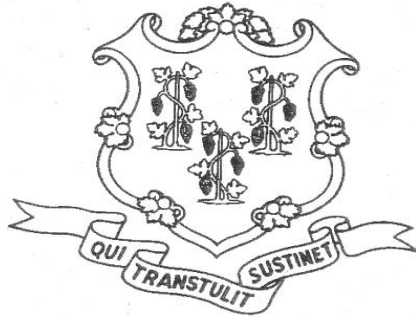


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2023

Name of Facility (as licensed) Arden House Care and Rehabilitation Center	
Address (No. & Street, City, State, Zip Code) 850 Mix Avenue, Hamden, CT 06514	
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 2199-C	(Specify)	(Specify)	Medicare Provider 07-5228
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Medicaid Provider Numbers:	CCNH / RHNS 20371	(Specify)	(Specify)
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General Information

Name of Facility (as licensed) Arden House Care and Rehabilitation Center	License No.	Report for Year Ended 9/30/2023	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 _____ [facility name], for the cost report period beginning January 0, 1900 and ending _____, 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) Kolenovic,Merisa			Printed Name (Owner) Diane Morris - VP Reimbursement		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Arden House Care and Rehabilitation Center		Period Covered:	From 10/1/2022	To 9/30/2023
Address of Facility 850 Mix Avenue, Hamden, CT 06514				
Report Prepared By Rick Fink		Phone Number 410-494-7657	Date 12/28/2023	
Item	Total	CCNH / RHNS	(Specify)	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$	8,831,604	8,831,604	
5. All other wages paid	\$	1,454,509	1,454,509	
6. Total Wages Paid	\$	10,286,113	10,286,113	
7. Total salaries paid	\$	500,557	500,557	
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$	10,786,670	10,786,670	

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-281-3500		Report for Year Ended 9/30/2023	Page 2	of 37		
Name of Facility (as shown on license) Arden House Care and Rehabilitation Center		Address (No. & Street, City, State, Zip) 850 Mix Avenue, Hamden, CT 06514				
License Numbers:	CCNH / RHNS 2199-C	(Specify)	(Specify)	Medicare Provider No. 07-5228		
Type of Facility (Check appropriate box(es)) 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 checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust						
If this facility opened or closed during report year provide:		Date Opened	Date Closed			
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.						
<p>Administrator</p> Name of Administrator Kolenovic,Merisa <table border="1" style="float: right; margin-left: 20px;"> <tr> <td>Nursing Home Administrator's License No.:</td> <td>1988</td> </tr> </table>					Nursing Home Administrator's License No.:	1988
Nursing Home Administrator's License No.:	1988					
Other Operators/Owners who are assistant administrators (full or part time) of this facility.						
Name		License No.:				

**General Information and Questionnaire
 Corporate Owners**

Name of Facility Arden House Care and Rehabilitation Center	License No.	Report for Year Ended 9/30/2023	Page 3A	of 37
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If this facility is owned or operated as a corporation, provide the following information:

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

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each

Names of Stockholders Owning at Least 10% of Shares			
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See the attached			
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**General Information and Questionnaire
 Related Parties***

Name of Facility Arden House Care and Rehabilitation Center	License No.	Report for Year Ended 9/30/2023	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Genesis Administrative Services LLC	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>		Home Office	Pg 16/m12	1,367,987	1,367,987
Genesis ElderCare Rehabilitation Services GRS	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	73%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	926,444	926,444
Genesis ElderCare Physician Services GPS_C	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	86%	Medical Director /NP	Pg 13/B8, Pg 10/A12		
Career Staffing Carstaff_C	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	60%	Nursing Agency/ Temporary Services	Pg 13/B11 pg 10-12, 1	255,899	255,899
Respiratory Health Services NCRHS C	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	50%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E	28,595	28,595
Genesis Healthcare Ins Program	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>		Insurance	Pg 27/14	388,073	388,073
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Arden House Care and Rehabilitation Center	License No.	Report for Year Ended 9/30/2023	Page 5	of 37
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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.

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

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

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

General Information and Questionnaire
Other Lines of Business

Name of Facility Arden House Care and Rehabilitation	License No. 0	Report for Year Ended 9/30/2023	Page 6	of 37
Square footage of entire facility.		123,853		
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 Arden House Care an	License No. 0	Report for Year Ended 9/30/2023	Page 7	of 37
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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 Arden House Care and Rehabilitation Center			License No.		Report for Year Ended 9/30/2023				Page 8		of 37	
	Total All Levels	Total CCNH / RHNS Level	Total (Specify)	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	271	271			271	271						
B. On last day of THIS report period	271	271							271	271		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	217	217			217	217						
B. As of midnight of THIS report period	223	223							223	223		
3. Total Number of Days Care Provided During Period												
A. Medicare	4,597	4,597			3,820	3,820			777	777		
B. Medicaid (Conn.)	64,262	64,262			47,243	47,243			17,019	17,019		
C. Medicaid (other states)												
D. Private Pay	4,072	4,072			3,175	3,175			897	897		
E. State SSI for RCH												
F. Other (Specify)	5,754	5,754			4,358	4,358			1,396	1,396		
G. Total Care Days During Period (3A thru F)	78,685	78,685			58,596	58,596			20,089	20,089		
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	26	26			6	6			20	20		
5. Total Resident Days (3G + 4A + 4B)	78,711	78,711			58,602	58,602			20,109	20,109		

Schedule of Resident Statistics (Cont'd)

Name of Facility Arden House Care and Rehabilitation Center				License No.			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)		(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	4	195		24									
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.	691.50	#####		509.44									
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments				TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)					
A. Medicare - Part B				1,891	1,891								
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments				1,650	1,650								
C. Other				14,097	14,097								
D. Total Physical Therapy Treatments				17,638	17,638								
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B				534	534								
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments				464	464								
C. Other				3,423	3,423								
D. Total Speech Therapy Treatments				4,421	4,421								
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B				1,775	1,775								
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments				1,950	1,950								
C. Other				17,740	17,740								
D. Total Occupational Therapy Treatments				21,465	21,465								

Annual Report of Long-Term Care Facility

CSP-10 Rev. 3/2023

Report of Expenditures - Salaries & Wages

Name of Facility Arden House Care and Rehabilitation Center	License No.	Report for Year Ended 9/30/2023	Page 10	of 37
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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)	179,412	(37,025)	2,148							
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	49,825		1,322							
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	459,379		15,713							
5. Dietary Service										
a. Head Dietitian										
b. Food Service Supervisor										
c. Dietary Workers										
6. Housekeeping Service										
a. Head Housekeeper										
b. Other Housekeeping Workers										
7. Repairs & Maintenance Services										
a. Engineer or Chief of Maintenance	223,562		6,845							
b. Other Maintenance Workers	70,996		3,483							
8. Laundry Service										
a. Supervisor										
b. Other Laundry Workers										
9. Barber and Beautician Services										
10. Protective Services										
11. Accounting Services										
a. Head Accountant										
b. Other Accountants										
12. Professional Care of Residents										
a. Directors and Assistant Director of Nurses	271,320		4,178							
b. RN										
1. Direct Care	1,142,066		22,555							
2. Administrative**	126,898		2,696							
c. LPN										
1. Direct Care	2,888,120		76,604							
2. Administrative**										
d. Aides and Attendants	4,486,593		190,469							
e. Physical Therapists										
f. Speech Therapists										
g. Occupational Therapists										
h. Recreation Workers	345,700		15,012							
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	354,872		11,255							
n. Marketing										
o. Other (Specify) See Attached Schedule	187,927		7,471							
<i>A-13. Total Salary Expenditures</i>	<i>10,786,670</i>	<i>(37,025)</i>	<i>359,751</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 in the Adjustment column.

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH / RHNS			(Specify)			(Specify)		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
Coordinator-Staffing Centers	\$ 39,162		\$ 1,372						
Central Supply	\$ 84,175		\$ 3,711						
Medical Records	\$ 64,589		\$ 2,388						
Total	\$ 187,927	\$ -	7,471	\$ -	\$ -	-	\$ -	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH / RHNS			(Specify)			(Specify)		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
Consulting Fees	\$ 6,414		N/A						
Purchased Services	\$ 16,375	\$ (16,375)	N/A						
Purchased Services	\$ -	\$ -	N/A						
Purchased Services	\$ 28,822	\$ (28,822)	N/A						
Purchased Services	\$ 25,249		N/A						
Total	\$ 76,861	\$ (45,197)	-	\$ -	\$ -	-	\$ -	\$ -	-

1020620010
 3010620020
 3015620020
 3155620020
 3080620020

correct

**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
Arden House Care and Rehabilitation Center					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										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Arden House Care and Rehabilitation Center					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***										
Kolenovic,Merisa	8,702				Management of Center	128	2			
Cyr,Raymond, Bell, Moyer,Mark Lynn and Michael Eugene	143,366				Management of Center	1,820	2			
Lathrop,Christopher George	27,344				Management of Center	200	2			
Section IV - Assistant Administrators										
Jackson,Telisha Sheree	49,825				Management of Center	1,322	2			

*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
Arden House Care and Rehabilitation Center		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	88,868		609						
3. Pharmacist	39,996		816						
4. Podiatrist									
5. Physical Therapy									
a. Resident Care	423,054	(423,054)	5,795						
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians									
a. Medical Director (entire facility)	54,360		288						
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	184,758	(184,758)	2,369						
b. Other									
10. Occupational Therapist									
a. Resident Care	448,143	(448,143)	6,139						
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care									
2. Administrative***									
b. LPN									
1. Direct Care	193,741	(8,428)	2,664						
2. Administrative***									
c. Aides	73,796	(3,210)	2,035						
d. Other									
12. Other (Specify)									
See Attached Schedule	76,861	(45,197)							
B-13 Total Fees Paid in Lieu of Salaries	1,583,577	(1,112,790)	20,714						

* 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 Arden House Care and Rehabilitation Center		License No.		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			
Career Staffing	Nursing Agency	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Genesis Eldercare Rehabilitation Services	Physical, Occupational, and Speech Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Genesis Eldercare Physician Services	Medical Director	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Genesis Eldercare Staffing Services	Nursing Pool	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Respiratory Health Services	Respiratory and Oxygen Supplies	<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"/>			
		<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
Arden House Care and Rehabilitation Center		9/30/2023					15	37
Item	Total Including Adjustment	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
1. Administrative and General								
a. Employee Health & Welfare Benefits								
1. Workmen's Compensation	\$ 318,832	349,126	(30,294)					
2. Disability Insurance	\$							
3. Unemployment Insurance	\$ 74,193	74,193						
4. Social Security (F.I.C.A.)	\$ 801,272	801,272						
5. Health Insurance	\$ 580,015	580,015						
6. Life Insurance (employees only) (not-owners and not-operators)	\$							
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 710,522	710,522						
8. Uniform Allowance	\$							
9. Other (<i>Specify</i>) See Attached Schedule	\$ 75,852	75,852						
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$							
c. Bad Debts*	\$	555,007	(555,007)					
d. Accounting and Auditing	\$							
e. Legal (<i>Services should be fully described on Page 15b</i>)	\$ 6,067	6,067						
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$							
g. Office Supplies	\$ 42,889	42,889						
h. Telephone and Cellular Phones								
1. Telephone & Pagers	\$ 33,322	33,322						
2. Cellular Phones	\$ 1,220	1,220						
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	\$ (604)	(604)						
3. Resident Day User Fee	\$ 1,144,440	1,144,440						
Subtotal	\$ 3,788,018	4,373,319	(585,301)					

* 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
Union Health & Welfare	\$ 1,132					
Union Health & Welfare	\$ 1,363					
Union Health & Welfare	\$ 2,564					
Union Health & Welfare	\$ 26,542					
Union Health & Welfare	\$ 43,614					
Union Health & Welfare	\$ 637					
Benefit Allocations	\$ -					
Total	\$ 75,852	\$ -	\$ -	\$ -	\$ -	\$ -

1020520020
3080520020
3210520020
3215520020
3225520020
5035520020
1020520060

correct

Schedule of Other Taxes

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Sales Tax	\$ (604)					
Sales Tax	\$ -					
Total	\$ (604)	\$ -	\$ -	\$ -	\$ -	\$ -

1020640110

correct

General Information and Questionnaire Accounting Basis

Name of Facility Arden House Care and Rehabilitation	License No.	Report for Year Ended 9/30/2023	Page 15b	of 37
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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 1 Grant Thornton 2 3 4	Address (No. & Street, City, State, Zip Code) 1600 Market Street, Philadelphia, PA 19103
--	---

Services Provided by This Firm (*describe fully*)

1 Year end financial audit	\$
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$

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

- Yes
 No

Legal Services Information

Name of Legal Firm or Independent Attorney 1 American Arbitration Association 2 Timothy S Wall State Marshall 3 WF-Harborside Connecticut LP 4 5	Telephone Number 972-702-8222
---	----------------------------------

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

1 13727 Noel Road St 700 Dallas, TX 75240 2 3 4 5	
---	--

Services Provided by This Firm (*describe fully*)

1 for the work of Union Grievance	\$
2 Marshall Fee	\$
3 Probate court fee for the conservatorship	\$ 6,067
4	\$
5	\$
	Charge for Services Provided
	\$ 6,067

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

- Yes
 No

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

Name of Facility	License No.	Report for Year Ended				Page	of
Arden House Care and Rehabilitation Center		9/30/2023				16	37
Item	Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Subtotals Brought Forward:	3,788,018	4,373,319	(585,301)				
I. Travel and Entertainment							
1. Resident Travel and Entertainment	\$						
2. Holiday Parties for Staff	\$						
3. Gifts to Staff and Residents	\$						
4. Employee Travel	\$ 2,025	2,025					
5. Education Expenses Related to Seminars and Conventions	\$ 120	120					
6. Automobile Expense (not purchase or depreciation)	\$						
7. Other (Specify) See Attached Schedule	\$						
m. Other Administrative and General Expenses							
1. Advertising Help Wanted (all such expenses)	\$						
2. Advertising Telephone Directory (all such expenses)**	\$						
3. Advertising Other (Specify)*** See Attached Schedule	\$	32,702	(32,702)				
4. Fund-Raising***	\$						
5. Medical Records	\$ 783	783					
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$						
7. Postage	\$ 8,375	8,375					
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$ 24,191	24,191					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$						
9. Subscriptions	\$ 59,826	59,826					
10. Contributions*** See Attached Schedule	\$	116	(116)				
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$ 30,716	30,716					
12. Administrative Management Services**	\$ 1,367,987	930,768	437,220				
13. Other (Specify) See Attached Schedule	\$ 152,322	198,487	(46,165)				
C-14 Total Administrative & General Expenditures	\$ 5,434,363	5,661,428	(227,064)				

* 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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

correct

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Advertising	\$ 24,605	\$ (24,605)				
Marketing Expense	\$ 1,822	\$ (1,822)				
Marketing Exp- Corporate Spend	\$ 6,128	\$ (6,128)				
Marketing Exp- Corporate Spend	\$ -	\$ -				
Marketing Expense	\$ 147	\$ (147)				
Total Other Advertising	\$ 32,702	\$ (32,702)	\$ -	\$ -	\$ -	\$ -

1020630020
1020630330
1020630331
3165630330
3080630330

correct

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Licenses & Certifications	\$ 24,191					
Dues to Chamber of Commerce						
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
Total Dues	\$ 24,191	\$ -	\$ -	\$ -	\$ -	\$ -

1020630310

correct

Schedule of Contributions

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Contributions	\$ 116	\$ (116)				
Political Contributions	\$ -					
	\$ -					
Total Contributions	\$ 116	\$ (116)	\$ -	\$ -	\$ -	\$ -

1020630130
1020630135

correct

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Bank Service Charges	\$ 39,175					
Collection Fees	\$ 38,665	\$ (38,665)				
Education Expense	\$ -					
Employee Physicals	\$ 13,811					
Employee Relations	\$ 6,207					
Printing	\$ 307					
Training Expense	\$ 88					
Fines & Penalties	\$ 7,500	\$ (7,500)				
Miscellaneous	\$ (4)					
Rental Expense	\$ 6,539					
Accrued Expense Estimation	\$ -					
Landlord Operating Taxes	\$ -					
State Tax Annual Report Filing	\$ -					
Recruiting Fees	\$ 72,727					
Recruiting Fees	\$ -					
Non-recurring Charges	\$ -					
Interest Expense	\$ -					
Uniforms	\$ 67					
Equipment Non-Capitalized	\$ 128					
Rental Expense	\$ 1,612					
Recruiting Fees	\$ 74					
Software Maintenance	\$ 11,591					
Repairs & Maintenance	\$ -					
	\$ -					
	\$ -					
Total Other Administrative and General	\$ 198,487	\$ (46,165)	\$ -	\$ -	\$ -	\$ -

1020630060 1020630060 Bank Serv 39,174.96
1020630120 1020630120 Collection 19,458.59
1020630140 1020630120 Collection 51.31
1020630180 1020630180 Employee 13,811.12
1020630200 1020630200 Employee 6,206.99
1020630380 1020630380 Printing 307.15
1020630610 1020630440 Recruiting 1,612.31
1020640080 1020630520 Software M 74.44
1020640090 1020630610 Training E 87.91
1020660080 1020630640 Uniforms 66.66
1020660990 1020640060 Equipment (145.95)
5095720090 1020640060 Equipment (1,031.75)
1020720070 1020640060 Equipment 1,306.04
3080630440 1020640080 Fines & Pt 7,500.00
3080630441 1020640090 Miscellane (0.04)
7010800030 1020640090 Miscellane (4.23)
7010730010 1020660080 Rental Exp 6,263.56
1020630640 1020660080 Rental Exp 275.42
1020640060 1020660100 Repairs & 11,451.86
1020630440 1020660100 Repairs & 139.00
1020630520 1020660990 Accrued E -
1020660100 3080630440 Recruiting 72,726.64

(19,154.99)

correct

Schedule C-1 - Management Services*

Name of Facility Arden House Care and Rehabilitation Cer	License No.	Report for Year Ended 9/30/2023	Page of 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 #
Genesis Administrative Services LLC	1,367,987	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-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
Arden House Care and Rehabilitation Center			9/30/2023			18	37
Item	Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
2. Dietary							
a. In-House Preparation & Service							
1. Raw Food	\$ 457,753	457,753					
2. Non-Food Supplies	\$ 85,977	85,977					
3. Other (Specify) _____ Contra Meal Expense	\$						
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 2,243,874	2,243,874					
c. Other (Specify) _____ Books, Dues & Subscriptions	\$						
2D. Total Dietary Expenditures	\$ 2,787,605	2,787,605					
2E. Dietary Questionnaire		Total	CCNH / RHNS		(Specify)		(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
Arden House Care and Rehabilitation Center			9/30/2023				19	37
Item		Including Adjustments	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. \$	13,758	13,758				
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. \$	14,203	14,203				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	898,309	898,309				
c. Other (Specify)		\$						
3D. Total Laundry Expenditures		\$	926,270	926,270				
3E. Laundry Questionnaire								
F. Is cost of employee laundry included in 3E		<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	
Arden House Care and Rehabilitation Center			9/30/2023				20	37	
Item			Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
4.	Housekeeping	Sq. Ft. Serviced by Personnel							
a.	In-House Care								
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt.	\$ 23,637	23,637					
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.	\$ 1,365,752	1,365,752					
	C. Other (<i>Specify</i>)		\$						
4D.	Total Housekeeping Expenditures		\$ 1,389,389	1,389,389					
5.	Resident Care (Supplies)**								
a.	Prescription Drugs***								
	1. Own Pharmacy		\$						
	2. Purchased from Omnicare		\$	408,261	(408,261)				
b.	Medicine Cabinet Drugs		\$ 38,339	38,339					
c.	Medical and Therapeutic Supplies		\$ 243,890	243,890					
d.	Ambulance/Limousine***		\$	13,089	(13,089)				
e.	Oxygen								
	1. For Emergency Use		\$						
	2. Other***		\$	2,087	(2,087)				
f.	X-rays and Related Radiological Procedures***		\$	10,945	(10,945)				
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$						
h.	Laboratory***		\$	126,957	(126,957)				
i.	Recreation		\$ 18,028	46,627	(28,598)				
j.	Direct Management Services*		\$						
k.	Indirect Management Services*		\$						
l.	Cable TV		\$						
m.	Other (Specify)**** See Attached Schedule		\$ 112,774	140,029	(27,254)				
n.	Physical Therapy Expense		\$						
o.	Speech Therapy Expense		\$						
5P.	Total Resident Care Expenditures (5a - 5o)		\$ 413,032	1,030,224	(617,191)				

* 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
Incontinency	\$ 90,398					
Advertising-Help Wanted	\$ (16)					
Advertising-Help Wanted	\$ 20,117					
Books, Dues & Subscriptions	\$ -					
Education Expense	\$ 101					
Supplies	\$ 71					
Respiratory Supplies	\$ 8,576	\$ (8,576)				
Supplies	\$ 80					
Office Supplies	\$ -					
Office Supplies	\$ -					
Office Supplies	\$ 13					
Training Expense	\$ -					
Rental Expense	\$ 1,196					
Rental Expense	\$ 8,960	\$ (8,960)				
Consolidated Billing	\$ 9,718	\$ (9,718)				
Tuition Reimbursement	\$ -					
Tuition Reimbursement	\$ -					
Tuition Reimbursement	\$ -					
Office Supplies	\$ 113					
Office Supplies	\$ 35					
Supplies	\$ 667					
Total Other Resident Care	\$ 140,029	\$ (27,254)	\$ -	\$ -	\$ -	\$ -

3060610160	306061016 Incontinenc	90,397.99
3060610161	306061016 Incontinenc	(16.23)
3080630030	301061030 Consolidate	9,678.64
3080630080	301061030 Consolidate	39.00
3080630140	308063003 Advertising	20,116.54
3120630530	308063014 Education E	101.04
3155630530	312063053 Supplies	48.38
3170630530	312063053 Supplies	22.44
3090630535	315563053 Supplies	8,570.74
3120630535	315563053 Supplies	5.74
3165630535	316563053 Supplies	666.98
3080630610	317063053 Supplies	79.76
3120660080	315063053 Office Supp	113.12
3155660080	315563053 Office Supp	35.29
3010610300	3010610300	12.54
3080630630	312066008 Rental Expe	1,196.44
3210630630	315566008 Rental Expe	8,960.27
3225630630		140,028.68
3150630535		\$ -
3155630535		
3165630530		

errors 140,028.68

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

Name of Facility Arden House Care and Rehabilitation Center			License No.		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
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Laundry Purchased Services	898,309			19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Housekeeping Purchased Services	1,365,752			20	4b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Dietary Purchased Services	2,238,147			18	2b
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

* 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
Arden House Care and Rehabilitation		9/30/2023					22	37
Item		Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$	672,235	672,235					
b. Heat	\$	79,574	79,574					
c. Light & Power	\$	183,181	183,181					
d. Water	\$	181,957	181,957					
e. Equipment Lease (<i>Provide detail on page 22b</i>)	\$							
f. Other (<i>itemize</i>) See Attached Schedule	\$							
6g. Total Maint. & Operating Expense (6a - 6f)	\$	1,116,947	1,116,947					
7. Depreciation (<i>complete schedule page 23*</i>)								
a. Land Improvements	\$	58,751	41,792	16,959				
b. Building & Building Improvements	\$	37,742	44,571	(6,829)				
c. Non-Movable Equipment	\$	1,647		1,647				
d. Movable Equipment	\$	88,730	30,303	58,427				
*7e. Total Depreciation Costs (7a + b + c + d)	\$	186,869	116,666	70,204				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)								
a. Organization Expense	\$							
b. Mortgage Expense	\$							
c. Leasehold Improvements	\$							
d. Other (<i>Specify</i>)	\$							
*8e. Total Amortization Costs (8a + b + c + d)	\$							
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	1,881,650	1,881,650					
10. Property Taxes								
a. Real estate taxes paid by owner	\$							
b. Real estate taxes paid by lessor	\$	101,323	101,323					
c. Personal property taxes	\$							
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	2,169,842	2,099,638	70,204				

* 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 Arden House Care and Rehabilitation Center			License No.			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							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input checked="" type="radio"/>	<input 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"/>							
							Total ***		

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes No

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

Depreciation Schedule

Name of Facility Arden House Care and Rehabilitation Center			License No.			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			279,964		279,964	39,660	S/L	Various	41,792				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal										41,792			
B. Building and Building Improvements													
1. Acquired prior to this report period			202,770		202,770	24,927	S/L	Various	33,818				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			71,142		71,142				10,753				
B-4. Subtotal										44,571			
C. Non-Movable Equipment													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal													
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year	Exclusive of Land							
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						133,133		133,133	34,200	S/L	Various	26,613	
b. Disposals (attach schedule)													
Acquired during this report period (attach schedule):													
c. Administrative						53,908		53,908				3,690	
d. Standard Resident													
e. Specialized Resident													
Total Acquired during this report period						53,908		53,908				3,690	
D-3. Subtotal													30,303
E. Total Depreciation													116,666

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:				
11/30/2022	Quarry Tile Kitchen Flooring	\$ 50,692	05 07	\$ 7,566
10/31/2022	Water Heater	\$ 9,205	05 00	\$ 1,688
1/31/2023	Water Heater	\$ 2,040	05 00	\$ 272
1/31/2023	Water Heater	\$ 9,205	05 00	\$ 1,227
				\$ -
Total additions for Building Improvements		\$ 71,142		\$ 10,753
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:					
3/31/2023	Ice Machine	Administrative	\$ 6,220	05 03	\$ 592
3/31/2023	Filter for Ice Makers	Administrative	\$ 141	05 03	\$ 13
3/31/2023	Quick Disconnect	Administrative	\$ 111	05 03	\$ 11
7/31/2023	Water Booster	Administrative	\$ 7,690	04 11	\$ 261
3/31/2023	Wiring for Time Clocks	Administrative	\$ 23,887	05 03	\$ 2,275
7/31/2023	Cabling	Administrative	\$ 15,860	04 11	\$ 538
Total additions for Movable Equipment			\$ 53,908		\$ 3,690 *
Deletions:					
Total deletions for Movable Equipment			\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Arden House Care and Rehabilitation Center
 Depreciation Expense Report
 As of September 30, 2023

1,729,278.10

Acct Desc	G/L Asset	Acct Desc	Sys	Description	In Svc Date	AcquiredValue
57000	150080	Movable E	006789	Sun Valuation - PPE Move	12/1/2012	118,970.00
57000	150088	Movable E	006790	Sun Valuation - PPE Move	12/1/2012	89,090.00
57000	150110	Movable E	006791	Sun Valuation - PPE IS Eq	12/1/2012	36,700.00
57000	150130	Movable E	006792	Sun Valuation - PPE Vehic	12/1/2012	4,900.00
57000	150085	Movable E	007045	LIFESAFETY	12/31/2012	2,004.70
57000	150085	Movable E	007046	FURNITURE	12/31/2012	11,866.15
57000	150080	Movable E	007350	19 in LED TV	5/31/2013	178.67
57000	150085	Movable E	007352	Cubelet ice machine and st	5/31/2013	3,855.14
57000	150085	Movable E	007353	20 UCXT Bed w/ Laminat	5/31/2013	27,675.18
57000	150087	Movable E	007475	Blower wheel assembly	3/31/2013	1,617.58
57000	150087	Movable E	007476	Blower wheel assembly	3/31/2013	3,540.39
57000	150100	Movable E	007480	16 Maestro Stack Chair	6/30/2013	1,323.20
57000	150088	Movable E	007481	10 MATTRESS,GENESIS	6/30/2013	48,285.03
57000	150085	Movable E	007482	4 Ndura, Table Top and ba	6/30/2013	1,545.11
57000	150085	Movable E	007483	Vistra 4.5 cu ft refrigerator	6/30/2013	398.76
57000	150085	Movable E	007484	2 Counter Cubelet Ice Mac	6/30/2013	7,645.40
57000	150110	Movable E	007776	3 Comdial telephones and	8/31/2013	670.01
57000	150110	Movable E	007777	2 Comdial telephones and	8/31/2013	531.75
57000	150088	Movable E	007963	Mattress with raised edges	10/31/2013	337.47
57000	150087	Movable E	007964	Wheelbarrow mixer 3 1/2 c	10/31/2013	495.93
57000	150087	Movable E	007965	Portable conveyor table	10/31/2013	467.82
57000	150087	Movable E	007966	2 portable conveyor tables	10/31/2013	935.65
57000	150087	Movable E	007967	Access hydraulic styling ch	10/31/2013	948.64
57000	150080	Movable E	007968	RCA 22i Long Term Care	10/31/2013	1,186.24
57000	150087	Movable E	008160	Value Line Poly Truck 20	12/31/2013	458.11
57000	150085	Movable E	008319	GE chest freezer	1/31/2014	723.17
57000	150087	Movable E	008320	DEWALT 18V HAMMER	1/31/2014	355.03
57000	150088	Movable E	008414	6 MATTRESS,GENESIS	2/28/2014	1,882.40
57000	150085	Movable E	008415	Double 3 Gallon Coffee Ur	2/28/2014	2,839.27
57000	150085	Movable E	008485	Omni Cycle Elite Rehab S	3/31/2014	7,019.11
57000	150085	Movable E	008588	Big Blue Board	4/30/2014	461.68
57000	150088	Movable E	008589	2 MATTRESS,GENESIS	4/30/2014	627.47
57000	150085	Movable E	008590	6 Tracer wheelchairs	4/30/2014	1,928.68
57000	150085	Movable E	008591	8 Tracer and 2 Tracker wh	4/30/2014	2,417.33
57000	150100	Movable E	008723	Credit Card Machine	5/31/2014	73.07
57000	150085	Movable E	008830	Lid Assembly for food pro	6/30/2014	810.99

57000	150088	Movable E 008831	25 MATTRESS,GENESIS	6/30/2014	8,189.00
57000	150085	Movable E 008832	11.00 cu FT TOP-FREEZE	6/30/2014	507.28
57000	150080	Movable E 008833	7 RCA 22i Long Term Car	6/30/2014	1,913.18
57000	150085	Movable E 009062	Direct Choice Overbed Tal	9/30/2014	140.76
57000	150110	Movable E 009407	Mobile Iron licenses deplo	1/31/2015	15.90
57000	150110	Movable E 009408	1 HP LaserJet PRO 400	1/31/2015	445.05
57000	150110	Movable E 009498	Licenses deployed Feb 201	2/28/2015	15.90
57000	150085	Movable E 009501	UCXT BED W/LAMINA	3/31/2015	2,107.80
57000	150085	Movable E 009502	Tracer SX5 Recliner Whee	3/31/2015	375.98
57000	150085	Movable E 009521	Bin Shelving,Solid,36X12.	3/31/2015	484.32
57000	150085	Movable E 009522	Bin Shelving,Steel,36x18x	3/31/2015	723.13
57000	150085	Movable E 009523	Bin Shelving,Solid,36X12.	3/31/2015	920.79
57000	150085	Movable E 009594	8 GEN ONLY: UCXT Bec	4/30/2015	15,915.11
57000	150088	Movable E 009595	12 MATTRESS,GEN,CT	4/30/2015	3,907.22
57000	150085	Movable E 009629	Direct Choice Overbed Tal	4/30/2015	158.93
57000	150100	Movable E 009630	Destroyit 4005 shredder	4/30/2015	5,329.07
57000	150085	Movable E 009631	Tracer SX5 Recliner Whee	4/30/2015	341.98
57000	150080	Movable E 009833	10,000 BTU portable A/C	7/31/2015	331.38
57000	150085	Movable E 009834	Medical grade refrigerator	7/31/2015	1,350.00
57000	150088	Movable E 009835	10 MATTRESS,GENESIS	7/31/2015	3,137.33
57000	150080	Movable E 009836	Detecto Digital Readout C.	7/31/2015	1,057.09
57000	150080	Movable E 009842	4 Attendant Vital Signs M	7/31/2015	8,595.70
57000	150080	Movable E 009998	Haier 12,000 BTU 115 Vo	8/31/2015	465.81
57000	150085	Movable E 009999	Direct Choice Overbed Tal	8/31/2015	1,978.10
57000	150110	Movable E 010220	1 HP OfficeJet PRO 8100	11/30/2015	126.38
57000	150087	Movable E 010351	Storage Shed,Slope Roof,6	12/31/2015	464.93
57000	150085	Movable E 010431	Vertical Cutter Mixer, 10C	1/31/2016	6,375.69
57000	150088	Movable E 010484	MATTRESS GENESIS SI	2/29/2016	364.41
57000	150088	Movable E 010485	MATTRESS GENESIS SI	2/29/2016	364.41
57000	150087	Movable E 010612	QEP bridge wet tile saw	3/31/2016	314.33
57000	150087	Movable E 010908	POU Water Cooler,Hot an	6/30/2016	563.28
57000	150088	Movable E 010909	2 MATTRESS,GENESIS	6/30/2016	627.47
57000	150088	Movable E 010910	MATTRESS GENESIS SI	6/30/2016	364.41
57000	150088	Movable E 010911	MATTRESS GENESIS SI	6/30/2016	364.41
57000	150088	Movable E 010912	6 DermaFloat Alternating]	6/30/2016	13,446.56
57000	150085	Movable E 010913	2 GEN ONLY: UCXT Bec	6/30/2016	3,977.38
57000	150087	Movable E 011141	Air Circulator,30 In,7250 c	8/31/2016	380.71
57000	150080	Movable E 011142	Unimac Hardmount Wash	8/31/2016	16,369.12
57000	150085	Movable E 011281	Counter Cubelet Ice Machi	10/31/2016	8,066.62
57000	150085	Movable E 011282	3/8i Dormont Swirl Water	10/31/2016	184.42
57000	150110	Movable E 011354	HP LaserJet Pro MFP M42	11/30/2016	430.71
57000	150110	Movable E 011394	HP LaserJet Pro MFP M42	11/30/2016	430.71
57000	150085	Movable E 011516	Electric Conveyor Toaster	1/31/2017	1,379.81
57000	150080	Movable E 011517	Attendant Bladder Scanner	1/31/2017	7,669.12
57000	150087	Movable E 011555	Fellowes Venus2 125 Lam	1/31/2017	421.14

57000	150080	Movable E011613	2 Panacea foam mattresses	2/28/2017	1,056.99
57000	150085	Movable E011614	2 Maxi Resr Bariatric Bed	2/28/2017	5,532.37
57000	150080	Movable E011615	Detecto Fold-Up Portable	2/28/2017	2,046.15
57000	150085	Movable E011616	30 in LAURELWOOD BA	2/28/2017	1,110.29
57000	150087	Movable E011617	Natmar DK8 Digital Label	2/28/2017	1,022.01
57000	150080	Movable E011814	Dehumidifier,70 Pts,115V	3/31/2017	397.94
57000	150085	Movable E011815	14 cu ft top freezer refriger	3/31/2017	600.88
57000	150088	Movable E011952	DermaFloat Alternating Pr	5/31/2017	2,625.25
57000	150085	Movable E011953	Counter Cubelet Ice Machi	5/31/2017	4,250.21
57000	150080	Movable E012098	Dehumidifier	7/31/2017	301.27
57000	150088	Movable E012099	Instant Canopy	7/31/2017	391.00
57000	150087	Movable E012414	Trade Cart/Service Bench,	11/30/2017	637.39
57000	150087	Movable E012596	Rolling Cabinet,41"Wx18'	2/28/2018	1,162.46
57000	150087	Movable E012722	ZOLL AED Defibrillator F	3/31/2018	1,385.72
57000	150085	Movable E012753	HTR booster	4/30/2018	4,020.74
57000	150087	Movable E012828	QEP 24 Bridge Saw 1 HP	4/30/2018	316.15
57000	150080	Movable E012835	Mobile Stand for ECG	5/31/2018	551.94
57000	150110	Movable E012836	Waterproof Telephone	5/31/2018	977.26
57000	150080	Movable E012900	Welch Allen ECG	5/31/2018	2,967.14
57000	150087	Movable E013005	POU Water Cooler	6/30/2018	550.77
57000	150080	Movable E013077	Whirlpool Top Mount Was	7/31/2018	623.25
57000	150087	Movable E013078	Chain Saw and Replaceme	7/31/2018	314.53
57000	150087	Movable E013081	Cordless Table Saw	8/31/2018	477.51
57000	150087	Movable E013146	Wallpaper Steamer	8/31/2018	928.11
57000	150080	Movable E013162	Washing Machine	9/30/2018	16,154.46
57000	150088	Movable E013232	Promatt Plus Mattress Syst	10/31/2018	2,195.53
57000	150087	Movable E013233	Cordless Miter Saw	10/31/2018	791.74
57000	150088	Movable E013408	10 Visco Select Mattresses	11/30/2018	2,414.25
57000	150085	Movable E013490	24 Overbed Tables	12/31/2018	1,939.31
57000	150088	Movable E013577	2 Visco Select 36x84x7, 1'	1/31/2019	5,069.93
57000	150087	Movable E013578	Heat Gun&Kit w/ a stoppe	1/31/2019	375.02
57000	150085	Movable E013581	2 Maxwell Thomas Elkhar	2/28/2019	3,052.97
57000	150085	Movable E013582	18 Maxwell Thomas Hunt	2/28/2019	5,468.58
57000	150085	Movable E013663	Direct Supply Meal Delive	2/28/2019	2,246.37
57000	150085	Movable E013667	Maxwell Thomas Coffee T	3/31/2019	1,264.93
57000	150110	Movable E013857	Model 7 Digital EzPress	4/30/2019	770.00
57000	150087	Movable E013858	Drain Cleaning Machine	4/30/2019	699.55
57000	150085	Movable E013859	Hollywood Rollaway Twir	4/30/2019	345.07
57000	150088	Movable E013965	15 Mattresses	5/31/2019	3,621.38
57000	150087	Movable E014054	Cut Off Saw Electric Blad	6/30/2019	902.91
57000	150080	Movable E014055	2 Prosumer Televisions 32	6/30/2019	518.31
57000	150050	Bldg Imp 014058	11 New Fire Doors pmt 2	7/31/2019	11,242.49
57000	150080	Movable E014059	2 Prosumer 32" HDTVs	7/31/2019	518.31
57000	150100	Movable E014060	ADA TTY/TDD Text Tele	7/31/2019	309.69
57000	150080	Movable E014237	Unimac Hardmount Washc	8/31/2019	16,729.90

57000	150117	Movable E	014238	350' Cat 5 cable line ran fo	8/31/2019	531.75
57000	150075	Non Mova	014243	Replaced Pan Blower & M	8/31/2019	2,343.72
57000	150057	Bldg Imp	014246	Weatherproof Outdoor Phc	9/30/2019	956.29
57000	150080	Movable E	014340	8 Floor Lifts, 6 500lb & 2'	9/30/2019	48,267.39
57000	150025	Land Imp	014658	Replace front walks w/ nev	01/31/20	14,144.55
57000	150025	Land Imp	014659	Concrete Pad 10ft x 35ft 6	01/31/20	8,784.51
57000	150057	Bldg Imp	015289	New Magnetic Lock System	09/30/20	7,972.00
57000	150058	Bldg Imp	015229	New AO Smith Hot Water	08/31/20	10,000.00
57000	150075	Non Mova	014856	New Condenser unit and e	03/31/20	11,618.74
57000	150080	Movable E	015148	Prosumer Television 32" L	07/31/20	280.87
57000	150080	Movable E	015230	Welch Allyn Spot Monitor	08/31/20	2,332.82
57000	150085	Movable E	014660	Booster Heater 208 volt 3 j	01/31/20	5,365.89
57000	150085	Movable E	014765	24 - Overbed Tables	03/31/20	1,990.36
57000	150085	Movable E	015143	2 - UltraCare XT (UCXT)	06/30/20	3,983.15
57000	150087	Movable E	015144	Lawn Mower	06/30/20	442.52
57000	150087	Movable E	015290	Dewalt Flexvolt Chainsaw	09/30/20	356.99
57000	150088	Movable E	014944	10 - Panacea Custom Foan	04/30/20	2,126.79
57000	150088	Movable E	015147	3 - ProMatt Plus Mattress	07/31/20	5,553.81
57000	150025	Land Imp	016037	New Pavement, curbs, and	08/31/21	80,714.33
57000	150057	Bldg Imp	015974	Deposit - New Flooring in	06/30/21	28,225.75
57000	150057	Bldg Imp	015975	New Flooring in B Wing -	06/30/21	28,917.78
57000	150058	Bldg Imp	015601	Final Install - New AO Sm	12/31/20	12,350.00
57000	150080	Movable E	015803	6 - Welch Allyn Spot Mon	03/31/21	14,274.04
57000	150080	Movable E	016035	Record Sales and use tax p	07/31/21	769.00
57000	150085	Movable E	015447	1 - Two Silo Radiant Heat	11/30/20	1,599.48
57000	150085	Movable E	015718	20 - UltraCare XT Adjusta	03/31/21	37,382.13
57000	150087	Movable E	015605	Victory Electro Hand Spra	01/31/21	744.44
57000	150088	Movable E	015603	64 - Panacea Custom Foan	01/31/21	13,611.44
57000	150088	Movable E	015665	56 - Panacea Custom Foan	01/31/21	12,012.10
57000	150088	Movable E	015880	6 - ProMatt Plus Mattress	05/31/21	10,597.12
57000	150100	Movable E	015666	40 - Logan Office Chairs	02/28/21	6,805.55
57000	150110	Movable E	015604	HP LaserJet Pro Multifunc	01/31/21	477.41
57000	150020	Land Imp		September 2021 DSSI Acc	9/30/2021	3,200.00
57000	150025	Land Imp		September 2021 DSSI Acc	9/30/2021	161,428.66
57000	150080	Movable E	015803	6 - Welch Allyn Spot Mon	3/31/2021	14,274.04
57000	150080	Movable E	016035	Record Sales and use tax p	7/31/2021	769.00
57000	150085	Movable E	015447	1 - Two Silo Radiant Heat	11/30/2020	1,599.48
57000	150085	Movable E	015718	20 - UltraCare XT Adjusta	3/31/2021	37,382.13
57000	150087	Movable E	015605	Victory Electro Hand Spra	1/31/2021	744.44
57000	150088	Movable E	015603	64 - Panacea Custom Foan	1/31/2021	13,611.44
57000	150088	Movable E	015665	56 - Panacea Custom Foan	1/31/2021	12,012.10
57000	150088	Movable E	015880	6 - ProMatt Plus Mattress	5/31/2021	10,597.12
57000	150100	Movable E	015666	40 - Logan Office Chairs	2/28/2021	6,805.55
57000	150110	Movable E	015604	HP LaserJet Pro Multifunc	1/31/2021	477.41
57000	150087	Movable E	015538	Genesis 76ix72i Stationary	9/30/2021	324.37

57000	150020	Land Imp	016095	New Walkway Paving	10/31/2021	3200
57000	150025	Land Imp	016096	Paving for Parking Lot, cur	10/31/2021	161428.66
57000	150025	Land Imp	016114	New Concrete for Courtya	11/30/2021	27796.17
57000	150025	Land Imp	016143	New Curbing topsoil & Fe	1/31/2022	6824.48
57000	150050	Bldg Imp	016260	Exhaust Fan & Duct Work	8/31/2022	7490
57000	150050	Bldg Imp	016283	Fire Doors interior	9/30/2022	23253.81
57000	150055	Bldg Imp	016284	Fire Doors exterior	9/30/2022	12882.2
57000	150057	Bldg Imp	016181	New Flooring for Connect	3/31/2022	35018.01
57000	150057	Bldg Imp	016285	Removal Of Drop Ceiling	9/30/2022	36660.68
57000	150080	Movable E	016187	4 - Hoyer Lifts	4/30/2022	17049.98
57000	150085	Movable E	016224	ice machine water dispense	6/30/2022	4143.85
57000	150085	Movable E	016242	Robot Coupe Blixir, 11.5	7/31/2022	8914.21
57000	150085	Movable E	016243	Manitowoc Ice Machine C	7/31/2022	4071.08
57000	150057	Bldg Imp	016384	Quarry Tile Kitchen Flooring	11/30/22	50,692.14
57000	150058	Bldg Imp	016305	Water Heater	10/31/22	9,205.00
57000	150058	Bldg Imp	016444	Water Heater	01/31/23	2,040.00
57000	150058	Bldg Imp	016445	Water Heater	01/31/23	9,205.00
57000	150085	Movable E	016484	Ice Machine	03/31/23	6,219.98
57000	150085	Movable E	016485	Filter for Ice Makers	03/31/23	140.72
57000	150085	Movable E	016515	Quick Disconnect	03/31/23	110.82
57000	150085	Movable E	016600	Water Booster	07/31/23	7,690.00
57000	150117	Movable E	016514	Wiring for Time Clocks	03/31/23	23,886.85
57000	150117	Movable E	016601	Cabling	07/31/23	15,860.01

Sch 23 Total Deprn	116,665.78
Sch 29 total Deprn Adj	70,203.51
Total Deprn Expense	<u>186,869.29</u>

PT	DeprMeth	EstLife	Depreciable Basis	729,462.33	186,869.29	916,331.61
				Prior Accum Depreciation	Current YTD Depreciation	Current Accum Depreciation
				9/30/2022	2023	9/30/2023
P	SLMM	07 00	118,970.00	118,970.00	-	118,970.00
P	SLMM	03 00	89,090.00	89,090.00	-	89,090.00
P	SLMM	02 00	36,700.00	36,700.00	-	36,700.00
A	SLMM	04 00	4,900.00	4,900.00	-	4,900.00
P	SLMM	10 00	2,004.70	1,954.58	50.12	2,004.70
P	SLMM	10 00	11,866.15	11,569.54	296.62	11,866.15
P	SLMM	07 00	178.67	178.67	-	178.67
P	SLMM	10 00	3,855.14	3,598.10	257.04	3,855.14
P	SLMM	10 00	27,675.18	25,830.18	1,845.00	27,675.18
P	SLMM	05 00	1,617.58	1,617.58	-	1,617.58
P	SLMM	05 00	3,540.39	3,540.39	-	3,540.39
P	SLMM	10 00	1,323.20	1,223.96	99.24	1,323.20
P	SLMM	03 00	48,285.03	48,285.03	-	48,285.03
P	SLMM	10 00	1,545.11	1,429.22	115.89	1,545.11
P	SLMM	10 00	398.76	368.88	29.88	398.76
P	SLMM	10 00	7,645.40	7,072.00	573.40	7,645.40
P	SLMM	03 00	670.01	670.01	-	670.01
P	SLMM	03 00	531.75	531.75	-	531.75
P	SLMM	03 00	337.47	337.47	-	337.47
P	SLMM	05 00	495.93	495.93	-	495.93
P	SLMM	05 00	467.82	467.82	-	467.82
P	SLMM	05 00	935.65	935.65	-	935.65
P	SLMM	05 00	948.64	948.64	-	948.64
P	SLMM	07 00	1,186.24	1,186.24	-	1,186.24
P	SLMM	05 00	458.11	458.11	-	458.11
P	SLMM	10 00	723.17	626.76	72.32	699.08
P	SLMM	05 00	355.03	355.03	-	355.03
P	SLMM	03 00	1,882.40	1,882.40	-	1,882.40
P	SLMM	10 00	2,839.27	2,437.06	283.93	2,720.99
P	SLMM	10 00	7,019.11	5,966.23	701.91	6,668.14
P	SLMM	10 00	461.68	388.59	46.17	434.76
P	SLMM	03 00	627.47	627.47	-	627.47
P	SLMM	10 00	1,928.68	1,623.31	192.87	1,816.18
P	SLMM	10 00	2,417.33	2,034.58	241.73	2,276.31
P	SLMM	10 00	73.07	60.90	7.31	68.21
P	SLMM	10 00	810.99	669.08	81.10	750.18

P	SLMM	03 00	8,189.00	8,189.00	-	8,189.00
P	SLMM	10 00	507.28	418.51	50.73	469.24
P	SLMM	07 00	1,913.18	1,913.18	-	1,913.18
P	SLMM	09 09	140.76	115.51	14.44	129.95
P	SLMM	03 00	15.90	15.90	-	15.90
P	SLMM	03 00	445.05	445.05	-	445.05
P	SLMM	03 00	15.90	15.90	-	15.90
P	SLMM	09 03	2,107.80	1,709.02	227.87	1,936.89
P	SLMM	09 03	375.98	304.87	40.65	345.52
P	SLMM	09 03	484.32	392.70	52.36	445.06
P	SLMM	09 03	723.13	586.34	78.18	664.51
P	SLMM	09 03	920.79	746.60	99.54	846.15
P	SLMM	09 02	15,915.11	12,876.75	1,736.19	14,612.95
P	SLMM	03 00	3,907.22	3,907.22	-	3,907.22
P	SLMM	09 02	158.93	128.60	17.34	145.94
P	SLMM	09 02	5,329.07	4,311.69	581.35	4,893.04
P	SLMM	09 02	341.98	276.70	37.31	314.01
P	SLMM	07 00	331.38	331.38	-	331.38
P	SLMM	08 11	1,350.00	1,085.05	151.40	1,236.45
P	SLMM	03 00	3,137.33	3,137.33	-	3,137.33
P	SLMM	07 00	1,057.09	1,057.09	-	1,057.09
P	SLMM	07 00	8,595.70	8,595.70	-	8,595.70
P	SLMM	07 00	465.81	465.81	-	465.81
P	SLMM	08 10	1,978.10	1,586.24	223.94	1,810.17
P	SLMM	03 00	126.38	126.38	-	126.38
P	SLMM	05 00	464.93	464.93	-	464.93
P	SLMM	08 05	6,375.69	5,050.05	757.51	5,807.56
P	SLMM	03 00	364.41	364.41	-	364.41
P	SLMM	03 00	364.41	364.41	-	364.41
P	SLMM	05 00	314.33	314.33	-	314.33
P	SLMM	05 00	563.28	563.28	-	563.28
P	SLMM	03 00	627.47	627.47	-	627.47
P	SLMM	03 00	364.41	364.41	-	364.41
P	SLMM	03 00	364.41	364.41	-	364.41
P	SLMM	03 00	13,446.56	13,446.56	-	13,446.56
P	SLMM	08 00	3,977.38	3,107.33	497.17	3,604.50
P	SLMM	05 00	380.71	380.71	-	380.71
P	SLMM	07 00	16,369.12	14,225.56	2,143.56	16,369.12
P	SLMM	07 08	8,066.62	6,225.33	1,052.17	7,277.50
P	SLMM	07 08	184.42	142.34	24.05	166.40
P	SLMM	03 00	430.71	430.71	-	430.71
P	SLMM	03 00	430.71	430.71	-	430.71
P	SLMM	07 05	1,379.81	1,054.24	186.04	1,240.28
P	SLMM	07 00	7,669.12	6,208.34	1,095.59	7,303.92
P	SLMM	05 00	421.14	421.14	-	421.14

P	SLMM	07 00	1,056.99	843.08	151.00	994.07
P	SLMM	07 04	5,532.37	4,212.14	754.41	4,966.56
P	SLMM	07 00	2,046.15	1,632.05	292.31	1,924.36
P	SLMM	07 04	1,110.29	845.33	151.40	996.73
P	SLMM	05 00	1,022.01	1,022.01	-	1,022.01
P	SLMM	07 00	397.94	312.68	56.85	369.52
P	SLMM	07 03	600.88	455.84	82.88	538.72
P	SLMM	03 00	2,625.25	2,625.25	-	2,625.25
P	SLMM	07 01	4,250.21	3,200.16	600.03	3,800.19
P	SLMM	06 11	301.27	225.05	43.56	268.61
P	SLMM	03 00	391.00	391.00	-	391.00
P	SLMM	05 00	637.39	616.14	21.25	637.39
P	SLMM	05 00	1,162.46	1,065.59	96.87	1,162.46
P	SLMM	05 00	1,385.72	1,247.15	138.57	1,385.72
P	SLMM	06 02	4,020.74	2,879.73	652.01	3,531.74
P	SLMM	05 00	316.15	279.26	36.89	316.15
P	SLMM	06 01	551.94	393.17	90.73	483.90
P	SLMM	03 00	977.26	977.26	-	977.26
P	SLMM	06 01	2,967.14	2,113.58	487.75	2,601.33
P	SLMM	05 00	550.77	468.15	82.62	550.77
P	SLMM	05 11	623.25	438.91	105.34	544.25
P	SLMM	05 00	314.53	262.11	52.42	314.53
P	SLMM	05 00	477.51	389.97	87.54	477.51
P	SLMM	05 00	928.11	757.96	170.15	928.11
P	SLMM	05 09	16,154.46	11,237.88	2,809.47	14,047.36
P	SLMM	03 00	2,195.53	2,195.53	-	2,195.53
P	SLMM	05 00	791.74	620.19	158.35	778.54
P	SLMM	03 00	2,414.25	2,414.25	-	2,414.25
P	SLMM	05 06	1,939.31	1,322.26	352.60	1,674.86
P	SLMM	03 00	5,069.93	5,069.93	-	5,069.93
P	SLMM	05 00	375.02	275.01	75.00	350.02
P	SLMM	05 04	3,052.97	2,051.22	572.43	2,623.65
P	SLMM	05 04	5,468.58	3,674.21	1,025.36	4,699.57
P	SLMM	05 04	2,246.37	1,509.28	421.19	1,930.48
P	SLMM	05 03	1,264.93	843.29	240.94	1,084.23
P	SLMM	03 00	770.00	770.00	-	770.00
P	SLMM	05 00	699.55	478.02	139.91	617.93
P	SLMM	05 02	345.07	228.19	66.79	294.98
P	SLMM	03 00	3,621.38	3,621.38	-	3,621.38
P	SLMM	05 00	902.91	586.90	180.58	767.48
P	SLMM	05 00	518.31	336.91	103.66	440.57
R	SLMM	04 11	11,242.49	7,240.92	2,286.61	9,527.53
P	SLMM	04 11	518.31	333.83	105.42	439.25
P	SLMM	04 11	309.69	199.46	62.99	262.45
P	SLMM	04 10	16,729.90	10,672.53	3,461.36	14,133.88

P	SLMM	04 10	531.75	339.22	110.02	449.24
P	SLMM	04 10	2,343.72	1,495.13	484.91	1,980.04
P	SLMM	04 09	956.29	603.97	201.32	805.30
P	SLMM	04 09	48,267.39	30,484.67	10,161.56	40,646.22
R	SLMM	10	14,144.55	3,771.88	1,414.46	5,186.34
R	SLMM	10	8,784.51	2,342.54	878.45	3,220.99
P	SLMM	10	7,972.00	1,594.40	797.20	2,391.60
P	SLMM	5	10,000.00	4,166.67	2,000.00	6,166.67
P	SLMM	10	11,618.74	2,904.69	1,161.87	4,066.56
P	SLMM	7	280.87	86.94	40.12	127.06
P	SLMM	7	2,332.82	694.29	333.26	1,027.55
P	SLMM	10	5,365.89	1,430.90	536.59	1,967.49
P	SLMM	10	1,990.36	497.59	199.04	696.63
P	SLMM	10	3,983.15	896.21	398.32	1,294.52
P	SLMM	5	442.52	199.13	88.50	287.64
P	SLMM	5	356.99	142.80	71.40	214.19
P	SLMM	3	2,126.79	1,713.25	413.54	2,126.79
P	SLMM	3	5,553.81	4,011.09	1,542.73	5,553.81
R	SLMM	7	80,714.33	12,491.50	11,530.62	24,022.12
P	SLMM	7	28,225.75	5,040.31	4,032.25	9,072.56
P	SLMM	7	28,917.78	5,163.89	4,131.11	9,295.00
P	SLMM	5	12,350.00	4,322.50	2,470.00	6,792.50
P	SLMM	7	14,274.04	3,058.72	2,039.15	5,097.87
P	SLMM	7	769.00	128.17	109.86	238.02
P	SLMM	10	1,599.48	293.24	159.95	453.19
P	SLMM	10	37,382.13	5,607.32	3,738.21	9,345.53
P	SLMM	5	744.44	248.15	148.89	397.03
P	SLMM	3	13,611.44	7,561.91	4,537.15	12,099.06
P	SLMM	3	12,012.10	6,673.39	4,004.03	10,677.42
P	SLMM	3	10,597.12	4,709.83	3,532.37	8,242.20
P	SLMM	7	6,805.55	1,539.35	972.22	2,511.57
P	SLMM	3	477.41	265.23	159.14	424.36
P	SLMM	10	3,200.00	346.67	320.00	666.67
P	SLMM	10	161,428.66	17,488.10	16,142.87	33,630.97
P	SLMM	7	14,274.04	2,209.08	2,039.15	4,248.23
P	SLMM	7	769.00	119.01	109.86	228.87
P	SLMM	7	1,599.48	247.54	228.50	476.04
P	SLMM	7	37,382.13	5,785.33	5,340.30	11,125.63
P	SLMM	5	744.44	161.30	148.89	310.18
P	SLMM	3	13,611.44	4,915.24	4,537.15	9,452.39
P	SLMM	3	12,012.10	4,337.70	4,004.03	8,341.74
P	SLMM	3	10,597.12	3,826.74	3,532.37	7,359.11
P	SLMM	7	6,805.55	1,053.24	972.22	2,025.46
P	SLMM	3	477.41	172.40	159.14	331.53
P	SLMM	5	324.37	70.28	64.87	135.15

R	SLMM	7	3,200.00	38.10	457.14	495.24
R	SLMM	7	161,428.66	1,921.77	23,061.24	24,983.01
R	SLMM	7	27,796.17	330.91	3,970.88	4,301.79
R	SLMM	7	6,824.48	81.24	974.93	1,056.17
R	SLMM	5	7,490.00	124.83	1,498.00	1,622.83
R	SLMM	5	23,253.81	387.56	4,650.76	5,038.33
R	SLMM	5	12,882.20	214.70	2,576.44	2,791.14
P	SLMM	7	35,018.01	416.88	5,002.57	5,419.45
P	SLMM	5	36,660.68	611.01	7,332.14	7,943.15
P	SLMM	7	17,049.98	202.98	2,435.71	2,638.69
P	SLMM	7	4,143.85	49.33	591.98	641.31
P	SLMM	5	8,914.21	148.57	1,782.84	1,931.41
P	SLMM	5	4,071.08	67.85	814.22	882.07
P	SLMM	10	50,692.14	-	422.43	422.43
P	SLMM	5	9,205.00	-	153.42	153.42
P	SLMM	5	2,040.00	-	34.00	34.00
P	SLMM	5	9,205.00	-	153.42	153.42
P	SLMM	10	6,219.98	-	51.83	51.83
P	SLMM	10	140.72	-	1.17	1.17
P	SLMM	10	110.82	-	0.92	0.92
P	SLMM	10	7,690.00	-	64.08	64.08
P	SLMM	5	23,886.85	-	398.11	398.11
P	SLMM	5	15,860.01	-	264.33	264.33

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility Arden House Care and Rehabilitation Center			License No.		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.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Arden House Care and Rehabilitation	License No.	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 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		n/a		
2. Date Structure Completed		n/a		
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		271		
6. Square Footage				
7. Acquisition Cost				
a. Land		n/a		
b. Building		n		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of _____				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease
GMF	Facility Lease	12/21/2018-12	10 years	1,881,650
650 Madison Avenue New York, NY 10022				

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
Arden House Care and Rehabilitation			9/30/2023				26	37
Item		Total Including Adjustments	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		\$						

(Carry Subtotals forward to next page)

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

Name of Facility Arden House Care and Rehabilitati			License No.	Report for Year Ended 9/30/2023				Page 27	of 37
Item			Total Including Adjustments	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)			\$						
13. Total All Interest Expense			\$						
14. Insurance									
a. Insurance on Property (buildings only)			\$ 81,568	81,568					
b. Insurance on Automobiles			\$						
c. Insurance other than Property (as specified above)									
1. Umbrella (Blanket Coverage)			\$ 214,409	306,505	(92,096)				
2. Fire and Extended Coverage			\$						
3. Other (Specify)			\$						
14d. Total Insurance Expenditures			\$ 295,977	388,073	(92,096)				
15. Total All Expenditures (A-13 thru C-14)			\$ 25,753,857	27,769,820	(2,015,963)				

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Arden House Care and Rehabilitation Cer		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>)	\$ 31,099,642	31,099,642			
b. Medicaid Room and Board Contractual Allowance **	\$ (13,611,784)	(13,611,784)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,425,956	2,425,956			
b. Medicare Room and Board Contractual Allowance **	\$ (164,120)	(164,120)			
4. a. Private-Pay Residents and Other	\$ 4,721,749	4,721,749			
b. Private-Pay Room and Board Contractual Allowance **	\$ (1,352,211)	(1,352,211)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 147,619	147,619			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (9,987)	(9,987)			
c. Prescription Drugs - Non-Medicare	\$ 303,990	303,990			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (98,658)	(98,658)			
2. a. Medical Supplies - Medicare	\$ 130	130			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (9)	(9)			
c. Medical Supplies - Non-Medicare	\$ 817	817			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (236)	(236)			
3. a. Physical Therapy - Medicare	\$ 399,301	399,301			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (27,013)	(27,013)			
c. Physical Therapy - Non-Medicare	\$ 520,542	520,542			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (168,781)	(168,781)			
4. a. Speech Therapy - Medicare	\$ 163,878	163,878			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (11,087)	(11,087)			
c. Speech Therapy - Non-Medicare	\$ 272,534	272,534			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (94,545)	(94,545)			
5. a. Occupational Therapy - Medicare	\$ 425,117	425,117			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (28,760)	(28,760)			
c. Occupational Therapy - Non-Medicare	\$ 546,475	546,475			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (177,489)	(177,489)			
6. a. Other (<i>Specify</i>) - Medicare	\$ 57,338	57,338			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 448,192	448,192			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 25,788,603	25,788,603			
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>)	\$ 265	265			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 83,897	83,897			
V. Total Other Revenue (1 thru 8)	\$ 84,162	84,162			
VI. Total All Revenue (III +V)	\$ 25,872,765	25,872,765			

* 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)
II-6-a	X-Ray	\$ 4,485		
II-6-a	Laboratory	\$ 24,206		
II-6-a	Respiratory Therapy & Supplies	\$ 8,416		
II-6-a	Nursing Treatment Supplies	\$ -		
II-6-a	Audiology	\$ 41		
II-6-a	Incontinency	\$ -		
II-6-a	Oxygen & Supplies	\$ -		
II-6-a	Physician Visit	\$ -		
II-6-a	Ambulance	\$ 5,936		
II-6-a	Flu Shot	\$ 18,414		
II-6-a	Capitation Contracts	\$ -		
II-6-a	X-Ray- Contractual	\$ (303)		
II-6-a	Laboratory- Contractual	\$ (1,638)		
II-6-a	Respiratory Therapy & Supplies- Contractual	\$ (569)		
II-6-a	Nursing Treatment Supplies- Contractual	\$ -		
II-6-a	Audiology- Contractual	\$ (3)		
II-6-a	Incontinency- Contractual	\$ -		
II-6-a	Oxygen & Supplies- Contractual	\$ -		
II-6-a	Physician Visit- Contractual	\$ -		
II-6-a	Ambulance- Contractual	\$ (402)		
II-6-a	Flu Shot- Contractual	\$ (1,246)		
II-6-a	Capitation Contracts- Contractual	\$ -		
Total Other Resident Revenue - Medicare		\$ 57,338	\$ -	\$ -

X-Ray	(4,485.00)	303.42
Laboratory	(24,206.37)	1,637.60
Respirator	(8,416.00)	569.36
Nursing Ti	-	-
Audiology	(41.31)	2.79
Incontinen	-	-
Oxygen &	-	-
Physician	-	-
Ambulanc	(5,935.84)	401.57
Flu Shot	(18,413.68)	1,245.71
Capitation	-	-

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
II-6-b	X-Ray	\$ 4,707		
II-6-b	Laboratory	\$ 31,500		
II-6-b	Respiratory Therapy & Supplies	\$ 24,568		
II-6-b	Nursing Treatment Supplies	\$ -		
II-6-b	Audiology	\$ -		
II-6-b	Incontinency	\$ -		
II-6-b	Oxygen & Supplies	\$ -		
II-6-b	Physician Visit	\$ -		
II-6-b	Ambulance	\$ 4,514		
II-6-b	Flu Shot	\$ -		
II-6-b	Capitation Contracts	\$ 565,039		
II-6-b	X-Ray- Contractual	\$ (1,360)		
II-6-b	Laboratory- Contractual	\$ (9,204)		
II-6-b	Respiratory Therapy & Supplies- Contractual	\$ (8,464)		
II-6-b	Nursing Treatment Supplies- Contractual	\$ -		
II-6-b	Audiology- Contractual	\$ -		
II-6-b	Incontinency- Contractual	\$ -		
II-6-b	Oxygen & Supplies- Contractual	\$ -		
II-6-b	Physician Visit- Contractual	\$ -		
II-6-b	Ambulance- Contractual	\$ (1,293)		
II-6-b	Flu Shot- Contractual	\$ -		
II-6-b	Capitation Contracts- Contractual	\$ (161,816)		
Total Other Resident Revenue		\$ 448,192	\$ -	\$ -

	Medicaid		Others	
X-Ray	(80.00)	35.01	(4,627.01)	1,325.08
Laboratory	(1,209.28)	529.28	(30,291.03)	8,674.72
Respirator	(9,440.00)	4,131.73	(15,128.00)	4,332.35
Nursing Ti	-	-	-	-
Audiology	-	-	-	-
Incontinen	-	-	-	-
Oxygen &	-	-	-	-
Physician	-	-	-	-
Ambulanc	-	-	(4,514.04)	1,292.73
Flu Shot	-	-	-	-
Capitation	-	-	(565,039.35)	#####

Interest Income

Page Ref	Account	CCNH / RHNS	(Specify)	(Specify)
IV-5	Interest On Overdue Accounts	\$ 265		
Total Interest Income		\$ 265	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
IV-8	Interest Income	\$ -		
IV-8	Rental Income	\$ -		
IV-8	Telehealth Services	\$ 83,897		
IV-8	Federal Stimulus	\$ -		
IV-8	State COVID support	\$ -		
IV-8	Misc Income			
IV-8				
Total Other Revenue		\$ 83,897	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Arden House Care and Rehabilitation C		9/30/2023	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	15,425
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,997,253
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	169,997
4. Inventories			\$	54,275
5. Prepaid Expenses			\$	3,199,782
a. _____				
b. _____				
c. _____				
d. See Schedule		3,199,782		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	6,436,732
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	279,964	\$	198,512
	Accum. Depreciation	81,452	Net	
3. Buildings	*Historical Cost	273,912	\$	204,414
	Accum. Depreciation	69,498	Net	
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____	Net	
5. Non-Movable Equipment	*Historical Cost	_____	\$	
	Accum. Depreciation	_____	Net	
6. Movable Equipment	*Historical Cost	187,042	\$	122,538
	Accum. Depreciation	64,503	Net	
7. Motor Vehicles	*Historical Cost	_____	\$	
	Accum. Depreciation	_____	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	525,464

* 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 Prop Taxes	\$ (52,099)
31	A5	Prepaid Escrow Real Estate	\$ 600,007
31	A5	Prepaid Escrow Insurance	\$ 84,995
31	A5	Prepaid Escrow Replace Reserve	\$ 2,555,597
31	A5	Prepaid Personal Property Tax	\$ 11,282
			-
Total Prepaid Expenses			\$ 3,199,782

145040
145280
145290
145300
145310

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	Line D7	Elimination Intercompany	\$ (451,437)
32	Line D7	I/C Due to/Due From GHCLLC	\$ 240,075,429
32	Line D7	I/C Due to/Due From GHCLLC PR	\$ (144,853,305)
32	Line D7	I/C Due to/Due From GHCLLC A/P	\$ (96,584,581)
32	Line D7	I/C Due to/Due From GHCLLC EX	\$ 856
32	Line D7	I/C Due to/Due From GHCLLC AR	\$ (10,645,122)
32	Line D7	I/C Due to/Due From GHCLLC IN	\$ (269,707)
32	Line D7	O L/T A Suspense	\$ -
32	Line D7	ROU Bldg Asset-Oper Lease	\$ 10,850,978
32	Line D7	AccumAmort-ROU Bldg OprLease	\$ (3,180,163)
32	Line D7		\$ -
32	Line D7		\$ -
32	Line D7		\$ -
32	Line D7		\$ -
Total Other Assets			\$ (5,057,053)

Eliminati 190010
I/C Due t 198000
I/C Due t 198010
I/C Due t 198020
I/C Due t 198030
I/C Due t 198040
I/C Due t 198050
O L/T A : 180050
ROU Bld 150510
AccumAr 150511

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

Page Ref	Line Ref	Description	
33	A12	Accr Exp Other	\$ 32,002
33	A12	Accr Exp Water and Sewer	\$ 29,742
33	A12	Accr Exp Gas	\$ 1,199
33	A12	Accr Exp Electricity	\$ 28
33	A12	Accr Exp Nursing Purchased Ser	\$ -
33	A12	Accr Exp Due to Prior Owner	\$ -
33	A12	Deferred Revenue	\$ 193,163
33	A12	A/R Credit Gross Up Liability	\$ 144,482
33	A12	Accrued Provider/Bed Tax	\$ 303,034
33	A12	Accr Sales and Use Tax - FY18	\$ 0
33	A12	CP OprLease-Bldg Obligation	\$ 1,221,342
33	A12	CP-Self Insurance WC Reserve	\$ 513,067
33	A12	CP-Self Insurance GLPL Reserve	\$ 511,286
33	A12		\$ -
Total Other Current Liabilities (Itemize)			\$ 2,949,344

Accr Exp 210010
Accr Exp 210090
Accr Exp 210100
Accr Exp 210110
Accr Exp 210310
Accr Exp 210330
Deferred 210340
A/R Crec 210345
Accrued 210350
Accr Sak 215418
CP OprL 227610
CP-Self I 220110
CP-Self I 220120

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

Page Ref	Line Ref	Description	
34	B4	LT OprLease-Bldg Obligation	\$ 6,750,000
34	B4	LT WC Case Reserves	\$ 949,601
34	B4	LT GLPL Case Reserves	\$ 1,171,037
34	B4	LT WC Insurance Recoveries	\$ 371,019
34	B4	LT GLPL Insurance Recoveries	\$ 29,175
34	B4	LT WC Development	\$ 1,118,678
34	B4	LT GLPL Development	\$ 426,063
34	B4	LT WC Discount	\$ (134,410)
34	B4	LT WC Gross-up to CP	\$ (513,067)
34	B4	LT GLPL Gross-up to CP	\$ (511,286)
34	B4-1	Escheatable Funds	\$ 778
Total Other Current Liabilities (Itemize)			\$ 9,657,587

LT OprLr 276010
LT WC C 287110
LT GLPL 287120
LT WC h 287210
LT GLPL 287220
LT WC C 287310
LT GLPL 287320
LT WC C 287410
LT WC C 287510
LT GLPL 287520
Escheat: 290060

G. Balance Sheet (cont'd)

Name of Facility Arden House Care and Rehabilitation C	License No.	Report for Year Ended 9/30/2023	Page 32 of 37
Account			Amount
Total Brought Forward:			\$ 6,962,197
C. Leasehold or like property recorded for Equity Purposes.			
1. Land			\$
2. Land Improvements		*Historical Cost _____ Accum. Depreciation _____ Net	\$
3. Buildings		*Historical Cost _____ Accum. Depreciation _____ Net	\$
4. Non-Movable Equipment		*Historical Cost _____ Accum. Depreciation _____ Net	\$
5. Movable Equipment		*Historical Cost _____ Accum. Depreciation _____ Net	\$
6. Motor Vehicles		*Historical Cost _____ Accum. Depreciation _____ Net	\$
7. Minor Equipment-Not Depreciable			\$
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$
D. Investment and Other Assets			
1. Deferred Deposits			\$
2. Escrow Deposits			\$
3. Organization Expense		*Historical Cost _____ Accum. Depreciation _____ Net	\$
4. Goodwill (Purchased Only)			\$
5. Investments Related to Resident Care (<i>itemize</i>)			\$

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$
Name and Address	Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$ (5,057,053)

See Schedule			(5,057,053)
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ (5,057,053)
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 1,905,144

* 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 Arden House Care and Rehabilitation Center	License No.	Report for Year Ended 9/30/2023		Page 34	of 37
Account				Amount	
Total Brought Forward:				6,845,875	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 9,657,587	
See Schedule				9,657,587	
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 9,657,587	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 16,503,462	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Arden House Care and Rehabilitation		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			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(12,701,263)
6. Gain or Loss for Period			\$	(1,897,055)
	10/1/2022	thru	9/30/2023	
7. Total Net Worth			\$	(14,598,318)
C. Total Reserves and Net Worth			\$	(14,598,318)
D. Total Liabilities, Reserves, and Net Worth			\$	1,905,144

H. Changes in Total Net Worth

Name of Facility Arden House Care and Rehabilitation Ce	License No.	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			\$	(14,717,226)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	25,872,765
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	25,753,857
D. Net Income or Deficit			\$	118,908
E. Balance			\$	(14,598,318)
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. Balance at End of Period			\$	(14,598,318)
				09/30/23

I. Preparer's/Reviewer's Certification

Name of Facility Arden House Care and Rehabilitation	License No.	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				
Rick Fink				
Address Address			Phone Number	
515 Fairmount Avenue, STE 800, Towson, Maryland 21286				
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Rick Fink			410-494-7657	
Contact Email Address				
Rick.Fink@genesishcc.com				