcare	476,247	Shared Expenses	Page 16 / Line m12

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
New Milford Crossings, LLC / DBA Village Crest Cen		2330	9/30/2022		18	37
Item	Total	CCNH	RHNS	(Specify)		
2. Dietary						
a. In-House Preparation & Service						
1. Raw Food	\$ 218,117	218,117				
2. Non-Food Supplies	\$ 42,533	42,533				
3. Other (Specify) _____	\$ _____					
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 12,984	12,984				
c. Other (Specify) _____ Dietary Equipment Rental	\$ 1,623	1,623				
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 275,257	275,257				
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		License No.	Report for Year Ended	Page	of
New Milford Crossings, LLC / DBA Village Crest Center		2330	9/30/2022	19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	10,232	10,232	
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)		\$			
c. Other (Specify) Other Supplies / Diapers		\$	23,583	23,583	
3D. Total Laundry Expenditures (3a + b + c)		\$	33,815	33,815	
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
New Milford Crossings, LLC / DBA Village C		2330	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.	\$ 30,797	30,797			
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.	\$ 53	53			
C. Other (<i>Specify</i>)		\$				
4D. Total Housekeeping Expenditures (4a + b + c)		\$	30,850	30,850		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		\$ 322,210	322,210			
2. Purchased from		\$				
b. Medicine Cabinet Drugs		\$ 15,825	15,825			
c. Medical and Therapeutic Supplies		\$ 74,089	74,089			
d. Ambulance/Limousine***		\$				
e. Oxygen						
1. For Emergency Use		\$				
2. Other****		\$ 4,305	4,305			
f. X-rays and Related Radiological Procedures***		\$ 12,323	12,323			
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$				
h. Laboratory***		\$ 32,153	32,153			
i. Recreation		\$ 18,187	18,187			
j. Direct Management Services*		\$				
k. Indirect Management Services*		\$				
l. Other (Specify)**** See Attached Schedule		\$ 91,526	91,526			
5M. Total Resident Care Expenditures (5a - 5j)		\$	570,618	570,618		

* 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.

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

Name of Facility New Milford Crossings, LLC / DBA Village Crest Center for Health and Re		License No. 2330	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*	CCNH	RHNS (Specify)	Pg	Line
		Yes	No						
ADM Environmental Group	1370 Coney Island Ave. Brooklyn, NY 11230	O	⊙	N/A	Waste Services/Monthly Recycling Services	19,664		22	6f
MIKE AND KARENS LAWNS UNLIMITED LLC	186 Cornwall Rd Warren, CT 06754	O	⊙	N/A	Landscaping	17,151		22	6f
MANHATTAN TECH SUPPORT	55 W 39TH ST, NEW YORK, NY 10018	O	⊙	N/A	Computer Maintenance System	34,391		16	m11
ADP	PO Box 842875, Boston, MA 02284	O	⊙	N/A	Payroll Processing	12,751		16	m11
EMCORE SERVICES	30 Lindeman Drive Trumbull, CT 06611	O	⊙	N/A	HVAC	10,183		22	6f
		O	⊙						
		O	⊙						
		O	⊙						
		O	⊙						
		O	⊙						
		O	⊙						
		O	⊙						
		O	⊙						
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		O	⊙						
		O	⊙						
		O	⊙						
		O	⊙						
		O	⊙						
		O	⊙						

* 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
New Milford Crossings, LLC / DBA Village C	2330	9/30/2022			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$					
b. Heat	\$ 20,433	20,433				
c. Light & Power	\$ 153,835	153,835				
d. Water	\$ 46,460	46,460				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 44,217	44,217				
f. Other (<i>itemize</i>)	\$ 127,803	127,803				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 392,748	392,748				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 42,224	42,224				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 42,224	42,224				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$ 9,432	9,432				
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 119,937	119,937				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 129,369	129,369				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 372,000	372,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 81,404	81,404				
c. Personal property taxes	\$ 5,018	5,018				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 630,015	630,015				

* Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3
 **Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*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:				
Total additions for Non-Movable Equipmen		\$ -		\$ -
Deletions:				
Total deletions for Non-Movable Equipmen		\$ -		\$ -

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

Schedule of Movable Equipment Acquired during this report peric

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
1/31/2022	Desktop	Administrative	\$ 1,294	3	\$ 431
1/31/2022	Desktop	Administrative	1,272	3	424
2/28/2022	Dell Desktop	Administrative	1,327	3	442
2/28/2022	Dell Desktop	Administrative	1,059	3	353
4/30/2022	Oven-Casters-Gas conn. Hose	Administrative	5,415	10	542
6/30/2022	Gas Oven/6 Burners/Griddle	Administrative	12,618	10	1,262
6/30/2022	ECG-Basic Main Unit w/ Trolley	Standard Resident	2,644	7	378
8/31/2022	Dell Desktop/LG Monitor	Administrative	1,628	3	543
8/31/2022	Qty12-Surrey Chair	Standard Resident	4,541	15	303
9/30/2022	Qty2- Electric Expandable Bed	Standard Resident	2,873	12	239
Total additions for Movable Equipmen			\$ 34,671		\$ 4,917
Deletions:					
Total deletions for Movable Equipmen			\$ -		\$ -

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report peric

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
11/23/2021	Emcor - Water Heater	\$ 5,228	10	\$ 523
11/1/2021	Emcor - Water Heater	3,821	10	382
12/31/2021	T&S Single reel faucet	1,552	5	310
1/31/2022	Wireless Transmitter for door	1,763	3	588
5/31/2022	Hot Water Heater Replacement	18,779	10	1,878
6/30/2022	Door- Repair Wiring/ADA Button	3,666	10	367
6/30/2022	HVAC-Rplc Heating elems/Fuses	3,916	10	392
9/30/2022	Replacement-Grease Trap	4,090	20	204
Total additions for Leasehold Improvemen		\$ 42,815		\$ 4,644
Deletions:				
Total deletions for Leasehold Improvemen		\$ -		\$ -

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

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

Amortization Schedule*

Name of Facility New Milford Crossings, LLC / DBA Village Crest Center for	License No.		Report for Year Ended		Page	of			
	2330		9/30/2022				24	37	
	Date of Acquisition	Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations					Basis for Computing Amortization**
Month					Year				
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.	Var	Various	1,387,699	708,695	S/L	Various	115,293		
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	Var	Various	1,387,699	708,695	S/L	Various	115,293		
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	Var	Various	42,815		S/L	Various	4,644		
C-4. Subtotal									
D. Total Amortization									
								119,937	
								119,937	

* 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.

Village Crest Center for Health & Rehab
FIXED ASSET / DEPRECIATION SCHEDULE

Asset Type	Description	Date Acquired	Method	Life	Historical Cost	2019 Deprec	2010 ADJ	2011 Deprec	2011 ADJ	2012 Deprec	2012 ADJ	2013 ADJ	2014 ADJ
LEASEHOLD IMPROVEMENTS													
LI	Prior Period Acquisitions (Per 9/30/18 CR)	Various	S/L	Various	1,255,500	21,956	55,544	20,670	674,214	97,626	771,840	484,065	
2019 Additions													
LI	PAINTING PROJECT	10/31/2018	S/L	5	1,890	378	756	378	1,134	378	1,512	378	
LI	Qty 2 Zoneless PTAC Heat pumps	11/30/2018	S/L	15	1,502	100	200	100	300	100	400	1,102	
LI	PAINTING PROJECT	11/30/2018	S/L	5	2,918	584	1,168	584	1,752	584	2,336	584	
LI	PAINTING PROJECT	12/31/2018	S/L	5	765	153	306	153	459	153	612	153	
LI	signage indoor designation	1/31/2019	S/L	5	2,032	406	812	406	1,218	406	1,624	406	
LI	IT Set up	9/30/2019	S/L	3	1,990	663	1,326	663	1,989	1	1,990	-	
LI	IT Setup-Printer Unit	9/30/2019	S/L	3	1,610	537	1,074	536	1,610	-	1,610	-	
LI	HVAC	9/30/2019	S/L	15	2,315	154	308	154	462	154	616	1,697	
LI	FACILITY PAINTING PROJECT	9/30/2019	S/L	5	23,382	4,676	9,352	4,676	14,028	4,676	18,704	4,678	
2020 Additions													
LI	PAINTING PROJECT	12/31/2019	S/L	5	16,108	3,222	3,222	3,222	6,444	3,222	9,666	6,442	
LI	PAINTING PROJECT	10/31/2019	S/L	5	3,922	784	784	784	1,568	784	2,352	1,570	
LI	Hvac Repair	12/31/2019	S/L	15	1,102	73	73	73	146	73	219	883	
LI	Fire Door Replacement	8/31/2020	S/L	10	3,431	343	343	343	686	343	1,029	2,402	
LI	HVAC Repair	9/30/2020	S/L	15	2,742	183	183	183	366	183	549	2,193	
2021 Additions													
LI	Fire Door Replacement	1/31/2021	S/L	10	3,841	-	-	288	288	384	672	3,169	
LI	Hvac Repair	5/31/2021	S/L	10	32,466	-	-	1,353	1,353	3,247	4,600	27,866	
LI	AC Split system	6/30/2021	S/L	10	5,398	-	-	180	180	540	720	4,678	
LI	HVAC Repair: Radiator cap,cool	6/30/2021	S/L	10	11,787	-	-	393	393	1,179	1,572	10,215	
LI	HVAC Condenser & Handler	9/30/2021	S/L	10	12,995	-	-	105	105	1,260	1,365	11,230	
2022 Additions													
LI	Emisor - Water Heater	11/23/2021	S/L	10	5,228	-	-	-	-	523	523	4,705	
LI	Emisor - Water Heater	11/23/2021	S/L	10	3,821	-	-	-	-	382	382	3,439	
LI	T&E Single roll floor	1/23/2021	S/L	5	1,552	-	-	-	-	310	310	1,242	
LI	Wardrobe Replacement for door	1/18/2022	S/L	3	1,763	-	-	-	-	548	548	1,175	
LI	Hot Water Heater Replacement	5/31/2022	S/L	10	18,779	-	-	-	-	1,878	1,878	16,901	
LI	Door Repair Waring ADA Buttons	6/30/2022	S/L	10	3,666	-	-	-	-	367	367	3,299	
LI	HVAC Right Hanging plenum/Flues	8/30/2022	S/L	10	3,916	-	-	-	-	392	392	3,524	
LI	Replacement of door Top	8/30/2022	S/L	20	4,090	-	-	-	-	204	204	3,886	
TOTAL LEASEHOLD IMPROVEMENTS					1,260,510	214,212	873,471	151,244	708,694	119,837	828,611	481,881	
Motor Vehicles													
NVE	Prior Period Acquisitions (Per 9/30/18 CR)	Various	S/L	Various	15,661	-	15,661	-	15,661	-	15,661	-	
TOTAL Motor Vehicles					15,661	-	15,661	-	15,661	-	15,661	-	
MOVABLE EQUIPMENT													
NVE	Prior Period Acquisitions (Per 9/30/18 CR)	Various	S/L	Various	326,418	37,551	224,379	34,430	258,109	21,084	279,193	46,525	
2019 Additions													
NVE	What Tric system CarpetCleaner	10/31/2018	S/L	5	4,207	841	1,682	841	2,523	841	3,364	841	
NVE	Nobles vacuum	10/31/2018	S/L	10	1,213	121	242	121	363	121	484	729	
NVE	Conveyor/Toner InductionChargr	1/31/2019	S/L	10	2,099	209	418	206	618	206	824	1,235	
NVE	Food Processor, Wax baseP	1/31/2019	S/L	10	1,804	180	360	180	540	180	720	1,084	
NVE	replace washing machine parts	2/28/2019	S/L	10	2,446	245	310	255	765	255	1,020	1,526	
NVE	Qty 3 Chromecast laptops	2/28/2019	S/L	3	834	278	556	278	834	-	834	(0)	
NVE	Visual Monitor	4/30/2019	S/L	3	2,033	407	814	407	1,221	407	1,628	405	
NVE	Desktop Mini PC	6/31/2019	S/L	3	772	257	514	257	771	1	772	0	
NVE	24 VAC Freedom Wound Monitors	5/31/2019	S/L	5	1,466	299	598	299	897	299	1,196	300	
NVE	23 VAC Freedom Wound Monitors	5/31/2019	S/L	5	1,434	287	574	287	861	287	1,148	286	
NVE	Fire Alarm System	6/30/2019	S/L	10	20,047	2,005	4,010	2,005	6,015	2,005	8,020	12,021	
NVE	Dell Laptop	7/31/2019	S/L	3	1,501	500	1,000	500	1,500	1	1,501	0	
NVE	1 Electric Bed	8/31/2019	S/L	12	607	51	102	51	153	51	204	403	
NVE	1 Heavy Duty Food Blender	8/31/2019	S/L	10	1,267	127	254	127	381	127	508	759	
NVE	Laptop	9/30/2019	S/L	3	846	282	564	282	846	-	846	(0)	
NVE	Air Conditioning Unit	9/30/2019	S/L	10	1,563	156	312	156	468	156	624	919	
NVE	Bed Control Module	9/30/2019	S/L	12	634	54	108	54	162	54	216	434	
2020 Additions													
NVE	Plant Furniture	10/31/2019	S/L	10	903	90	90	90	180	90	270	633	
NVE	Visual Sign Monitor	11/30/2019	S/L	7	2,034	291	291	291	582	291	873	1,161	
NVE	Fluor 5 Radiator	1/31/2020	S/L	10	797	79	76	76	152	76	228	529	
NVE	Air conditioning unit	12/31/2019	S/L	5	782	156	156	156	312	156	468	314	
NVE	Visual Monitor Monitor	10/1/2020	S/L	8	2,573	322	322	322	644	322	966	1,607	
NVE	Hot Drinking Equipment	12/31/2019	S/L	5	2,918	584	584	584	1,168	584	1,752	1,166	
NVE	InductionCharger	4/30/2020	S/L	5	6,632	1,324	1,324	1,324	2,648	1,324	4,003	2,629	
NVE	Fridge Freezer	1/23/2019	S/L	10	1,412	141	141	141	282	141	423	989	
NVE	Linens & Moppad Laptop	4/30/2020	S/L	3	845	282	282	282	564	281	845	0	
NVE	Fridge Freezer	12/31/2019	S/L	10	702	70	70	70	140	70	210	492	
NVE	Humidifier Shower Chair	5/31/2020	S/L	5	1,021	204	204	204	408	204	612	409	
NVE	Qty 2 Zoneless PTAC air condition	6/30/2020	S/L	10	819	82	82	82	164	82	246	573	
NVE	Paper Kit Easy Clean	9/30/2020	S/L	5	1,123	225	225	225	450	225	675	444	
2021 Additions													
NVE	Laptop	11/30/2020	S/L	3	1,270	-	-	388	388	415	811	459	
NVE	Coke Printer	2/28/2021	S/L	8	1,521	-	-	203	203	304	507	1,014	
NVE	7 Dell Computers	4/30/2021	S/L	3	5,973	-	-	995	995	1,991	2,986	2,986	
NVE	Firewall	8/31/2021	S/L	3	8,083	-	-	206	206	2,694	2,900	5,183	
NVE	Blender Scanner	6/30/2021	S/L	7	4,334	-	-	449	449	619	1,068	3,266	
NVE	Dell Computer	8/31/2021	S/L	3	1,257	-	-	70	70	419	489	768	
NVE	Dell Computer	8/31/2021	S/L	3	1,321	-	-	73	73	440	513	807	
NVE	Dell Computer	8/31/2021	S/L	3	1,458	-	-	81	81	486	567	891	
2022 Additions													
NVE	Desktop	1/31/2022	S/L	3	1,294	-	-	-	-	431	431	863	
NVE	Desktop	1/31/2022	S/L	3	1,272	-	-	-	-	424	424	848	
NVE	Dell Desktop	2/28/2022	S/L	3	1,327	-	-	-	-	442	442	885	
NVE	Dell Desktop	2/28/2022	S/L	3	1,039	-	-	-	-	353	353	706	
NVE	Oven-Cutlery-Gas conv. liner	4/30/2022	S/L	10	5,415	-	-	-	-	542	542	4,873	
NVE	Gas Ovens & Burners Washable	6/30/2022	S/L	10	12,618	-	-	-	-	1,262	1,262	11,356	
NVE	FCG-Basic Main Unit w/ Trolley	6/30/2022	S/L	7	2,644	-	-	-	-	378	378	2,266	
NVE	Dell Desktop LG Monitor	8/31/2022	S/L	3	1,628	-	-	-	-	543	543	1,085	
NVE	Qty 12-Survey Chair	8/31/2022	S/L	15	4,541	-	-	-	-	303	303	4,238	
NVE	Qty 2- Electric Expandable Bed	9/30/2022	S/L	12	2,473	-	-	-	-	239	239	2,234	
TOTAL MOVABLE EQUIPMENT					453,751	47,114	248,416	47,079	297,905	43,228	248,131	121,616	
TOTAL ASSETS PER CR SCHEDULE					1,899,925	181,976	829,960	182,303	1,012,263	162,161	1,174,424	725,501	
TOTAL ASSETS PER TRIAL BALANCE					1,960,021	162,161	1,172,139	162,161	1,172,139	162,161	1,172,139	727,002	
DIFFERENCE VARIANCE					(60,096)	19,765	(342,179)	10,142	(159,876)	-	2,285	(0,381)	

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

Name of Facility New Milford Crossings, LLC / DBA V	License No. 2330	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		08/01/68		
2. Date Structure Completed		06/01/71		
3. If NOT Original Owner, Date of Purchase		02/01/08		
4. Date of Initial Licensure		06/01/71		
5. Total Licensed Bed Capacity		95		
6. Square Footage		44,020		
7. Acquisition Cost				
a. Land		59,000		
b. Building		533,000		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed			
b. Date Mortgage Obtained	07/01/16			
c. Interest Rate for the Cost Year	4.85%			
d. Term of Mortgage (number of years)	5			
e. Amount of Principal Borrowed	1,325,000			
f. Principal balance outstanding as of 09/30/2022	871,890			
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
New Milford Crossings, LLC / DBA		2330	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
New Milford Crossings, LLC / DBA		2330		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) Property / Admin / Computer Loan Interest				\$	40,725	40,725	
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	40,725	40,725	
14. Insurance							
a. Insurance on Property (buildings only)				\$	12,936	12,936	
b. Insurance on Automobiles				\$	1,484	1,484	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify) Liability / Crime Insurance				\$	53,567	53,567	
14d. Total Insurance Expenditures (14a + b + c)				\$	67,987	67,987	
15. Total All Expenditures (A-13 thru C-14)				\$	11,155,627	11,155,627	

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
New Milford Crossings, LLC / DBA Village Crest Center for H			2330	9/30/2022	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 14,579	14,579		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	b10a	Occupational Therapy	\$ 272,498	272,498		
7.			Other - See attached Schedule	\$ 13,999	13,999		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 240,033	240,033		
10.			Accounting	\$			
10a.	15	1c	Legal	\$ 36,590	36,590		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	L3	Gifts, flowers and coffee shops	\$ 25,150	25,150		
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.	16	L6	Automobile Expense (e.g. personal use)	\$ 1,402	1,402		
18.	16	m2/3	Unallowable Advertising *	\$ 60,126	60,126		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 1,250	1,250		
21.	16	m12	Unallowable Management Fees	\$ 248,356	248,356		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 197,171	197,171		
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)				\$ 1,111,154	1,111,154		

* All except "Help Wanted"

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	B12o	Admissions Salary Relating to Marketing	\$ 14,579		
Total Other Salaries Adjustment			\$ 14,579	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B12o	IV Nursing Consultant	\$ 13,736		
13	B12o	Physician Fees	263		
Total Other Fees Adjustments			\$ 13,999	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Amort Exp Good Will-Village Crest	\$ 79,000		
16	m13	Misc. Expense-NewMilford-Administration	22,620		
16	m13	Prior Period Expense-Village Crest-Administration	32,598		
15	1k1	CT PET Tax	59,549		
15	Var	Benefits Associated with Marketing Salary	3,104		
16	m8a	Chamber Dues	300		
Total Other A&G Adjustments			\$ 197,171	\$ -	\$ -

Village Crest Center for Health & Rehab
 Calculation of Allowable Management Fee
 September 30, 2022

<u>Description</u>	<u>Amount</u>	
Management fees Charged	476,247	Page 16, Line m12
Accounting Charges	34,685	Page 15, Line 1d
Total Management Fees Per Agreement	<u>510,932</u>	
Patient Days	29,106	Page 8 of C/R
Imputed Days - 90% Occupancy (365/365 Days)	<u>31,208</u>	Calculation
Amount Per Patient Day (Greater of 90% or Actaul Days)	\$ 16.37	
PPD Allowance Per Client 2021	7.84	
2022 CPI Increase %	<u>1.07</u>	J.01b
PPD Allowance 9/30/2022	<u>8.41</u>	
Amount over (Under)	\$ 7.9582	
Total Days	31,208	Page 8 of C/R
Disallowed Management Fee	<u><u>\$ 248,356</u></u>	

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

Name of Facility			License No.	Report for Year Ended	Page	of	
New Milford Crossings, LLC / DBA Village Crest Center fo			2330	9/30/2022	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,111,154	1,111,154		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 322,210	322,210		
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$ 12,323	12,323		
30.			Laboratory	\$ 32,153	32,153		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$ 4,305	4,305		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 83,861	83,861		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 470	470		
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	\$ 1,484	1,484		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 1,285	1,285		
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)				\$ 1,569,245	1,569,245		

*** 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	5l	Supplies-Village Crest-Rehab Tpy and Anclry	\$ 180		
20	5l	IV Thy Supplies-Village Crest-Rehab Tpy and Ancllr	5,272		
20	5l	Equip Rental-Village Crest-Rehab Tpy and Anclry	10,307		
20	5l	Equip Rental-Village Crest-Respiratory	15,311		
20	5l	Equip Rental-Village Crest-Nursing	26,478		
20	5i	Cable Television Disallowance (See Attached)	2,734		
20	5c	Med B Nursing Supplies	23,579		
Total Other Ancillary Costs			\$ 83,861	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Non Allowable Depreciation on Movable Equipment	\$ 470		
Total Excess Movable Equipment Depreciation			\$ 470	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14b	Insurance on Automobiles	\$ 1,484		
Total Other Property Adjustments			\$ 1,484	\$ -	\$ -

Schedule of Other - Indirect Adjustments

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

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV 8	Refund / Rebates	\$ 685		
30	IV 8	Misc Rev	375		
30	IV 8	Medical Records Revenue	225		
Total Other Adjustments			\$ 1,285	\$ -	\$ -

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			\$ -	\$ -	\$ -

National Health Care Associates, Inc. (CT)
Cable TV Disallowance
September 30, 2022

Pg. 29b

Total Cable TV Expense	9,934	TB Linked
Total Monthly Fee Allowed	\$ 600	
Total Months	12	
Total Allowable Expense	<u>\$ 7,200</u>	
Partial Year Cost Report (365 out of 365 Days)	\$ 365	
Days in Cost Report Year	<u>365</u>	
Partial Year Allowable %	100.00%	
Revised Allowable Cost	\$ 7,200	
Disallowed Expense	<u><u>\$ 2,734</u></u>	{a}

Tickmark
{a}

Ties to page 29a

F. Statement of Revenue

Name of Facility		License No.		Report for Year Ended		Page of	
New Milford Crossings, LLC / DBA Vill		2330		9/30/2022		30 37	
Item	Total	CCNH	RHNS	(Specify)			
I. Resident Room, Board & Routine Care Revenue							
1. a. Medicaid Residents (CT only)	\$ 7,429,776	7,429,776					
b. Medicaid Room and Board Contractual Allowance **	\$ (2,161,554)	(2,161,554)					
2. a. Medicaid (All other states)	\$						
b. Other States Room and Board Contractual Allowance **	\$						
3. a. Medicare Residents (all inclusive)	\$ 2,150,514	2,150,514					
b. Medicare Room and Board Contractual Allowance **	\$ (1,743,773)	(1,743,773)					
4. a. Private-Pay Residents and Other	\$ 2,688,330	2,688,330					
b. Private-Pay Room and Board Contractual Allowance **	\$ (285,947)	(285,947)					
II. Other Resident Revenue							
1. a. Prescription Drugs - Medicare	\$ 343,836	343,836					
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (335,708)	(335,708)					
c. Prescription Drugs - Non-Medicare	\$ 283,528	283,528					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (280,737)	(280,737)					
2. a. Medical Supplies - Medicare	\$ 7,472	7,472					
b. Medical Supplies - Medicare Contractual Allowance **	\$ (7,472)	(7,472)					
c. Medical Supplies - Non-Medicare	\$						
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$						
3. a. Physical Therapy - Medicare	\$ 336,135	336,135					
b. Physical Therapy - Medicare Contractual Allowance **	\$ 208,812	208,812					
c. Physical Therapy - Non-Medicare	\$ 224,950	224,950					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (170,587)	(170,587)					
4. a. Speech Therapy - Medicare	\$ 102,401	102,401					
b. Speech Therapy - Medicare Contractual Allowance **	\$ 160,951	160,951					
c. Speech Therapy - Non-Medicare	\$ 70,339	70,339					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (55,449)	(55,449)					
5. a. Occupational Therapy - Medicare	\$ 353,702	353,702					
b. Occupational Therapy - Medicare Contractual Allowance **	\$ 128,216	128,216					
c. Occupational Therapy - Non-Medicare	\$ 242,144	242,144					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (193,390)	(193,390)					
6. a. Other (Specify) - Medicare	\$ 1,632,172	1,632,172					
b. Other (Specify) - Non-Medicare	\$ 281,690	281,690					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 11,410,351	11,410,351					
IV. Other Revenue*							
1. Meals sold to guests, employees & others	\$						
2. Rental of rooms to non-residents	\$						
3. Telephone	\$						
4. Rental of Television and Cable Services	\$						
5. Interest Income (Specify)	\$ 475	475					
6. Private Duty Nurses' Fees	\$						
7. Barber, Coffee, Beauty and Gift shops	\$						
8. Other (Specify)	\$ 272,886	272,886					
V. Total Other Revenue (1 thru 8)	\$ 273,361	273,361					
VI. Total All Revenue (III +V)	\$ 11,683,712	11,683,712					

* 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 II 6a	Medicare A NTA Contra-Village Crest	\$ 596,474		
30 II 6a	Medicare A Nsng Comp Contra-Village Crest	1,004,195		
30 II 6a	Medicare Pt A Lab-Village Crest	36,581		
30 II 6a	Medicare Pt A X-Village Crest	15,552		
30 II 6a	Medicare Pt A Sequestration-Village Crest	(20,327)		
30 II 6a	Medicare Pt B Prior Period-Village Crest	(303)		
Total Other Resident Revenue - Medicare		\$ 1,632,172	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 II 6b	Medicaid Lab-Village Crest	\$ 303		
30 II 6b	Comm Ins Lab-Village Crest	3,037		
30 II 6b	Comm Ins X-Village Crest	887		
30 II 6b	Mgd Medicare NTA Contra-Village Crest	43,519		
30 II 6b	Mgd Medicare Nsng Comp Contra-Village Crest	58,769		
30 II 6b	Mgd Medicare Lab-Village Crest	20,872		
30 II 6b	Mgd Medicare X-Village Crest	8,159		
30 II 6b	Mgd Medicare Prior Period-Village Crest	(2,036)		
30 II 6b	Patient Revenue Capitation -Village Crest	148,180		
Total Other Resident Revenue		\$ 281,690	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			-		
30 IV 5	Interest on Money Market Account	462,195	\$ 75		
30 IV 5	Interest on Managed Care Payments	N/A	400		
Total Interest Income			\$ 475	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 IV 8	Donation Revenue	\$ 1,550		
30 IV 8	Refund / Rebates (\$685 Disallowed on Pg 29a)	4,300		
30 IV 8	Misc Rev (Disallowed on Pg 29a)	375		
30 IV 8	Stimulus Revenue	246,989		
30 IV 8	Medical Records Revenue (Disallowed on Pg 29a)	225		
30 IV 8	CT PET Tax Income	19,447		
Total Other Revenue		\$ 272,886	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
New Milford Crossings, LLC / DBA Vi	2330	9/30/2022	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	731,325
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,886,935
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	69,493
5. Prepaid Expenses			\$	118,851
a. _____				
b. _____				
c. _____				
d. See Schedule		118,851		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	54,540
CT PET Tax Receivable-NewMilforc		44,540		
Security Deposits-Village Crest		10,000		
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,861,144
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>1,430,514</u>		\$	601,882
	Accum. Depreciation <u>828,632</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>453,750</u>		\$	123,619
	Accum. Depreciation <u>330,131</u>	Net		
7. Motor Vehicles	*Historical Cost <u>15,661</u>		\$	
	Accum. Depreciation <u>15,661</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	85,854
F/S vs C/R NBV		2,381		
See Schedule		83,473		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	811,355

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5	Prepaid Workers Comp-Village Crest	\$ 15,327
31	A5	Prepaid Gen. Ins-Village Crest	18,813
31	A5	Prepaid Expense Other-Village Crest	10,726
31	A5	Prepaid Real Estate Taxes-Village Crest	20,612
31	A5	Prepaid Personal Property Taxes-Village Crest	1,407
31	A5	Prepaid Mgmt Assets-Village Crest	12,348
31	A5	CT/PET Deferred Tax-Village Crest	39,618
Total Prepaid Expenses			\$ 118,851

Schedule of Other Current Assets (Itemize) 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	
31	B9	Construction in Progress	\$ 83,473
Total Other Fixed Assets (Itemize)			\$ 83,473

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	Unclaimed ADP checks-Village Crest	\$ 1,081
33	A12	Due to Medicid-Village Crest	(10,303)
33	A12	Due to HMS-Village Crest	49,723
33	A12	Patients Fund-Village Crest	41,337
33	A12	Accrued Expenses-Village Crest	151,654
33	A12	Accrued Pension-Village Crest	113,644
33	A12	Accrued Worker's Comp-Village Crest	45,001
33	A12	Due to Aging in Amer-Village Crest	15,099
Total Other Current Liabilities (Itemize)			\$ 407,236

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 New Milford Crossings, LLC / DBA Vi	License No. 2330	Report for Year Ended 9/30/2022	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 3,672,499	
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 94,317	
			Accum. Depreciation 56,591 Net	
			\$ 37,726	
4. Goodwill (Purchased Only)			\$ 316,000	
5. Investments Related to Resident Care <i>(itemize)</i>			\$	

6. Loans to Owners or Related Parties <i>(itemize)</i>			\$ 579,400	
Name and Address		Amount	Loan Date	
Due from Related		579,400		
7. Other Assets <i>(itemize)</i>			\$	

See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 933,126	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 4,605,625	

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
New Milford Crossings, LLC / DBA Village C		2330	9/30/2022	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	560,878
2. Notes Payable (<i>itemize</i>)				\$	

See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	34,474
Name of Lender	Purpose	Amount	Date Due		
	Equipment Obligation	34,474			
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	317,666
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>)				\$	407,236

See Schedule				407,236	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,320,254

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility New Milford Crossings, LLC / DBA Village		License No. 2330	Report for Year Ended 9/30/2022	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,320,254	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					\$ 614,701
Name of Lender	Purpose	Amount	Date Due		
	Equipment Obligation LT	614,701			
2. Mortgages Payable					\$
3. Loans from Owners or Related Parties (<i>itemize</i>)					\$ 975,842
Name and Address of Lender	Amount	Loan Date			
Due to Realty / Related	975,842				
4. Other Long-Term Liabilities (<i>itemize</i>)					\$
_____ _____ _____ See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					\$ 1,590,543
C. Total All Liabilities (Lines A-13 + B-5)					\$ 2,910,797


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

Name of Facility	License No.	Report for Year Ended	Page	of
New Milford Crossings, LLC / DBA V	2330	9/30/2022	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	1,166,743
6. Gain or Loss for Period			\$	528,085
	10/1/2021	thru	9/30/2022	
7. Total Net Worth			\$	1,694,828
C. Total Reserves and Net Worth			\$	1,694,828
D. Total Liabilities, Reserves, and Net Worth			\$	4,605,625

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
New Milford Crossings, LLC / DBA Vil	2330	9/30/2022	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2021			\$	1,766,743
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	11,683,712
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	11,155,627
D. Net Income or Deficit			\$	528,085
E. Balance			\$	2,294,828
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
	Name and Address <i>(No., City, State, Zip)</i>	Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	600,000
	Purpose		Amount	
	Partner Drawings		600,000	
3. Total Deductions			\$	600,000
H. Balance at End of Period			\$	1,694,828
		09/30/22		

I. Preparer's/Reviewer's Certification

Name of Facility New Milford Crossings, LLC / DBA		License No. 2330	Report for Year Ended 9/30/2022	Page 37	of 37
<i>Check appropriate category</i>					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Preparer/Reviewer Certification					
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>					
Signature of Preparer 		Title Principal		Date Signed 2/9/23	
Printed Name of Preparer Matthew S. Bavalock					
Address Address 555 Long Wharf Drive, New Haven, CT 06511				Phone Number 203-781-9600	
Contacted Person Regarding Additional Information Needed Regarding This Report John Phelps				Phone Number 516-705-4813	
Contact Email Address jphelps@nathealthcare.com					