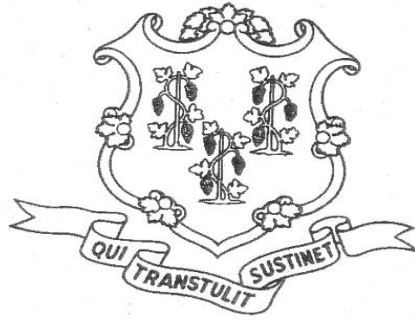


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2023

Name of Facility (as licensed) Abbott Terrace Health Center	
Address (No. & Street, City, State, Zip Code) 44 Abbott Terrace Waterbury, CT 06702	
Type of Facility Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input type="checkbox"/> (Specify) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2022	Report for Year Ending 9/30/2023

License Numbers:	CCNH / RHNS 1089C	(Specify)	(Specify)	Medicare Provider 07-5351
------------------	----------------------	-----------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH / RHNS 1089C	(Specify)	(Specify)
----------------------------	----------------------	-----------	-----------

General Information

Name of Facility (as licensed) Abbott Terrace Health Center	License No. 1089C	Report for Year Ended 9/30/2023	Page 1	of 37
--	----------------------	------------------------------------	-----------	----------

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 Abbott Terrace Health Center [facility name], for the cost report period beginning 10/1/2022 and ending September 30, 2023, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Donald Morris			Printed Name (Owner) Lawrence Santilli		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Other Lines of Business	6
General Information and Questionnaire - Other Lines of Business (Continued)	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

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 Abbott Terrace Health Center		Period Covered:	From 10/1/2022	To 9/30/2023
Address of Facility 44 Abbott Terrace Waterbury, CT 06702				
Report Prepared By Athena Health Care Associates, Inc		Phone Number (860) 751-3900	Date 2/28/2024	
Item	Total	CCNH / RHNS	(Specify)	(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	Report for Year Ended 9/30/2023	Page 2	of 37
Name of Facility (as shown on license) Abbott Terrace Health Center		Address (No. & Street, City, State, Zip) 44 Abbott Terrace Waterbury, CT 06702			
License Numbers:	CCNH / RHNS 1089C	(Specify)	(Specify)	Medicare Provider No. 07-5351	
Type of Facility (Check appropriate box(es))					
<input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input type="checkbox"/> (Specify) <input type="checkbox"/> (Specify)					
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> 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.					
Administrator					
Name of Administrator Donald Morris			Nursing Home Administrator's License No.:	1766	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name Not Applicable			License No.:		

General Information and Questionnaire
Corporate Owners

Name of Facility Abbott Terrace Health Center	License No. 1089C	Report for Year Ended 9/30/2023	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		
Abbott Health Center, INC.	44 Abbott Terrace, Waterbury, CT 06702	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Lawrence G. Santilli	135 South Road, Farmington, CT 06032	President	605.06	
Michael E. Mosier	135 South Road, Farmington, CT 06032	Treasurer/Secretary	10	
Names of Stockholders Owning at Least 10% of Shares				
Lawrence G. Santilli	135 South Road, Farmington, CT 06032		605.06	
Estate of John B. Nocera	135 South Road, Farmington, CT 06032		120	
Conservators for Lawrence E. Santilli	135 South Road, Farmington, CT 06032		112.31	

**General Information and Questionnaire
 Related Parties***

Name of Facility Abbott Terrace Health Center	License No. 1089C	Report for Year Ended 9/30/2023	Page 4	of 37
--	----------------------	------------------------------------	-----------	----------

Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Waterbury Health Care Associates	135 South Road, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Lease of Facility & Equipment	Pg 22, Ln 9 & 10b	1,454,819	1,454,819
Laurel Ridge Health Care Center	642 Danbury Road Ridgefield, CT 06877	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Bank Fees	Pg16, Ln m13	8,060	8,060
Athena Health Care	See Attached	<input checked="" type="radio"/>	<input type="radio"/>	>50%				
Procare Pharmacy	111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	<5%	Pharmacy Services	Pg 13 B3, Pg 20 Ln 5a	336,653	336,653
Procare LTC	111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	<5%	Pharmacy Note Payable		71,555	71,555
Misc Facilities	Various	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Interfacility loans	Pg 34 B4		
Athena Captive	135 South Road, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Workers Comp Captive	Pg 15 1a1	511,072	511,072
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Abbott Terrace Health Center	License No. 1089C	Report for Year Ended 9/30/2023	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? Yes No If "No," explain fully why such allocation was not made.

Not Applicable

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

Not Applicable

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.

General Information and Questionnaire
Other Lines of Business

Name of Facility Abbott Terrace Health Center	License No. 1089C	Report for Year Ended 9/30/2023	Page 6	of 37
Square footage of entire facility. 0				
Outpatient Therapy				
Does the Facility provide outpatient therapy services?		No		
<i>If yes, please complete the following:</i>				
	Square footage of therapy space.			
Meals on Wheels				
Does the facility provide Meals on Wheels?		No		
<i>If yes, please complete the following:</i>				
	Square footage of kitchen			
	Number of meals served per week			
No	Are meals included in meals served on page 18 of the Annual Report?			
No	Are direct costs included in the Annual Report?			
<i>If yes, please state where costs are reported.</i>				
No	Are drivers for the program included in the facility's payroll?			
<i>If yes, please complete the following:</i>				
		Amount Reported		
		Annual Report page and line		
Please state the salary amounts of specific cooks and/or dietary aides				
Please state where the cooks and/or dietary aides are reported in the Annual Report				
Apartments, Independent Living, Assisted Living				
Does the facility have apartments, independent living, and/or assisted living?		No		
<i>If yes, please complete the following:</i>				
	Square footage of apartments			
	Square footage of independent living			
	Square footage of assisted living			
Please identify the services provided:				

General Information and Questionnaire
Other Lines of Business (Continued)

Name of Facility Abbott Terrace Health	License No. 1089C	Report for Year Ended 9/30/2023	Page 7	of 37
---	----------------------	------------------------------------	-----------	----------

Child Day Care

Does the Facility provide Child Day Care? No

If yes, please complete the following:

	Square footage of child day care space.
	Average number of daily participants.
	Number of meals per day provided to child day care.
	Nature of services provided:

Adult Day Care

Does the Facility provide Adult Day Care? No

If yes, please complete the following:

	Square footage of adult day care space.
	Please state where it is located in relation to the facility.
	Average number of daily participants.
	Number of meals per day provided to adult day care.
	Nature of services provided:

Schedule of Resident Statistics

Name of Facility Abbott Terrace Health Center			License No. 1089C		Report for Year Ended 9/30/2023				Page 8		of 37	
	Total All Levels	Total CCNH / RHNS Level	Total	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH / RHNS	(Specify)	(Specify)	Total	CCNH / RHNS	(Specify)	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	205	205			205	205						
B. On last day of THIS report period	205	205							205	205		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	195	195			195	195						
B. As of midnight of THIS report period	192	192							192	192		
3. Total Number of Days Care Provided During Period												
A. Medicare	5,385	5,385			4,592	4,592			793	793		
B. Medicaid (Conn.)	62,684	62,684			46,887	46,887			15,797	15,797		
C. Medicaid (other states)												
D. Private Pay	1,326	1,326			454	454			872	872		
E. State SSI for RCH												
F. Other (Specify) Managed care	490	490			450	450			40	40		
G. Total Care Days During Period (3A thru F)	69,885	69,885			52,383	52,383			17,502	17,502		
4. Total Number of Days Not Included in Figures in 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)	69,885	69,885			52,383	52,383			17,502	17,502		

Schedule of Resident Statistics (Cont'd)

Name of Facility Abbott Terrace Health Center			License No. 1089C			Report for Year Ended 9/30/2023			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)	(Specify)	Lost			Gained			CCNH / RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	(Specify)	(Specify)	
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.												
Change in Resident Days									CCNH / RHNS	(Specify)	(Specify)	
1st change												
2nd change												
3rd change												
4th change												
6. Number of Residents and Rates on September 30 of Cost Year												
Item	Medicare		Medicaid		Self-Pay		Other State Assisted					
	CCNH / RHNS	CCNH / RHNS	(Specify)	CCNH / RHNS	(Specify)	(Specify)	R.C.H.	ICF-MR				
No. of Residents	2	183		3		4						
Per Diem Rate												
a. One bed rm.												
b. Two bed rms.												
c. Three or more bed rms.												
7. Total Number of Physical Therapy Treatments				TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)				
A. Medicare - Part B				14,318	14,318							
B. Medicaid (Exclusive of Part B)												
1. Maintenance Treatments				3,892	3,892							
2. Restorative Treatments												
C. Other				8,445	8,445							
D. Total Physical Therapy Treatments				26,655	26,655							
8. Total Number of Speech Therapy Treatments												
A. Medicare - Part B				1,915	1,915							
B. Medicaid (Exclusive of Part B)												
1. Maintenance Treatments				1,140	1,140							
2. Restorative Treatments												
C. Other				1,942	1,942							
D. Total Speech Therapy Treatments				4,997	4,997							
9. Total Number of Occupational Therapy Treatments												
A. Medicare - Part B				16,560	16,560							
B. Medicaid (Exclusive of Part B)												
1. Maintenance Treatments				5,779	5,779							
2. Restorative Treatments												
C. Other				8,870	8,870							
D. Total Occupational Therapy Treatments				31,209	31,209							

Annual Report of Long-Term Care Facility

CSP-10 Rev. 3/2023

Report of Expenditures - Salaries & Wages

Name of Facility Abbott Terrace Health Center	License No. 1089C	Report for Year Ended 9/30/2023	Page 10	of 37
--	----------------------	------------------------------------	------------	----------

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

Item	Total Cost and Hours									
	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours	
A. Salaries and Wages*										
1. Operators/Owners (Complete also Sec. I of Schedule A1)										
2. Administrator(s) (Complete also Sec. III of Schedule A1)	194,188		2,098							
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	12,295		224							
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	424,337		14,844							
5. Dietary Service										
a. Head Dietitian	91,723		2,061							
b. Food Service Supervisor	79,173		2,048							
c. Dietary Workers	623,641		31,615							
6. Housekeeping Service										
a. Head Housekeeper	66,107		2,017							
b. Other Housekeeping Workers	596,818		30,826							
7. Repairs & Maintenance Services										
a. Engineer or Chief of Maintenance	72,560		2,008							
b. Other Maintenance Workers	99,112		4,172							
8. Laundry Service										
a. Supervisor										
b. Other Laundry Workers	269,708		13,298							
9. Barber and Beautician Services										
10. Protective Services	145,568		7,467							
11. Accounting Services										
a. Head Accountant										
b. Other Accountants										
12. Professional Care of Residents										
a. Directors and Assistant Director of Nurses	268,898		3,703							
b. RN										
1. Direct Care	671,034		3,530							
2. Administrative**	973,067		36,854							
c. LPN										
1. Direct Care	2,650,233		62,760							
2. Administrative**										
d. Aides and Attendants	3,925,419		162,126							
e. Physical Therapists	649,977		16,412							
f. Speech Therapists	177,002		3,599							
g. Occupational Therapists	383,008	(383,008)	9,014							
h. Recreation Workers	346,946		13,048							
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	399,730	(8,173)	11,741							
n. Marketing										
o. Other (Specify) See Attached Schedule										
A-13. Total Salary Expenditures	13,120,544	(391,181)	435,465							

* 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 in the Adjustment column.

Schedule of Other Salaries and Wages (Page 10)

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

Schedule of Other Fees (Page 13)

Service	CCNH / RHNS			(Specify)			(Specify)		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
Total	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-

**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
Abbott Terrace Health Center				1089C		9/30/2023			11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH / RHNS	(Specify)	(Specify)							
Section I - Operators/Owners										
N/A										
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).										
N/A										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Abbott Terrace Health Center				1089C	9/30/2023			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH / RHNS	(Specify)	(Specify)							
Section III - Administrators***										
Donald Morris 10/1/22 - 9/30/23	194,188			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	2,098	A2			
Section IV - Assistant Administrators										
Elise Cecil (9/4/23-9/30/23)	11,181			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	200	A3			
Kellie Grzeika (2/14/23-2/18/23)	1,114			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	24	A3			

*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
Abbott Terrace Health Center	1089C	9/30/2023						13	37
Total Cost and Hours									
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	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									
3. Pharmacist	18,450		246						
4. Podiatrist									
5. Physical Therapy									
a. Resident Care									
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians									
a. Medical Director (entire facility)	44,031		70						
b. Utilization Review (Title 18 and 19 only) monthly meeting									
c. Resident Care**	1,380	(1,380)							
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	3,950		11						
b. Other									
10. Occupational Therapist									
a. Resident Care									
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care	98,075		913						
2. Administrative***									
b. LPN									
1. Direct Care	154,235		1,516						
2. Administrative***									
c. Aides	34,603		643						
d. Other									
12. Other (Specify) See Attached Schedule									
B-13 Total Fees Paid in Lieu of Salaries	354,724	(1,380)	3,399						

* 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 in the Adjustment column.

*** 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 Abbott Terrace Health Center		License No. 1089C		Report for Year Ended 9/30/2023		Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship			
		Yes	No				
SDX Dyspagia Experts 21 Waterville Rd. Avon, CT 06001	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>				
Dr. Kanagarantnam Jega, MD, 2271 East Main Street, Waterbury, CT 06705	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>				
Athena Health Care, 135 South Rd Farmington, CT 06032	MDS Fill In	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners			
Procure Pharmacy, 111 Executive Blvd Farmindale, NY 11735	Pharmacy Services	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners, Minority Interest			
Norton and Associates, Inc. 34 Elm St Cohasset, MA 02025	MDS Fill In	<input type="radio"/>	<input checked="" type="radio"/>				
Nurse Network, 405 Park Ave, NY, NY 10022	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>				
Masstex, 3 Electronics Ave STE #201, Danvers, MA 01923-1099	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>				
Signature Staff, 1460 T L Townsend DR, #104, Rockwell, TX 45032	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>				
Raad, Marc, 300 Wolcott RD, Wollcott, CT 06716	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended					Page	of
Abbott Terrace Health Center	1089C	9/30/2023					15	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
I. Administrative and General								
a. Employee Health & Welfare Benefits								
1. Workmen's Compensation	\$ 511,072	511,072						
2. Disability Insurance	\$							
3. Unemployment Insurance	\$ 124,695	124,695						
4. Social Security (F.I.C.A.)	\$ 947,034	947,034						
5. Health Insurance	\$ 1,098,067	1,098,067						
6. Life Insurance (employees only) (not-owners and not-operators)	\$							
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 313,900	313,900						
8. Uniform Allowance	\$							
9. Other (<i>Specify</i>) See Attached Schedule	\$							
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$							
c. Bad Debts*	\$	482,181	(482,181)					
d. Accounting and Auditing	\$ 10,235	19,881	(9,646)					
e. Legal (<i>Services should be fully described on Page 15b</i>)	\$	59,567	(59,567)					
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$							
g. Office Supplies	\$ 65,959	65,959						
h. Telephone and Cellular Phones								
1. Telephone & Pagers	\$ 140,702	140,702						
2. Cellular Phones	\$ 1,080	2,408	(1,328)					
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*	\$							
2. Other (<i>Specify</i>) See Attached Schedule	\$							
3. Resident Day User Fee	\$ 1,360,520	1,360,520						
Subtotal	\$ 4,573,264	5,125,986	(552,722)					

* Facility should self-disallow the expense in the Adjustment column.

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

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

General Information and Questionnaire
Accounting Basis

Name of Facility Abbott Terrace Health Center	License No. 1089C	Report for Year Ended 9/30/2023	Page 15b	of 37
--	----------------------	------------------------------------	-------------	----------

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

- Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 PKF O'Connor Davies LLP	Four Corporate Drive, Ste 488 Shelton, CT 06484
2 Marcum LLP	555 Long Wharf Drive 12th Floor New Haven CT 06511
3 Midcap Financial Services, LLC	7255 Woodmont Ave, Suite 200, Bethesda, MD 20814
4	

Services Provided by This Firm (*describe fully*)

1 Audit	\$ 7,400
2 Medicare Cost Report	\$ 2,835
3 Audt Fee: LOC (Disallowed)	\$ 9,646
4	\$
	Charge for Services Provided
	\$ 19,881

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.

- Yes No Pg 15, Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Goldman, Gruder & Woods, LLC	203-899-8900
2 Treasurer State of CT/State Marshall/ Petarose Tom	
3 Jackson Lweis P.C.	
4 Pilicy & Ryan/HFG	860-274-0018/312-258-5500
5 Brennar, Saltzman & Wallman LLP	203-772-2600

Address (*No. & Street, City, State, Zip Code*)

- 1 200 Connecticut Ave Norwalk, CT 06854
 2 49 Leavenworth St Waterbury, 06702
 3 90 State House Sq, Hartford, CT 06103
 4 235 Maint St. PO Box 760, Watertown, CT 06795
 5 271 Whitney Ave. New Haven, CT 06511

Services Provided by This Firm (*describe fully*)

1 Accounts Receivable (Disallowed)	\$ 18,651
2 Accounts Receivable (Disallowed)	\$ 11,017
3 Accounts Receivable (Disallowed)	\$ 16,272
4 HFG Legal fees \$12,825: (Disallowed)	\$ 11,391
5 PP Loan Reliance (Disallowed)	\$ 2,236
	Charge for Services Provided
	\$ 59,567

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.

- Yes No Pg 15, Line 1e

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

Name of Facility	License No.	Report for Year Ended				Page	of
Abbott Terrace Health Center	1089C	9/30/2023				16	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Subtotals Brought Forward:	4,573,264	5,125,986	(552,722)				
l. Travel and Entertainment							
1. Resident Travel and Entertainment \$							
2. Holiday Parties for Staff \$	7,400	7,400					
3. Gifts to Staff and Residents \$		13,726	(13,726)				
4. Employee Travel \$	2,402	2,402					
5. Education Expenses Related to Seminars and Conventions \$	9,819	13,519	(3,700)				
6. Automobile Expense (<i>not purchase or depreciation</i>) \$							
7. Other (<i>Specify</i>) \$							
See Attached Schedule							
m. Other Administrative and General Expenses							
1. Advertising Help Wanted (<i>all such expenses</i>) \$	9,090	9,090					
2. Advertising Telephone Directory (<i>all such expenses</i>)*** \$							
3. Advertising Other (<i>Specify</i>)*** \$		6,763	(6,763)				
See Attached Schedule							
4. Fund-Raising*** \$							
5. Medical Records \$							
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** \$							
7. Postage \$	5,896	5,896					
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) \$	12,662	12,662					
See Attached Schedule							
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$							
9. Subscriptions \$							
10. Contributions*** \$		200	(200)				
See Attached Schedule							
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>) \$							
12. Administrative Management Services** \$	441,469		441,469				
13. Other (<i>Specify</i>) \$	166,621	236,056	(69,435)				
See Attached Schedule							
C-14 Total Administrative & General Expenditures	\$ 5,228,623	5,433,700	(205,077)				

* 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 in the Adjustment column.

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Promotion	\$ 6,763	\$ (6,763)				
Total Other Advertising	\$ 6,763	\$ (6,763)	\$ -	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
CAHCF	\$ 12,662					
Total Dues	\$ 12,662	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Contributions

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
CAHCF - Inaugural Ball	\$ 200	\$ (200)				
Total Contributions	\$ 200	\$ (200)	\$ -	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Employee physicals & background checks	\$ 12,176					
Bank charges	\$ 59,685	\$ (59,685)				
Payroll processing fees	\$ 32,072					
Data processing fees	\$ 120,077					
Licenses	\$ 2,296					
CMP 2023-01-LTC-109	\$ 9,750	\$ (9,750)				
Total Other Administrative and General	\$ 236,056	\$ (69,435)	\$ -	\$ -	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Abbott Terrace Health Center	1089C	9/30/2023	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 #
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	768,000	Contract Attached to a Prior Year	See Below
Allocation of the above	;122,880;138,240	Admin/Gen 66% Indirect 16% Direct 18%	Pg 16, Line 12
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032		Admin/Gen - Other Exp	Pg 16, Line 12

*** 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
Abbott Terrace Health Center		1089C	9/30/2023				18	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
2. Dietary								
a. In-House Preparation & Service								
1. Raw Food	\$ 554,351	554,351						
2. Non-Food Supplies	\$ 51,890	51,890						
3. Other (Specify) _____ Dishes	\$ 10,645	10,645						
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$							
c. Other (Specify) _____	\$							
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 616,886	616,886						
2E. Dietary Questionnaire		Total	CCNH / RHNS		(Specify)	(Specify)		
F. Resident Meals:	Total no. of meals served per day:*	576	576					
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
Abbott Terrace Health Center		1089C	9/30/2023				19	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
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. 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. \$	36,375	36,375					
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$							
c. Other (Specify) Supplies	\$	5,069	5,069					
3D. Total Laundry Expenditures (3a + b + c)	\$	41,444	41,444					
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
Abbott Terrace Health Center		1089C	9/30/2023				20	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
4.	Housekeeping							
a.	In-House Care	Sq. Ft. Serviced by Personnel						
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	91,152	91,152				
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel						
		Amt. \$						
	C. Other (<i>Specify</i>)	\$						
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	91,152	91,152				
5.	Resident Care (Supplies)**							
a.	Prescription Drugs***							
	1. Own Pharmacy	\$						
	2. Purchased from Procure LTC	\$		351,021	(351,021)			
b.	Medicine Cabinet Drugs	\$	2,410	6,483	(4,073)			
c.	Medical and Therapeutic Supplies	\$	347,468	367,968	(20,500)			
d.	Ambulance/Limousine***	\$		450	(450)			
e.	Oxygen							
	1. For Emergency Use	\$						
	2. Other***	\$		31,449	(31,449)			
f.	X-rays and Related Radiological Procedures***	\$		15,583	(15,583)			
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$						
h.	Laboratory***	\$		29,280	(29,280)			
i.	Recreation	\$	27,474	27,474				
j.	Direct Management Services*	\$	120,401		120,401			
k.	Indirect Management Services*	\$	107,023		107,023			
l.	Cable TV	\$						
m.	Other (Specify)**** See Attached Schedule	\$	79,061	127,532	(48,471)			
n.	Physical Therapy Expense	\$						
o.	Speech Therapy Expense	\$						
5P.	Total Resident Care Expenditures (5a - 5o)	\$	683,837	957,240	(273,403)			

* 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 in the Adjustment column.
 **** ICFMR's should provide a detailed schedule of all Day Program Costs.

Schedule of Other Resident Care

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Medical equip rentals- other	\$ 46,409	\$ (46,409)				
Physical therapy supplies	\$ 30,400					
Cable tv services	\$ 23,563					
Medical equip rentals- Medicaid	\$ 25,098					
Medical equip rentals- VA	\$ 2,062	\$ (2,062)				
Total Other Resident Care	\$ 127,532	\$ (48,471)	\$ -	\$ -	\$ -	\$ -

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

Name of Facility Abbott Terrace Health Center			License No. 1089C		Report for Year Ended 9/30/2023				Page of 21 37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH / RHNS	(Specify)	(Specify)	Pg	Line
ADP	Hartford Region Richmond, VA	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing	32,072			22	6f
CT Waste Processing	Ave Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	45,657			20 & 13	5a2 &
Procure LTC Pharmacy	111 Executive Blvd, Farmingdale NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners	Pharmacy Services	336,653			22	6f
Daddona Construction	969 W Main St . Suite 2C Waterbury, CT 06708	<input type="radio"/>	<input checked="" type="radio"/>		Snow Removal	11,470			22	6f
Winterberry Group	2070 West St, Southington, CT 06489	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping	14,398			#REF!	####
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended					Page	of
Abbott Terrace Health Center	1089C	9/30/2023					22	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$ 174,664	174,664						
b. Heat	\$ 64,118	64,118						
c. Light & Power	\$ 129,564	129,564						
d. Water	\$ 92,770	92,770						
e. Equipment Lease (<i>Provide detail on page 22b</i>)	\$ 35,229	35,229						
f. Other (<i>itemize</i>)	\$ 92,848	92,848						
See Attached Schedule								
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 589,193	589,193						
7. Depreciation (<i>complete schedule page 23*</i>)								
a. Land Improvements	\$							
b. Building & Building Improvements	\$							
c. Non-Movable Equipment	\$ 4,341	4,341						
d. Movable Equipment	\$ 56,617	60,355	(3,738)					
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 60,958	64,696	(3,738)					
8. Amortization (<i>Complete att. Schedule Page 24*</i>)								
a. Organization Expense	\$							
b. Mortgage Expense	\$ 3,950	3,950						
c. Leasehold Improvements	\$ 165,371	165,371						
d. Other (<i>Specify</i>)	\$							
*8e. Total Amortization Costs (8a + b + c + d)	\$ 169,321	169,321						
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 886,000	886,000						
10. Property Taxes								
a. Real estate taxes paid by owner	\$							
b. Real estate taxes paid by lessor	\$ 325,459	325,459						
c. Personal property taxes	\$ 47,126	47,126						
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,488,864	1,492,602	(3,738)					

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

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 Abbott Terrace Health Center			License No. 1089C	Report for Year Ended 9/30/2023			Page 22b	of 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						
Leaf, PO Box 644006 Cincinnati OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Copier Rental	03/21/17	Need new lease	21,491	21,491	
Pitney Bowes P.O. Box 856390, Louisville, KY 40285	<input type="radio"/>	<input checked="" type="radio"/>	Postal Equipment	12/22/17	60 Months	1,207	1,207	
	<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 type="radio"/> No
Total ***							22,698	

* 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.

Depreciation Schedule

Name of Facility Abbott Terrace Health Center			License No. 1089C		Report for Year Ended 9/30/2023			Page 23	of 37				
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
A. Land Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
B. Building and Building Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal													
C. Non-Movable Equipment													
1. Acquired prior to this report period			1,402,871		1,402,871	1,388,082	SL	Various	4,341				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal										4,341			
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period					9	2022	2,226,231		2,226,231	SL	Various	58,786	
b. Disposals (attach schedule)													
Acquired during this report period (attach schedule):													
c. Administrative					9	2023	22,271		22,271			1,113	
d. Standard Resident					9	2023	9,125		9,125			456	
e. Specialized Resident													
Total Acquired during this report period							31,396		31,396			1,569	
D-3. Subtotal													60,355
E. Total Depreciation													64,696

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Non-Movable Equipment		\$ -		\$ - *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
2/28/2023	water dispenser	Standard Resident	\$ 9,125	10	\$ 456
5/31/2023	walk in cooler	Administrative	\$ 11,167	10	\$ 558
9/30/2023	furniture	Administrative	\$ 5,627	10	\$ 281
9/30/2023	food processor	Administrative	\$ 5,477	10	\$ 274
		PICK A CATEGORY			
		PICK A CATEGORY			
Total additions for Movable Equipment			\$ 31,396		\$ 1,569 *
Deletions:					
Total deletions for Movable Equipment			\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
9/30/2023	internet	\$ 9,529	10	\$ 476
9/30/2023	elevator	\$ 17,240	10	\$ 862
9/30/2023	roof repair	2160	10	108
Total additions for Leasehold Improvement		\$ 28,929		\$ 1,446 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility Abbott Terrace Health Center			License No. 1089C		Report for Year Ended 9/30/2023			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. Finance Fees	12	2021	3 years	73,682	65,784	SL		3,950	
2.									
3.									
B-4. Subtotal									3,950
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	9	2022	Various	4,318,715	2,688,042	SL		163,925	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2023	Various	28,929		SL		1,446	
C-4. Subtotal									165,371
D. Total Amortization									169,321

* Straight-line method must be used.

** Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

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

Name of Facility Abbott Terrace Health Center	License No. 1089C	Report for Year Ended 9/30/2023	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input 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	1985			
2. Date Structure Completed	1986			
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure	04/20/86			
5. Total Licensed Bed Capacity	205			
6. Square Footage				
7. Acquisition Cost				
a. Land	74,800			
b. Building	7,871,030			
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	HUD			
b. Date Mortgage Obtained	12/30/20			
c. Interest Rate for the Cost Year	2.95%			
d. Term of Mortgage (number of years)	25			
e. Amount of Principal Borrowed	10,418,700			
f. Principal balance outstanding as of _____	9,925,535			
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
Abbott Terrace Health Center		1089C	9/30/2023				26	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
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	
Abbott Terrace Health Center		1089C		9/30/2023				27	37	
Item				Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
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)				\$	118,114	118,114				
Vendor Interest \$32,854; Line of Credit Interest \$85,260										
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	118,114	118,114				
14. Insurance										
a. Insurance on Property (buildings only)				\$	247,589	247,589				
b. Insurance on Automobiles				\$						
c. Insurance other than Property (as specified above)										
1. Umbrella (Blanket Coverage)				\$						
2. Fire and Extended Coverage				\$						
3. Other (Specify)				\$						
14d. Total Insurance Expenditures (14a + b + c)				\$	247,589	247,589				
15. Total All Expenditures (A-13 thru C-14)				\$	22,188,409	23,063,188	(874,779)			

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Abbott Terrace Health Center	1089C	9/30/2023		30	37
Item	Total	CCNH / RHNS	(Specify)	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 42,144,558	42,144,558			
b. Medicaid Room and Board Contractual Allowance **	\$ (24,908,915)	(24,908,915)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,775,408	1,775,408			
b. Medicare Room and Board Contractual Allowance **	\$ (4,287)	(4,287)			
4. a. Private-Pay Residents and Other	\$ 2,614,799	2,614,799			
b. Private-Pay Room and Board Contractual Allowance **	\$ (771,139)	(771,139)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 80,824	80,824			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (80,824)	(80,824)			
c. Prescription Drugs - Non-Medicare	\$ 233,394	233,394			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (233,394)	(233,394)			
2. a. Medical Supplies - Medicare	\$ 10,280	10,280			
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$ 3,500	3,500			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (3,500)	(3,500)			
3. a. Physical Therapy - Medicare	\$ 938,114	938,114			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (606,735)	(606,735)			
c. Physical Therapy - Non-Medicare	\$ 470,075	470,075			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (470,075)	(470,075)			
4. a. Speech Therapy - Medicare	\$ 319,645	319,645			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (223,531)	(223,531)			
c. Speech Therapy - Non-Medicare	\$ 280,875	280,875			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (280,875)	(280,875)			
5. a. Occupational Therapy - Medicare	\$ 1,161,712	1,161,712			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (733,003)	(733,003)			
c. Occupational Therapy - Non-Medicare	\$ 573,450	573,450			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (573,450)	(573,450)			
6. a. Other (<i>Specify</i>) - Medicare	\$				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 46,502	46,502			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 21,763,408	21,763,408			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 161,496	161,496			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 220,931	220,931			
V. Total Other Revenue (1 thru 8)	\$ 382,427	382,427			
VI. Total All Revenue (III +V)	\$ 22,145,835	22,145,835			

* 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)	(Specify)
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
n/a	Medicaid recoupments	\$ 44,666		
	Medicare recoupments	\$ 1,836		
Total Other Resident Revenue		\$ 46,502	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH / RHNS	(Specify)	(Specify)
pg31, A8	Interest on related party note	n/a	\$ 92,911		
pg31, A2	Interest on A/R		\$ 1,542		
	ERC interest		\$ 67,043		
Total Interest Income			\$ 161,496	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
n/a	Bad debt recovery	\$ 220,931		
Total Other Revenue		\$ 220,931	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	9/30/2023	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	48,657
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	3,581,538
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	31,940
5. Prepaid Expenses			\$	201,393
a. Prepaid Insurance	190,511			
b. Prepaid Expenses	10,882			
c. _____				
d. See Schedule				
6. Interest Receivable			\$	766,148
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	4,629,676
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>4,347,644</u>		\$	1,493,122
	Accum. Depreciation <u>2,854,522</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>1,402,871</u>		\$	10,448
	Accum. Depreciation <u>1,392,423</u>	Net		
6. Movable Equipment	*Historical Cost <u>2,253,891</u>		\$	216,815
	Accum. Depreciation <u>2,037,076</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	3,738
Movable Equipment Carryforward	3,738			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,724,123

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

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

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

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	9/30/2023	32	37
Account			Amount	
Total Brought Forward:			\$	6,353,799
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	212,650
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	23,432
Deposits IRS		19,483		
Deferred Finance Fees/ Accd Amort Fin Fees		3,949		
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	236,082
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	6,589,881

* 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
Abbott Terrace Health Center	1089C	9/30/2023	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	3,581,470
2. Notes Payable (<i>itemize</i>)			\$	3,306,028
Notes Payable				3,306,028
See Schedule				
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$	
Name of Lender	Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$	562,454
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	600,093
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*			\$	(23,912)
12. Other Current Liabilities (<i>itemize</i>)			\$	4,336,688
Acc'd operating expenses				(279,569)
Acc'd expense - CT state sales tax				286
Provider taxes due				4,615,971
See Schedule				
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	12,362,821

* 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 Abbott Terrace Health Center	License No. 1089C	Report for Year Ended 9/30/2023	Page 34	of 37
Account			Amount	
Total Brought Forward:			12,362,821	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				
				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				
				\$ (1,449,034)
Name and Address of Lender	Amount	Loan Date		
Due to Partnership/Related Parties	(1,658,835)	3/29/12		
Procare Investment	209,801			
4. Other Long-Term Liabilities (<i>itemize</i>)				
		86,865	\$ 125,638	
Note Payable Procure CT		38,773		
Note Payable Procure MA				
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ (1,323,396)
C. Total All Liabilities (Lines A-13 + B-5)				\$ 11,039,425

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

Name of Facility	License No.	Report for Year Ended	Page	of
Abbott Terrace Health Center	1089C	9/30/2023	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			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(3,533,191)
6. Gain or Loss for Period			\$	(917,353)
	10/1/2022	thru	9/30/2023	
7. Total Net Worth			\$	(4,449,544)
C. Total Reserves and Net Worth			\$	(4,449,544)
D. Total Liabilities, Reserves, and Net Worth			\$	6,589,881

H. Changes in Total Net Worth

Name of Facility Abbott Terrace Health Center	License No. 1089C	Report for Year Ended 9/30/2023	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2022			\$	(7,070,598)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	22,145,835
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	23,063,188
D. Net Income or Deficit			\$	(917,353)
E. Balance			\$	(7,987,951)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
ERC JE	3,538,394			
rounding	13			
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	3,538,407
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. Balance at End of Period			\$	(4,449,544)
09/30/23				

I. Preparer's/Reviewer's Certification

Name of Facility Abbott Terrace Health Center	License No. 1089C	Report for Year Ended 9/30/2023	Page 37	of 37
<i>Check appropriate category</i>				
Chronic and Convalescent Nursing <input checked="" type="checkbox"/> Home (CCNH) & RHNS Combined	<input type="checkbox"/> (Specify)	<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	Date Signed		
Printed Name of Preparer				
Athena Health Care Associates, Inc				
Address Address		Phone Number		
135 South Road, Farmington CT 06032		(860) 751-3900		
Contacted Person Regarding Additional Information Needed Regarding This Report		Phone Number		
Neil Kluczwski		860-751-3986		
Contact Email Address				
nkluczwski@athenahealthcare.com				