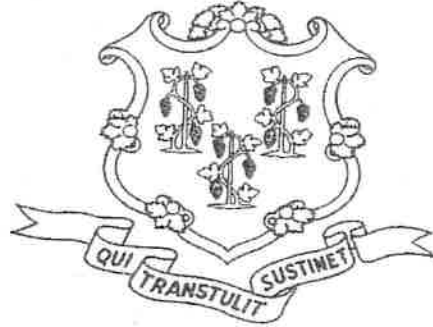


# State of Connecticut



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

Name of Facility (as licensed) Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation	
Address (No. & Street, City, State, Zip Code) 111 Church Street, Middletown, CT 06457	
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 2097-C	RHNS	(Specify)	Medicare Provider 07-5381
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Medicaid Provider Numbers:	CCNH 75381	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) Harbor Hill Care Center, Inc. d/b/a Water's Edge Cent	License No. 2097-C	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 Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & 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) Michael Rayel			Printed Name (Owner) Marvin 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

<b>Data Required for Real Wage Adjustment</b>		Page 1A	of 37
Name of Facility Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation		Period Covered: From 10/1/2021	To 9/30/2022
Address of Facility 111 Church Street, Middletown, CT 06457			
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. <b>Total Wages Paid</b>	<b>\$</b>		
7. Total salaries paid	\$		
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	<b>\$</b>		

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 860-347-7286		Report for Year Ended 9/30/2022	Page 2	of 37
Name of Facility (as shown on license) Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health		Address (No. & Street, City, State, Zip ) 111 Church Street, Middletown, CT 06457		
License Numbers:	CCNH 2097-C	RHNS (Specify)	Medicare Provider No. 07-5381	
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				
<b>Administrator</b>				
Name of Administrator Michael Rayel		Nursing Home Administrator's License No.:	002010	
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 Harbor Hill Care Center, Inc. d/b/a Water's Edge	License No. 2097-C	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		
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation	111 Church Street, Middletown, CT 06457	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Dorris Laufer	1402 59th Street, Brooklyn, NY 11219	President	50	
Marvin Ostreicher	184 Wildacre Avenue, Lawrence, NY 11559	Secretary	200	
Nathan Pollack	2441 Beachwood Road, Beachwood, OH 44122	Director	100	
Agnes Zitter	9 Dogwood Lane, Lawrence, NY 11559	Director	56	
Names of Stockholders Owning at Least 10% of Shares				
Michael Pollack Life Estate Trust	2441 Beachwood Road, Beachwood, OH 44122	Director	100	
Marvin Ostreicher	184 Wildacre Avenue, Lawrence, NY 11559	Secretary	200	
Izak Keller	2417 Beachwood Boulevard, Beachwood, OH 44122		150	
H. Ostreicher	1 Lakeside Drive, East Lawrence, NY 11559	Director	166	

**General Information and Questionnaire**  
**Individual Proprietorship**

Name of Facility	License No.	Report for Year Ended	Page	of
Harbor Hill Care Center, Inc. d/b/a Water's Edge C	2097-C	9/30/2022	3B	37
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 Harbor Hill Care Center, Inc. d/b/a Water's Edge Center		License No. 2097-C	Report for Year Ended 9/30/2022	Page 4	of 37		
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> 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 %**				
National HealthCare Associates	20 E Sunrise Hwy, Valley Stream NY, 11581	<input type="radio"/>	<input checked="" type="radio"/>	Consulting Fees	Pg 16 / Line m12	18,543	18,543
National HealthCare Associates	20 E Sunrise Hwy, Valley Stream NY, 11581	<input type="radio"/>	<input checked="" type="radio"/>	Interest	Pg 27 / Line 12d	3,892	3,892
National HealthCare Associates	20 E Sunrise Hwy, Valley Stream NY, 11581	<input type="radio"/>	<input checked="" type="radio"/>	Shared Expenses	Pg 16 / Line m12	710,693	710,693
20Sunrise	20 E Sunrise Hwy, Valley Stream NY, 11581	<input type="radio"/>	<input checked="" type="radio"/>	Rent	Pg 16 / Line m12	21,836	21,836
850 SILAS DEANE	850 Silas Deane Hwy Wethersfield, CT 06109	<input type="radio"/>	<input checked="" type="radio"/>	Rent	Pg 16 / Line m12	2,033	2,033
Preferred Therapy Solutions	850 Silas Deane Hwy Wethersfield, CT 06109	<input type="radio"/>	<input checked="" type="radio"/>	PT, OT, ST Services	Various	790,131	744,158
NOA DIAGNOSTICS	6851 Jericho Tpke, Suite 150 Syosset, NY 11791	<input type="radio"/>	<input checked="" type="radio"/>	Radiology	Pg 20	22,385	20,005
PROCARE LTC PHARMACY OF CT	1492 Highland Ave Cheshire CT 06410	<input type="radio"/>	<input checked="" type="radio"/>	Drugs/OTC/RX Consulting	Various	500,742	466,944
See Attached for Continued List	Various	<input type="radio"/>	<input checked="" type="radio"/>	Various	Various	2,189,025	2,189,025

\* 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 Water's Edge Health & Rehab		License No. 2097-C	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			Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	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	680,360	680,360
National HealthCare Associates	20 E Sunnise Hwy, Valley Stream NY, 11581	<input type="radio"/>	<input checked="" type="radio"/>	0%	Bank Charges Page 16 / Line m13	14,302	14,302
Middletown Realty	111 Church Street, Middletown, CT 06547	<input type="radio"/>	<input checked="" type="radio"/>	0%	Facility Lease Page 22 / Line 9	720,000	***720,000
PREFERRED PROFESSIONAL SERVICES	850 Silas Deane Hwy., Wethersfield, CT 16109	<input type="radio"/>	<input checked="" type="radio"/>	0%	Nursing Agency Various	770,809	770,809
Regency House of Wallingford, Inc.	181 East Main Street, Wallingford CT, 06492	<input type="radio"/>	<input checked="" type="radio"/>	0%	Shared EE MDS Page 16 / Line m11	3,554	3,554
		<input type="radio"/>	<input checked="" type="radio"/>	0%			

\* 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	License No.	Report for Year Ended	Page	of
Harbor Hill Care Center, Inc. d/b/a Water's Edge	2097-C	9/30/2022	5	37

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

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

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

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

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.)

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

N/A

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

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

Name of Facility		License No.	Report for Year Ended	Page	of			
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for		2097-C	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						
Reliable - 2610 Nostrand Ave Brooklyn, NY 11210	<input type="radio"/>	<input checked="" type="radio"/>	Computer Equipment	10/01/05	60 Months	3,708	3,708	
Wescom Solutions, PO Box 674802, Detroit, MI 48267	<input type="radio"/>	<input checked="" type="radio"/>	Software	03/07/12	Ongoing	48,220	48,221	
Pitney Bowes, 2225 American Drive, Neenah, WI 54956-1005	<input type="radio"/>	<input checked="" type="radio"/>	Postage Meter	Ongoing	Ongoing	812	812	
De Lage Landen Financial Svces, Inc.-1111 Old Eagle School Road Wayne, PA 19087-8608	<input type="radio"/>	<input checked="" type="radio"/>	Copier	04/01/18	39 Months	9,216	9,216	
	<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"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>Total ***</b>							<b>61,957</b>	

\* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

\*\* Attach copies of newly acquired leases.

\*\*\* Amount should agree to Page 22, Line 6e.

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility Harbor Hill Care Center, Inc. d/b/a	License No. 2097-C	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				
<b>Independent Accounting Firm</b>				
Name of Accounting Firm 1 Marcum LLP 2 MARTIN FRIEDMAN CPA 3 4		Address (No. & Street, City, State, Zip Code) 555 Long Wharf Drive, 8th Floor, New Haven, CT 06511 2600 NOSTRAND AVE. BROOKLYN, NY 11210		
Services Provided by This Firm ( <i>describe fully</i> )				
1	Compilation, preparation of Medicare and Medicaid cost reports and YE tax services	\$	22,860	
2	EE RETENTION CREDIT	\$	6,000	
3		\$		
4		\$		
			Charge for Services Provided	
			\$	28,860
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				
<b>Legal Services Information</b>				
Name of Legal Firm or Independent Attorney 1 JACKSON LEWIS P.C. 2 GOLDMAN GRUDER & WOOD 3 TREASURER STATE OF CONN. 4 State Marshal 5			Telephone Number 860-522-0404 203-899-8900 860-702-3000 N/A	
Address (No. & Street, City, State, Zip Code) 1 90 State House Sq, 8th fl, Hartford, CT 06103 2 200 CONNECTICUT AVENUE NORWALK CT 06854 3 55 ELM ST #2, HARTFORD, CT 06106 4 N/A 5				
Services Provided by This Firm ( <i>describe fully</i> )				
1	Ongoing CHRO Case	\$	8,102	
2	Collections (Disallowed on Pg 28)	\$	29,392	
3	Conservatorship (Disallowed on Pg 28)	\$	4,250	
4	Conservatorship (Disallowed on Pg 28)	\$	1,050	
5		\$		
			Charge for Services Provided	
			\$	42,794
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 Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Re	License No. 2097-C		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)
1. Certified Bed Capacity										
A. On last day of PREVIOUS report period	150	150				150				
B. On last day of THIS report period	150	150				150	150			
2. Number of Residents										
A. As of midnight of PREVIOUS report period	132	132				132	132			
B. As of midnight of THIS report period	132	132				132	132			
3. Total Number of Days Care Provided During Period										
A. Medicare	3,372	3,372				2,410	2,410	962		
B. Medicaid (Conn.)	38,846	38,846				29,159	29,159	9,687		
C. Medicaid (other states)										
D. Private Pay	2,047	2,047				1,582	1,582	465		
E. State SSI for RCH										
F. Other (Specify) Managed Care / Hospice	3,729	3,729				2,710	2,710	1,019		
G. Total Care Days During Period (3A thru F)	47,994	47,994				35,861	35,861	12,133		
Total Number of Days Not Included in Figures in										
4. 3G for Which Revenue Was Received for Reserved Beds										
A. Medicaid Bed Reserve Days	1	1				1	1			
B. Other Bed Reserve Days										
5. <b>Total Resident Days (3G + 4A + 4B)</b>	47,995	47,995				35,862	35,862	12,133		

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

Name of Facility Harbor Hill Care Center, Inc. d/b/a Water's Ed			License No. 2097-C			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	12		103		17								
Per Diem Rate													
a. One bed rm.	Various		312.63		505.00								
b. Two bed rms.	Various		312.63		495.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								3,934	3,934				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								7,752	7,752				
D. <b>Total Physical Therapy Treatments</b>								11,686	11,686				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								1,506	1,506				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								18	18				
C. Other								1,881	1,881				
D. <b>Total Speech Therapy Treatments</b>								3,405	3,405				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								3,692	3,692				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								8,025	8,025				
D. <b>Total Occupational Therapy Treatments</b>								11,717	11,717				

**Report of Expenditures - Salaries & Wages**

Name of Facility	License No.	Report for Year Ended	Page	of		
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for H	2097-C	9/30/2022	10	37		
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes <input type="radio"/> No				
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	39,912	54				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	172,338	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	300,967	10,533				
5. Dietary Service						
a. Head Dietitian	47,514	1,265				
b. Food Service Supervisor	69,915	2,128				
c. Dietary Workers	483,206	24,389				
6. Housekeeping Service						
a. Head Housekeeper	59,512	1,944				
b. Other Housekeeping Workers	447,010	24,915				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	48,676	1,793				
b. Other Maintenance Workers	142,940	5,500				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	46,454	2,229				
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	327,117	4,967				
b. RN						
1. Direct Care	544,411	9,379				
2. Administrative**	294,558	6,489				
c. LPN						
1. Direct Care	1,646,222	45,790				
2. Administrative**						
d. Aides and Attendants	2,231,992	107,661				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	240,714	11,498				
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	141,291	4,470				
n. Marketing	108,599	2,099				
o. Other (Specify)						
See Attached Schedule	86,386	2,436				
<i>A-13. Total Salary Expenditures</i>	<i>7,479,734</i>	<i>271,619</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 (\$16,082 Disallowed relating to Marketing)	\$ 80,409	2,281				
Respiratory Therapy (Disallowed on Pg 28a)	5,977	155				
<b>Total</b>	\$ 86,386	2,436	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	-					
IV Nursing Consultant (Disallowed on Pg 28a)	\$ 39,352	394				
Physician Fees (Disallowed on Pg 28a)	33,418	72				
MDS Nursing Consultant	3,554	85				
<b>Total</b>	\$ 76,324	551	\$ -	-	\$ -	-

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

Name of Facility	Name of Operator/Owner/Assistant Administrator/Other Related Party	License No.	Report for Year Ended		Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Page	of
			9/30/2022	37						
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation	Salary Paid									
	CCNH	RHNS (Specify)								
<b>Section I - Operators/Owners</b>										
Marvin J Ostreicher	39,912		Non Discriminatory		54	A1	See Attached			
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

\* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.  
 \*\* Include all employment worked during the cost year.

	<b>TOTAL</b>	<b>BEDS</b>	<b>AllocatedBenefits</b>	<b>Total w/ Bnft</b>
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	Name of Facility (as licensed)		License No.		Report for Year Ended	Page	of
	CCNH	RHNS	(Specify)	(describe fully)			
<b>Section III - Administrators***</b>					9/30/2022	12	37
Michael Rayel	172,338			Non Discriminatory	2,080 A2		
<b>Section IV - Assistant Administrators</b>							

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

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Harbor Hill Care Center, Inc. d/b/a Water's Edge Ce	2097-C	9/30/2022	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist	10,681	561				
3. Pharmacist	17,079	114				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	300,327	4,813				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	90,000	304				
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	179,135	3,629				
b. Other						
10. Occupational Therapist						
a. Resident Care	312,499	5,345				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	143,229	1,844				
2. Administrative***						
b. LPN						
1. Direct Care	221,350	4,317				
2. Administrative***						
c. Aides	678,909	19,481				
d. Other						
12. Other (Specify)						
See Attached Schedule	76,324	551				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>2,029,533</b>	<b>40,959</b>				

\* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17  
 \*\* This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.  
 \*\*\* Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

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

Name of Facility Harbor Hill Care Center, Inc. d/b/a Water's Edge Center		License No. 2097-C	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		
Gerident Solutions, P.O. Box 290539, Wethersfield, CT 06129	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Procare 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	
EKB LLC. - 328 Commonwealth Avenue, New Britain, CT, 06043	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
STARLING PHYSICIANS PC 2110 SILAS DEANE HIGHWAY ROCKY HILL CT 06067	Orthopedic Dr (Physician Fees)	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
TERRY REARDON 105 LIBERTY STREET MADISON CT 06443	Orthopedic Dr (Physician Fees)	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
STARLING PHYSICIANS PC 2110 SILAS DEANE HIGHWAY ROCKY HILL CT 06067	Orthopedic Dr (Physician Fees)	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
SDX/SWALLOWING DIAGNOSTICS, LLC, 21 Waterville Rd, Avon, CT 06001	Speech Therapist	<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	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
INTELYCARE INC. PO BOX 200413 PITTSBURGH PA 15262	Contract RNs / LPNs / CNAs	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
MAS MEDICAL STAFFING PO BOX 4473 HOUSTON TX 77210	Contract RNs / LPNs / CNAs	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
The Nurse Network - 653 Main Street, Plantsville, CT 06479	Contract RNs	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
MAXIM HEALTHCARE SVCS DBA MAXIM STAFFING SOLUTIONS	Contract LPNs	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
WORLDWIDE STAFFING, 175 Dwight Rd #202, Longmeadow, Massachusetts	Contract CNAs	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Regency House of Wallingford, Inc. 181 East Main Street, Wallingford CT, 06492	MDS Nursing Consultant	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
		<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
Harbor Hill Care Center, Inc. d/b/a Water's Edge	2097-C	9/30/2022		15	37
Item	Total	CCNH	RHNS	(Specify)	
<b>1. Administrative and General</b>					
<b>a. Employee Health &amp; Welfare Benefits</b>					
1. Workmen's Compensation	\$ 279,900	279,900			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 89,365	89,365			
4. Social Security (F.I.C.A.)	\$ 566,231	566,231			
5. Health Insurance	\$ 680,360	680,360			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 173,726	173,726			
8. Uniform Allowance	\$				
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 6,468	6,468			
<b>b. Personal Retirement Plans, Pensions, and        Profit Sharing Plans for Owners and        Operators (Discriminatory)*</b>	\$				
<b>c. Bad Debts*</b>	\$ 174,657	174,657			
<b>d. Accounting and Auditing</b>	\$ 28,860	28,860			
<b>e. Legal (<i>Services should be fully described on Page 7</i>)</b>	\$ 42,794	42,794			
<b>f. Insurance on Lives of Owners and        Operators (<i>Specify</i>)*</b>	\$				
<b>g. Office Supplies</b>	\$ 26,617	26,617			
<b>h. Telephone and Cellular Phones</b>					
1. Telephone & Pagers	\$ 34,846	34,846			
2. Cellular Phones	\$ 2,550	2,550			
<b>i. Appraisal (<i>Specify purpose and        attach copy</i>)*</b>	\$				
<b>j. Corporation Business Taxes (<i>franchise tax</i>)</b>	\$ 37,777	37,777			
<b>k. Other Taxes (<i>Not related to property - See Page 22</i>)</b>					
1. Income*	\$				
2. Other ( <i>Specify</i> ) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 876,093	876,093			
<b>Subtotal</b>	\$ 3,020,244	3,020,244			

\* 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	\$ 6,468		
<b>Total</b>	<b>\$ 6,468</b>	<b>\$ -</b>	<b>\$ -</b>

---

**Schedule of Other Taxes**

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

---



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

Name of Facility	License No.	Report for Year Ended		Page	of
Harbor Hill Care Center, Inc. d/b/a Water's Edge Cent	2097-C	9/30/2022		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>					
	3,020,244	3,020,244			
<b>l. Travel and Entertainment</b>					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 1,288	1,288			
3. Gifts to Staff and Residents	\$ 37,597	37,597			
4. Employee Travel	\$ 3,741	3,741			
5. Education Expenses Related to Seminars and Conventions	\$ 27,159	27,159			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 41	41			
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
<b>m. Other Administrative and General Expenses</b>					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$				
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 33,341	33,341			
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 4,384	4,384			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 10,174	10,174			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 716	716			
9. Subscriptions	\$ 6,357	6,357			
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> )	\$ 140,755	140,755			
12. Administrative Management Services**	\$ 753,105	753,105			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 75,490	75,490			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 4,114,392	4,114,392			

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

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

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

## Schedule of Other Travel and Entertainment

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

## Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	-		
Promotional Advertising (Disallowed on Pg 28)	\$ 27,298		
Marketing Supplies / Purchased Services (Disallowed on Pg 28)	6,043		
<b>Total Other Advertising</b>	\$ 33,341	\$ -	\$ -

## Schedule of Dues

Description	CCNH	RHNS	(Specify)
	-		
CAHCF Dues	\$ 10,174		
<b>Total Dues</b>	\$ 10,174	\$ -	\$ -

## Schedule of Contributions

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

## Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	-		
Licenses and Permits-Waters Edge-Administration	\$ 4,041		
Penalties-Waters Edge-Administration (Disallowed on Pg 28a)	16,373		
Bank Charges-Waters Edge-Administration	26,462		
Hotel Expense-Waters Edge-Administration (Disallowed on Pg 28a)	1,157		
Misc Expense-Waters Edge-Administration (Disallowed on Pg 28a)	3,728		
Prior Period Expense-Waters Edge-Administration (Disallowed on Pg 28a)	23,729		
<b>Total Other Administrative and General</b>	\$ 75,490	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page of
Harbor Hill Care Center, Inc. d/b/a Water	2097-C	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	753,105	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
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center		2097-C	9/30/2022		18	37
Item	Total	CCNH	RHNS	(Specify)		
2. Dietary						
a. In-House Preparation & Service						
1. Raw Food	\$ 429,606	429,606				
2. Non-Food Supplies	\$					
3. Other (Specify)	\$					
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 25,120	25,120				
c. Other (Specify) Other Dietary Supplies	\$ 5,666	5,666				
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 460,392</b>	<b>460,392</b>				
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
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center	2097-C	9/30/2022	19	37
Item	Total	CCNH	RHNS	(Specify)
3. Laundry				
a. In-House Processing*	Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	2,580	2,580	
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)	\$	181,203	181,203	
c. Other (Specify) Diapers	\$	45,619	45,619	
<b>3D. Total Laundry Expenditures (3a + b + c)</b>	\$	<b>229,402</b>	<b>229,402</b>	
<b>3E. Laundry Questionnaire</b>				
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
Harbor Hill Care Center, Inc. d/b/a Water's Edge		2097-C	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.	\$ 55,808	55,808			
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> )		\$				
<b>4D. Total Housekeeping Expenditures (4a + b + c)</b>		\$	55,808	55,808		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		\$ 430,115	430,115			
2. Purchased from		\$				
b. Medicine Cabinet Drugs		\$ 30,938	30,938			
c. Medical and Therapeutic Supplies		\$ 127,404	127,404			
d. Ambulance/Limousine***		\$ 31,425	31,425			
e. Oxygen		\$				
1. For Emergency Use		\$				
2. Other***		\$ 10,480	10,480			
f. X-rays and Related Radiological Procedures***		\$ 22,301	22,301			
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )		\$				
h. Laboratory***		\$ 55,517	55,517			
i. Recreation		\$ 36,695	36,695			
j. Direct Management Services*		\$				
k. Indirect Management Services*		\$				
l. Other (Specify)**** See Attached Schedule		\$ 167,599	167,599			
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>		\$	912,474	912,474		

\* 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)
	-		
Supplies-Waters Edge-Rehab Tpy and Ancllry (Disallowed on Pg 29a)	\$ 207		
Supplies COVID-Waters Edge-Nursing	44,998		
IV Thy Supplies-Waters Edge-Rehab Tpy and Ancllry (Disallowed on Pg 29a)	14,497		
Minor Equip-Waters Edge-Nursing (\$641 Disallowed on Pg 29a)	1,659		
Purch Services-Waters Edge-Nursing	2,715		
Equip Rental-Waters Edge-Nursing (Disallowed on Pg 29a)	56,016		
Equip Rental-Waters Edge-Rehab Tpy and Ancllry (Disallowed on Pg 29a)	11,022		
Equip Rental-Waters Edge-Respiratory (Disallowed on Pg 29a)	36,485		
<b>Total Other Resident Care</b>	<b>\$ 167,599</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility	License No.	Report for Year Ended	Page of						
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehab	2097-C	9/30/2022	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						
ADP	Philadelphia, PA 19170-0372	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Payroll Processing	19,524		16	m11
MANHATTAN TECH SUPPORT	55 W 39TH ST, NEW YORK, NY 10018	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Computer Maintenance Systems	46,735		16	m11
SmartInx	333 Thornall St. 4th Floor Edison, NJ 08837	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Time & Attendance	12,692		16	m11
Med Apparel	Parkway, Mt. Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>	N/A	LAUNDRY/LINEN	38,613		19	3b
Unitex Textile Rental	Parkway, Mt. Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>	N/A	LAUNDRY/LINEN	142,590		19	3b
RJ Lawn Care	168 Sandy Brook Rd, North Scituate, RI 02857	<input type="radio"/>	<input checked="" type="radio"/>	N/A	LAWN AND SNOW REMOVAL	23,015		22	6f
Emcore Services	5 Dakota Dr #111, New Hyde Park, NY 11042	<input type="radio"/>	<input checked="" type="radio"/>	N/A	HVAC Services	56,067		22	6f
City of Middletown	245 deKoven Drive, Middletown, CT 06457	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Sanitation	25,575		22	6f
KINSLEY GROUP INC DBA KINSLEY POWER SYSTEMS	PO BOX 986500 BOSTON MA 02298	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Generator Maintenance	10,854		22	6f
KONE INC.	PO BOX 22251 NEW YORK, NY 10087	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Elevator Maintenance	10,126		22	6f
SMART CARE	P.O. Box 74008980 Chicago, IL 60674-8980	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Dietary Equipment Repair	23,908		18	2b
		<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
Harbor Hill Care Center, Inc. d/b/a Water's Ed	2097-C	9/30/2022			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$					
b. Heat	\$ 64,584	64,584				
c. Light & Power	\$ 176,063	176,063				
d. Water	\$ 3,227	3,227				
e. Equipment Lease <i>(Provide detail on page 6)</i>	\$ 61,957	61,957				
f. Other <i>(itemize)</i> See Attached Schedule	\$ 226,873	226,873				
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$ 532,704	532,704				
7. Depreciation <i>(complete schedule page 23*)</i>						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 69,730	69,730				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	\$ 69,730	69,730				
8. Amortization <i>(Complete att. Schedule Page 24*)</i>						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 76,403	76,403				
d. Other <i>(Specify)</i>	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	\$ 76,403	76,403				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 720,000	720,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 131,962	131,962				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 23,250	23,250				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	\$ 1,021,345	1,021,345				

\* 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)
	-		
Supplies-Waters Edge-Maintenance	\$ 40,790		
Supplies-Waters Edge-Security	319		
Purch Services-Waters Edge-Maintenance	105,805		
Purch Services-Waters Edge-Security	4,103		
Ground Services-Waters Edge-Maintenance	26,999		
Septic Services-WtrsEdge-Maintenance	8,827		
Pest Control-WtrsEdge-Maintenance	3,414		
Carting-Waters Edge-Maintenance	36,616		
<b>Total Other Repairs and Maintenance</b>	<b>\$ 226,873</b>	<b>\$ -</b>	<b>\$ -</b>

---



Schedule of Land Improvements Acquired during this report period

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

\*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			
<b>Additions:</b>					
10/31/2021	Desktop	Administrative	\$ 1,026	3	\$ 342
10/31/2021	Security Cameras	Administrative	1,808	5	362
11/30/2021	Mattress	Standard Resident	1,090	5	218
11/30/2021	Bariatric Para Bars	Specialized Resident	2,046	15	136
12/30/2021	Lift	Standard Resident	1,531	10	153
12/31/2021	Mattress	Standard Resident	1,090	5	218
12/30/2021	Wheelchair	Standard Resident	1,595	5	319
1/31/2022	Qty 6 Tables-adj. height base	Standard Resident	1,610	10	161
1/31/2022	HP Chromebook Laptop	Administrative	2,063	3	688
1/31/2022	Fire System Upgrade-Kidde syst	Administrative	5,707	10	571
1/31/2022	Qty5 Reduce Max Mattresses	Standard Resident	1,356	5	271
2/28/2022	Qty6 Tabletop 42 Round"	Standard Resident	2,480	10	248
2/28/2022	Dell Desktop	Administrative	1,327	3	442
3/31/2022	Qty 25- Chair (in seat fabric)	Standard Resident	10,621	15	708
4/30/2022	Bumisher	Administrative	1,364	15	91
4/30/2022	Dell Laptop	Administrative	1,742	3	581
4/30/2022	Dell Desktop	Administrative	1,312	3	437
4/30/2022	Dell Laptop	Administrative	1,440	3	480
5/31/2022	Qty5-Reduce Max Mattress	Standard Resident	1,356	5	271
6/30/2022	Dell Laptop	Administrative	1,192	3	397
6/30/2022	Conveyor Toaster	Administrative	2,059	10	206
6/30/2022	Gas Oven/6 Burners/Griddle	Administrative	17,905	10	1,790
7/31/2022	Dell Desktop	Administrative	1,310	3	437
8/31/2022	Dell Desktop-OptiPlex Series	Administrative	1,605	3	535
9/30/2022	Qty2- Ice & Water Dispenser	Administrative	15,416	10	1,542
9/30/2022	Dell Desktop	Administrative	1,364	3	455
9/30/2022	Dell Laptop	Administrative	1,364	3	455
<b>Total additions for Movable Equipmen</b>			\$ 84,779		\$ 12,514
<b>Deletions:</b>					
<b>Total deletions for Movable Equipmen</b>			\$ -		\$ -

\*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
11/30/2021	Boiler pump	\$ 4,310	10	\$ 431
12/31/2021	Up blast exhaust fan	4,699	10	\$ 470
12/31/2021	Fire system replacement	10,077	10	\$ 1,008
12/31/2021	2 Submersible Pumps	8,498	10	\$ 850
2/28/2022	Install-pump con panel/circuit	2,953	10	\$ 295
3/31/2022	Door Closers-Verti.Rod Strikes	1,371	10	137
4/30/2022	HVAC- 2 Trane Fan Coil Units	6,168	15	411
4/30/2022	Air Compressor Pump Replacemnt	6,148	15	410
<b>Total additions for Leasehold Improvemen</b>		\$ 44,224		\$ 4,012
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvemen</b>		\$ -		\$ -

\*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 Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for H	Date of Acquisition		License No. 2097-C	Report for Year Ended 9/30/2022			Page 24	of 37
	Month	Year		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations		
<b>A. Organization Expense</b>								
1.								
2.								
3.								
A-4. Subtotal								
<b>B. Mortgage Expense</b>								
1.								
2.								
3.								
B-4. Subtotal								
<b>C. Leasehold Improvements and Other</b>								
1. Acquired prior to this report period	Var	Var	Various	2,160,619	1,630,122	S/L	Varior	72,391
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	Var	Var	Various	44,224		S/L	Varior	4,012
C-4. Subtotal								
<b>D. Total Amortization</b>								
								76,403
								76,403

\* 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.







Water's Edge Health & Rehab  
FIXED ASSET / DEPRECIATION SCHEDULE

Asset Type	Description	Date In Service	Method	Life	Historical Cost	2020 Deprec.	2020 A/D	2021 Deprec.	2021 A/D	2022 Deprec.	2022 A/D	NBV
------------	-------------	-----------------	--------	------	-----------------	--------------	----------	--------------	----------	--------------	----------	-----

F/S vs C/R NBV - Page 31, Line B9  
F/S vs C/R Depreciation - Page 36, Line F1

(4,306)  
-

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

Name of Facility Harbor Hill Care Center, Inc. d/b/a Wd	License No. 2097-C	Report for Year Ended 9/30/2022	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*				
		<input 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				
2. Date Structure Completed				
3. If <b>NOT</b> Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		150		
6. Square Footage		56,976		
7. Acquisition Cost				
a. Land				
b. Building				
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Fixed	Fixed	
b. Date Mortgage Obtained		10/01/17	10/01/17	
c. Interest Rate for the Cost Year		4.52%	4.52%	
d. Term of Mortgage (number of years)		5	5	
e. Amount of Principal Borrowed		2,825,000	3,890,000	
f. Principal balance outstanding as of 9/30/2022		463,138	1,827,452	
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Harbor Hill Care Center, Inc. d/b/a W		2097-C	9/30/2022		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)			\$			

*(Carry Subtotals forward to next page)*

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

Name of Facility		License No.		Report for Year Ended		Page	of
Harbor Hill Care Center, Inc. d/b/a		2097-C		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)				\$	11,642	11,642	
Notes Payable / Admin / Computer Loan Interest							
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>				\$	11,642	11,642	
14. Insurance							
a. Insurance on Property (buildings only)				\$	17,886	17,886	
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$	108,342	108,342	
Liability / Crime Insurance							
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$	126,228	126,228	
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$	16,973,654	16,973,654	

**D. Adjustments to Statement of Expenditures**

Name of Facility			License No.	Report for Year Ended	Page	of	
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for He			2097-C	9/30/2022	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 130,658	130,658		
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	b10a	Occupational Therapy	\$ 312,499	312,499		
7.			Other - See attached Schedule	\$ 72,770	72,770		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 174,657	174,657		
10.			Accounting	\$			
10a.	15	1c	Legal	\$ 34,692	34,692		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	L3	Gifts, flowers and coffee shops	\$ 37,597	37,597		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.	16	L4	Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$ 2,566	2,566		
17.	16	L6	Automobile Expense (e.g. personal use)	\$ 41	41		
18.	16	m2/3	Unallowable Advertising *	\$ 33,341	33,341		
19.	15	1j	Income Tax / Corporate Business Tax	\$ 37,527	37,527		
20.			Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ 367,370	367,370		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 70,540	70,540		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,274,258	1,274,258		

\* 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	\$ 16,082		
10	b12o	Respiratory Therapy	5,977		
10	12n	Marketing Salary	108,599		
<b>Total Other Salaries Adjustment</b>			\$ 130,658	\$ -	\$ -

## Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	b12o	IV Nursing Consultant	\$ 39,352		
13	b12o	Physician Fees	33,418		
<b>Total Other Fees Adjustments</b>			\$ 72,770	\$ -	\$ -

## Schedule of Other A&amp;G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Penalties-Waters Edge-Administration	\$ 16,373		
16	m13	Hotel Expense-Waters Edge-Administration	1,157		
16	m13	Misc. Expense-WtrsEdge-Administration	3,728		
16	m13	Prior Period Expense-Waters Edge-Administration	23,729		
15	Var	Benefits Associated with Marketing Salary	20,688		
15	Var	Benefits Associated with Admissions Salary Relating to Marketing	3,064		
15	Var	Benefits Associated with Respiratory Therapy Salary	1,085		
16	m8a	Chamber Dues	716		
<b>Total Other A&amp;G Adjustments</b>			\$ 70,540	\$ -	\$ -

Water's Edge Health & Rehab  
 Calculation of Allowable Management Fee  
 September 30, 2022

<u>Description</u>	<u>Amount</u>	
Management fees Charged	753,105	Page 16, Line m12
Accounting Charges	28,860	Page 15, Line 1d
Total Management Fees Per Agreement	<u>781,965</u>	
Patient Days	47,995	Page 8 of C/R
Imputed Days - 90% Occupancy (365/365 Days)	<u>49,275</u>	Calculation
<b>Amount Per Patient Day (Greater of 90% or Actaul Days)</b>	<b>\$ 15.87</b>	
PPD Allowance Per Client 2021	7.84	J.01a
2022 CPI Increase %	<u>1.07</u>	
PPD Allowance 9/30/2022	<u>8.41</u>	
<b>Amount over (Under)</b>	<b>\$ 7.4555</b>	
Total Days	49,275	Page 8 of C/R
<b>Disallowed Management Fee</b>	<b><u><u>\$ 367,370</u></u></b>	

Respiratory Therapist Benefits Disallowance

Respiratory Therapist Salary	6,076	Page 10
Total Salaries	<u>7,479,734</u>	TB Linked
Percent to Total Salaries	0.08%	
Total Benefits (Pg 15, Line 1a3 - 1a6)	1,335,956	TB Linked
Respiratory Therapist Benefits Disallowed	<b>1,085</b>	Page 28 attachment



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

Name of Facility			License No.	Report for Year Ended	Page	of	
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for			2097-C	9/30/2022	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,274,258	1,274,258		
<b>Page 20 - Resident Care Supplies***</b>							
27.			Prescription Drugs	\$ 430,115	430,115		
28.			Ambulance/Limousine	\$ 31,425	31,425		
29.			X-rays, etc	\$ 22,301	22,301		
30.			Laboratory	\$ 55,517	55,517		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$ 10,480	10,480		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 156,891	156,891		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 1,930	1,930		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 18,710	18,710		
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 2,001,627	2,001,627		

\*\*\* 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-Waters Edge-Rehab Tpy and Ancllry	\$ 207		
20	5l	IV Thy Supplies-Waters Edge-Rehab Tpy and Ancllry	14,497		
20	5l	Equip Rental-Waters Edge-Rehab Tpy and Ancllry	11,022		
20	5l	Equip Rental-Waters Edge-Respiratory	36,485		
20	5l	Minor Equip-Waters Edge-Nursing	641		
20	5l	Equip Rental-Waters Edge-Nursing	56,016		
20	5i	Cable Television Disallowance	10,069		
20	5c	Med B Nursing Supplies	27,954		
<b>Total Other Ancillary Costs</b>			<b>\$ 156,891</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Non Allowable Depreciation on Movable Equipment	\$ 1,930		
<b>Total Excess Movable Equipment Depreciation</b>			<b>\$ 1,930</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Other Property Adjustments

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

Schedule of Other - Indirect Adjustments

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

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV 8	Misc Revenue	\$ 16,525		
30	IV 8	Refunds / Rebates	1,959		
30	IV 8	Medical Records Rev	226		
<b>Total Other Adjustments</b>			\$ 18,710	\$ -	\$ -

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

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

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

**Pg. 29b**

Total Cable TV Expense	17,269	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	
<b>Disallowed Expense</b>	<b><u><u>\$ 10,069</u></u></b>	<b>{a}</b>

**Tickmark**  
**{a}**

Ties to page 29a

**F. Statement of Revenue**

Name of Facility		License No.		Report for Year Ended		Page of	
Harbor Hill Care Center, Inc. d/b/a Water'		2097-C		9/30/2022		30   37	
Item				Total	CCNH	RHNS	(Specify)
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>							
1.	a.	Medicaid Residents (CT only)	\$	17,242,615	17,242,615		
	b.	Medicaid Room and Board Contractual Allowance **	\$	(6,383,625)	(6,383,625)		
2.	a.	Medicaid (All other states)	\$				
	b.	Other States Room and Board Contractual Allowance **	\$				
3.	a.	Medicare Residents (all inclusive)	\$	1,635,781	1,635,781		
	b.	Medicare Room and Board Contractual Allowance **	\$	(1,362,611)	(1,362,611)		
4.	a.	Private-Pay Residents and Other	\$	3,858,871	3,858,871		
	b.	Private-Pay Room and Board Contractual Allowance **	\$	(563,586)	(563,586)		
<b>II. Other Resident Revenue</b>							
1.	a.	Prescription Drugs - Medicare	\$	244,746	244,746		
	b.	Prescription Drugs - Medicare Contractual Allowance **	\$	(278,350)	(278,350)		
	c.	Prescription Drugs - Non-Medicare	\$	447,072	447,072		
	d.	Prescription Drugs - Non-Medicare Contractual Allowance **	\$	(551,224)	(551,224)		
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	\$	260,224	260,224		
	b.	Physical Therapy - Medicare Contractual Allowance **	\$	132,384	132,384		
	c.	Physical Therapy - Non-Medicare	\$	416,044	416,044		
	d.	Physical Therapy - Non-Medicare Contractual Allowance **	\$	(357,695)	(357,695)		
4.	a.	Speech Therapy - Medicare	\$	363,659	363,659		
	b.	Speech Therapy - Medicare Contractual Allowance **	\$	(131,883)	(131,883)		
	c.	Speech Therapy - Non-Medicare	\$	290,754	290,754		
	d.	Speech Therapy - Non-Medicare Contractual Allowance **	\$	(265,722)	(265,722)		
5.	a.	Occupational Therapy - Medicare	\$	586,096	586,096		
	b.	Occupational Therapy - Medicare Contractual Allowance **	\$	(221,174)	(221,174)		
	c.	Occupational Therapy - Non-Medicare	\$	418,288	418,288		
	d.	Occupational Therapy - Non-Medicare Contractual Allowance **	\$	(387,116)	(387,116)		
6.	a.	Other (Specify) - Medicare	\$	1,430,557	1,430,557		
	b.	Other (Specify) - Non-Medicare	\$	479,998	479,998		
<b>III. Total Resident Revenue (Section I. thru Section II.)</b>				\$	17,304,103	17,304,103	
<b>IV. Other Revenue*</b>							
1.	Meals sold to guests, employees & others			\$			
2.	Rental of rooms to non-residents			\$			
3.	Telephone			\$			
4.	Rental of Television and Cable Services			\$			
5.	Interest Income (Specify)			\$	357	357	
6.	Private Duty Nurses' Fees			\$			
7.	Barber, Coffee, Beauty and Gift shops			\$			
8.	Other (Specify)			\$	96,472	96,472	
<b>V. Total Other Revenue (1 thru 8)</b>				\$	96,829	96,829	
<b>VI. Total All Revenue (III +V)</b>				\$	17,400,932	17,400,932	

\* 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-Waters Edge	\$ 510,357		
30 II 6a	Medicare A Nsing Comp Contra-Waters Edge	823,813		
30 II 6a	Medicare Pt A Ambulance-Waters Edge	2,381		
30 II 6a	MCR Pt A Chargeable Med Supp-Waters Edge	4,633		
30 II 6a	MCR Pt A Charge Med Supp Contra-Waters Edge	(4,633)		
30 II 6a	Medicare Pt A IV Therapy-Waters Edge	33,603		
30 II 6a	Medicare Pt A Lab-Waters Edge	45,339		
30 II 6a	Medicare Pt A X-Waters Edge	26,478		
30 II 6a	Medicare Pt A Sequestration-Waters Edge	(18,681)		
30 II 6a	Medicare Pt A Settlement-Waters Edge	3,921		
30 II 6a	Medicare Pt B Flu/Pneumonia-Waters Edge	3,346		
	<b>Total Other Resident Revenue - Medicare</b>	<b>\$ 1,430,557</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 II 6b	Medicaid Ambulance-Waters Edge	\$ 543		
30 II 6b	Medicaid IV Therapy-Waters Edge	893		
30 II 6b	Medicaid Lab-Waters Edge	445		
30 II 6b	Medicaid X-Waters Edge	32		
30 II 6b	Medicare Pt B Prior Period-Waters Edge	(768)		
30 II 6b	Comm Ins IV Therapy-Waters Edge	17,469		
30 II 6b	Comm Ins Lab-Waters Edge	5,536		
30 II 6b	Comm Ins X-Waters Edge	2,729		
30 II 6b	Mgd Medicare NTA Contra-Waters Edge	29,454		
30 II 6b	Mgd Medicare Nsing Comp Contra-Waters Edge	37,168		
30 II 6b	Mgd Medicare Chargeable Medical Supplies-Waters Ed	485		
30 II 6b	Mgd Medicare Chargeable Med Supp Contra-Waters Edge	(485)		
30 II 6b	Mgd Medicare IV Therapy-Waters Edge	86,037		
30 II 6b	Mgd Medicare Lab-Waters Edge	41,735		
30 II 6b	Mgd Medicare Specialty Beds-Waters Edge	2,250		
30 II 6b	Mgd Medicare X-Waters Edge	34,801		
30 II 6b	Mgd Medicare Flu/Pneumonia-Waters Edge	3,330		
30 II 6b	Mgd Medicare Prior Period-Waters Edge	(576)		
30 II 6b	Patient Revenue Capitation -Waters Edge	218,920		
	<b>Total Other Resident Revenue</b>	<b>\$ 479,998</b>	<b>\$ -</b>	<b>\$ -</b>

## Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV 5	Interest on Money Market Account	401,015	\$ 66		
30 IV 5	Interest on Managed Care Payments	N/A	291		
	<b>Total Interest Income</b>		<b>\$ 357</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 IV 8	Misc Revenue (Disallowed on Pg 29a)	\$ 16,525		
30 IV 8	Donation Revenue	250		
30 IV 8	Refunds / Rebates (\$1,959 Disallowed on Pg 29a)	9,392		
30 IV 8	Stimulus Rev	67,050		
30 IV 8	Medical Records Rev (Disallowed on Pg 29a)	236		
30 IV 8	CT PET Tax Revenue	3,029		
	<b>Total Other Revenue</b>	<b>\$ 96,472</b>	<b>\$ -</b>	<b>\$ -</b>

**G. Balance Sheet**

Name of Facility	License No.	Report for Year Ended	Page	of
Harbor Hill Care Center, Inc. d/b/a Wat	2097-C	9/30/2022	31	37
Account		Amount		
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	732,190
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,282,341
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	95,554
5. Prepaid Expenses			\$	291,287
a. _____				
b. _____				
c. _____				
d. See Schedule		291,287		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	26,627
Resident Refunds-Waters Edge		3,727		
Security Deposits-Waters Edge		22,900		
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	3,427,999
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 2,204,843		\$	498,318
	Accum. Depreciation 1,706,525	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost 1,203,545		\$	261,270
	Accum. Depreciation 942,275	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	47,694
See Schedule		47,694		
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	807,282

\* 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-Waters Edge	\$ 42,704
31	A5	Prepaid Gen. Ins-Waters Edge	32,235
31	A5	Prepaid Expense Other-Waters Edge	11,234
31	A5	Prepaid Real Estate Taxes-Waters Edge	31,372
31	A5	Prepaid Personal Property Taxes-Waters Edge	5,486
31	A5	Prepaid Corp Taxes-Waters Edge	97,290
31	A5	Prepaid Mgmt Assets-Waters Edge	17,127
31	A5	CT PET Deferred Tax-Waters Edge	53,869
<b>Total Prepaid Expenses</b>			<b>\$ 291,287</b>

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

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

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

Page Ref	Line Ref	Description	
31	B9	F/S vs LTR NBV	\$ (4,306)
31	B9	Construction in Progress	51,995
31	B9	Rounding	5
<b>Total Other Other Fixed Assets (Itemize)</b>			<b>\$ 47,694</b>

Schedule of Other Assets Page 32 Line D7

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

Schedule of Notes Payable (Itemize) Page 33 Line A2

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

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

Page Ref	Line Ref	Description	
33	A12	Loans and Exchange-Waters Edge	\$ 480
33	A12	Unclaimed ADP checks-Waters Edge	4,038
33	A12	Due to Medicaid-Waters Edge	(12,848)
33	A12	Due to HMS-Waters Edge	96,900
33	A12	Patients Funds-Waters Edge	81,495
33	A12	Accrued Expenses-Waters Edge	265,289
33	A12	Accrued Pension-Waters Edge	(73,726)
33	A12	Accrued Worker's Comp-Waters Edge	51,101
33	A12	Accrued Vacation-Waters Edge	363,814
33	A12	CT PET Tax Accrued Expense-Waters Edge	(22,199)
33	A12	Due to Aging in Amer-Waters Edge	12,900
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ 1,014,696</b>

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

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



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

Name of Facility		License No.	Report for Year Ended	Page	of	
Harbor Hill Care Center, Inc. d/b/a Wat		2097-C	9/30/2022	32	37	
Account			Amount			
Total Brought Forward:			\$	4,235,281		
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	<b>Total Leasehold or Like Properties (C1 thru 7)</b>				\$	
D.	Investment and Other Assets					
1.	Deferred Deposits				\$	
2.	Escrow Deposits				\$	
3.	Organization Expense	*Historical Cost _____	Accum. Depreciation _____	Net	\$	
4.	Goodwill (Purchased Only)				\$	
5.	Investments Related to Resident Care (itemize )				\$	
6.	Loans to Owners or Related Parties (itemize )			\$	1,605,235	
	Name and Address	Amount	Loan Date			
	Due from Related	1,605,235				
7.	Other Assets (itemize )				\$	
	See Schedule					
D-8.	<b>Total Investments and Other Assets (Lines D1 thru 7)</b>				\$	1,605,235
D-9.	<b>Total All Assets (Lines A9 + B10 + C8 + D8)</b>				\$	5,840,516

\* 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
Harbor Hill Care Center, Inc. d/b/a Water's Edge		2097-C	9/30/2022	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	832,758
2. Notes Payable ( <i>itemize</i> )				\$	71,908
Notes Payable ST2-Waters Edge					22,819
Notes/Loans Payable S/T-Waters Edge					49,089
See Schedule					
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	23,129
Name of Lender		Purpose	Amount	Date Due	
		Equipment Obligation	23,129		
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	109,389
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> )				\$	1,014,696
See Schedule					1,014,696
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				\$	<b>2,051,880</b>

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

(Carry Total forward to next page)

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

Name of Facility Harbor Hill Care Center, Inc. d/b/a Water's Edge		License No. 2097-C	Report for Year Ended 9/30/2022	Page 34	of 37
Account				Amount	
Total Brought Forward:				2,051,880	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )				\$ 35,779	
Name of Lender	Purpose	Amount	Date Due		
	Equipment Obligation LT	35,779			
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$ 1,530,461	
Name and Address of Lender	Amount	Loan Date			
Due to Realty / Related / Other	1,530,461				
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$	
_____ _____ _____ See Schedule					
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 1,566,240	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 3,618,120	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Harbor Hill Care Center, Inc. d/b/a Wa	2097-C	9/30/2022	35	37
Account			Amount	
<b>A. Reserves</b>				
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>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	1,212,446
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	582,672
6. Gain or Loss for Period			\$	427,278
	10/1/2021	thru 9/30/2022		
7. Total Net Worth			\$	2,222,396
<b>C. Total Reserves and Net Worth</b>			\$	2,222,396
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	5,840,516

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Harbor Hill Care Center, Inc. d/b/a Wate	2097-C	9/30/2022	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2021			\$	1,795,118
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	17,400,932
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	16,973,654
D. Net Income or Deficit			\$	427,278
E. Balance			\$	2,222,396
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>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. <b>Balance at End of Period</b>			\$	2,222,396
				09/30/22

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

Name of Facility Harbor Hill Care Center, Inc. d/b/a Water's	License No. 2097-C	Report for Year Ended 9/30/2022	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Matthew S. Bavalack				
Address			Phone Number	
555 Long Wharf Drive, New Haven, CT 06511			203-781-9600	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
John Phelps			516-705-4813	
Contact Email Address				
jphelps@nathealthcare.com				