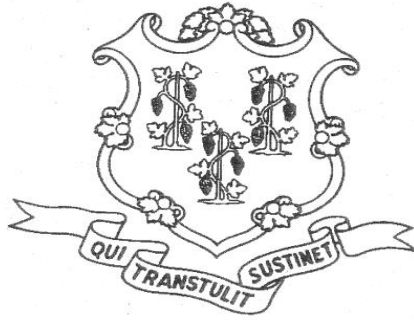


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2023

Name of Facility (as licensed) Bride Brook SNF Operations LLC	
Address (No. & Street, City, State, Zip Code) 23 Liberty Way, Niantic, CT 06357	
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 2082-C	(Specify)	(Specify)	Medicare Provider 07-5375
------------------	-----------------------	-----------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH / RHNS 3056	(Specify)	(Specify)
----------------------------	---------------------	-----------	-----------

# Table of Contents

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

**General Information**

Name of Facility (as licensed) Bride Brook SNF Operations LLC	License No. 2082-C	Report for Year Ended 9/30/2023	Page 1	of 37
--	-----------------------	------------------------------------	-----------	----------

**Administrator's/Owner's Certification**

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Bride Brook SNF Operations LLC [facility name], for the cost report period beginning October 1, 2022 and ending September 30, 2023, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Lisa Mailloux			Printed Name (Owner) Mark Gottlieb		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Bride Brook SNF Operations LLC		Period Covered:	From 10/1/2022	To 9/30/2023
Address of Facility 23 Liberty Way, Niantic, CT 06357				
Report Prepared By CJLC LLC		Phone Number 860-610-9009	Date	
Item	Total	CCNH / RHNS	(Specify)	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

**General Information and Questionnaire**  
**Type of Facility - Organization Structure**

Phone No. of Facility 860-739-4007		Report for Year Ended 9/30/2023	Page 2	of 37
Name of Facility (as shown on license) Bride Brook SNF Operations LLC		Address (No. & Street, City, State, Zip) 23 Liberty Way, Niantic, CT 06357		
License Numbers:	CCNH / RHNS 2082-C	(Specify)	(Specify)	Medicare Provider No. 07-5375
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.				
<b>Administrator</b>				
Name of Administrator Lisa Mailloux		Nursing Home Administrator's License No.:	002475	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire**  
**Partners/Members**

Name of Facility Bride Brook SNF Operations LLC		License No. 2082-C	Report for Year Ended 9/30/2023	Page 3	of 37
Legal Name of Partnership/LLC Bride Brook SNF Operations LLC		Business Address	State(s) and/or Town(s) in Which Registered		
Name of Partners/Members	Business Address	Title	% Owned		
Moshe Gottlieb	1999 Cedar Bridge Avenue	Manager	20		
Moshe Sonnenschein	1999 Cedar Bridge Avenue	Manager	26.66		
Shlomo Goldberger	1999 Cedar Bridge Avenue	Manager	26.66		
Pinchos Bak	1999 Cedar Bridge Avenue	Manager	26.66		







### General Information and Questionnaire Related Parties\*

Name of Facility Bride Brook SNF Operations LLC	License No. 2082-C	Report for Year Ended 9/30/2023	Page 4	of 37
--	-----------------------	------------------------------------	-----------	----------

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

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
CT-3 Consulting LLC		<input type="radio"/>	<input checked="" type="radio"/>		Management Fees	16/m12	407,417	407,417
See various Balance Sheet item.		<input type="radio"/>	<input checked="" type="radio"/>			31-34		
		<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.  
 \*\* Provide the percentage amount of revenue received from non-related parties.

**General Information and Questionnaire**  
**Basis for Allocation of Costs**

Name of Facility Bride Brook SNF Operations LLC	License No. 2082-C	Report for Year Ended 9/30/2023	Page 5	of 37
--	-----------------------	------------------------------------	-----------	----------

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

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

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

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

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 Bride Brook SNF Operations LLC	License No. 2082-C	Report for Year Ended 9/30/2023	Page 6	of 37
Square footage of entire facility.		0		
<b>Outpatient Therapy</b>				
Does the Facility provide outpatient therapy services?		No		
<i>If yes, please complete the following:</i>				
Square footage of therapy space.				
<b>Meals on Wheels</b>				
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				
<b>Apartments, Independent Living, Assisted Living</b>				
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 Bride Brook SNF Open	License No. 2082-C	Report for Year Ended 9/30/2023	Page 7	of 37
--	-----------------------	------------------------------------	-----------	----------

**Child Day Care**

Does the Facility provide Child Day Care?  No

*If yes, please complete the following:*

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

**Adult Day Care**

Does the Facility provide Adult Day Care?  No

*If yes, please complete the following:*

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

### Schedule of Resident Statistics

Name of Facility Bride Brook SNF Operations LLC			License No. 2082-C		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												
B. On last day of THIS report period	130	130							130	130		
2. Number of Residents												
A. As of midnight of PREVIOUS report period												
B. As of midnight of THIS report period	116	116							116	116		
3. Total Number of Days Care Provided During Period												
A. Medicare	12,046	12,046			9,230	9,230			2,816	2,816		
B. Medicaid (Conn.)	19,490	19,490			13,982	13,982			5,508	5,508		
C. Medicaid (other states)												
D. Private Pay	8,445	8,445			6,164	6,164			2,281	2,281		
E. State SSI for RCH												
F. Other (Specify) Commercial / Veterans	2,917	2,917			2,164	2,164			753	753		
G. Total Care Days During Period (3A thru F)	42,898	42,898			31,540	31,540			11,358	11,358		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	227	227			178	178			49	49		
B. Other Bed Reserve Days												
5. <b>Total Resident Days (3G + 4A + 4B)</b>	43,125	43,125			31,718	31,718			11,407	11,407		

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

Name of Facility Bride Brook SNF Operations LLC	License No. 2082-C	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?  Yes  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)		
10/1/22-wait	X						130				130		

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	31	58		27				
Per Diem Rate								
a. One bed rm.		#####		563.00				
b. Two bed rms.				486.50				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
A. Medicare - Part B	228	228			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other					
<b>D. Total Physical Therapy Treatments</b>	228	228			
8. Total Number of Speech Therapy Treatments					
A. Medicare - Part B	34	34			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other					
<b>D. Total Speech Therapy Treatments</b>	34	34			
9. Total Number of Occupational Therapy Treatments					
A. Medicare - Part B	229	229			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other					
<b>D. Total Occupational Therapy Treatments</b>	229	229			

**Annual Report of Long-Term Care Facility**

CSP-10 Rev. 3/2023

**Report of Expenditures - Salaries & Wages**

Name of Facility		License No.		Report for Year Ended		Page		of	
Bride Brook SNF Operations LLC		2082-C		9/30/2023		10		37	
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No									
Total Cost and Hours									
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours
<b>A. Salaries and Wages*</b>									
1. Operators/Owners (Complete also Sec. I of Schedule A1)									
2. Administrator(s) (Complete also Sec. III of Schedule A1)	180,785		2,121						
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)									
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	259,356		8,575						
5. Dietary Service									
a. Head Dietitian									
b. Food Service Supervisor									
c. Dietary Workers	393,197		21,814						
6. Housekeeping Service									
a. Head Housekeeper									
b. Other Housekeeping Workers	178,609		10,266						
7. Repairs & Maintenance Services									
a. Engineer or Chief of Maintenance									
b. Other Maintenance Workers	136,324		4,535						
8. Laundry Service									
a. Supervisor									
b. Other Laundry Workers	9,655		524						
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	458,538		8,416						
b. RN									
1. Direct Care	2,080,737		41,531						
2. Administrative**	232,840		6,561						
c. LPN									
1. Direct Care	666,081		17,208						
2. Administrative**									
d. Aides and Attendants	1,898,164		78,990						
e. Physical Therapists	420,680		10,924						
f. Speech Therapists	148,314		3,614						
g. Occupational Therapists	432,939	(432,939)	12,136						
h. Recreation Workers	132,905		6,506						
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	199,624		5,771						
n. Marketing									
o. Other (Specify) See Attached Schedule	58,859		1,789						
<i>A-13. Total Salary Expenditures</i>	<i>7,887,607</i>	<i>(432,939)</i>	<i>241,280</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
Medical Records	\$ 58,859		1,789						
<b>Total</b>	\$ 58,859	\$ -	1,789	\$ -	\$ -	-	\$ -	\$ -	-

Schedule of Other Fees (Page 13)

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



**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	
Bride Brook SNF Operations LLC				2082-C	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)							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

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

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

**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	
Bride Brook SNF Operations LLC				2082-C	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)							
<b>Section III - Administrators***</b>										
Lisa Mailloux	180,785				Manage Operations	2,121	A2			
<b>Section IV - Assistant Administrators</b>										

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

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

\*\*\* If more than one Administrator is reported, include dates of employment for each.

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

Name of Facility	License No.	Report for Year Ended						Page	of
Bride Brook SNF Operations LLC	2082-C	9/30/2023						13	37
Total Cost and Hours									
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>									
1. Dietitian									
2. Dentist									
3. Pharmacist	28,593		460						
4. Podiatrist									
5. Physical Therapy									
a. Resident Care	70,088		4,140						
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians									
a. Medical Director (entire facility)	133,600		2,055						
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	1,525		22						
b. Other									
10. Occupational Therapist									
a. Resident Care									
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care	72,822		1,000						
2. Administrative***	41,700		579						
b. LPN									
1. Direct Care	653,454		8,841						
2. Administrative***									
c. Aides	217,390		5,456						
d. Other									
12. Other (Specify) See Attached Schedule									
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>1,219,172</b>		<b>22,553</b>						

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

\*\* This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed 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 Bride Brook SNF Operations LLC		License No. 2082-C		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				
IntelyCare	Nursing	<input type="radio"/>	<input checked="" type="radio"/>				
Eshyft	Nursing	<input type="radio"/>	<input checked="" type="radio"/>				
First Connect Center LLC	Nursing	<input type="radio"/>	<input checked="" type="radio"/>				
Alois LLC	Nursing	<input type="radio"/>	<input checked="" type="radio"/>				
Centra Healthcare Solutions	Nursing	<input type="radio"/>	<input checked="" type="radio"/>				
SambaCare	Nursing	<input type="radio"/>	<input checked="" type="radio"/>				
MAS Medical Staffing	Nursing	<input type="radio"/>	<input checked="" type="radio"/>				
Omnicare - Value Health	Dentist	<input type="radio"/>	<input checked="" type="radio"/>				
GeriScript Pharmacy	Pharmacy	<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
Bride Brook SNF Operations LLC	2082-C	9/30/2023					15	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
<b>I. Administrative and General</b>								
a. Employee Health & Welfare Benefits								
1. Workmen's Compensation	\$ 115,221	115,221						
2. Disability Insurance	\$							
3. Unemployment Insurance	\$ 112,198	112,198						
4. Social Security (F.I.C.A.)	\$ 593,993	593,993						
5. Health Insurance	\$ 182,855	182,855						
6. Life Insurance (employees only) (not-owners and not-operators)	\$							
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$							
8. Uniform Allowance	\$ 15,735	15,735						
9. Other ( <i>Specify</i> ) See Attached Schedule	\$							
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$							
c. Bad Debts*	\$ 192,200	192,200	(192,200)					
d. Accounting and Auditing	\$ 14,850	14,850						
e. Legal ( <i>Services should be fully described on Page 15b</i> )	\$ 15,651	15,651						
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$							
g. Office Supplies	\$ 30,735	30,735						
h. Telephone and Cellular Phones								
1. Telephone & Pagers	\$ 12,034	12,034						
2. Cellular Phones	\$ 2,458	2,458						
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	\$ 19,474	19,474						
3. Resident Day User Fee	\$ 647,815	647,815						
<b>Subtotal</b>	\$ 1,955,218	1,955,218	(192,200)					

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

(Carry Subtotals forward to next page)



## General Information and Questionnaire

### Accounting Basis

Name of Facility Bride Brook SNF Operations LLC	License No. 2082-C	Report for Year Ended 9/30/2023	Page 15b	of 37
--	-----------------------	------------------------------------	-------------	----------

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

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

**Independent Accounting Firm**

Name of Accounting Firm 1 CJLC LLC 2 Pease Bell, CPA 3 4	Address (No. & Street, City, State, Zip Code) 225 Pitkin St, East Hartford, CT 06108 411 Boulevard of the Americas, Lakewood, NJ 08701
--	--

Services Provided by This Firm (*describe fully*)

1 Medicaid Cost Report	\$	8,250
2 Accounting Services	\$	6,600
3	\$	
4	\$	
<b>Charge for Services Provided</b>		
\$		14,850

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.  
 Yes     No    15/1d

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 Ulmer & Berne 2 Cooney, Scully and Dowling 3 Niantic Probate Court/ State Marshal/ Treasurer State of Connecticut 4 Murtha Cullina LLP 5	Telephone Number
--	------------------

Address ( <i>No. &amp; Street, City, State, Zip Code</i> )		
1	275 Madison Ave #2002m New York, NY 10016	
2	10 Columbus Blvd, Hartford, CT 06106	
3		
4	280 Trumbull Street, Hartford, CT 06103	
5		

Services Provided by This Firm (*describe fully*)

1 Litigation and dispute resolution	\$	2,863
2 Works with business to meet legal obligations	\$	4,975
3 Conservatorship	\$	630
4 Litigation, start-ups, corporate real estate, healthcare	\$	7,183
5	\$	
<b>Charge for Services Provided</b>		
\$		15,651

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.  
 Yes     No    15/1e

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

Name of Facility	License No.	Report for Year Ended					Page	of
Bride Brook SNF Operations LLC	2082-C	9/30/2023					16	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
<b>Subtotals Brought Forward:</b>	1,955,218	1,955,218	(192,200)					
<b>l. Travel and Entertainment</b>								
1. Resident Travel and Entertainment \$								
2. Holiday Parties for Staff \$								
3. Gifts to Staff and Residents \$	30,211	30,211	(15,105)					
4. Employee Travel \$	369	369						
5. Education Expenses Related to Seminars and Conventions \$	8,607	8,607						
6. Automobile Expense ( <i>not purchase or depreciation</i> ) \$								
7. Other ( <i>Specify</i> ) \$								
See Attached Schedule								
<b>m. Other Administrative and General Expenses</b>								
1. Advertising Help Wanted ( <i>all such expenses</i> ) \$	13,564	13,564						
2. Advertising Telephone Directory ( <i>all such expenses</i> )*** \$								
3. Advertising Other ( <i>Specify</i> )*** \$	30,460	30,460	(30,460)					
See Attached Schedule								
4. Fund-Raising*** \$								
5. Medical Records \$								
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** \$								
7. Postage \$	1,701	1,701						
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) \$	9,727	9,727						
See Attached Schedule								
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$	450	450	(450)					
9. Subscriptions \$								
10. Contributions*** \$								
See Attached Schedule								
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> ) \$	62,790	62,790						
12. Administrative Management Services** \$	407,417	407,417						
13. Other ( <i>Specify</i> ) \$	291,846	291,846	(38,902)					
See Attached Schedule								
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 2,812,360	2,812,360	(277,117)					

\* 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
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Marketing	\$ 30,460	\$ (30,460)				
<b>Total Other Advertising</b>	\$ 30,460	\$ (30,460)	\$ -	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
CT Association of Health Care	\$ 9,727					
<b>Total Dues</b>	\$ 9,727	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Start up expenses	\$ 565					
Miscellaneous	\$ 90					
Audit Review Service Fee	\$ 7,875					
Economic Group Pension Service Fee	\$ 188					
Fee to Ogletree, Deakins, Nash, Smoak & Stewart, P.C.	\$ 25					
Parkwood Associates 2022 Annual Fee	\$ 531					
IT Fees	\$ 22,470					
Software	\$ 119,138					
Criminal Checks	\$ 8,350					
Licenses	\$ 5,808					
Bank Fees	\$ 23,513					
CC Processing Fees	\$ 18,854	\$ (18,854)				
Payroll Processing Fees	\$ 11,460					
Equip Rental	\$ 679					
Med-Net Compliance	\$ 7,249					
Resident Reimbursement for Missing Items	\$ 783	\$ (783)				
Loan Fees	\$ 19,265	\$ (19,265)				
State of CT	\$ 80					
BJ's Membership for Admin & Rec	\$ 20					
PV Business Solutions	\$ 299					
AEM Investments Commission	\$ 4,333					
Barmak & Associates	\$ 1,750					
Ephraim Gottlieb Mezuzos	\$ 2,060					
Fox Rothchild	\$ 774					
Ogletree, Deakins, Nash, Smoak & Stewart	\$ 6,960					
Summit Software	\$ 3,030					
Capital Finance	\$ 3,174					
CFG AR Line Fees	\$ 9,522					
Sava Commission	\$ 13,000					
<b>Total Other Administrative and General</b>	\$ 291,846	\$ (38,902)	\$ -	\$ -	\$ -	\$ -

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

Name of Facility Bride Brook SNF Operations LLC	License No. 2082-C	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 #
CT-3 Consulting LLC	407,417	Management Services	16/m12

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Bride Brook SNF Operations LLC		2082-C	9/30/2023				18	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
2. Dietary								
a. In-House Preparation & Service								
1. Raw Food	\$ 353,163	353,163						
2. Non-Food Supplies	\$ 39,865	39,865						
3. Other (Specify) _____	\$							
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 182,782	182,782						
c. Other (Specify) _____ Dietary supplements and equipment rental	\$ 23,779	23,779						
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 599,590</b>	<b>599,590</b>						
2E. Dietary Questionnaire		Total	CCNH / RHNS		(Specify)	(Specify)		
F. Resident Meals:	Total no. of meals served per day:*	3	3					
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
Bride Brook SNF Operations LLC		2082-C	9/30/2023				19	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
3. Laundry								
a. In-House Processing*	Lbs.							
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$							
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.							
	Amt. \$							
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.							
	Amt. \$							
4. Repair and/or purchase of linens.***	Lbs.							
	Amt. \$	8,381	8,381					
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	121,986	121,986					
c. Other (Specify) Laundry supplies	\$	9,475	9,475					
<b>3D. Total Laundry Expenditures (3a + b + c)</b>	\$	139,842	139,842					
<b>3E. Laundry Questionnaire</b>								
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes		<input checked="" type="radio"/> No		If yes, specify cost.			
G. Did you receive revenue from employees?	<input type="radio"/> Yes		<input checked="" type="radio"/> No		If yes, specify amt.			
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)							
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes		<input checked="" type="radio"/> No		If yes, specify cost.			
J. Did you receive revenue from these people?	<input type="radio"/> Yes		<input checked="" type="radio"/> No		If yes, specify amt.			
K. Where is the revenue received reported in the Cost Report?	(Page/Line Item)							

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Bride Brook SNF Operations LLC		2082-C	9/30/2023				20	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
4.	Housekeeping							
	a. In-House Care	Sq. Ft. Serviced by Personnel						
	1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	24,065	24,065				
	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. \$	189,570	189,570				
	c. Other ( <i>Specify</i> )	\$						
4D.	<b>Total Housekeeping Expenditures</b> (4a + b + c)	\$	213,636	213,636				
5.	Resident Care (Supplies)**							
	a. Prescription Drugs***							
	1. Own Pharmacy	\$						
	2. Purchased from Pharmacy	\$	352,578	352,578	(352,578)			
	b. Medicine Cabinet Drugs	\$	36,545	36,545				
	c. Medical and Therapeutic Supplies	\$	209,151	209,151				
	d. Ambulance/Limousine***	\$	20,797	20,797	(20,797)			
	e. Oxygen							
	1. For Emergency Use	\$						
	2. Other***	\$	16,980	16,980	(16,980)			
	f. X-rays and Related Radiological Procedures***	\$	13,402	13,402	(13,402)			
	g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$	4,800	4,800	(4,800)			
	h. Laboratory***	\$	29,058	29,058	(29,058)			
	i. Recreation	\$	17,658	17,658				
	j. Direct Management Services*	\$						
	k. Indirect Management Services*	\$						
	l. Cable TV	\$	16,209	16,209				
	m. Other (Specify)**** See Attached Schedule	\$	70,383	70,383	(18,995)			
	n. Physical Therapy Expense	\$	8,929	8,929				
	o. Speech Therapy Expense	\$						
5P.	<b>Total Resident Care Expenditures</b> (5a - 5o)	\$	796,488	796,488	(456,610)			

\* 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**

<b>Description</b>	<b>CCNH / RHNS</b>	<b>Adjustment</b>	<b>(Specify)</b>	<b>Adjustment</b>	<b>(Specify)</b>	<b>Adjustment</b>
Contracted	\$ 903					
Medical Waste Removal	\$ 1,588					
Consulting Fees	\$ 20,480					
Equip Rental	\$ 21,260					
Equip Rental- Respiratory	\$ 17,141	\$ (17,141)				
Equip Rental-Bed	\$ 5,877					
Barber & Beauty	\$ 1,854	\$ (1,854)				
Innovations Healthcare, LLC	\$ 1,280					
<b>Total Other Resident Care</b>	<b>\$ 70,383</b>	<b>\$ (18,995)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility Bride Brook SNF Operations LLC			License No. 2082-C	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
Drs. Thompson, Goldberg, Donka and Manthous MD		<input type="radio"/>	<input checked="" type="radio"/>		Nursing Admin - Medical Director	127,750			13	B11a2
Eshyft		<input type="radio"/>	<input checked="" type="radio"/>		Direct Care - CNA, LPN, RN	66,179			13	B11c,
Garnet SNF Care Reimbursement Consulting, LLC		<input type="radio"/>	<input checked="" type="radio"/>		Nursing Admin - Contracted MDS	45,700			13	B11a2
Healthcare Services Group, Inc.		<input type="radio"/>	<input checked="" type="radio"/>		Dietary, Housekeeping, Laundry Services	193,494			18,19,2	2b,3b.
Parmamount Care Centers-Esther Olshin		<input type="radio"/>	<input checked="" type="radio"/>		Nursing Admin - Contracted MDS	20,000			13	B11a2
IntelyCare - CT		<input type="radio"/>	<input checked="" type="radio"/>		Direct Care - LPN, RN	250,044			13	B11b:
First Connect Center LLC		<input type="radio"/>	<input checked="" type="radio"/>		Direct Care - LPN	87,272			13	B11b:
Alois LLC		<input type="radio"/>	<input checked="" type="radio"/>		Direct Care - LPN	17,738			13	B11b:
MAS Medical Staffing		<input type="radio"/>	<input checked="" type="radio"/>		Direct Care - CNA	119,545			13	B11c
Centra Healthcare Solutions		<input type="radio"/>	<input checked="" type="radio"/>		Direct Care - LPN	308,669			13	B11b:
SambaCare		<input type="radio"/>	<input checked="" type="radio"/>		Direct Care - CAN	107,237			13	B11c
LTC Contracting		<input type="radio"/>	<input checked="" type="radio"/>		Administrative Support	62,790			16	M11
		<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
Bride Brook SNF Operations LLC	2082-C	9/30/2023					22	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$ 152,557	152,557						
b. Heat	\$ 165,069	165,069						
c. Light & Power	\$ 227,940	227,940						
d. Water	\$ 50,840	50,840						
e. Equipment Lease ( <i>Provide detail on page 22b</i> )	\$ 9,121	9,121						
f. Other ( <i>itemize</i> )	\$ 54,141	54,141						
See Attached Schedule								
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$ 659,667	659,667						
7. Depreciation ( <i>complete schedule page 23*</i> )								
a. Land Improvements	\$							
b. Building & Building Improvements	\$							
c. Non-Movable Equipment	\$							
d. Movable Equipment	\$ 14,890	14,890						
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	\$ 14,890	14,890						
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )								
a. Organization Expense	\$							
b. Mortgage Expense	\$							
c. Leasehold Improvements	\$ 3,168	3,168						
d. Other ( <i>Specify</i> )	\$							
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	\$ 3,168	3,168						
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,180,563	1,180,563						
10. Property Taxes								
a. Real estate taxes paid by owner	\$ 88,438	88,438						
b. Real estate taxes paid by lessor	\$							
c. Personal property taxes	\$							
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	\$ 1,287,059	1,287,059						

\* 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			License No.	Report for Year Ended			Page	of
Bride Brook SNF Operations LLC			2082-C	9/30/2023			22b	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						
East Lyme Rent-A-Space	<input type="radio"/>	<input checked="" type="radio"/>	Storage Rental		Monthly	2,776	2,776	
Out Back Storage	<input checked="" type="radio"/>	<input type="radio"/>	Storage Rental		Monthly	3,484	3,484	
Storage Place - Niantic	<input type="radio"/>	<input checked="" type="radio"/>	Storage Rental		Monthly	2,861	2,861	
	<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"/>						
<b>Is a Mileage Log Book Maintained for All Leased Vehicles ?</b>							<input type="radio"/> Yes	<input type="radio"/> No
<b>Total ***</b>							9,121	

\* 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 Bride Brook SNF Operations LLC			License No. 2082-C		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			
<b>A. Land Improvements</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal													
<b>C. Non-Movable Equipment</b>													
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 Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
<b>D. Movable Equipment</b>													
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								145					
b. Disposals (attach schedule)													
Acquired during this report period (attach schedule):													
c. Administrative						79,978						13,959	
d. Standard Resident						9,746						930	
e. Specialized Resident													
Total Acquired during this report period						89,723						14,890	
D-3. Subtotal													14,890
<b>E. Total Depreciation</b>													14,890



## Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
<b>Additions:</b>					
9/30/2022	IT equipment Purchase at close	Administrative	\$ 5,521	5	\$ 1,104
9/30/2022	Time clock	Administrative	\$ 1,823	5	\$ 365
9/30/2022	Kiosk and monthly licensing	Administrative	\$ 1,340	5	\$ 268
10/31/2022	Computer, Laptop and accessories	Administrative	\$ 37,745	5	\$ 7,549
10/31/2022	Computer, Laptop and accessories	Administrative	\$ 1,875	5	\$ 375
10/31/2022	Temp and anti scald cartridge	Administrative	\$ 1,060	5	\$ 212
10/31/2022	Point Click Care	Administrative	\$ 7,525	5	\$ 1,505
10/31/2022	Patient Lift	Administrative	\$ 1,596	5	\$ 319
10/31/2022	HOGENTOGLER & CO INC	Administrative	\$ 807	5	\$ 161
11/30/2022	Laptop	Administrative	\$ 745	5	\$ 137
10/31/2022	Install voice router	Administrative	\$ 1,385	5	\$ 277
12/31/2022	Mattress	Standard Resident	\$ 814	5	\$ 136
1/19/2023	Chair	Standard Resident	\$ 1,899	5	\$ 285
1/18/2023	Delivery cart	Administrative	\$ 3,053	5	\$ 458
2/28/2023	Laptop and initial set up cost	Administrative	\$ 745	5	\$ 99
2/28/2023	Bed	Administrative	\$ 2,549	5	\$ 340
3/31/2023	Global Industrial 03/17/2023	Administrative	\$ 1,904	5	\$ 222
3/31/2023	Burnisher	Administrative	\$ 969	5	\$ 113
3/31/2023	Laptop	Administrative	\$ 745	5	\$ 87
4/30/2023	Mattress	Standard Resident	\$ 952	5	\$ 95
4/30/2023	Mattress	Standard Resident	\$ 1,586	5	\$ 159
5/31/2023	Mattress	Standard Resident	\$ 952	5	\$ 79
5/31/2023	Bariatric Wheelchair Scale	Standard Resident	\$ 881	5	\$ 73
6/30/2023	Laptop and initial set up cost	Administrative	\$ 1,470	5	\$ 98
6/30/2023	Laptop and initial set up cost	Administrative	\$ 1,470	5	\$ 98
6/30/2023	Temperature Control Cartridge	Administrative	\$ 1,063	5	\$ 71
7/31/2023	Laptop	Administrative	\$ 745	5	\$ 37
7/31/2023	Wheelchair scale	Standard Resident	\$ 879	5	\$ 44
8/31/2023	Mattress	Standard Resident	\$ 1,031	5	\$ 34
8/31/2023	Mattress	Standard Resident	\$ 752	5	\$ 25
9/30/2023	Laptop and initial set up cost	Administrative	\$ 745	5	\$ 12
9/30/2023	Laptop and initial set up cost	Administrative	\$ 1,470	5	\$ 25
9/30/2023	Digital Scale	Administrative	\$ 1,627	5	\$ 27
		Administrative			
<b>Total additions for Movable Equipment</b>			\$ 89,723		\$ 14,890
<b>Deletions:</b>					
<b>Total deletions for Movable Equipment</b>			\$ -		\$ -

\*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
10/31/2022	Installed new motors and wires	\$ 1,485	10	\$ 149
11/30/2022	Replace valve	\$ 1,414	10	\$ 130
12/31/2022	Installed new LED strip light in kitchen closet	\$ 597	5	\$ 100
12/31/2022	Replaced air filters on rooftop units	\$ 5,828	10	\$ 486
12/31/2022	Fire sprinkler repair	\$ 3,261	10	\$ 272
12/31/2022	Replaced OSV Valve and installed new primary control	\$ 2,104	10	\$ 175
12/31/2022	Oven	\$ 2,206	10	\$ 184
1/31/2023	Fan replacement	\$ 654	10	\$ 49
2/28/2023	Installed new dry head and replaced new dry barrel head	\$ 1,799	10	\$ 120
2/28/2023	Install isolation valves	\$ 2,199	10	\$ 147
2/28/2023	Install controls to shut down pumps	\$ 1,480	10	\$ 99
2/28/2023	Valve installation	\$ 1,418	10	\$ 95
2/28/2023	Isolation valve installation	\$ 2,368	10	\$ 158
2/28/2023	New faucet	\$ 1,185	10	\$ 79
2/28/2023	Installed a temporary patch on the tee and replaced the line	\$ 640	10	\$ 43

2/28/2023	Installed a 1/2" drain to drain lines	\$ 784	10	\$ 52	es 23 24
3/31/2023	Battery for the generator	\$ 1,486	10	\$ 87	
3/31/2023	Summit System reinstalled	\$ 8,381	10	\$ 489	
4/30/2023	Replace the Delayed Egress Electromagnetic Lock at the 1st Floor South Hallway Door	\$ 1,548	10	\$ 77	
7/31/2023	Fire Sprinkler -Replaced 25 corroded sprinkler heads in the laundry and dietary rooms	\$ 2,177	10	\$ 55	
7/31/2023	Fire Sprinkler -Installed fire sprinkler heads into the shower rooms	\$ 3,773	10	\$ 94	
8/31/2023	Replaced Power Transformer, PC Board and Door Switch	\$ 1,824	10	\$ 30	
<b>Total additions for Leasehold Improvement</b>		\$ 48,610		\$ 3,168	*
<b>Deletions:</b>					
<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ -	**

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

-----

**Annual Report of Long-Term Care Facility**

CSP-24 Rev. 10/2006

**Amortization Schedule\***

Name of Facility Bride Brook SNF Operations LLC			License No. 2082-C		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							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period					48				
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				48,610				3,168	
C-4. Subtotal									3,168
<b>D. Total Amortization</b>									3,168

\* 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 Bride Brook SNF Operations LLC	License No. 2082-C	Report for Year Ended 9/30/2023	Page 25	of 37				
<b>11. Property Questionnaire</b>								
<b>Part A</b>								
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.				
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.								
Description	Total							
1. Date Land Purchased								
2. Date Structure Completed								
3. If <b>NOT</b> Original Owner, Date of Purchase								
4. Date of Initial Licensure								
5. Total Licensed Bed Capacity	130							
6. Square Footage								
7. Acquisition Cost								
a. Land								
b. Building								
<b>Part B - Owner and Related Parties</b>					1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing								
a. Type of Financing (e.g., fixed, variable)								
b. Date Mortgage Obtained								
c. Interest Rate for the Cost Year								
d. Term of Mortgage (number of years)								
e. Amount of Principal Borrowed								
f. Principal balance outstanding as of _____								
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>								
g. Type of Financing (e.g., fixed, variable)								
h. Date of Refinancing								
i. New Interest Rate								
j. Term of Mortgage (number of years)								
k. Amount of Principal Borrowed								
l. Principal Outstanding on Note Paid-Off								
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>								
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease				

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



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

Name of Facility		License No.	Report for Year Ended				Page	of
Bride Brook SNF Operations LLC		2082-C	9/30/2023				26	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
12. Interest								
A. Building, Land Improvement & Non-Movable Equipment								
1. First Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
2. Second Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
3. Third Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
4. Fourth Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
B. CHEFA Loan Information								
1. Original Loan Amount		\$						
2. Loan Origination Date								
3. Interest Rate %								
4. Term								
5. CHEFA Interest Expense								
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)		\$						

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended				Page	of	
Bride Brook SNF Operations LLC		2082-C		9/30/2023				27	37	
Item				Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Subtotals Brought Forward:										
12. C. Movable Equipment										
1. Automotive Equipment				\$						
A. Item		Rate	Amount							
Lender										
Address of Lender										
2. Other (Specify)				\$						
A. Item		Rate	Amount							
Lender										
Address of Lender										
B. Item		Rate	Amount							
Lender										
Address of Lender										
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$						
12. D. Other Interest Expense (Specify) Interest LOC				\$	95,799	95,799				
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	95,799	95,799				
14. Insurance										
a. Insurance on Property (buildings only)				\$	38,194	38,194				
b. Insurance on Automobiles				\$						
c. Insurance other than Property (as specified above)										
1. Umbrella (Blanket Coverage)				\$						
2. Fire and Extended Coverage				\$						
3. Other (Specify) Bond, GLPL, EPLI, Cyber Insurance				\$	102,812	102,812				
14d. Total Insurance Expenditures (14a + b + c)				\$	141,006	141,006				
15. Total All Expenditures (A-13 thru C-14)				\$	15,852,226	15,852,226	(1,166,666)			

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended		Page	of
Bride Brook SNF Operations LLC	2082-C	9/30/2023		30	37
Item	Total	CCNH / RHNS	(Specify)	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 5,375,675	5,375,675			
b. Medicaid Room and Board Contractual Allowance **	\$ (14)	(14)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 8,022,474	8,022,474			
b. Medicare Room and Board Contractual Allowance **	\$ (10,297)	(10,297)			
4. a. Private-Pay Residents and Other	\$ 4,895,269	4,895,269			
b. Private-Pay Room and Board Contractual Allowance **	\$ (0)	(0)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 17,659	17,659			
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 372,297	372,297			
b. Physical Therapy - Medicare Contractual Allowance **	\$ 1,982	1,982			
c. Physical Therapy - Non-Medicare	\$ 13,557	13,557			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 137,226	137,226			
b. Speech Therapy - Medicare Contractual Allowance **	\$ 8	8			
c. Speech Therapy - Non-Medicare	\$ 464	464			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 401,169	401,169			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ 1,162	1,162			
c. Occupational Therapy - Non-Medicare	\$ 304	304			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (0)	(0)			
6. a. Other ( <i>Specify</i> ) - Medicare	\$ (714)	(714)			
b. Other ( <i>Specify</i> ) - Non-Medicare	\$				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 19,228,222	19,228,222			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income ( <i>Specify</i> )	\$ 653	653			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ 926	926			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 1,579	1,579			
<b>VI. Total All Revenue</b> (III +V)	\$ 19,229,801	19,229,801			

\* 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)
	Vaccine Rev-Medicare	\$ 6,229		
	Vaccine Rev-Medicare-C/A	\$ (557)		
	Vaccine Rev-Managed Medicare	\$ 2,451		
	Vaccine Rev-Managed Medicare-C/A	\$ (7)		
	Other Ancillary Rev-Medicare-C/A	\$ 1,282		
	Other Ancillary Rev-Medicare B	\$ (6)		
	Other Ancillary Rev-Medicare B-Sequester	\$ (10,214)		
	Other Ancillary Rev-Medicare B-C/A	\$ (1)		
	Other Ancillary Rev-Medicaid-C/A	\$ (1)		
	Other Ancillary Rev-Managed Medicare B-Sequester	\$ (82)		
	Other Ancillary Rev-Managed Medicare C/A	\$ 192		
		\$ -		
<b>Total Other Resident Revenue - Medicare</b>		\$ (714)	\$ -	\$ -

**Schedule of Other Non-Medicare Resident Revenue**

**Related Exp**

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
	Radiology Rev-Disregarded W/O	\$ (3,963)		
	Radiology Rev-Disregarded	\$ 3,963		
<b>Total Other Resident Revenue</b>		\$ -	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH / RHNS	(Specify)	(Specify)
	Other Rev-Interest		\$ 653		
<b>Total Interest Income</b>			\$ 653	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
	Other Rev-Miscellaneous	\$ 66		
	Other Rev-Medical Records	\$ 1,104		
	Other Rev-Credit Card Cash Back	\$ 67		
	Other Rev-Hospice-Prior Period	\$ (310)		
<b>Total Other Revenue</b>		\$ 926	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Bride Brook SNF Operations LLC	2082-C	9/30/2023	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	868,039
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,669,350
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	81,373
a. _____				
b. _____				
c. _____				
d. See Schedule		81,373		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	489,957
_____				
_____				
See Schedule		489,957		
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	4,108,719
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>48,610</u>		\$	45,394
	Accum. Depreciation <u>3,216</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>89,723</u>		\$	74,688
	Accum. Depreciation <u>15,035</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	
_____				
See Schedule				
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	120,083

\* 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	
		Prepaid Expenses	\$ 66,008
		Prepaid Expenses-RE Taxes	\$ 4,455
		Prepaid Insurance	\$ 153,412
		Prepaid Insurance-Installments	\$ (142,502)
		<b>Total Prepaid Expenses</b>	<b>\$ 81,373</b>

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

Page Ref	Line Ref	Description	
		Other Current Asset-Activities Gift Shop	\$ 234
		Other Assets-Security Deposits	\$ 292,500
		Other Assets-Escrow Deposits-Replacement Reserve	\$ 49,292
		Other Assets-Escrow Deposits-Real Estate Tax	\$ 97,362
		Other Assets-Escrow Deposits-Insurance	\$ 50,569
		<b>Total Other Current Assets (Itemize)</b>	<b>\$ 489,957</b>

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

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

Schedule of Other Assets Page 32 Line D7

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

Schedule of Notes Payable (Itemize) Page 33 Line A2

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

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

Page Ref	Line Ref	Description	
		Line of Credit-Bride Brook	\$ 1,659,093
		Other Current Payables-Patient Funds	\$ 55,032
		Accrued-Expenses	\$ 252,761
		Accrued-Accounting Fees	\$ 14,100
		Accrued-Health Insurance	\$ 137,700
		Accrued-Property Taxes	\$ 59,248
		Due To/(From)-Employee	\$ 10
		Due To/(From)-Old Owner AR	\$ 29,648
		Due To/(From)-Old Owner AP	\$ 4,280
		Due To/(From)-Old Owner POC Corrections	\$ (135,204)
		Due To/(From)-Social Security	\$ 1,979
		<b>Total Other Current Liabilities (Itemize)</b>	<b>\$ 2,078,647</b>

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bride Brook SNF Operations LLC	2082-C	9/30/2023	32	37
Account			Amount	
Total Brought Forward:			\$	4,228,801
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			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address		Amount	Loan Date	
_____				
7. Other Assets ( <i>itemize</i> )			\$	
_____				
_____				
See Schedule				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	4,228,801

\* 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 Bride Brook SNF Operations LLC		License No. 2082-C	Report for Year Ended 9/30/2023	Page 33	of 37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	410,998
2. Notes Payable ( <i>itemize</i> )				\$	
_____					
_____					
See Schedule					
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	347,054
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	13,615
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	2,078,647
_____					
_____					
_____					
See Schedule				2,078,647	
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				\$	<b>2,850,314</b>

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

(Carry Total forward to next page)



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

Name of Facility Bride Brook SNF Operations LLC	License No. 2082-C	Report for Year Ended 9/30/2023	Page 34	of 37
Account				Amount
Total Brought Forward:				2,850,314
<b>Liabilities (cont'd)</b>				
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> )				\$ (2,227,381)
Name and Address of Lender	Amount	Loan Date		
	(2,227,381)			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ (2,227,381)
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 622,933

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bride Brook SNF Operations LLC	2082-C	9/30/2023	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	228,294
6. Gain or Loss for Period			\$	3,377,575
	10/1/2022	thru	9/30/2023	
7. Total Net Worth			\$	3,605,869
<b>C. Total Reserves and Net Worth</b>			\$	3,605,869
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	4,228,802

### H. Changes in Total Net Worth

Name of Facility Bride Brook SNF Operations LLC	License No. 2082-C	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			\$		
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$ 19,229,801		
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$ 15,852,226		
D. Net Income or Deficit			\$ 3,377,575		
E. Balance			\$ 3,377,575		
F. Additions					
1. Additional Capital Contributed ( <i>itemize</i> )					
2. Other ( <i>itemize</i> )					
F-3. Total Additions					
G. Deductions					
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )					
Name and Address ( <i>No., City, State, Zip</i> )		Title	Amount		
2. Other Withdrawings ( <i>Specify</i> )			\$		
Purpose		Amount			
3. Total Deductions			\$		
H. <b>Balance at End of Period</b>			\$ 3,377,575		
			09/30/23		

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

Name of Facility Bride Brook SNF Operations LLC	License No. 2082-C	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)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
CJLC LLC				
Address Address		Phone Number		
225 Pitkin St., East Hartford, CT 06108		860-610-9009		
Contacted Person Regarding Additional Information Needed Regarding This Report		Phone Number		
CJLC		860-610-9009		
Contact Email Address				
annualreports@cjlc.com				