

State of Connecticut



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

Name of Facility (as licensed) Complete Care at Fox Hill, LLC	
Address (No. & Street, City, State, Zip Code) 1253 Hartford Turpike, Rockville, CT 06066	
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 11/15/2022	Report for Year Ending 9/30/2023

License Numbers:	CCNH / RHNS 2479	(Specify)	(Specify)	Medicare Provider 07-5183
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Medicaid Provider Numbers:	CCNH / RHNS 8029	(Specify)	(Specify)
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General Information

Name of Facility (as licensed) Complete Care at Fox Hill, LLC	License No. 2479	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 Complete Care at Fox Hill, LLC [facility name], for the cost report period beginning November 15, 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. (a)

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

(a) Subject to Desk Audit Review

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Jeffrey Hilliard			Printed Name (Owner) Shalom Stein		
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 Complete Care at Fox Hill, LLC	Period Covered:		From #####	To 9/30/2023
Address of Facility 1253 Hartford Turpike, Rockville, CT 06066				
Report Prepared By Marcum LLP	Phone Number 203-781-9680		Date 2/14/2024	
Item	Total	CCNH / RHNS	(Specify)	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-875-0771		Report for Year Ended 9/30/2023	Page 2	of 37
Name of Facility (as shown on license) Complete Care at Fox Hill, LLC		Address (No. & Street, City, State, Zip) 1253 Hartford Turpike, Rockville, CT 06066		
License Numbers:	CCNH / RHNS 2479	(Specify)	(Specify)	Medicare Provider No. 07-5183
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="checkbox"/> Proprietorship <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Profit Corp. <input type="checkbox"/> Non-Profit Corp. <input type="checkbox"/> Government <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," explain fully.				
Complete Care Management, LLC purchased this Facility from Genesis on 11/15/2022.				
Administrator				
Name of Administrator Jeffrey Hilliard		Nursing Home Administrator's License No.:	2196	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

**General Information and Questionnaire
 Related Parties***

Name of Facility Complete Care at Fox Hill, LLC	License No. 2479	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? <input type="radio"/> Yes <input checked="" type="radio"/> No					
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input type="radio"/> Yes <input checked="" type="radio"/> No					
If "Yes," provide the Name/Address and complete the information on Page 11 of the report.					
If "Yes," provide the following information:					
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Indicate Where Costs are Included in Annual Report Page # / Line #	Actual Cost to the Related Party
		Yes	No %**		
Complete Care Management	1730 NJ-37, Toms River, NJ 08757	<input type="radio"/>	<input checked="" type="radio"/>	Page 16 / Line M12 Management Fees	305,208
Complete Care Management	1730 NJ-37, Toms River, NJ 08757	<input type="radio"/>	<input checked="" type="radio"/>	Page 22 / Line 9 Rent	690,512 N/A***
Intercompany Liabilities	N/A	<input type="radio"/>	<input checked="" type="radio"/>	Page 34 / Line B3 Due To/ (From) Intercompany	
		<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.
 *** Replaced by Fair Rent

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Complete Care at Fox Hill, LLC	License No. 2479	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 Complete Care at Fox Hill, LLC	License No. 2479	Report for Year Ended 9/30/2023	Page 6	of 37
Square footage of entire facility.		54,260		
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 Complete Care at Fox	License No. 2479	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 Complete Care at Fox Hill, LLC	License No. 2479	Report for Year Ended 9/30/2023		Period 10/1 Thru 6/30		Period 7/1 Thru 9/30		Page 8	of 37
		Total All Levels	Total CCNH / RHNS Level	Total (Specify)	CCNH / RHNS (Specify)	Total	CCNH / RHNS (Specify)	Total	CCNH / RHNS (Specify)
1. Certified Bed Capacity									
A. On last day of PREVIOUS report period		120	120			120			
B. On last day of THIS report period		120	120					120	120
2. Number of Residents									
A. As of midnight of PREVIOUS report period		104	104			104			
B. As of midnight of THIS report period		105	105					105	105
3. Total Number of Days Care Provided During Period									
A. Medicare		2,165	2,165			1,463		702	702
B. Medicaid (Conn.)		25,257	25,257			17,996		7,261	7,261
C. Medicaid (other states)									
D. Private Pay		2,681	2,681			2,227		454	454
E. State SSI for RCH									
F. Other (Specify) Medicaid Pending/ HMO/ Hosp		3,588	3,588			2,105		1,483	1,483
G. Total Care Days During Period (3A thru F)		33,691	33,691			23,791		9,900	9,900
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds									
A. Medicaid Bed Reserve Days		206	206			150		56	56
B. Other Bed Reserve Days									
5. Total Resident Days (3G + 4A + 4B)		33,897	33,897			23,941		9,956	9,956

Schedule of Resident Statistics (Cont'd)

Name of Facility Complete Care at Fox Hill, LLC	License No. 2479	Report for Year Ended 9/30/2023	Page 9	of 37
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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)		

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	9	63		33				
Per Diem Rate								
a. One bed rm.	Various	253.33		498.00				
b. Two bed rms.	Various	239.50		415.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
A. Medicare - Part B	2,258	2,258			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	600	600			
2. Restorative Treatments					
C. Other	6,972	6,972			
D. Total Physical Therapy Treatments	9,830	9,830			
8. Total Number of Speech Therapy Treatments					
A. Medicare - Part B	560	560			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	28	28			
2. Restorative Treatments					
C. Other	968	968			
D. Total Speech Therapy Treatments	1,556	1,556			
9. Total Number of Occupational Therapy Treatments					
A. Medicare - Part B	4,702	4,702			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	682	682			
2. Restorative Treatments					
C. Other	8,185	8,185			
D. Total Occupational Therapy Treatments	13,569	13,569			

Report of Expenditures - Salaries & Wages

Name of Facility Complete Care at Fox Hill, LLC	License No. 2479	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)	128,763		1,516						
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)									
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	183,358		6,230						
5. Dietary Service									
a. Head Dietitian									
b. Food Service Supervisor									
c. Dietary Workers	300,891		15,287						
6. Housekeeping Service									
a. Head Housekeeper									
b. Other Housekeeping Workers									
7. Repairs & Maintenance Services									
a. Engineer or Chief of Maintenance	70,590		1,815						
b. Other Maintenance Workers	29,606		1,605						
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	198,569		3,463						
b. RN									
1. Direct Care	712,987		13,721						
2. Administrative**	508,805		12,541						
c. LPN									
1. Direct Care	1,261,797		32,601						
2. Administrative**									
d. Aides and Attendants	1,683,308		68,828						
e. Physical Therapists									
f. Speech Therapists									
g. Occupational Therapists									
h. Recreation Workers	86,338		2,779						
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	96,725		3,096						
n. Marketing	46,883	(46,883)	1,057						
o. Other (Specify) See Attached Schedule	80,925		2,941						
A-13. Total Salary Expenditures	5,389,545	(46,883)	167,480						

* 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
		0							
Medical Records	\$ 20,054		1,149						
Admissions	\$ 60,871		1,792						
Total	\$ 80,925	\$ -	2,941	\$ -	\$ -	-	\$ -	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH / RHNS			(Specify)			(Specify)		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
		0							
Respiratory Therapy	\$ 6,808	\$ (6,808)	144						
Nursing Consulting Fees	\$ 27,677		Contracted						
Total	\$ 34,485	\$ (6,808)	144	\$ -	\$ -	-	\$ -	\$ -	-

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

Name of Facility Complete Care at Fox Hill, LLC	License No. 2479	Report for Year Ended 9/30/2023		Name and Address of All Other Employment**	Page 11	of 37
		CCNH / RHNS	Salary Paid (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) Complete Care at Fox Hill, LLC		License No. 2479		Report for Year Ended 9/30/2023				Page 12	of 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)							
Section III - Administrators***									
Jonah Kraus (11/1/2022 - 04/16/2023)	69,082		Non Discriminatory	Administrator	872	A2			
Theodore Vinci (04/18/2023 - 09/04/2023)	54,957		Non Discriminatory	Administrator	564	A2			
Jeffrey Hilliard (09/05/2023 - 09/30/2023)	4,724		Non Discriminatory	Administrator	80	A2			
Section IV - Assistant Administrators									

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended						Page	of
Complete Care at Fox Hill, LLC	2479	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	37,030		869						
2. Dentist	6,475		82						
3. Pharmacist	29,086		Contracted						
4. Podiatrist									
5. Physical Therapy									
a. Resident Care	214,932		2,756						
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians									
a. Medical Director (entire facility)	40,132		185						
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	82,215		957						
b. Other									
10. Occupational Therapist									
a. Resident Care	299,152		4,001						
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care									
2. Administrative***									
b. LPN									
1. Direct Care	62,999		1,279						
2. Administrative***									
c. Aides	30,934		921						
d. Other									
12. Other (Specify) See Attached Schedule	34,485	(6,808)	144						
B-13 Total Fees Paid in Lieu of Salaries	837,440	(6,808)	11,194						

* 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 Complete Care at Fox Hill, LLC		License No. 2479	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		
Medical Nutrition Therapy	Dietician	<input checked="" type="radio"/>	<input type="radio"/>	N/A	
Guardian Consulting Services, 110 Washington Avenue, North Haven, CT 06473	Pharmacy	<input checked="" type="radio"/>	<input type="radio"/>	N/A	
Integra Scripts, Kenny Roberts Memorial Drive, Suffield, CT 06078	Pharmacy	<input checked="" type="radio"/>	<input type="radio"/>	N/A	
Genesis Physician Services, 518 Derby Avenue, West Haven, CT 06516	Medical Director	<input checked="" type="radio"/>	<input type="radio"/>	N/A	
Healthdrive, PO Box 22010 New York, NY 10087	Dental Director	<input checked="" type="radio"/>	<input type="radio"/>	N/A	
Acute Care Gases, 23 Nutmeg Valley Rd, Wolcott, CT 06716	Respiratory	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
All American Healthcare Services, 494 Broad St 4th Floor Newark NJ 07102	Agency	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Clipboard Health, 77 Van Ness Ave Suite 101 #1728, San Francisco	Agency	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Norton and Associates , Inc., 97 Elm Street Cohasset MA 02025	Agency	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
SambaCare, 250 Cedarbridge Ave, Lakewood, NJ 08701	Agency	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Spectrum Staffing Services, 10 Waterview Blvd #315, Parsippany-Troy Hills, NJ 07054	Agency	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Quality Management Solution LLC	Nursing Consulting Fees	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Tender Touch, 400 NJ-70, Lakewood, NJ 08701	Contracted PT / OT / ST	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Compliance Consulting Group, LLC, 2623 Hooper Ave, Brick Township, NJ 08723	Nursing Consulting Fees	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended				Page	of
Complete Care at Fox Hill, LLC	2479	9/30/2023				15	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
I. Administrative and General							
a. Employee Health & Welfare Benefits							
1. Workmen's Compensation	\$ 140,915	140,915					
2. Disability Insurance	\$						
3. Unemployment Insurance	\$ 89,890	90,674	(784)				
4. Social Security (F.I.C.A.)	\$ 394,912	398,355	(3,443)				
5. Health Insurance	\$ 238,377	238,377					
6. Life Insurance (employees only) (not-owners and not-operators)	\$						
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 230,249	230,249					
8. Uniform Allowance	\$						
9. Other (<i>Specify</i>) See Attached Schedule	\$ 35,207	63,004	(27,797)				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$						
c. Bad Debts*	\$	110,735	(110,735)				
d. Accounting and Auditing	\$ 13,778	13,778					
e. Legal (<i>Services should be fully described on Page 15b</i>)	\$ 3,898	3,898					
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$						
g. Office Supplies	\$ 33,339	33,339					
h. Telephone and Cellular Phones							
1. Telephone & Pagers	\$ 6,447	6,447					
2. Cellular Phones	\$						
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$						
j. Corporation Business Taxes (<i>franchise tax</i>)	\$						
k. Other Taxes (<i>Not related to property - See Page 22</i>)							
1. Income*	\$						
2. Other (<i>Specify</i>) See Attached Schedule	\$						
3. Resident Day User Fee	\$ 608,318	608,318					
Subtotal	\$ 1,795,330	1,938,089	(142,759)				

* 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 Complete Care at Fox Hill, LLC	License No. 2479	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:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain.				
Independent Accounting Firm				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1	Brand Sonnenschine LLP	299 Broadway Suite 600 New York, NY 10007-1993		
2	Marcum LLP	One Hovchild Blvd, 4000 Rt. 66 Ste 323,		
3				
4				
Services Provided by This Firm (<i>describe fully</i>)				
1	General Accounting Services	\$	5,000	
2	Reimbursement advisory services	\$	8,778	
3		\$		
4		\$		
			Charge for Services Provided	
			\$ 13,778	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No				
Legal Services Information				
Name of Legal Firm or Independent Attorney			Telephone Number	
1	CSC	866-636-5400		
2	Genova Burns	973-533-0777		
3	Complete Care Management	732-313-0880		
4				
5				
Address (<i>No. & Street, City, State, Zip Code</i>)				
1	PO Box 7410023, Chicago IL 60674			
2	494 Broad Street Newark, NJ 07102			
3	1730 NJ-37, Toms River, NJ 08757			
4				
5				
Services Provided by This Firm (<i>describe fully</i>)				
1	Delaware Renewals	\$	1,677	
2	Union Negotiations	\$	616	
3	CT Filing Fees	\$	1,605	
4		\$		
5		\$		
			Charge for Services Provided	
			\$ 3,898	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No				

**Complete Care at Fox Hill, LLC
 September 30, 2023
 Benefits Disallowance**

Marketing Benefits Disallowance

Marketing Salary	46,883	Page 10
Total Salaries	<u>5,424,172</u>	TB Linked
Percent to Total Salaries	0.86%	

Percent to Total Allocation

	Amount	Percentage	Disallowed
Unemployment Insurance	90,674	19%	\$ 784
Social Security (F.I.C.A)	<u>398,355</u>	<u>81%</u>	<u>\$ 3,443</u>
Total Benefits (Pg 15, Line 1a3 - 1a6)	489,029	100%	\$ 4,227

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

Name of Facility	License No.	Report for Year Ended				Page	of
Complete Care at Fox Hill, LLC	2479	9/30/2023				16	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Subtotals Brought Forward:		1,795,330	1,938,089	(142,759)			
I. Travel and Entertainment							
1. Resident Travel and Entertainment	\$						
2. Holiday Parties for Staff	\$						
3. Gifts to Staff and Residents	\$						
4. Employee Travel	\$ 5,886	5,886					
5. Education Expenses Related to Seminars and Conventions	\$						
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)	\$ 6,064	6,064					
2. Advertising Telephone Directory (all such expenses)***	\$						
3. Advertising Other (Specify)*** See Attached Schedule	\$ 1,639	25,128	(23,489)				
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)***	\$	1,721	(1,721)				
7. Postage	\$ 1,605	1,605					
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$ 7,559	7,559					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	500	(500)				
9. Subscriptions	\$ 1,013	1,013					
10. Contributions*** See Attached Schedule	\$						
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$ 235,860	235,860					
12. Administrative Management Services**	\$ 47,527	305,208	(257,681)				
13. Other (Specify) See Attached Schedule	\$ 9,076	131,582	(122,506)				
C-14 Total Administrative & General Expenditures	\$ 2,111,559	2,660,215	(548,656)				

* 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
	0					
Total Other Travel and Entertainment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	0					
Admin Expense>Marketing & Advertising	\$ 23,489	\$ (23,489)				
Admin Expense>Marketing & Advertising>COVID	\$ 1,639					
Total Other Advertising	\$ 25,128	\$ (23,489)	\$ -	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	0					
CAHCF	\$ 7,559					
Total Dues	\$ 7,559	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Contributions

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	0					
Total Contributions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	0					
Admin Expense>Financing Costs	\$ 1,722	\$ (1,722)				
Admin Expense>resident missing Items	\$ 988	\$ (988)				
Admin Expense>Licenses	\$ 18					
Admin Expense>Fines & Penalties	\$ 600	\$ (600)				
Admin Expense>Bank Fees	\$ 5,633					
Admin Expense>Background Checks	\$ 447					
Admin Expense>Background Checks Other (Fingerprinting)	\$ 2,978					
Admin Expense>Startup Costs	\$ 119,196	\$ (119,196)				
Total Other Administrative and General	\$ 131,582	\$ (122,506)	\$ -	\$ -	\$ -	\$ -

Complete Care at Fox Hill, LLC
 Calculation of Allowable Management Fee
 September 30, 2023

<u>Description</u>	<u>Amount</u>	
Management fees Charged (Pg. 16 / Line m12)	553,673	
Management fees Charged (Pg. 20 / Line 5j)	0	
Management fees Charged (Pg. 20 / Line 5k)	0	
Total Management fees Charged	<u>553,673</u>	TB Linked
Patient Days	33,897	Page 8 of C/R
Imputed Days - 90% Occupancy	<u>37,440</u>	Calculation
Amount Per Patient Day (Greater of 90% or Actual Days)	\$ 14.7883	
PPD Allowance Per Rate Agreement	7.50	
2023 CPI Increase of 1.0541%	<u>1.0541</u>	J.04a
PPD Allowance 9/30/2022	<u>7.91</u>	
Amount over (Under)	\$ 6.8825	
Total Days	<u>37,440</u>	Greater of Actual or 90%
Disallowed Management Fee	<u><u>\$ 257,681</u></u>	

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Complete Care at Fox Hill, LLC	2479	9/30/2023	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Complete Care Management, LLC	305,208	Management Fees	Page 16 / Line M12

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Complete Care at Fox Hill, LLC		2479	9/30/2023				18	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
2. Dietary								
a. In-House Preparation & Service								
1. Raw Food	\$ 255,877	255,877						
2. Non-Food Supplies	\$ 37,695	37,695						
3. Other (Specify)	\$							
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 116,637	116,637						
c. Other (Specify) Minor Dietary Equipment / Rental	\$ 3,927	3,927						
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 414,136	414,136						
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 checked="" type="radio"/> Yes	<input type="radio"/> No		If yes, specify cost.		1098		
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)						16 M3		
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No		If yes, specify cost.		8519		
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)						15 1a9		

* 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
Complete Care at Fox Hill, LLC		2479	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. \$						
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	188,369	188,369				
c. Other (Specify) Laundry Supplies		\$	1,793	1,793				
3D. Total Laundry Expenditures (3a + b + c)		\$	190,162	190,162				
3E. Laundry Questionnaire								
F. Is cost of employee laundry included in 3D?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.				
G. Did you receive revenue from employees?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.				
H. Where is the revenue received reported in the Cost Report?		(Page/Line Item)						
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.				
J. Did you receive revenue from these people?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.				
K. Where is the revenue received reported in the Cost Report?		(Page/Line Item)						

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
 All allocations should add to total recorded in 3D.
 *** Pounds of Laundry only required for multi-level facilities.

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

Name of Facility		License No.	Report for Year Ended				Page	of
Complete Care at Fox Hill, LLC		2479	9/30/2023				20	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
4.	Housekeeping							
a.	In-House Care							
	1. Supplies - Cleaning (Mops, pails, brooms, etc.)	Sq Ft Serviced by Personnel Amt. \$ 459	459					
b.	Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	Sq Ft Serviced by Personnel Amt. \$ 264,265	264,265					
	C. Other (Specify)	\$						
4D.	Total Housekeeping Expenditures (4a + b + c)	\$ 264,724	264,724					
5.	Resident Care (Supplies)**							
a.	Prescription Drugs***							
	1. Own Pharmacy	\$						
	2. Purchased from GeriScripts / Medline	\$	100,291	(100,291)				
b.	Medicine Cabinet Drugs	\$ 1,279	1,279					
c.	Medical and Therapeutic Supplies	\$ 137,494	137,494					
d.	Ambulance/Limousine***	\$	871	(871)				
e.	Oxygen							
	1. For Emergency Use	\$						
	2. Other***	\$	2,080	(2,080)				
f.	X-rays and Related Radiological Procedures***	\$	5,377	(5,377)				
g.	Dental (Not dentists who should be included under salaries or fees)	\$						
h.	Laboratory***	\$	9,393	(9,393)				
i.	Recreation	\$	9,448	(9,448)				
j.	Direct Management Services*	\$						
k.	Indirect Management Services*	\$						
l.	Cable TV	\$ 5,523	45,223	(39,700)				
m.	Other (Specify)**** See Attached Schedule	\$ 84,164	94,363	(10,199)				
n.	Physical Therapy Expense	\$						
o.	Speech Therapy Expense	\$						
5P.	Total Resident Care Expenditures (5a - 5o)	\$ 228,460	405,819	(177,359)				

* 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
	0					
Nursing Rental Expense	\$ 23,479	\$ (10,158)				
Nursing Expense>Supplies>Bariatric	\$ 41	\$ (41)				
Nursing Expense>Supplies>COVID	\$ 19,436					
Nursing Expense>Training & Education	\$ 6,526					
Nursing Expense>Sanitation & Incineration	\$ 750					
Nursing Expense>Clinical Services	\$ 9,510					
Nursing Expense>Data Processing	\$ 34,621					
Total Other Resident Care	\$ 94,363	\$ (10,199)	\$ -	\$ -	\$ -	\$ -

**Complete Care at Fox Hill, LLC
Disallowance Schedule for Cable TV
September 30, 2023**

Pg. 20b

	<u>Amount</u>	
Total Cable TV Expense acct # 80-232-00	\$ 45,223	TB Linked
Monthly Allowable amount	\$ 600	
Months in Cost Report Year	11	
Total Allowable Cost	<u>\$ 6,300</u>	
Full Year Cost Report (320 out of 365 Days)	<u>88%</u>	
Revised Allowable Cost	\$ 5,523	
Disallowed Cable TV	<u><u>\$ 39,700</u></u>	

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

Name of Facility Complete Care at Fox Hill, LLC		License No. 2479	Report for Year Ended 9/30/2023	Page of 21 37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Full Explanation of Service Provided*	CCNH / RHNS	(Specify)	(Specify)	Pg	Line
		Yes	No						
Healthcare Services Group	P.O Box 829677 Philadelphia, PA 19182	<input type="radio"/>	<input checked="" type="radio"/>	Dictary	115,906			18	2b
Healthcare Services Group	P.O Box 829677 Philadelphia, PA 19182	<input type="radio"/>	<input checked="" type="radio"/>	Housekeeping	264,265			20	4b
Healthcare Services Group	P.O Box 829677 Philadelphia, PA 19182	<input type="radio"/>	<input checked="" type="radio"/>	Laundry	188,369			22	6f
Northwest Environmental	2001 Windsor Ave, Baltimore, MD 21217	<input type="radio"/>	<input checked="" type="radio"/>	Sanitation	36,977			22	6f
TRM Landscaping	P.O. Box 2035 Vernon CT 06066	<input type="radio"/>	<input checked="" type="radio"/>	Snow Removal	17,761			22	6f
TRM Landscaping	P.O. Box 2035 Vernon CT 06066	<input type="radio"/>	<input checked="" type="radio"/>	Landscaping	16,431			22	6f
Complete Care Management	1730 NJ-37, Toms River, NJ 08757	<input checked="" type="radio"/>	<input type="radio"/>	Corporate Payroll Fees	11,000			16	m11
LTC Ally	Americas, Lakewood, NJ 08701	<input checked="" type="radio"/>	<input type="radio"/>	Back Office Accounting	162,420			16	m11
		<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			
Complete Care at Fox Hill, LLC	2479	9/30/2023	22	37			
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
6. Maintenance & Operation of Plant							
a. Repairs & Maintenance	\$ 70,520	70,520					
b. Heat	\$ 130,510	130,510					
c. Light & Power	\$ 148,677	148,677					
d. Water	\$ 36,728	36,728					
e. Equipment Lease (<i>Provide detail on page 22b</i>)	\$ 11,102	11,102					
f. Other (<i>itemize</i>) See Attached Schedule	\$ 132,974	132,974					
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 530,511	530,511					
7. Depreciation (<i>complete schedule page 23*</i>)							
a. Land Improvements	\$						
b. Building & Building Improvements	\$						
c. Non-Movable Equipment	\$						
d. Movable Equipment	\$ 35,039	35,039					
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 35,039	35,039					
8. Amortization (<i>Complete att. Schedule Page 24*</i>)							
a. Organization Expense	\$						
b. Mortgage Expense	\$						
c. Leasehold Improvements	\$ 7,417	7,417					
d. Other (<i>Specify</i>)	\$						
*8e. Total Amortization Costs (8a + b + c + d)	\$ 7,417	7,417					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 690,512	690,512					
10. Property Taxes							
a. Real estate taxes paid by owner	\$						
b. Real estate taxes paid by lessor	\$ 107,120	107,120					
c. Personal property taxes	\$ 8,806	8,806					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 848,894	848,894					

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

Schedule of Other Repairs and Maintenance

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	0					
Maintenance Expense>Supplies	\$ 17,443					
Maintenance Expense>Minor Equip	\$ 3,369					
Maintenance Expense>Sanitation & Incineration	\$ 37,300					
Maintenance Expense>Extermination	\$ 3,901					
Maintenance Expense>Snow Removal	\$ 17,761					
Maintenance Expense>Landscaping	\$ 16,431					
Maintenance Expense>Landscaping>supplies	\$ 584					
Maintenance Expense>Data Processing	\$ 1,275					
Maintenance Expense>Contracted Service	\$ 27,855					
Maintenance Expense>Equip Rental	\$ 1,987					
Utility Expense>Contracted Service	\$ 5,068					
Total Other Repairs and Maintenance	\$ 132,974	\$ -	\$ -	\$ -	\$ -	\$ -

**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 Complete Care at Fox Hill, LLC	License No. 2479	Report for Year Ended 9/30/2023		Annual Amount of Lease	Page of 22b 37
		Date of Lease**	Term of Lease		
Name and Address of Lessor Leaf P.O. Box 5066, Hartford, CT 06102	Description of Items Leased Copier	Related * to Owners, Operators, Officers		Annual Amount of Lease 7,930	Amount Claimed 7,930
		Yes	No		
		<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"/>		
				Total ***	7,930

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.



LEASE AGREEMENT

1720 A Crete Street, Moberly, MO 65270
Phone: 800-662-3759, Fax: 800-426-2626

LESSEE LEGAL NAME: Complete Care at Fox Hill LLC	Telephone No: 8608750771
-----------------------------------------------------	-----------------------------

Billing Address: 1253 Hartford Turnpike, Vernon Rockville, CT 06066-4560	Equipment Location (if other than Billing Address): 1253 Hartford Turnpike, Vernon Rockville, CT 06066-4560
-----------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------

EQUIPMENT DESCRIPTION: (indicate quantity, new or used and include make, model, serial # and all attachments - see below and/or attached Schedule A)

Unit Quantity	Description of Equipment Leased	Make and Type	Model Number	Serial Number
1	Copier Systems			
BASE TERM IN MONTHS 63	TOTAL NUMBER OF LEASE PAYMENTS 63 @ \$579.00 (plus taxes)	END OF LEASE PURCHASE OPTION <input checked="" type="checkbox"/> Fair market value, plus taxes <input type="checkbox"/> 10% of Equipment cost, plus taxes <input type="checkbox"/> \$1.00, plus taxes (FMV unless another option is selected. You may not exercise a purchase option if you are in default. If you exercise a purchase option we will convey all of our right, title and interest in such Equipment to you on an AS-IS WHERE IS without warranty.)		(a) Advance Payment: \$0.00 (b) Security Deposit: \$0.00 (c) Documentation Fee: \$95.00 Total due a + b + c =: \$95.00

**If more than one lease payment is required as an Advance Payment, the balance will be applied to lease payments in inverse order, starting with the last lease payment. Your obligation to pay all amounts and perform all other obligations is non-cancellable, absolute, unconditional and not subject to abatement, set-off or defense.

In this agreement ("Lease"), "we," "our," and "us" refers to LEAF Capital Funding, LLC as Lessor and "you" and "your" refer to the Lessee. You agree to lease the Equipment upon the following terms and conditions:

- LEASE PAYMENTS AND TERM:** The Lease is enforceable on you upon your execution. The term of the Lease shall commence on the date the Equipment is delivered to you ("Lease Commencement Date"). The first Lease Payment shall be due on the date we specify in the month following the Lease Commencement Date as set forth in our invoice, and the remaining Lease Payments will be due on the same day of each subsequent month (each, a "Payment Date") until paid in full. The Base Term shall commence on the date one month prior to the first Payment Date. We may charge you a portion of one Lease Payment for the period from the Lease Commencement Date until the first day of the Base Term ("Interim Rent"). The Interim Rent shall be due as invoiced. We may adjust the Lease Payments up to 15% if the actual costs are different than the estimate used to calculate the Lease Payments. On an annual basis, the Monthly Payment may be increased by a maximum of 15% of the amount previously then in effect.
- DELIVERY, ACCEPTANCE, USE AND REPAIR:** You are responsible for Equipment delivery and installation. You unconditionally accept the Equipment upon the earlier of (a) your oral or written acceptance of the Equipment, or (b) 10 days after delivery of the Equipment. You authorize us to fill in the Lease Commencement Date, serial numbers and other information. You will not move the Equipment from the above location without our written consent and are responsible for maintaining the Equipment in good repair. We are not responsible for Equipment or vendor failures.
- INDEMNIFICATION:** You agree to indemnify, defend and hold us harmless from and against any losses, damages, penalties, claims and suits, including attorneys' fees and expenses related to the ordering, manufacture, installation, ownership, condition, use, lease, possession, delivery or return of Equipment.
- LEASE EXPIRATION, RENEWAL:** Unless you notify us at least 90 days prior to the expiration of the Lease of your election to return or purchase the Equipment, this Lease will renew on a month-to-month basis at the same monthly Lease Payment until you either exercise the purchase option or provide us with at least 90 days notice and return the Equipment. If you return the Equipment, (i) it must be to the location we designate and you are responsible for all return costs and we may charge a Restocking Fee equal to one Lease Payment, and (ii) you must securely remove all data from any and all disk drives or magnetic media prior to returning the Equipment (and you are solely responsible for selecting an appropriate removal standard that meets your business needs and complies with applicable laws). You will pay us for any loss in value resulting from failure to maintain the Equipment in accordance with this Lease or for damages incurred in shipping and handling. If you exercise a purchase option we will convey all of our interest in such Equipment to you on an AS-IS WHERE IS basis without representation or warranty.
- LATE FEES AND CHARGES:** If any amount is not paid within three (3) days of when due, you agree to pay us a late charge equal to the lesser of 10% of the amount past due or the maximum legal amount. Amounts which are not paid within 30 days of when due shall accrue interest at 1.5% per month (or if less, the maximum legal rate) until paid. You agree to pay \$25 for each pay by phone and \$35 for each returned payment.
- NO WARRANTY:** We do not manufacture the Equipment and you have selected the Equipment and the supplier. WE MAKE NO EXPRESS OR IMPLIED WARRANTIES, INCLUDING THOSE OF MERCHANTABILITY OR FITNESS FOR A PURPOSE AND ARE NOT RESPONSIBLE FOR CONSEQUENTIAL OR INCIDENTAL DAMAGES.
- INSURANCE, RISK OF LOSS:** You bear all risk of loss or damage to the Equipment from its order until it is returned in the required condition or purchased by you ("Risk Period"). During the Risk Period you will maintain property and liability insurance on the Equipment acceptable to us, naming us loss payee and additional insured. If you do not provide us with proof of such insurance, we may secure insurance on the Equipment to cover our interests (and only our interests). If we obtain such insurance, you will pay us an additional amount for the cost of it and an administrative fee, the cost of which may be more than the cost to obtain your own insurance and on which we may make a profit.
- OWNERSHIP AND TAXES:** We own the Equipment (excluding licensed software). If you are deemed to own it, you grant us a security interest in the Equipment. You authorize us to file UCC financing statements to confirm our interest. You will pay, when due, all taxes, fines and penalties relating to the purchase, use, leasing and/or ownership of the Equipment. If we pay any taxes, (including property tax), fees or penalties on your behalf, you will pay us the amount we paid plus an administrative fee. You agree to pay us the documentation fee specified above or if not so specified, the greater of either \$125 or 0.5% of the Equipment cost. If we require an Equipment site inspection, or you request administrative services, you agree to reimburse our costs.
- DEFAULT:** If you or any guarantor do not pay us any amount within ten (10) days of its due date, or breach any terms of this Lease, any guaranty or any license relating to the Equipment, you will be in default. If you default, we may require you to do any combination of the following: (a) immediately pay all amounts then due, plus the present value of the remaining Lease Payments, Interim Rent and residual value of the Equipment, as determined by us, discounted at an annual rate of 3%; (b) return all of the Equipment; (c) allow us to repossess the Equipment; or (d) use any and all remedies available to us under applicable law. If you default, you agree to pay the cost of repossession and our attorney's fees and costs. In addition to all other charges and as reimbursement for expenses incurred and not as a penalty, we may require you to reimburse us for the phone calls, letters, and any additional expense incurred in the collection or servicing of this Lease for you. If we take possession of the Equipment, we may sell or otherwise dispose of it with or without notice, at a public or private sale, and apply the net proceeds (after we have deducted all costs related to the sale or disposition of the Equipment) to the amounts that you owe us. You agree that if notice of sale is required by law, 10 days' notice shall constitute reasonable notice. You remain responsible for any amounts that are due after we have applied such net proceeds. We may apply any security deposits to your obligations and if you do not default, the balance will be refunded without interest.
- ASSIGNMENT:** You have no right to sell or assign the Equipment or Lease. We may sell or assign our rights in the Lease and/or Equipment and the new owner will have all our rights but will not be subject to any claim or defense you have against us.
- ARTICLE 2A:** You agree this Lease is a "finance lease" as defined in Article 2A of the Uniform Commercial Code. You waive all rights and remedies conferred upon a lessee by Article 2A (508-522) of the UCC. You have received a copy of the Supply Contract or been informed of the identity of the Supplier and you may have rights under the Supply Contract and may contact the Supplier for a description of those rights.
- CREDIT INFORMATION:** You authorize us or any of our affiliates to obtain credit bureau reports, and make other credit inquiries that we deem necessary.
- CHOICE OF LAW:** THIS LEASE WILL BE GOVERNED BY PENNSYLVANIA LAW. YOU CONSENT TO JURISDICTION IN THE STATE OR FEDERAL COURTS IN PENNSYLVANIA AND WAIVE ANY RIGHT TO A TRIAL BY JURY.
- MISCELLANEOUS:** This Lease is the parties' entire agreement and can be amended only in writing signed by both parties. This Lease may be executed in counterparts (manually or by electronic means) and, when transmitted to us shall be binding upon you for all purposes. This Lease is not binding on us until we sign it. You agree not to raise as a defense to the enforcement of this Lease that it was executed or transmitted to us by electronic means. You will use the Equipment only for business purposes and not for personal, family or household use. The USA PATRIOT Act requires us to obtain, verify, and record information that identifies you thus we ask for your name, address and other information or documents that substantiate your identity.

ACCEPTED BY LESSEE: Complete Care at Fox Hill LLC <i>Ari Genuth</i>	Print Name: <u>ari genuth</u>	Title: <u>director of purchasing</u>
X <u>0774A5F09F80406</u> Lessee Authorized Signature	E-Mail Address: <u>apfoxhill@tccally.com</u>	Date: <u>11/21/22</u>
	Tax ID Number: <u>88-2128980</u>	

PERSONAL GUARANTY: Undersigned guarantees that Lessee will make all payments and perform all other obligations under the Lease when due. Undersigned agrees that this is a guaranty of payment and not of collection, and that we can proceed directly against undersigned without first proceeding against Lessee or the Equipment. Undersigned also waives all suretyship defenses and notification if the Lessee is in default and consents to any extensions or modifications granted to Lessee. Undersigned will pay us all expenses (including attorneys' fees) we incur in enforcing our rights against undersigned or Lessee. If more than one person signs this guaranty, each agrees that his/her liability is joint and several. Undersigned authorizes us and our affiliates to obtain credit bureau reports and make inquiries regarding undersigned's personal credit. You consent to jurisdiction in the State or Federal courts in Pennsylvania and expressly waive any right to a trial by jury.

SIGNED X _____	Print Name: _____	E-Mail Address: _____
Accepted by: LEAF Capital Funding, LLC By: <u>Dulane Wilson</u>	Title: _____	Date: <u>11/28/2022</u>



SCHEDULE A TO LEASE AGREEMENT (EQUIPMENT DESCRIPTION)

Lease Application No.: 771975

QNT	Equipment Description	New/Used	Make	Model	Serial Number
-----	-----------------------	----------	------	-------	---------------

Location: 1253 Hartford Turnpike, Vernon Rockville, CT 06066-4560

1 kyocera 4004j	New
1 kyocera 4054ci	new

LESSEE: Complete Care at Fox Hill LLC

LEAF CAPITAL FUNDING, LLC

BY: *an genuth*

BY: *Debra Wilson*

PRINT NAME: an genuth

PRINT NAME: _____

TITLE: director of purchasing

TITLE: _____

DATE: 11/21/22

DATE: 11/28/2022

Depreciation Schedule

Name of Facility Complete Care at Fox Hill, LLC	License No. 2479		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
A. Land Improvements								
1. Acquired prior to this report period								
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
A-4. Subtotal								
B. Building and Building Improvements								
1. Acquired prior to this report period								
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
B-4. Subtotal								
C. Non-Movable Equipment								
1. Acquired prior to this report period								
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
C-4. Subtotal								
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								
b. Disposals (attach schedule)								
Acquired during this report period (attach schedule):								
c. Administrative	Var.	388,670			S/L	7	33,099	
d. Standard Resident	Var.	3,334			S/L	7	417	
e. Specialized Resident	Var.	8,705			S/L	7	1,523	
Total Acquired during this report period		400,709					35,039	
D-3. Subtotal								35,039
E. Total Depreciation								35,039

Assets are only representative of items placed into service since the date of acquisition.

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
11/15/2022	Assumed personal property	Administrative	\$ 300,000	15	\$ 17,500
12/1/2022	Vital monitor signs	Standard Resident	\$ 3,334	7	\$ 417
12/1/2022	Large bariatric mattress purchase (multiple invoices)	Specialized Resident	\$ 8,705	5	\$ 1,523
12/8/2022	Laptops	Administrative	\$ 3,131	3	\$ 913
11/23/2022	Tech-Keys large computer package	Administrative	\$ 79,866	5	\$ 13,977
4/7/2023	Ice and water dispenser	Administrative	\$ 5,673	7	\$ 709
Total additions for Movable Equipment			\$ 400,709		\$ 35,039 *
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
12/27/2022	Fifteen dry sprinkler heads are outdated and need to be replaced	\$ 4,555	25	\$ 159
2/27/2023	Heating system repair (multiple invoices)	\$ 9,946	15	\$ 580
2/22/2023	Fire sprinkler repair (multiple invoices)	\$ 8,907	25	\$ 312
3/16/2023	Plumbing repairs (2 invoices)	\$ 2,923	20	\$ 128
5/16/2023	Second (final) bill of the large heating system repair started in Feb (invoice 0010034180)	\$ 1,113	15	\$ 65
6/1/2023	Oven repair (2 invoices)	\$ 3,606	10	\$ 316
6/25/2023	Sign repair	\$ 5,887	10	\$ 515
6/1/2023	Room and hallway renovations	\$ 60,000	15	\$ 3,500
7/21/2023	Wiring for exhaust fans (multiple invoices)	\$ 2,808	10	\$ 246
8/15/2023	Replacement of Lobby A / C System , as per quote of May 22 , 2023 Job B4182	\$ 8,825	15	\$ 515
8/22/2023	Bridgeline Global system upgrade	\$ 5,459	10	\$ 478
9/12/2023	Replacement of Physical Therapy A/C system	\$ 10,335	15	\$ 603
Total additions for Leasehold Improvement		\$ 124,364		\$ 7,417 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Complete Care at Fox Hill, LLC	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	Page 24	of 37
	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)	Var.	Var.	15	124,364		S/L		7,417		
C-4. Subtotal										
D. Total Amortization										7,417
										7,417

* 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.

Complete Care at Fox Hill, LLC
FIXED ASSET / DEPRECIATION SCHEDULE

Asset Type	Description	Date In Service	Method	Life	Historical Cost	2022		2023		2023 A/D	NBV
						Deprec.	A/D	Deprec.	A/D		
LEASEHOLD IMPROVEMENTS											
2023 Additions											
LI	Fifteen dry sprinkler heads are outdated and need to be replaced	12/27/2022	S/L	25	4,555			159	159		4,396
LI	Heating system repair (multiple invoices)	2/27/2023	S/L	15	9,946			580	580		9,366
LI	Fire sprinkler repair (multiple invoices)	2/22/2023	S/L	25	8,907			312	312		8,595
LI	Plumbing repairs (2 invoices)	3/16/2023	S/L	20	2,923			128	128		2,795
LI	Second (final) bill of the large heating system repair started in Feb	5/16/2023	S/L	15	1,113			65	65		1,048
LI	Oven repair (2 invoices)	6/1/2023	S/L	10	3,606			316	316		3,290
LI	Sign repair	6/25/2023	S/L	10	5,887			515	515		5,372
LI	Room and hallway renovations	6/1/2023	S/L	15	60,000			3,500	3,500		56,500
LI	Wiring for exhaust fans (multiple invoices)	7/21/2023	S/L	10	2,808			246	246		2,562
LI	Replacement of Lobby A / C System , as per quote of May 22 .	8/15/2023	S/L	15	8,825			515	515		8,310
LI	Bridgeline Global system upgrade	8/22/2023	S/L	10	5,459			478	478		4,981
LI	Replacement of Physical Therapy A/C system	9/12/2023	S/L	15	10,335			603	603		9,732
	TOTAL LEASEHOLD IMPROVEMENTS				124,363			7,417	7,417		116,947

MOVABLE EQUIPMENT

2023 Additions											
MME	Furniture & Other Property Assumed from Old Owner	11/15/2022	S/L	15	300,000			17,500	17,500		282,500
MME	Vital monitor signs	12/1/2022	S/L	7	3,334			417	417		2,917
MME	Large bariatric mattress purchase (multiple invoices)	12/1/2022	S/L	5	8,705			1,523	1,523		7,182
MME	Laptops	12/8/2022	S/L	3	3,131			913	913		2,218
MME	Tech-Keys large computer package	11/23/2022	S/L	5	79,866			13,977	13,977		65,889
MME	Ice and water dispenser	4/7/2023	S/L	7	5,673			709	709		4,964
	TOTAL MOVABLE EQUIPMENT				400,708			35,039	35,039		365,670

TOTAL ASSETS PER CR SCHEDULE
TOTAL ASSETS PER TRIAL BALANCE
ROUNDING
VARIANCE

					525,072			42,456	42,456		482,617
					525,071			58,206	58,206		466,865
					1			(15,750)	(15,750)		15,751

F/S vs C/R NBV - Page 31, Line B9
F/S vs C/R Depreciation - Page 36, Line F1
(15,751)
15,750

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

Name of Facility Complete Care at Fox Hill, LLC	License No. 2479	Report for Year Ended 9/30/2023	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased		11/15/22		
2. Date Structure Completed		05/18/05		
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure		11/15/22		
5. Total Licensed Bed Capacity		120		
6. Square Footage		54,260		
7. Acquisition Cost				
a. Land		613,793		
b. Building		5,524,141		
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Variable			
b. Date Mortgage Obtained	11/15/22			
c. Interest Rate for the Cost Year	Variable			
d. Term of Mortgage (number of years)	5			
e. Amount of Principal Borrowed	6,527,480			
f. Principal balance outstanding as of 09/30/2023	6,527,480			
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Complete Care at Fox Hill, LLC		2479	9/30/2023				26	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
12. Interest								
A. Building, Land Improvement & Non-Movable Equipment								
1. First Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
2. Second Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
3. Third Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
4. Fourth Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
B. CHEFA Loan Information								
1. Original Loan Amount		\$						
2. Loan Origination Date								
3. Interest Rate %								
4. Term								
5. CHEFA Interest Expense								
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$						

(Carry Subtotals forward to next page)

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

Name of Facility		License No.	Report for Year Ended				Page	of	
Complete Care at Fox Hill, LLC		2479	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 on LOC / Misc.			\$	61,926	61,926				
13. Total All Interest Expense (12B7 + 12C3 + 12D)			\$	61,926	61,926				
14. Insurance									
a. Insurance on Property (buildings only)			\$	19,318	19,318				
b. Insurance on Automobiles			\$						
c. Insurance other than Property (as specified above)									
1. Umbrella (Blanket Coverage)			\$						
2. Fire and Extended Coverage			\$						
3. Other (Specify) Liability / EPLI			\$	77,825	77,825				
14d. Total Insurance Expenditures (14a + b + c)			\$	97,143	97,143				
15. Total All Expenditures (A-13 thru C-14)			\$	10,920,809	11,700,515	(779,706)			

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Complete Care at Fox Hill, LLC	2479	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>	\$ 6,238,862	6,238,862				
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid <i>(All other states)</i>	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents <i>(all inclusive)</i>	\$ 1,594,970	1,594,970				
b. Medicare Room and Board Contractual Allowance **	\$ (28,060)	(28,060)				
4. a. Private-Pay Residents and Other	\$ 2,510,976	2,510,976				
b. Private-Pay Room and Board Contractual Allowance **	\$ (3,192)	(3,192)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 23,919	23,919				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (23,919)	(23,919)				
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	\$ 173,199	173,199				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (64,101)	(64,101)				
c. Physical Therapy - Non-Medicare	\$ 134,983	134,983				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (134,983)	(134,983)				
4. a. Speech Therapy - Medicare	\$ 102,671	102,671				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (46,873)	(46,873)				
c. Speech Therapy - Non-Medicare	\$ 31,822	31,822				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (31,822)	(31,822)				
5. a. Occupational Therapy - Medicare	\$ 246,984	246,984				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (74,101)	(74,101)				
c. Occupational Therapy - Non-Medicare	\$ 24,423	24,423				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (24,423)	(24,423)				
6. a. Other <i>(Specify)</i> - Medicare	\$ 181,348	181,348				
b. Other <i>(Specify)</i> - Non-Medicare	\$ 6,338	6,338				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 10,839,021	10,839,021				
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>	\$ 374	374				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other <i>(Specify)</i>	\$ 299,267	299,267				
V. Total Other Revenue (1 thru 8)	\$ 299,641	299,641				
VI. Total All Revenue (III +V)	\$ 11,138,662	11,138,662				

* 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)
		0		
30 II6a	Radiology Rev>Medicare A	\$ 2,193		
30 II6a	Radiology Rev>Medicare A>C/A	\$ (2,193)		
30 II6a	Lab Rev>Medicare A	\$ 30,706		
30 II6a	Lab Rev>Medicare A>C/A	\$ (30,706)		
30 II6a	Other Ancillary Rev>Part B>Sequester	\$ (3,762)		
30 II6a	Other Ancillary Rev>Part B>Capitated Payments	\$ 181,050		
30 II6a	Vaccine Rev>Part B	\$ 9,968		
30 II6a	Revenue Adjustments>Medicare A	\$ 25		
30 II6a	Revenue Adjustments>Part B	\$ (5,933)		
Total Other Resident Revenue - Medicare		\$ 181,348	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
		0		
30 II6b	Other Ancillary Rev>PICC Insertion	\$ 25		
30 II6b	Other Ancillary Rev>Telehealth	\$ 4,230		
30 II6b	Other Rev>HMO>Incentive Payments	\$ 870		
30 II6b	Revenue Adjustments>Medicare HMO	\$ 1,213		
Total Other Resident Revenue		\$ 6,338	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH / RHNS	(Specify)	(Specify)
			0		
30 IV5	Interest on AR	N/A	\$ 374		
Total Interest Income			\$ 374	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
		0		
30 IV8	Other Revenue>Carryover PTO (Balance Sheet Adjustments)	\$ 270,039		
30 IV8	Other Rev>Medical Records (Disallowed Expense on Page 16 Line m13)	\$ 144		
30 IV8	Other Revenue>Prior Period Adjustment(s)*	\$ 22,954		
30 IV8	Union Settlement Income	\$ 4,339		
30 IV8	Credit Card Reward Income	\$ 1,791		
Total Other Revenue		\$ 299,267	\$ -	\$ -

*No Expense Reported. Do Not Disallow.

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Complete Care at Fox Hill, LLC	2479	9/30/2023	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	369,471
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,742,403
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	102,759
a. _____				
b. _____				
c. Various (See attached)				
d. See Schedule	102,759			
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)			\$	2,214,633
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>124,364</u>		\$	116,947
	Accum. Depreciation <u>7,417</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>400,709</u>		\$	365,670
	Accum. Depreciation <u>35,039</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	(5,032)
F/S vs C/R NBV	(15,751)			
See Schedule	10,719			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	477,585

* 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 Expenses	\$ 23,109
31	A5	Prepaid Expenses>Insurance	\$ 1,538
31	A5	Prepaid Expenses>Personal Property Taxes	\$ 2,634
31	A5	Prepaid Expenses>Financing Costs	\$ 1,104
31	A5	Prepaid Expenses>RE Taxes	\$ 20,618
31	A5	Prepaid Expenses>Insurance - General Liability & Other	\$ 24,901
31	A5	Prepaid Expenses>Insurance - General Liability & Other>Contra	\$ (25,385)
31	A5	Prepaid Expenses>Insurance - EPLI	\$ 1,853
31	A5	Prepaid Expenses>Insurance - Property	\$ 12,149
31	A5	Prepaid Expenses>Workers Comp	\$ 60,254
31	A5	Prepaid Expenses>Workers Comp>Contra	\$ (30,016)
Total Prepaid Expenses			\$ 102,759

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

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

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

Page Ref	Line Ref	Description	
31	B9	Fixed Assets>CIP	\$ 10,720
31	B9	Rounding	\$ (1)
Total Other Fixed Assets (Itemize)			\$ 10,719

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

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

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

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Complete Care at Fox Hill, LLC	2479	9/30/2023	32	37
Account			Amount	
Total Brought Forward:			\$	2,692,218
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____ Net	
			\$	
3. Buildings			*Historical Cost _____ Net	
			\$	
4. Non-Movable Equipment			*Historical Cost _____ Net	
			\$	
5. Movable Equipment			*Historical Cost _____ Net	
			\$	
6. Motor Vehicles			*Historical Cost _____ 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 _____ Net	
			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	1,865,076
Name and Address		Amount	Loan Date	
Various		1,865,076	Various	
7. Other Assets (<i>itemize</i>)			\$	46,240
Due To/(From)>Vendor		46,240		
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	1,911,316
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	4,603,534

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Complete Care at Fox Hill, LLC		2479	9/30/2023	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	3,578,735
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>)				\$	
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	806,267
Other Current Payables>401K		6,654	Accrued Expense>Medic:	(1)	
Other Current Payables>Union Dues		1,097	Accrued Expenses>Mana	653,998	
Other Current Payables>Resident Fu		57,222			
Accrued Expenses		87,297	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	4,385,002

* 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 Complete Care at Fox Hill, LLC		License No. 2479	Report for Year Ended 9/30/2023	Page 34	of 37
Account				Amount	
Total Brought Forward:				4,385,002	
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>)				\$ 766,609	
Name and Address of Lender	Amount	Loan Date			
Various	766,609	Various			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 29,526	
Due To/(From)>Fox Hill Amex		11,429			
Due To/(From)>Medicare A>Sequester		3,392			
Due To/(From)>Commercial HMO		14,705			
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 796,135	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 5,181,137	


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

Name of Facility	License No.	Report for Year Ended	Page	of
Complete Care at Fox Hill, LLC	2479	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			\$	
6. Gain or Loss for Period	11/15/2022	thru 9/30/2023	\$	(577,603)
7. Total Net Worth			\$	(577,603)
C. Total Reserves and Net Worth			\$	(577,603)
D. Total Liabilities, Reserves, and Net Worth			\$	4,603,534

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Complete Care at Fox Hill, LLC	2479	9/30/2023	36	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>			\$	11,138,662
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	11,716,265
D. Net Income or Deficit			\$	(577,603)
E. Balance			\$	(577,603)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Total Expenses per Page 27			\$11,700,515	
F/S vs C/R Depreciation			15,750	
Total Expenses per F/S			\$11,716,265	
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			\$	(577,603)
				09/30/23

I. Preparer's/Reviewer's Certification

Name of Facility Complete Care at Fox Hill, LLC	License No. 2479	Report for Year Ended 9/30/2023	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing 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 PRINCIPAL	Date Signed 2/14/24		
Printed Name of Preparer Matthew S. Bivolack				
Address 555 Long Wharf Drive, New Haven, CT 06511		Phone Number 203-781-9680		
Contacted Person Regarding Additional Information Needed Regarding This Report Peri Neumann		Phone Number 732-951-7099		
Contact Email Address PeriN@ltcally.com				

Client: **Complete Care Management**
 Engagement: **Medicaid - Complete Care at Fox Hill, LLC**
 Period Ending: **9/30/2023**
 Trial Balance: **A.01 - TB-CCNH**

Account	Description	BEGIN 9/30/2023	JE Ref #	RJE	REPORT 9/30/2023
10-001-00	Cash>Clearing	0.00			0.00
10-001-02	Cash>Clearing>Payroll	(205,449.00)			(205,449.00)
10-010-15	Cash>Operating>Fox Hill	480,525.00			480,525.00
10-011-15	Cash>Petty Cash>Fox Hill	4,766.00			4,766.00
10-015-00	Cash>Petty Cash Box PNA	100.00			100.00
10-020-15	Cash>Payroll>Fox Hill	31,807.00			31,807.00
10-030-15	Cash>Govt>Fox Hill	0.00			0.00
10-040-15	Cash>Non Govt>Fox Hill	0.00			0.00
10-060-15	Cash>Resident Trust>Fox Hill	57,222.00			57,222.00
10-061-15	Cash>Care Cost>Fox Hill	500.00			500.00
11-100-00	Accounts Receivable>Miscellaneous	0.00			0.00
11-102-00	Accounts Receivable>Medicare A	191,624.00			191,624.00
11-103-00	Accounts Receivable>Part B	80,635.00			80,635.00
11-104-00	Accounts Receivable>Private	87,690.00			87,690.00
11-105-00	Accounts Receivable>Commercial HMO	56,908.00			56,908.00
11-106-00	Accounts Receivable>Medicare HMO	358,710.00			358,710.00
11-109-00	Accounts Receivable>Hospice	69,090.00			69,090.00
11-110-00	Accounts Receivable>Respite	5,750.00			5,750.00
11-111-00	Accounts Receivable>Medicaid	962,263.00			962,263.00
11-112-00	Accounts Receivable>Income	35,564.00			35,564.00
11-120-00	Accounts Receivable>Allow for Doubtful Accts	(107,831.00)			(107,831.00)
11-122-00	Accounts Receivable>Medicare Colns Write Off	2,000.00			2,000.00
12-000-00	Prepaid Expenses	23,109.00			23,109.00
12-124-00	Prepaid Expenses>Insurance	1,538.00			1,538.00
12-125-00	Prepaid Expenses>Personal Property Taxes	2,634.00			2,634.00
12-153-00	Prepaid Expenses>Financing Costs	1,104.00			1,104.00
12-161-00	Prepaid Expenses>RE Taxes	30,618.00			30,618.00
12-162-00	Prepaid Expenses>Insurance - General Liability & Other	24,901.00			24,901.00
12-162-01	Prepaid Expenses>Insurance - General Liability & Other>Contra	(25,385.00)			(25,385.00)
12-163-00	Prepaid Expenses>Insurance - EPLI	1,853.00			1,853.00
12-165-00	Prepaid Expenses>Insurance - Property	12,149.00			12,149.00
12-881-00	Prepaid Expenses>Workers Comp	60,254.00			60,254.00
12-881-01	Prepaid Expenses>Workers Comp>Contra	(30,016.00)			(30,016.00)
13-127-00	Due From>Old Owner	(26,702.00)			(26,702.00)
13-127-10	Due From>Old Owner>AP Items	6,072.00			6,072.00
14-131-00	Fixed Assets>Leasehold Improvements	124,363.00			124,363.00
14-132-00	Fixed Assets>Furniture, Fixtures and Equipment	5,673.00			5,673.00
14-133-00	Fixed Assets>Medical Equipment	12,038.00			12,038.00
14-134-00	Fixed Assets>Computer Hardware	82,997.00			82,997.00
14-136-00	Fixed Assets>CIP	10,720.00			10,720.00
14-305-00	Fixed Assets>Furniture, Fixtures and Equipment-Assumed	300,000.00			300,000.00
15-100-00	Accum Depn>Miscellaneous	(58,206.00)		2,834.00	(55,372.00)
			RJE - 1	2,834.00	
20-000-00	Accounts Payable	(978,735.00)			(978,735.00)
21-148-00	Other Current Payables>401K	(6,654.00)			(6,654.00)
21-150-00	Other Current Payables>Union Dues W/H	(1,097.00)			(1,097.00)
21-151-00	Other Current Payables>Garnishments W/H	0.00			0.00
21-273-00	Other Current Payables>Fica Payable	0.00			0.00
21-274-00	Other Current Payables>SUI Payable	0.00			0.00
21-275-00	Other Current Payables>FWT Payable	0.00			0.00
21-276-00	Other Current Payables>SWT Payable	0.00			0.00
21-278-00	Other Current Payables>SDI Payable	0.00			0.00
21-280-00	Other Current Payables>FUI Payable	0.00			0.00
21-350-00	Other Current Payables>Resident Funds	(57,222.00)			(57,222.00)
21-353-00	Other Current Payables>Resident Refunds	0.00			0.00
21-354-00	Other Current Payables>DTF RFMS	0.00			0.00
22-000-24	Note Payable>LOC>CT3	(2,600,000.00)			(2,600,000.00)
23-000-00	Accrued Wages & Related	0.00			0.00
23-157-10	Accrued Wages & Related>Benefit Time>Old Owner	0.00			0.00
24-000-00	Accrued Expenses	(87,297.00)			(87,297.00)
24-111-16	Accrued Expense>Medicaid>Bed Tax	1.00			1.00
24-279-00	Accrued Expenses>Management Fee	(653,998.00)			(653,998.00)

Account	Description	BEGIN 9/30/2023	JE Ref #	RJE	REPORT 9/30/2023
27-000-29	Due To/(From)>Fox Hill Amex	(11,429.00)			(11,429.00)
27-000-80	Due To/(From)>Vendor	46,240.00			46,240.00
27-102-14	Due To/(From)>Medicare A>Sequester	(3,392.00)			(3,392.00)
27-105-00	Due To/(From)>Commercial HMO	(14,705.00)			(14,705.00)
27-111-00	Due To/(From)>Medicaid	0.00			0.00
27-800-15	Due To/(From)>Opco/Propco>NJ3	0.00			0.00
27-800-16	Due To/(From)>Opco/Propco>CT3	(938,663.00)			(938,663.00)
27-902-11	Due To/(From)>Interfacility>CT4 and CT3	(72,582.00)		283,092.00	210,510.00
			RJE - 6	15,684.00	
			RJE - 6	18,943.00	
			RJE - 7	248,465.00	
27-902-15	Due To/(From)>Interfacility>NJ4 and CT3	(2,185.00)			(2,185.00)
27-902-16	Due To/(From)>Interfacility>NJ14 and CT3	(6,275.00)			(6,275.00)
27-902-17	Due To/(From)>Interfacility>PA4 and CT3	(1,533.00)			(1,533.00)
27-902-18	Due To/(From)>Interfacility>NJ3 and CT3	(190.00)			(190.00)
27-902-23	Due To/(From)>Interfacility>NJ5 and CT3	407.00			407.00
27-902-25	Due To/(From)>Interfacility>Barn Hill and CT3	(403.00)			(403.00)
27-902-26	Due To/(From)>Interfacility>CT3	1,858,597.00			1,858,597.00
27-902-66	Due To/(From)>Interfacility>HMH10 and CT3	(1,168.00)			(1,168.00)
40-102-00	Room & Board Revenue>Medicare A	(1,593,501.00)			(1,593,501.00)
40-102-09	Room & Board Revenue>Medicare A>Sales Adjustments	(1,469.00)			(1,469.00)
40-102-14	Room & Board Revenue>Medicare A>Sequester	28,060.00			28,060.00
40-104-00	Room & Board Revenue>Private	(1,006,002.00)			(1,006,002.00)
40-104-09	Room & Board Revenue>Private>Sales Adjustments	(43,206.00)			(43,206.00)
40-105-00	Room & Board Revenue>Commercial HMO	(38,589.00)			(38,589.00)
40-106-00	Room & Board Revenue>Medicare HMO	(1,149,698.00)			(1,149,698.00)
40-106-09	Room & Board Revenue>Medicare HMO>Sales Adjustments	(36,995.00)			(36,995.00)
40-106-14	Room & Board Revenue>Medicare HMO>Sequester	3,192.00			3,192.00
40-109-00	Room & Board Revenue>Hospice	(233,252.00)			(233,252.00)
40-109-09	Room & Board Revenue>Hospice>Sales Adjustments	8,766.00			8,766.00
40-110-00	Room & Board Revenue>Respite	(11,250.00)			(11,250.00)
40-110-09	Room & Board Revenue>Respite>Sales Adjustments	(750.00)			(750.00)
40-111-00	Room & Board Revenue>Medicaid	(6,228,502.00)			(6,228,502.00)
40-111-09	Room & Board Revenue>Medicaid>Sales Adjustments	(10,360.00)			(10,360.00)
41-102-00	Pharmacy Rev>Medicare A	(23,919.00)			(23,919.00)
41-102-01	Pharmacy Rev>Medicare A>C/A	23,919.00			23,919.00
42-102-00	PT Revenue>Medicare A	(64,101.00)			(64,101.00)
42-102-01	PT Revenue>Medicare A>C/A	64,101.00			64,101.00
42-103-00	PT Revenue>Part B	(109,098.00)			(109,098.00)
42-105-00	PT Revenue>Commercial HMO	(90.00)			(90.00)
42-105-01	PT Revenue>Commercial HMO>C/A	90.00			90.00
42-106-00	PT Revenue>Medicare HMO	(111,348.00)			(111,348.00)
42-106-01	PT Revenue>Medicare HMO>C/A	111,348.00			111,348.00
42-111-00	PT Revenue>Medicaid	(23,545.00)			(23,545.00)
42-111-01	PT Revenue>Medicaid>C/A	23,545.00			23,545.00
43-102-00	OT Revenue>Medicare A	(74,101.00)			(74,101.00)
43-102-01	OT Revenue>Medicare A>C/A	74,101.00			74,101.00
43-103-00	OT Revenue>Part B	(172,883.00)			(172,883.00)
43-105-00	OT Revenue>Commercial HMO	(204.00)			(204.00)
43-105-01	OT Revenue>Commercial HMO>C/A	204.00			204.00
43-106-00	OT Revenue>Medicare HMO	(140,323.00)			(140,323.00)
43-106-01	OT Revenue>Medicare HMO	140,323.00			140,323.00
43-111-00	OT Revenue>Medicaid	(24,219.00)			(24,219.00)
43-111-01	OT Revenue>Medicaid>C/A	24,219.00			24,219.00
44-102-00	ST Revenue>Medicare A	(46,873.00)			(46,873.00)
44-102-01	ST Revenue>Medicare A>C/A	46,873.00			46,873.00
44-103-00	ST Revenue>Part B	(55,798.00)			(55,798.00)
44-106-00	ST Revenue>Medicare HMO	(29,120.00)			(29,120.00)
44-106-01	ST Revenue>Medicare HMO>C/A	29,120.00			29,120.00
44-111-00	ST Revenue>Medicaid	(2,702.00)			(2,702.00)
44-111-01	ST Revenue>Medicaid>C/A	2,702.00			2,702.00
45-102-00	Radiology Rev>Medicare A	(2,193.00)			(2,193.00)
45-102-01	Radiology Rev>Medicare A>C/A	2,193.00			2,193.00
46-102-00	Lab Rev>Medicare A	(30,706.00)			(30,706.00)
46-102-01	Lab Rev>Medicare A>C/A	30,706.00			30,706.00
47-103-14	Other Ancillary Rev>Part B>Sequester	3,762.00			3,762.00

Account	Description	BEGIN 9/30/2023	JE Ref #	RJE	REPORT 9/30/2023
47-103-24	Other Ancillary Rev>Part B>Capitated Payments	(181,050.00)			(181,050.00)
47-260-00	Other Ancillary Rev>PICC Insertion	(25.00)			(25.00)
47-318-00	Other Ancillary Rev>Telehealth	(4,230.00)			(4,230.00)
48-103-00	Vaccine Rev>Part B	(9,968.00)			(9,968.00)
51-100-00	Other Rev>Miscellaneous	(6,130.00)			(6,130.00)
51-105-13	Other Rev>HMO>Incentive Payments	(870.00)			(870.00)
51-157-00	Other Revenue>Carryover PTO	(270,039.00)			(270,039.00)
51-160-00	Other Rev>Interest	(374.00)			(374.00)
51-818-00	Other Rev>Medical Records	(144.00)			(144.00)
52-102-00	Revenue Adjustments>Medicare A	(25.00)			(25.00)
52-103-00	Revenue Adjustments>Part B	5,933.00			5,933.00
52-106-00	Revenue Adjustments>Medicare HMO	(1,213.00)			(1,213.00)
52-111-00	Revenue Adjustments>Medicaid	0.00			0.00
55-000-00	Nursing Rental Expense	23,479.00			23,479.00
57-000-00	Oxygen Expense	2,080.00			2,080.00
58-000-00	Lab Expense	9,224.00			9,224.00
58-000-74	Lab Expense>COVID	169.00			169.00
59-000-00	Radiology Expense	5,377.00			5,377.00
60-183-00	Nursing Expense>Supplies-Disposable	14,322.00			14,322.00
60-183-07	Nursing Expense>Supplies>Bariatric	41.00			41.00
60-183-74	Nursing Expense>Supplies>COVID	19,436.00			19,436.00
60-183-76	Nursing Expense>Supplies>PPD	104,176.00			104,176.00
60-184-00	Nursing Expense>Supplies-Non Disposable	18,129.00			18,129.00
60-185-00	Nursing Expense>Incontinence Supplies	693.00			693.00
60-204-00	Nursing Expense>Training & Education	6,526.00			6,526.00
60-205-00	Nursing Expense>Sanitation & Incineration	750.00			750.00
60-212-00	Nursing Expense>Clinical Services	9,510.00			9,510.00
60-213-00	Nursing Expense>Transportation	871.00			871.00
60-230-00	Nursing Expense>Data Processing	34,621.00			34,621.00
60-263-02	Nursing Expense>Consulting Fees>Add Back	19,620.00		8,057.00	27,677.00
			RJE - 5	8,057.00	
60-700-19	Nursing Expense>Contracted Service>LPN	62,999.00			62,999.00
60-700-20	Nursing Expense>Contracted Service>CNA	30,715.00			30,715.00
60-700-23	Nursing Expense>Contracted Service>CNA Overtime	219.00			219.00
60-801-80	Nursing Expense>CNA>Wages	1,198,049.00			1,198,049.00
60-801-81	Nursing Expense>CNA>Overtime	221,582.00			221,582.00
60-801-82	Nursing Expense>CNA>Shift Premium Pay	30,060.00			30,060.00
60-801-83	Nursing Expense>CNA>Shift Bonus Pay	45,070.00			45,070.00
60-801-84	Nursing Expense>CNA>Retro Pay/Adjustment Pay	2,515.00			2,515.00
60-801-87	Nursing Expense>CNA>Training Pay	1,031.00			1,031.00
60-801-88	Nursing Expense>CNA>Other Pay	3,269.00			3,269.00
60-801-90	Nursing Expense>CNA>Sick/Vacation Pay	109,812.00			109,812.00
60-801-91	Nursing Expense>CNA>Holiday Pay	71,920.00			71,920.00
60-805-80	Nursing Expense>LPN>Wages	930,791.00			930,791.00
60-805-81	Nursing Expense>LPN>Overtime	106,186.00			106,186.00
60-805-82	Nursing Expense>LPN>Shift Premium Pay	31,762.00			31,762.00
60-805-83	Nursing Expense>LPN>Shift Bonus Pay	28,182.00			28,182.00
60-805-84	Nursing Expense>LPN>Retro Pay/Adjustment Pay	546.00			546.00
60-805-87	Nursing Expense>LPN>Training Pay	2,581.00			2,581.00
60-805-88	Nursing Expense>LPN>Other Pay	4,514.00			4,514.00
60-805-90	Nursing Expense>LPN>Sick/Vacation Pay	99,474.00			99,474.00
60-805-91	Nursing Expense>LPN>Holiday Pay	57,761.00			57,761.00
60-808-80	Nursing Expense>RN>Wages	337,041.00			337,041.00
60-808-81	Nursing Expense>RN>Overtime	35,330.00			35,330.00
60-808-82	Nursing Expense>RN>Shift Premium Pay	7,676.00			7,676.00
60-808-83	Nursing Expense>RN>Shift Bonus Pay	6,297.00			6,297.00
60-808-84	Nursing Expense>RN>Retro Pay/Adjustment Pay	329.00			329.00
60-808-87	Nursing Expense>RN>Training Pay	605.00			605.00
60-808-88	Nursing Expense>RN>Other Pay	815.00			815.00
60-808-90	Nursing Expense>RN>Sick/Vacation Pay	23,395.00			23,395.00
60-808-91	Nursing Expense>RN>Holiday Pay	20,156.00			20,156.00
60-809-80	Nursing Expense>RN Supervisor>Wages	240,367.00			240,367.00
60-809-81	Nursing Expense>RN Supervisor>Overtime	2,284.00			2,284.00
60-809-82	Nursing Expense>RN Supervisor>Shift Premium Pay	698.00			698.00
60-809-83	Nursing Expense>RN Supervisor>Shift Bonus Pay	5,275.00			5,275.00
60-809-84	Nursing Expense>RN Supervisor>Retro Pay/Adjustment Pay	1,914.00			1,914.00

Account	Description	BEGIN	JE Ref #	RJE	REPORT
		9/30/2023			9/30/2023
60-809-89	Nursing Expense>RN Supervisor>On Call Pay	800.00			800.00
60-809-90	Nursing Expense>RN Supervisor>Sick/Vacation Pay	19,989.00			19,989.00
60-809-91	Nursing Expense>RN Supervisor>Holiday Pay	10,016.00			10,016.00
61-194-80	Nursing Admin Expense>Infection Control>Wages	86,042.00			86,042.00
61-194-82	Nursing Admin Expense>Infection Control>Shift Premium Pay	16.00			16.00
61-194-89	Nursing Admin Expense>Infection Control>On Call Pay	800.00			800.00
61-194-90	Nursing Admin Expense>Infection Control>Sick/Vacation Pay	6,329.00			6,329.00
61-194-91	Nursing Admin Expense>Infection Control>Holiday Pay	2,161.00			2,161.00
61-750-00	Nursing Admin Expense>Medical Director	46,607.00		(6,475.00)	40,132.00
			RJE - 2	(6,475.00)	
61-811-80	Nursing Admin Expense>Director (DON)>Wages	116,184.00		(15,684.00)	100,500.00
			RJE - 6	(15,684.00)	
61-811-90	Nursing Admin Expense>Director>Sick/Vacation Pay	8,920.00			8,920.00
61-811-91	Nursing Admin Expense>Director>Holiday Pay	2,973.00			2,973.00
61-812-80	Nursing Admin Expense>Assistant Director (ADON)>Wages	76,129.00			76,129.00
61-812-89	Nursing Admin Expense>Assistant Director>On Call Pay	700.00			700.00
61-812-90	Nursing Admin Expense>Assistant Director>Sick/Vacation Pay	7,082.00			7,082.00
61-812-91	Nursing Admin Expense>Assistant Director>Holiday Pay	2,265.00			2,265.00
61-814-80	Nursing Admin Expense>Central Supply>Wages	26,035.00			26,035.00
61-814-81	Nursing Admin Expense>Central Supply>Overtime	168.00			168.00
61-814-90	Nursing Admin Expense>Central Supply>Sick/Vacation Pay	1,140.00			1,140.00
61-814-91	Nursing Admin Expense>Central Supply>Holiday Pay	1,507.00			1,507.00
61-817-80	Nursing Admin Expense>MDS / RNAC>Wages	170,669.00		(18,943.00)	151,726.00
			RJE - 6	(18,943.00)	
61-817-81	Nursing Admin Expense>MDS / RNAC>Overtime	1,778.00			1,778.00
61-817-83	Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay	100.00			100.00
61-817-88	Nursing Admin Expense>MDS / RNAC>Other Pay	250.00			250.00
61-817-89	Nursing Admin Expense>MDS / RNAC>On Call Pay	600.00			600.00
61-817-90	Nursing Admin Expense>MDS / RNAC>Sick/Vacation Pay	11,295.00			11,295.00
61-817-91	Nursing Admin Expense>MDS / RNAC>Holiday Pay	5,085.00			5,085.00
61-818-80	Nursing Admin Expense>Medical Records>Wages	18,044.00			18,044.00
61-818-83	Nursing Admin Expense>Medical Records>Shift Bonus Pay	310.00			310.00
61-818-90	Nursing Admin Expense>Medical Records>Sick/Vacation Pay	1,228.00			1,228.00
61-818-91	Nursing Admin Expense>Medical Records>Holiday Pay	472.00			472.00
61-821-80	Nursing Admin Expense>Nursing Secretary>Wages	13,016.00			13,016.00
61-821-83	Nursing Admin Expense>Nursing Secretary>Shift Bonus Pay	50.00			50.00
61-821-90	Nursing Admin Expense>Nursing Secretary>Sick/Vacation Pay	1,372.00			1,372.00
61-821-91	Nursing Admin Expense>Nursing Secretary>Holiday Pay	157.00			157.00
61-823-80	Nursing Admin Expense>Staff Coordinator>Wages	49,335.00			49,335.00
61-823-81	Nursing Admin Expense>Staff Coordinator>Overtime	2,610.00			2,610.00
61-823-83	Nursing Admin Expense>Staff Coordinator>Shift Bonus Pay	559.00			559.00
61-823-90	Nursing Admin Expense>Staff Coordinator>Sick/Vacation Pay	3,459.00			3,459.00
61-823-91	Nursing Admin Expense>Staff Coordinator>Holiday Pay	1,353.00			1,353.00
61-824-80	Nursing Admin Expense>Staff Devel Director>Wages	43,843.00			43,843.00
61-824-88	Nursing Admin Expense>Staff Devel Director>Other Pay	953.00			953.00
61-824-89	Nursing Admin Expense>Staff Devel Director>On Call Pay	400.00			400.00
61-824-90	Nursing Admin Expense>Staff Devel Director>Sick/Vacation Pay	1,192.00			1,192.00
61-824-91	Nursing Admin Expense>Staff Devel Director>Holiday Pay	1,631.00			1,631.00
61-825-80	Nursing Admin Expense> RN Unit Manager>Wages	80,995.00			80,995.00
61-825-84	Nursing Admin Expense>Unit Manager>Retro Pay/Adjustment Pay	372.00			372.00
61-825-89	Nursing Admin Expense>Unit Manager>On Call Pay	900.00			900.00
61-825-90	Nursing Admin Expense>Unit Manager>Sick/Vacation Pay	9,709.00			9,709.00
61-825-91	Nursing Admin Expense>Unit Manager>Holiday Pay	1,867.00			1,867.00
62-102-00	Pharmacy Expense>Medicare A	38,688.00			38,688.00
62-104-00	Pharmacy Expense>Private	40.00			40.00
62-105-00	Pharmacy Expense>HMO	46,206.00			46,206.00
62-111-00	Pharmacy Expense>Medicaid	2,593.00			2,593.00
62-145-00	Pharmacy Expense>RX	5,228.00			5,228.00
62-145-32	Pharmacy Expense>RX>Vaccines	7,536.00			7,536.00
62-222-00	Pharmacy Expense>OTC	1,279.00			1,279.00
62-700-00	Pharmacy Expense>Contracted Service	29,086.00			29,086.00
65-101-01	PT Expense>Optum>Part B	6,374.00			6,374.00
65-102-00	PT Expense>Medicare A	49,347.00			49,347.00
65-103-00	PT Expense>Med B	38,179.00			38,179.00
65-104-00	PT Expense>Private	9,220.00			9,220.00
65-105-00	PT Expense>HMO B	39,152.00			39,152.00

Account	Description	BEGIN 9/30/2023	JE Ref #	RJE	REPORT 9/30/2023
65-106-00	PT Expense>HMO A	62,915.00			62,915.00
65-107-00	PT Expense>Managed Medicaid	64.00			64.00
65-111-00	PT Expense>Medicaid	9,681.00			9,681.00
66-101-01	OT Expense>Optum>Part B	1,998.00			1,998.00
66-102-00	OT Expense>Medicare A	62,647.00			62,647.00
66-103-00	OT Expense>Part B	93,444.00			93,444.00
66-104-00	OT Expense>Private	244.00			244.00
66-105-00	OT Expense>HMO B	53,269.00			53,269.00
66-106-00	OT Expense>HMO A	77,331.00			77,331.00
66-107-00	OT Expense>Managed Medicaid	287.00			287.00
66-111-00	OT Expense>Medicaid	9,932.00			9,932.00
67-101-01	ST Expense>Optum>Part B	369.00			369.00
67-102-00	ST Expense>Medicare A	26,897.00			26,897.00
67-103-00	ST Expense>Part B	35,172.00			35,172.00
67-105-00	ST Expense>HMO B	4,491.00			4,491.00
67-106-00	ST Expense>HMO A	13,870.00			13,870.00
67-111-00	ST Expense>Medicaid	1,051.00			1,051.00
67-700-00	ST Expense>Contracted Service	365.00			365.00
68-183-00	Therapy Expense>Supplies	174.00			174.00
68-700-00	Therapy Expense>Contracted Service	(22,954.00)		22,954.00	0.00
			RJE - 4	22,954.00	
68-827-00	Therapy Expense>Respiratory	6,808.00			6,808.00
69-811-80	Social Services Expense>Director>Wages	56,622.00			56,622.00
69-811-90	Social Services Expense>Director>Sick/Vacation Pay	3,777.00			3,777.00
69-811-91	Social Services Expense>Director>Holiday Pay	1,638.00			1,638.00
69-830-80	Social Services Expense>Assistant>Wages	31,425.00			31,425.00
69-830-90	Social Services Expense>Assistant>Sick/Vacation Pay	2,109.00			2,109.00
69-830-91	Social Services Expense>Assistant>Holiday Pay	1,154.00			1,154.00
70-177-00	Dietary Expense>Supplements	21,915.00			21,915.00
70-178-00	Dietary Expense>Food	233,107.00			233,107.00
70-183-00	Dietary Expense>Supplies	34,106.00			34,106.00
70-184-00	Dietary Expense>Minor Equip	1,196.00			1,196.00
70-191-00	Dietary Expense>Enteral Feeding Supplies	3,589.00			3,589.00
70-208-00	Dietary Expense>Equip-Rental	2,731.00			2,731.00
70-700-00	Dietary Expense>Contracted Service	116,637.00			116,637.00
70-831-80	Dietary Expense>Aide>Wages	138,520.00			138,520.00
70-831-81	Dietary Expense>Aide>Overtime	12,388.00			12,388.00
70-831-82	Dietary Expense>Aide>Shift Premium Pay	2,760.00			2,760.00
70-831-84	Dietary Expense>Aide>Retro Pay/Adjustment Pay	1,431.00			1,431.00
70-831-87	Dietary Expense>Aide>Training Pay	380.00			380.00
70-831-88	Dietary Expense>Aide>Other Pay	539.00			539.00
70-831-90	Dietary Expense>Aide>Sick/Vacation Pay	2,378.00			2,378.00
70-831-91	Dietary Expense>Aide>Holiday Pay	5,937.00			5,937.00
70-832-80	Dietary Expense>Cook>Wages	108,469.00			108,469.00
70-832-81	Dietary Expense>Cook>Overtime	15,755.00			15,755.00
70-832-82	Dietary Expense>Cook>Shift Premium Pay	2,260.00			2,260.00
70-832-83	Dietary Expense>Cook>Shift Bonus Pay	50.00			50.00
70-832-88	Dietary Expense>Cook>Other Pay	101.00			101.00
70-832-90	Dietary Expense>Cook>Sick/Vacation Pay	4,692.00			4,692.00
70-832-91	Dietary Expense>Cook>Holiday Pay	5,231.00			5,231.00
70-833-00	Dietary Expense>Contracted Dietician	37,030.00			37,030.00
71-178-00	Activity Expense>Food	855.00			855.00
71-179-00	Activity Expense>Barber & Beauty	1,721.00			1,721.00
71-183-00	Activity Expense>Supplies	4,430.00			4,430.00
71-700-00	Activity Expense>Contracted Service	5,018.00			5,018.00
71-811-80	Activity Expense>Director>Wages	45,297.00			45,297.00
71-811-81	Activity Expense>Director>Overtime	12.00			12.00
71-811-84	Activity Expense>Director>Retro Pay/Adjustment Pay	1,077.00			1,077.00
71-811-90	Activity Expense>Director>Sick/Vacation Pay	1,971.00			1,971.00
71-811-91	Activity Expense>Director>Holiday Pay	976.00			976.00
71-831-80	Activity Expense>Aide>Wages	32,030.00			32,030.00
71-831-81	Activity Expense>Aide>Overtime	144.00			144.00
71-831-82	Activity Expense>Aide>Shift Premium Pay	2.00			2.00
71-831-84	Activity Expense>Aide>Retro Pay/Adjustment Pay	143.00			143.00
71-831-90	Activity Expense>Aide>Sick/Vacation Pay	3,501.00			3,501.00
71-831-91	Activity Expense>Aide>Holiday Pay	1,185.00			1,185.00

Account	Description	BEGIN 9/30/2023	JE Ref #	RJE	REPORT 9/30/2023
72-183-00	Housekeeping Expense>Supplies	401.00			401.00
72-183-74	Housekeeping Expense>Supplies>COVID	58.00			58.00
72-700-00	Housekeeping Expense>Contracted Service	264,265.00			264,265.00
73-183-00	Laundry Expense>Supplies	1,793.00			1,793.00
73-700-00	Laundry Expense>Contracted Service	188,369.00			188,369.00
75-183-00	Maintenance Expense>Supplies	17,443.00			17,443.00
75-184-00	Maintenance Expense>Minor Equip	3,369.00			3,369.00
75-205-00	Maintenance Expense>Sanitation & Incineration	37,300.00			37,300.00
75-207-00	Maintenance Expense>Repairs & Maint	70,520.00			70,520.00
75-208-00	Maintenance Expense>Equip Rental	1,987.00			1,987.00
75-217-00	Maintenance Expense>Extermination	3,901.00			3,901.00
75-218-00	Maintenance Expense>Snow Removal	17,761.00			17,761.00
75-219-00	Maintenance Expense>Landscaping	16,431.00			16,431.00
75-219-83	Maintenance Expense>Landscaping>supplies	584.00			584.00
75-230-00	Maintenance Expense>Data Processing	1,275.00			1,275.00
75-700-00	Maintenance Expense>Contracted Service	27,855.00			27,855.00
75-811-80	Maintenance Expense>Director>Wages	65,231.00			65,231.00
75-811-81	Maintenance Expense>Director>Overtime	820.00			820.00
75-811-90	Maintenance Expense>Director>Sick/Vacation Pay	2,780.00			2,780.00
75-811-91	Maintenance Expense>Director>Holiday Pay	1,759.00			1,759.00
75-829-80	Maintenance Expense>Staff>Wages	26,606.00			26,606.00
75-829-89	Maintenance Expense>Staff>On Call Pay	35.00			35.00
75-829-90	Maintenance Expense>Staff>Sick/Vacation Pay	2,048.00			2,048.00
75-829-91	Maintenance Expense>Staff>Holiday Pay	917.00			917.00
76-227-00	Utility Expense>Gas	130,510.00			130,510.00
76-228-00	Utility Expense>Electric	148,677.00			148,677.00
76-229-00	Utility Expense>Water/Sewer	36,728.00			36,728.00
76-700-00	Utility Expense>Contracted Service	5,068.00			5,068.00
80-111-16	Admin Expense>Medicaid>Bed Tax	608,318.00			608,318.00
80-153-00	Admin Expense>Financing Costs	1,722.00			1,722.00
80-162-00	Admin Expense>Insurance - General Liability & Other	64,592.00			64,592.00
80-163-00	Admin Expense>Insurance - EPLI	13,233.00			13,233.00
80-181-00	Admin Expense>Shredding	1,692.00			1,692.00
80-182-00	Admin Expense>Furnishing	14,155.00			14,155.00
80-183-00	Admin Expense>Supplies	9,916.00			9,916.00
80-183-09	Admin Expense>Supplies>Toner	1,140.00			1,140.00
80-183-78	Admin Expense>Supplies>Paper	2,519.00			2,519.00
80-184-00	Admin Expense>Computer Hardware	5,609.00			5,609.00
80-202-00	Admin Expense>resident missing Items	988.00			988.00
80-208-00	Admin Expense>Equip-Rental	11,102.00			11,102.00
80-209-00	Admin Expense>Postage	1,605.00			1,605.00
80-210-00	Admin Expense>Internet	2,040.00			2,040.00
80-230-00	Admin Expense>Data Processing	41,320.00			41,320.00
80-231-00	Admin Expense>Telephone	4,407.00			4,407.00
80-232-00	Admin Expense>Cable TV	45,223.00			45,223.00
80-234-00	Admin Expense>Licenses	18.00			18.00
80-235-00	Admin Expense>Dues & Subscriptions	9,072.00			7,559.00
			RJE - 3	(1,513.00)	
80-236-00	Admin Expense>Travel	5,886.00			5,886.00
80-238-00	Admin Expense>Legal Fees	3,898.00			3,898.00
80-239-00	Admin Expense>Accounting Fees	8,956.00			13,778.00
			RJE - 5	4,822.00	
80-240-02	Admin Expense>Professional Fees>Add Back	175,299.00			162,420.00
			RJE - 5	(12,879.00)	
80-241-00	Admin Expense>IT Fees	1,303.00			1,303.00
80-241-01	Admin Expense>IT Fees>Add Back	17,802.00			17,802.00
80-242-00	Admin Expense>Fines & Penalties	600.00			600.00
80-244-00	Admin Expense>Bank Fees	5,633.00			5,633.00
80-245-00	Admin Expense>Background Checks	447.00			447.00
80-245-06	Admin Expense>Background Checks Other (Fingerprinting)	2,978.00			2,978.00
80-249-00	Admin Expense>Recruiting	6,064.00			6,064.00
80-250-00	Admin Expense>Marketing & Advertising	23,489.00			23,489.00
80-250-74	Admin Expense>Marketing & Advertising>COVID	1,639.00			1,639.00
80-251-00	Admin Expense>Bad Debt	110,735.00			110,735.00
80-251-74	Admin Expense>Bad Debt>Medicare Coinsurance	0.00			0.00
80-252-00	Admin Expense>Startup Costs	119,196.00			119,196.00

Account	Description	BEGIN 9/30/2023	JE Ref #	RJE	REPORT 9/30/2023
80-279-00	Admin Expense>Management Fee	553,673.00		(248,465.00)	305,208.00
			RJE - 7	(248,465.00)	
80-700-00	Admin Expense>Contracted Service	323.00			323.00
80-700-02	Admin Expense>Contracted Service>Add Back	11,000.00			11,000.00
80-811-80	Admin Expense>Director>Wages	112,077.00			112,077.00
80-811-84	Admin Expense>Director>Retro Pay/Adjustment Pay	4,269.00			4,269.00
80-811-90	Admin Expense>Director>Sick/Vacation Pay	8,869.00			8,869.00
80-811-91	Admin Expense>Director>Holiday Pay	3,548.00			3,548.00
80-838-80	Admin Expense>Receptionist>Wages	50,056.00			50,056.00
80-838-81	Admin Expense>Receptionist>Overtime	774.00			774.00
80-838-83	Admin Expense>Receptionist>Shift Bonus Pay	411.00			411.00
80-838-84	Admin Expense>Receptionist>Retro Pay/Adjustment Pay	86.00			86.00
80-838-90	Admin Expense>Receptionist>Sick/Vacation Pay	2,360.00			2,360.00
80-838-91	Admin Expense>Receptionist>Holiday Pay	2,167.00			2,167.00
80-839-80	Admin Expense>Admissions>Wages	57,757.00			57,757.00
80-839-83	Admin Expense>Admissions>Shift Bonus Pay	200.00			200.00
80-839-90	Admin Expense>Admissions>Sick/Vacation Pay	1,328.00			1,328.00
80-839-91	Admin Expense>Admissions>Holiday Pay	1,586.00			1,586.00
80-840-80	Admin Expense>Business Office>Wages	60,187.00			60,187.00
80-840-90	Admin Expense>Business Office>Sick/Vacation Pay	3,258.00			3,258.00
80-840-91	Admin Expense>Business Office>Holiday Pay	2,016.00			2,016.00
80-841-80	Admin Expense>Human Resources>Wages	46,298.00			46,298.00
80-841-81	Admin Expense>Human Resources>Overtime	1,110.00			1,110.00
80-841-83	Admin Expense>Human Resources>Shift Bonus Pay	450.00			450.00
80-841-90	Admin Expense>Human Resources>Sick/Vacation Pay	1,089.00			1,089.00
80-841-91	Admin Expense>Human Resources>Holiday Pay	1,120.00			1,120.00
80-843-80	Admin Expense>Regional Marketing/CAD>Wages	46,883.00			46,883.00
80-844-80	Admin Expense>Recruiting>Wages	11,976.00			11,976.00
85-100-00	Employee Benefits Expense>Miscellaneous	27,523.00			27,523.00
85-145-32	Employee Benefits Expense>Pharmacy>Vaccines	691.00			691.00
85-156-61	Employee Benefits Expense>PR Taxes>Fica	398,355.00			398,355.00
85-156-62	Employee Benefits Expense>PR Taxes>SUI	80,135.00			80,135.00
85-156-63	Employee Benefits Expense>PR Taxes>FUI	10,539.00			10,539.00
85-178-00	Employee Benefits Expense>Food	9,072.00			9,072.00
85-200-79	Employee Benefits Expense>Union>Misc	25,565.00			25,565.00
85-255-79	Employee Benefits Expense>Pension>Union	230,249.00			230,249.00
85-257-00	Employee Benefits Expense>Employee Physicals	153.00			153.00
85-881-00	Employee Benefits Expense>Workers Comp	140,915.00			140,915.00
85-882-00	Employee Benefits Expense>Health Insurance	237,942.00			237,942.00
85-882-01	Employee Benefits Expense>Health Insurance>Union	(39.00)			(39.00)
85-884-00	Employee Benefits>Dental/Vision Insurance	474.00			474.00
91-121-00	Property Expense>Rent	690,512.00			690,512.00
91-125-00	Property Expense>Personal Property Taxes	8,806.00			8,806.00
91-161-00	Property Expense>RE Taxes	107,120.00			107,120.00
91-165-00	Property Expense>Insurance - Property	19,318.00			19,318.00
92-000-00	Depreciation Expense	58,206.00		(2,834.00)	55,372.00
			RJE - 1	(2,834.00)	
94-000-00	Interest Expense	61,926.00			61,926.00
Marcum 101	Accum Depn>Leasehold Improvements	0.00		(2,834.00)	(2,834.00)
			RJE - 1	(2,834.00)	
Marcum 102	Depreciation Expense>Leasehold Improvements	0.00		2,834.00	2,834.00
			RJE - 1	2,834.00	
Marcum 103	Dentist Fees	0.00		6,475.00	6,475.00
			RJE - 2	6,475.00	
Marcum 104	Subscriptions	0.00		1,013.00	1,013.00
			RJE - 3	1,013.00	
Marcum 105	Chamber Dues	0.00		500.00	500.00
			RJE - 3	500.00	
Marcum 106	Other Revenue>Prior Period Adjustment(s)	0.00		(22,954.00)	(22,954.00)
			RJE - 4	(22,954.00)	
Total		0.00		0.00	0.00
Net (Income) Loss		139,586.00		0.00	139,586.00

Client: **Complete Care Management**
 Engagement: **Medicaid - Complete Care at Fox Hill, LLC**
 Period Ending: **9/30/2023**
 Trial Balance: **A.01 - TB-CCNH**
 Workpaper: **A.03 - TB-CCNH Combined Detail LS**

Account	Description	BEGIN 9/30/2023	JE Ref #	RJE 9/30/2023	REPORT 9/30/2023	PP-1 9/30/2022
Group : [10-A]	Salaries and Wages					
Subgroup : [2]	Administrators					
80-811-80	Admin Expense>Director>Wages	112,077.00		0.00	112,077.00	0.00
80-811-84	Admin Expense>Director>Retro Pay/Adjustment Pay	4,269.00		0.00	4,269.00	0.00
80-811-90	Admin Expense>Director>Sick/Vacation Pay	8,869.00		0.00	8,869.00	0.00
80-811-91	Admin Expense>Director>Holiday Pay	3,548.00		0.00	3,548.00	0.00
Subtotal [2]	Administrators	128,763.00		0.00	128,763.00	0.00
Subgroup : [4]	Other Administrative Salaries					
80-838-80	Admin Expense>Receptionist>Wages	50,056.00		0.00	50,056.00	0.00
80-838-81	Admin Expense>Receptionist>Overtime	774.00		0.00	774.00	0.00
80-838-83	Admin Expense>Receptionist>Shift Bonus Pay	411.00		0.00	411.00	0.00
80-838-84	Admin Expense>Receptionist>Retro Pay/Adjustment Pay	86.00		0.00	86.00	0.00
80-838-90	Admin Expense>Receptionist>Sick/Vacation Pay	2,360.00		0.00	2,360.00	0.00
80-838-91	Admin Expense>Receptionist>Holiday Pay	2,167.00		0.00	2,167.00	0.00
80-840-80	Admin Expense>Business Office>Wages	60,187.00		0.00	60,187.00	0.00
80-840-90	Admin Expense>Business Office>Sick/Vacation Pay	3,258.00		0.00	3,258.00	0.00
80-840-91	Admin Expense>Business Office>Holiday Pay	2,016.00		0.00	2,016.00	0.00
80-841-80	Admin Expense>Human Resources>Wages	46,298.00		0.00	46,298.00	0.00
80-841-81	Admin Expense>Human Resources>Overtime	1,110.00		0.00	1,110.00	0.00
80-841-83	Admin Expense>Human Resources>Shift Bonus Pay	450.00		0.00	450.00	0.00
80-841-90	Admin Expense>Human Resources>Sick/Vacation Pay	1,089.00		0.00	1,089.00	0.00
80-841-91	Admin Expense>Human Resources>Holiday Pay	1,120.00		0.00	1,120.00	0.00
80-844-80	Admin Expense>Recruiting>Wages	11,976.00		0.00	11,976.00	0.00
Subtotal [4]	Other Administrative Salaries	183,358.00		0.00	183,358.00	0.00
Subgroup : [5C]	Dietary Workers					
70-831-80	Dietary Expense>Aide>Wages	138,520.00		0.00	138,520.00	0.00
70-831-81	Dietary Expense>Aide>Overtime	12,388.00		0.00	12,388.00	0.00
70-831-82	Dietary Expense>Aide>Shift Premium Pay	2,760.00		0.00	2,760.00	0.00
70-831-84	Dietary Expense>Aide>Retro Pay/Adjustment Pay	1,431.00		0.00	1,431.00	0.00
70-831-87	Dietary Expense>Aide>Training Pay	380.00		0.00	380.00	0.00
70-831-88	Dietary Expense>Aide>Other Pay	539.00		0.00	539.00	0.00
70-831-90	Dietary Expense>Aide>Sick/Vacation Pay	2,378.00		0.00	2,378.00	0.00
70-831-91	Dietary Expense>Aide>Holiday Pay	5,837.00		0.00	5,837.00	0.00
70-832-80	Dietary Expense>Cook>Wages	108,469.00		0.00	108,469.00	0.00
70-832-81	Dietary Expense>Cook>Overtime	15,755.00		0.00	15,755.00	0.00
70-832-82	Dietary Expense>Cook>Shift Premium Pay	2,260.00		0.00	2,260.00	0.00
70-832-83	Dietary Expense>Cook>Shift Bonus Pay	50.00		0.00	50.00	0.00
70-832-88	Dietary Expense>Cook>Other Pay	101.00		0.00	101.00	0.00
70-832-90	Dietary Expense>Cook>Sick/Vacation Pay	4,692.00		0.00	4,692.00	0.00
70-832-91	Dietary Expense>Cook>Holiday Pay	5,231.00		0.00	5,231.00	0.00
Subtotal [5C]	Dietary Workers	300,891.00		0.00	300,891.00	0.00
Subgroup : [7A]	Engineer or Chief of Maintenance					
75-811-80	Maintenance Expense>Director>Wages	65,231.00		0.00	65,231.00	0.00
75-811-81	Maintenance Expense>Director>Overtime	820.00		0.00	820.00	0.00
75-811-90	Maintenance Expense>Director>Sick/Vacation Pay	2,780.00		0.00	2,780.00	0.00
75-811-91	Maintenance Expense>Director>Holiday Pay	1,759.00		0.00	1,759.00	0.00
Subtotal [7A]	Engineer or Chief of Maintenance	70,590.00		0.00	70,590.00	0.00
Subgroup : [7B]	Other Maintenance Workers					
75-829-80	Maintenance Expense>Staff>Wages	26,606.00		0.00	26,606.00	0.00
75-829-89	Maintenance Expense>Staff>On Call Pay	35.00		0.00	35.00	0.00
75-829-90	Maintenance Expense>Staff>Sick/Vacation Pay	2,048.00		0.00	2,048.00	0.00
75-829-91	Maintenance Expense>Staff>Holiday Pay	917.00		0.00	917.00	0.00
Subtotal [7B]	Other Maintenance Workers	29,606.00		0.00	29,606.00	0.00
Subgroup : [12A]	Director of Nurses/Assistant Director					
61-811-80	Nursing Admin Expense>Director (DON)>Wages	116,184.00		(15,684.00)	100,500.00	0.00
61-811-90	Nursing Admin Expense>Director>Sick/Vacation Pay	8,920.00		0.00	8,920.00	0.00
61-811-91	Nursing Admin Expense>Director>Holiday Pay	2,973.00		0.00	2,973.00	0.00
61-812-80	Nursing Admin Expense>Assistant Director (ADON)>Wages	76,129.00		0.00	76,129.00	0.00
61-812-89	Nursing Admin Expense>Assistant Director>On Call Pay	700.00		0.00	700.00	0.00
61-812-90	Nursing Admin Expense>Assistant Director>Sick/Vacation Pay	7,082.00		0.00	7,082.00	0.00
61-812-91	Nursing Admin Expense>Assistant Director>Holiday Pay	2,265.00		0.00	2,265.00	0.00
Subtotal [12A]	Director of Nurses/Assistant Director	214,253.00		(15,684.00)	198,569.00	0.00
Subgroup : [12B1]	RNs - Direct Care					
60-808-80	Nursing Expense>RN>Wages	337,041.00		0.00	337,041.00	0.00
60-808-81	Nursing Expense>RN>Overtime	35,330.00		0.00	35,330.00	0.00
60-808-82	Nursing Expense>RN>Shift Premium Pay	7,676.00		0.00	7,676.00	0.00
60-808-83	Nursing Expense>RN>Shift Bonus Pay	6,297.00		0.00	6,297.00	0.00
60-808-84	Nursing Expense>RN>Retro Pay/Adjustment Pay	329.00		0.00	329.00	0.00
60-808-87	Nursing Expense>RN>Training Pay	605.00		0.00	605.00	0.00
60-808-88	Nursing Expense>RN>Other Pay	815.00		0.00	815.00	0.00
60-808-90	Nursing Expense>RN>Sick/Vacation Pay	23,395.00		0.00	23,395.00	0.00
60-808-91	Nursing Expense>RN>Holiday Pay	20,156.00		0.00	20,156.00	0.00
60-809-80	Nursing Expense>RN Supervisor>Wages	240,367.00		0.00	240,367.00	0.00
60-809-81	Nursing Expense>RN Supervisor>Overtime	2,284.00		0.00	2,284.00	0.00
60-809-82	Nursing Expense>RN Supervisor>Shift Premium Pay	698.00		0.00	698.00	0.00
60-809-83	Nursing Expense>RN Supervisor>Shift Bonus Pay	5,275.00		0.00	5,275.00	0.00
60-809-84	Nursing Expense>RN Supervisor>Retro Pay/Adjustment Pay	1,914.00		0.00	1,914.00	0.00
60-809-89	Nursing Expense>RN Supervisor>On Call Pay	800.00		0.00	800.00	0.00
60-809-90	Nursing Expense>RN Supervisor>Sick/Vacation Pay	19,989.00		0.00	19,989.00	0.00
60-809-91	Nursing Expense>RN Supervisor>Holiday Pay	10,016.00		0.00	10,016.00	0.00
Subtotal [12B1]	RNs - Direct Care	712,987.00		0.00	712,987.00	0.00
Subgroup : [12B2]	RNs - Administrative					
61-194-80	Nursing Admin Expense>Infection Control>Wages	86,042.00		0.00	86,042.00	0.00
61-194-82	Nursing Admin Expense>Infection Control>Shift Premium Pay	16.00		0.00	16.00	0.00
61-194-89	Nursing Admin Expense>Infection Control>On Call Pay	800.00		0.00	800.00	0.00
61-194-90	Nursing Admin Expense>Infection Control>Sick/Vacation Pay	6,329.00		0.00	6,329.00	0.00
61-194-91	Nursing Admin Expense>Infection Control>Holiday Pay	2,161.00		0.00	2,161.00	0.00
61-814-80	Nursing Admin Expense>Central Supply>Wages	26,035.00		0.00	26,035.00	0.00
61-814-81	Nursing Admin Expense>Central Supply>Overtime	168.00		0.00	168.00	0.00
61-814-90	Nursing Admin Expense>Central Supply>Sick/Vacation Pay	1,140.00		0.00	1,140.00	0.00
61-814-91	Nursing Admin Expense>Central Supply>Holiday Pay	1,507.00		0.00	1,507.00	0.00
61-817-80	Nursing Admin Expense>MDS / RNAC>Wages	170,669.00		(18,943.00)	151,726.00	0.00

61-817-81	Nursing Admin Expense>MDS / RNAC>Overtime	1,778.00	0.00	1,778.00	0.00
61-817-83	Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay	100.00	0.00	100.00	0.00
61-817-98	Nursing Admin Expense>MDS / RNAC>Other Pay	250.00	0.00	250.00	0.00
61-817-89	Nursing Admin Expense>MDS / RNAC>On Call Pay	600.00	0.00	600.00	0.00
61-817-90	Nursing Admin Expense>MDS / RNAC>Sick/Vacation Pay	11,295.00	0.00	11,295.00	0.00
61-817-91	Nursing Admin Expense>MDS / RNAC>Holiday Pay	5,965.00	0.00	5,965.00	0.00
61-821-80	Nursing Admin Expense>Nursing Secretary>Wages	13,016.00	0.00	13,016.00	0.00
61-821-83	Nursing Admin Expense>Nursing Secretary>Shift Bonus Pay	50.00	0.00	50.00	0.00
61-821-90	Nursing Admin Expense>Nursing Secretary>Sick/Vacation Pay	1,372.00	0.00	1,372.00	0.00
61-821-91	Nursing Admin Expense>Nursing Secretary>Holiday Pay	157.00	0.00	157.00	0.00
61-823-80	Nursing Admin Expense>Staff Coordinator>Wages	49,335.00	0.00	49,335.00	0.00
61-823-81	Nursing Admin Expense>Staff Coordinator>Overtime	2,610.00	0.00	2,610.00	0.00
61-823-83	Nursing Admin Expense>Staff Coordinator>Shift Bonus Pay	559.00	0.00	559.00	0.00
61-823-90	Nursing Admin Expense>Staff Coordinator>Sick/Vacation Pay	3,459.00	0.00	3,459.00	0.00
61-823-91	Nursing Admin Expense>Staff Coordinator>Holiday Pay	1,353.00	0.00	1,353.00	0.00
61-824-80	Nursing Admin Expense>Staff Devel Director>Wages	43,843.00	0.00	43,843.00	0.00
61-824-88	Nursing Admin Expense>Staff Devel Director>Other Pay	953.00	0.00	953.00	0.00
61-824-89	Nursing Admin Expense>Staff Devel Director>On Call Pay	400.00	0.00	400.00	0.00
61-824-90	Nursing Admin Expense>Staff Devel Director>Sick/Vacation Pay	1,192.00	0.00	1,192.00	0.00
61-824-91	Nursing Admin Expense>Staff Devel Director>Holiday Pay	1,631.00	0.00	1,631.00	0.00
61-825-80	Nursing Admin Expense>RN Unit Manager>Wages	80,995.00	0.00	80,995.00	0.00
61-825-84	Nursing Admin Expense>Unit Manager>Retro Pay/Adjustment Pay	372.00	0.00	372.00	0.00
61-825-89	Nursing Admin Expense>Unit Manager>On Call Pay	900.00	0.00	900.00	0.00
61-825-90	Nursing Admin Expense>Unit Manager>Sick/Vacation Pay	9,709.00	0.00	9,709.00	0.00
61-825-91	Nursing Admin Expense>Unit Manager>Holiday Pay	1,867.00	0.00	1,867.00	0.00
Subtotal [12B Z]	RNs - Administrative	<u>527,748.00</u>	<u>(18,943.00)</u>	<u>508,805.00</u>	<u>0.00</u>
Subgroup : [12C1]	LPNs - Direct Care				
60-805-80	Nursing Expense>LPN>Wages	930,791.00	0.00	930,791.00	0.00
60-805-81	Nursing Expense>LPN>Overtime	106,186.00	0.00	106,186.00	0.00
60-805-82	Nursing Expense>LPN>Shift Premium Pay	31,762.00	0.00	31,762.00	0.00
60-805-83	Nursing Expense>LPN>Shift Bonus Pay	28,182.00	0.00	28,182.00	0.00
60-805-84	Nursing Expense>LPN>Retro Pay/Adjustment Pay	546.00	0.00	546.00	0.00
60-805-87	Nursing Expense>LPN>Training Pay	2,581.00	0.00	2,581.00	0.00
60-805-88	Nursing Expense>LPN>Other Pay	4,514.00	0.00	4,514.00	0.00
60-805-90	Nursing Expense>LPN>Sick/Vacation Pay	99,474.00	0.00	99,474.00	0.00
60-805-91	Nursing Expense>LPN>Holiday Pay	57,761.00	0.00	57,761.00	0.00
Subtotal [12C1]	LPNs - Direct Care	<u>1,261,797.00</u>	<u>0.00</u>	<u>1,261,797.00</u>	<u>0.00</u>
Subgroup : [12D]	Aides and Attendants				
60-801-80	Nursing Expense>CNA>Wages	1,198,049.00	0.00	1,198,049.00	0.00
60-801-81	Nursing Expense>CNA>Overtime	221,582.00	0.00	221,582.00	0.00
60-801-82	Nursing Expense>CNA>Shift Premium Pay	30,960.00	0.00	30,960.00	0.00
60-801-83	Nursing Expense>CNA>Shift Bonus Pay	45,070.00	0.00	45,070.00	0.00
60-801-84	Nursing Expense>CNA>Retro Pay/Adjustment Pay	2,515.00	0.00	2,515.00	0.00
60-801-87	Nursing Expense>CNA>Training Pay	1,031.00	0.00	1,031.00	0.00
60-801-88	Nursing Expense>CNA>Other Pay	3,269.00	0.00	3,269.00	0.00
60-801-90	Nursing Expense>CNA>Sick/Vacation Pay	109,812.00	0.00	109,812.00	0.00
60-801-91	Nursing Expense>CNA>Holiday Pay	71,920.00	0.00	71,920.00	0.00
Subtotal [12D]	Aides and Attendants	<u>1,683,308.00</u>	<u>0.00</u>	<u>1,683,308.00</u>	<u>0.00</u>
Subgroup : [12H]	Recreation Workers				
71-811-80	Activity Expense>Director>Wages	45,297.00	0.00	45,297.00	0.00
71-811-81	Activity Expense>Director>Overtime	12.00	0.00	12.00	0.00
71-811-84	Activity Expense>Director>Retro Pay/Adjustment Pay	1,077.00	0.00	1,077.00	0.00
71-811-90	Activity Expense>Director>Sick/Vacation Pay	1,971.00	0.00	1,971.00	0.00
71-811-91	Activity Expense>Director>Holiday Pay	976.00	0.00	976.00	0.00
71-831-80	Activity Expense>Aide>Wages	32,030.00	0.00	32,030.00	0.00
71-831-81	Activity Expense>Aide>Overtime	144.00	0.00	144.00	0.00
71-831-82	Activity Expense>Aide>Shift Premium Pay	2.00	0.00	2.00	0.00
71-831-84	Activity Expense>Aide>Retro Pay/Adjustment Pay	143.00	0.00	143.00	0.00
71-831-90	Activity Expense>Aide>Sick/Vacation Pay	3,501.00	0.00	3,501.00	0.00
71-831-91	Activity Expense>Aide>Holiday Pay	1,185.00	0.00	1,185.00	0.00
Subtotal [12H]	Recreation Workers	<u>86,338.00</u>	<u>0.00</u>	<u>86,338.00</u>	<u>0.00</u>
Subgroup : [12M]	Social Workers/Case Management				
69-811-80	Social Services Expense>Director>Wages	56,622.00	0.00	56,622.00	0.00
69-811-90	Social Services Expense>Director>Sick/Vacation Pay	3,777.00	0.00	3,777.00	0.00
69-811-91	Social Services Expense>Director>Holiday Pay	1,638.00	0.00	1,638.00	0.00
69-830-80	Social Services Expense>Assistant>Wages	31,425.00	0.00	31,425.00	0.00
69-830-90	Social Services Expense>Assistant>Sick/Vacation Pay	2,109.00	0.00	2,109.00	0.00
69-830-91	Social Services Expense>Assistant>Holiday Pay	1,154.00	0.00	1,154.00	0.00
Subtotal [12M]	Social Workers/Case Management	<u>96,725.00</u>	<u>0.00</u>	<u>96,725.00</u>	<u>0.00</u>
Subgroup : [12N]	Marketing				
80-843-80	Admin Expense>Regional Marketing/CAD>Wages	46,883.00	0.00	46,883.00	0.00
Subtotal [12N]	Marketing	<u>46,883.00</u>	<u>0.00</u>	<u>46,883.00</u>	<u>0.00</u>
Subgroup : [12O]	Other				
61-818-80	Nursing Admin Expense>Medical Records>Wages	18,044.00	0.00	18,044.00	0.00
61-818-83	Nursing Admin Expense>Medical Records>Shift Bonus Pay	310.00	0.00	310.00	0.00
61-818-90	Nursing Admin Expense>Medical Records>Sick/Vacation Pay	1,228.00	0.00	1,228.00	0.00
61-818-91	Nursing Admin Expense>Medical Records>Holiday Pay	472.00	0.00	472.00	0.00
80-839-80	Admin Expense>Admissions>Wages	57,757.00	0.00	57,757.00	0.00
80-839-83	Admin Expense>Admissions>Shift Bonus Pay	200.00	0.00	200.00	0.00
80-839-90	Admin Expense>Admissions>Sick/Vacation Pay	1,328.00	0.00	1,328.00	0.00
80-839-91	Admin Expense>Admissions>Holiday Pay	1,586.00	0.00	1,586.00	0.00
Subtotal [12O]	Other	<u>80,925.00</u>	<u>0.00</u>	<u>80,925.00</u>	<u>0.00</u>
Total [10-A]	Salaries and Wages	<u>5,424,172.00</u>	<u>(34,627.00)</u>	<u>5,389,545.00</u>	<u>0.00</u>
Group : [13-B]	Professional Fees				
Subgroup : [1]	Dietitian				
70-833-00	Dietary Expense>Contracted Dietician	37,030.00	0.00	37,030.00	0.00
Subtotal [1]	Dietitian	<u>37,030.00</u>	<u>0.00</u>	<u>37,030.00</u>	<u>0.00</u>
Subgroup : [2]	Dentist				
Marcum 103	Dentist Fees	0.00	6,475.00	6,475.00	0.00
Subtotal [2]	Dentist	<u>0.00</u>	<u>6,475.00</u>	<u>6,475.00</u>	<u>0.00</u>
Subgroup : [3]	Pharmacist				
62-700-00	Pharmacy Expense>Contracted Service	29,086.00	0.00	29,086.00	0.00
Subtotal [3]	Pharmacist	<u>29,086.00</u>	<u>0.00</u>	<u>29,086.00</u>	<u>0.00</u>
Subgroup : [5A]	PT - Resident Care				
65-101-01	PT Expense>Optum>Part B	6,374.00	0.00	6,374.00	0.00
65-102-00	PT Expense>Medicare A	49,347.00	0.00	49,347.00	0.00

65-103-00	PT Expense>Med B	38,179.00	0.00	38,179.00	0.00
65-104-00	PT Expense>Private	9,220.00	0.00	9,220.00	0.00
65-105-00	PT Expense>HMO B	39,152.00	0.00	39,152.00	0.00
65-106-00	PT Expense>HMO A	62,915.00	0.00	62,915.00	0.00
65-107-00	PT Expense>Managed Medicaid	54.00	0.00	54.00	0.00
65-111-00	PT Expense>Medicaid	9,581.00	0.00	9,581.00	0.00
Subtotal [5A]	PT - Resident Care	214,932.00	0.00	214,932.00	0.00
Subgroup : [8A]	Medical Director				
61-750-00	Nursing Admin Expense>Medical Director	46,607.00	(6,475.00)	40,132.00	0.00
Subtotal [8A]	Medical Director	46,607.00	(6,475.00)	40,132.00	0.00
Subgroup : [9A]	ST - Resident Care				
67-101-01	ST Expense>Optum>Part B	369.00	0.00	369.00	0.00
67-102-00	ST Expense>Medicare A	26,897.00	0.00	26,897.00	0.00
67-103-00	ST Expense>Part B	35,172.00	0.00	35,172.00	0.00
67-105-00	ST Expense>HMO B	4,491.00	0.00	4,491.00	0.00
67-106-00	ST Expense>HMO A	13,870.00	0.00	13,870.00	0.00
67-111-00	ST Expense>Medicaid	1,051.00	0.00	1,051.00	0.00
67-700-00	ST Expense>Contracted Service	365.00	0.00	365.00	0.00
Subtotal [9A]	ST - Resident Care	82,215.00	0.00	82,215.00	0.00
Subgroup : [10A]	OT - Resident Care				
66-101-01	OT Expense>Optum>Part B	1,998.00	0.00	1,998.00	0.00
66-102-00	OT Expense>Medicare A	62,647.00	0.00	62,647.00	0.00
66-103-00	OT Expense>Part B	93,444.00	0.00	93,444.00	0.00
66-104-00	OT Expense>Private	244.00	0.00	244.00	0.00
66-105-00	OT Expense>HMO B	53,269.00	0.00	53,269.00	0.00
66-106-00	OT Expense>HMO A	77,331.00	0.00	77,331.00	0.00
66-107-00	OT Expense>Managed Medicaid	287.00	0.00	287.00	0.00
66-111-00	OT Expense>Medicaid	9,932.00	0.00	9,932.00	0.00
Subtotal [10A]	OT - Resident Care	299,152.00	0.00	299,152.00	0.00
Subgroup : [11B1]	LPN's - Direct Care				
60-700-19	Nursing Expense>Contracted Service>LPN	62,999.00	0.00	62,999.00	0.00
Subtotal [11B1]	LPN's - Direct Care	62,999.00	0.00	62,999.00	0.00
Subgroup : [11C]	Aides				
60-700-20	Nursing Expense>Contracted Service>CNA	30,715.00	0.00	30,715.00	0.00
60-700-23	Nursing Expense>Contracted Service>CNA Overtime	219.00	0.00	219.00	0.00
Subtotal [11C]	Aides	30,934.00	0.00	30,934.00	0.00
Subgroup : [12]	Other				
60-263-02	Nursing Expense>Consulting Fees>Add Back	19,620.00	8,057.00	27,677.00	0.00
68-700-00	Therapy Expense>Contracted Service	(22,954.00)	22,954.00	0.00	0.00
68-827-00	Therapy Expense>Respiratory	6,808.00	0.00	6,808.00	0.00
Subtotal [12]	Other	3,474.00	31,011.00	34,485.00	0.00
Total [13-B]	Professional Fees	806,429.00	31,011.00	837,440.00	0.00
Group : [15]	Expenditures Other than Salaries				
Subgroup : [1A1]	Workmen's Compensation				
85-881-00	Employee Benefits Expense>Workers Comp	140,915.00	0.00	140,915.00	0.00
Subtotal [1A1]	Workmen's Compensation	140,915.00	0.00	140,915.00	0.00
Subgroup : [1A3]	Unemployment Insurance				
85-156-62	Employee Benefits Expense>PR Taxes>SUI	80,135.00	0.00	80,135.00	0.00
85-156-63	Employee Benefits Expense>PR Taxes>FUI	10,539.00	0.00	10,539.00	0.00
Subtotal [1A3]	Unemployment Insurance	90,674.00	0.00	90,674.00	0.00
Subgroup : [1A4]	Social Security (FICA)				
85-156-61	Employee Benefits Expense>PR Taxes>Fica	398,355.00	0.00	398,355.00	0.00
Subtotal [1A4]	Social Security (FICA)	398,355.00	0.00	398,355.00	0.00
Subgroup : [1A5]	Health Insurance				
85-882-00	Employee Benefits Expense>Health Insurance	237,942.00	0.00	237,942.00	0.00
85-882-01	Employee Benefits Expense>Health Insurance>Union	(39.00)	0.00	(39.00)	0.00
85-884-00	Employee Benefits>Dental/Vision Insurance	474.00	0.00	474.00	0.00
Subtotal [1A5]	Health Insurance	238,377.00	0.00	238,377.00	0.00
Subgroup : [1A7]	Pensions				
85-255-79	Employee Benefits Expense>Pension>Union	230,249.00	0.00	230,249.00	0.00
Subtotal [1A7]	Pensions	230,249.00	0.00	230,249.00	0.00
Subgroup : [1A9]	Other				
85-100-00	Employee Benefits Expense>Miscellaneous	27,523.00	0.00	27,523.00	0.00
85-145-32	Employee Benefits Expense>Pharmacy>Vaccines	691.00	0.00	691.00	0.00
85-178-00	Employee Benefits Expense>Food	9,072.00	0.00	9,072.00	0.00
85-200-79	Employee Benefits Expense>Union>Misc	25,565.00	0.00	25,565.00	0.00
85-257-00	Employee Benefits Expense>Employee Physicals	153.00	0.00	153.00	0.00
Subtotal [1A9]	Other	63,004.00	0.00	63,004.00	0.00
Subgroup : [1C]	Bad Debts				
80-251-00	Admin Expense>Bad Debt	110,735.00	0.00	110,735.00	0.00
Subtotal [1C]	Bad Debts	110,735.00	0.00	110,735.00	0.00
Subgroup : [1D]	Accounting and Auditing				
80-239-00	Admin Expense>Accounting Fees	8,956.00	4,822.00	13,778.00	0.00
Subtotal [1D]	Accounting and Auditing	8,956.00	4,822.00	13,778.00	0.00
Subgroup : [1E]	Legal				
80-238-00	Admin Expense>Legal Fees	3,898.00	0.00	3,898.00	0.00
Subtotal [1E]	Legal	3,898.00	0.00	3,898.00	0.00
Subgroup : [1G]	Office Supplies				
80-182-00	Admin Expense>Furnishing	14,155.00	0.00	14,155.00	0.00
80-183-00	Admin Expense>Supplies	9,916.00	0.00	9,916.00	0.00
80-183-09	Admin Expense>Supplies>Toner	1,140.00	0.00	1,140.00	0.00
80-183-78	Admin Expense>Supplies>Paper	2,519.00	0.00	2,519.00	0.00
80-184-00	Admin Expense>Computer Hardware	5,609.00	0.00	5,609.00	0.00
Subtotal [1G]	Office Supplies	33,339.00	0.00	33,339.00	0.00
Subgroup : [1H1]	Telephone and Telegraph				
80-210-00	Admin Expense>Internet	2,040.00	0.00	2,040.00	0.00
80-231-00	Admin Expense>Telephone	4,407.00	0.00	4,407.00	0.00
Subtotal [1H1]	Telephone and Telegraph	6,447.00	0.00	6,447.00	0.00

Subgroup : [1K3]	Resident Day User Fee		0.00	608,318.00	0.00
80-111-16	Admin Expense>Medical>Bed Tax	608,318.00		608,318.00	0.00
Subtotal [1K3]	Resident Day User Fee	608,318.00	0.00	608,318.00	0.00
Total [15]	Expenditures Other than Salaries	1,933,267.00	4,822.00	1,938,089.00	0.00
Group : [16]	Expenditures Other than Salaries (cont'd) - Admin. and General				
Subgroup : [4]	Employee Travel				
80-236-00	Admin Expense>Travel	5,886.00	0.00	5,886.00	0.00
Subtotal [4]	Employee Travel	5,886.00	0.00	5,886.00	0.00
Subgroup : [M1]	Advertising Help Wanted				
80-249-00	Admin Expense>Recruiting	6,064.00	0.00	6,064.00	0.00
Subtotal [M1]	Advertising Help Wanted	6,064.00	0.00	6,064.00	0.00
Subgroup : [M3]	Advertising Other				
80-250-00	Admin Expense>Marketing & Advertising	23,489.00	0.00	23,489.00	0.00
80-250-74	Admin Expense>Marketing & Advertising>COVID	1,639.00	0.00	1,639.00	0.00
Subtotal [M3]	Advertising Other	25,128.00	0.00	25,128.00	0.00
Subgroup : [M6]	Barber and Beauty Supplies				
71-179-00	Activity Expense>Barber & Beauty	1,721.00	0.00	1,721.00	0.00
Subtotal [M6]	Barber and Beauty Supplies	1,721.00	0.00	1,721.00	0.00
Subgroup : [M7]	Postage				
80-209-00	Admin Expense>Postage	1,605.00	0.00	1,605.00	0.00
Subtotal [M7]	Postage	1,605.00	0.00	1,605.00	0.00
Subgroup : [M8]	Dues and Membership Fees to Professional Associations				
80-225-00	Admin Expense>Dues & Subscriptions	9,072.00	(1,513.00)	7,559.00	0.00
Subtotal [M8]	Dues and Membership Fees to Professional Associations	9,072.00	(1,513.00)	7,559.00	0.00
Subgroup : [M8A]	Dues to Chamber of Commerce				
Marcum 105	Chamber Dues	0.00	500.00	500.00	0.00
Subtotal [M8A]	Dues to Chamber of Commerce	0.00	500.00	500.00	0.00
Subgroup : [M9]	Subscriptions				
Marcum 104	Subscriptions	0.00	1,013.00	1,013.00	0.00
Subtotal [M9]	Subscriptions	0.00	1,013.00	1,013.00	0.00
Subgroup : [M11]	Services Provided by Contract				
80-181-00	Admin Expense>Shredding	1,692.00	0.00	1,692.00	0.00
80-230-00	Admin Expense>Data Processing	41,320.00	0.00	41,320.00	0.00
80-240-02	Admin Expense>Professional Fees>Add Back	175,296.00	(12,879.00)	162,420.00	0.00
80-241-00	Admin Expense>IT Fees	1,303.00	0.00	1,303.00	0.00
80-241-01	Admin Expense>IT Fees>Add Back	17,802.00	0.00	17,802.00	0.00
80-700-00	Admin Expense>Contracted Service	323.00	0.00	323.00	0.00
80-700-02	Admin Expense>Contracted Service>Add Back	11,000.00	0.00	11,000.00	0.00
Subtotal [M11]	Services Provided by Contract	248,739.00	(12,879.00)	235,860.00	0.00
Subgroup : [M12]	Administrative Management Services				
80-279-00	Admin Expense>Management Fee	553,673.00	(248,465.00)	305,208.00	0.00
Subtotal [M12]	Administrative Management Services	553,673.00	(248,465.00)	305,208.00	0.00
Subgroup : [M13]	Other				
80-153-00	Admin Expense>Financing Costs	1,722.00	0.00	1,722.00	0.00
80-202-00	Admin Expense>resident mixing Items	988.00	0.00	988.00	0.00
80-234-00	Admin Expense>Licenses	18.00	0.00	18.00	0.00
80-242-00	Admin Expense>Fines & Penalties	600.00	0.00	600.00	0.00
80-244-00	Admin Expense>Bank Fees	5,633.00	0.00	5,633.00	0.00
80-245-00	Admin Expense>Background Checks	447.00	0.00	447.00	0.00
80-245-06	Admin Expense>Background Checks Other (Fingerprinting)	2,978.00	0.00	2,978.00	0.00
80-252-00	Admin Expense>Startup Costs	119,196.00	0.00	119,196.00	0.00
Subtotal [M13]	Other	131,582.00	0.00	131,582.00	0.00
Total [16]	Expenditures Other than Salaries (cont'd) - Admin. and General	983,470.00	(261,344.00)	722,126.00	0.00
Group : [18]	Dietary Basis for Allocation of Costs				
Subgroup : [2A1]	Raw Food				
70-177-00	Dietary Expense>Supplements	21,915.00	0.00	21,915.00	0.00
70-178-00	Dietary Expense>Food	233,107.00	0.00	233,107.00	0.00
71-178-00	Activity Expense>Food	855.00	0.00	855.00	0.00
Subtotal [2A1]	Raw Food	255,877.00	0.00	255,877.00	0.00
Subgroup : [2A2]	Non-Food Supplies				
70-183-00	Dietary Expense>Supplies	34,106.00	0.00	34,106.00	0.00
70-191-00	Dietary Expense>Enteral Feeding Supplies	3,589.00	0.00	3,589.00	0.00
Subtotal [2A2]	Non-Food Supplies	37,695.00	0.00	37,695.00	0.00
Subgroup : [2B]	Purchased Services				
70-700-00	Dietary Expense>Contracted Service	116,637.00	0.00	116,637.00	0.00
Subtotal [2B]	Purchased Services	116,637.00	0.00	116,637.00	0.00
Subgroup : [2C]	Other				
70-184-00	Dietary Expense>Minor Equip	1,196.00	0.00	1,196.00	0.00
70-208-00	Dietary Expense>Equip-Rental	2,731.00	0.00	2,731.00	0.00
Subtotal [2C]	Other	3,927.00	0.00	3,927.00	0.00
Total [18]	Dietary Basis for Allocation of Costs	414,136.00	0.00	414,136.00	0.00
Group : [19]	Laundry-Basis for Allocation of Costs				
Subgroup : [3B]	Purchased Services				
73-700-00	Laundry Expense>Contracted Service	188,369.00	0.00	188,369.00	0.00
Subtotal [3B]	Purchased Services	188,369.00	0.00	188,369.00	0.00
Subgroup : [3C]	Other				
73-183-00	Laundry Expense>Supplies	1,793.00	0.00	1,793.00	0.00
Subtotal [3C]	Other	1,793.00	0.00	1,793.00	0.00
Total [19]	Laundry-Basis for Allocation of Costs	190,162.00	0.00	190,162.00	0.00
Group : [20]	Housekeeping and Resident Care Basis for Allocation of Costs				
Subgroup : [4A1]	In-House Care Supplies				
72-183-00	Housekeeping Expense>Supplies	401.00	0.00	401.00	0.00
72-183-74	Housekeeping Expense>Supplies>COVID	58.00	0.00	58.00	0.00
Subtotal [4A1]	In-House Care Supplies	459.00	0.00	459.00	0.00

Subgroup : [4B]	Purchased Services				
72-700-00	Housekeeping Expense>Contracted Service	264,265.00	0.00	264,265.00	0.00
Subtotal [4B]	Purchased Services	<u>264,265.00</u>	<u>0.00</u>	<u>264,265.00</u>	<u>0.00</u>
Subgroup : [5A2]	Purchased from				
62-102-00	Pharmacy Expense>Medicare A	38,688.00	0.00	38,688.00	0.00
62-104-00	Pharmacy Expense>Private	40.00	0.00	40.00	0.00
62-105-00	Pharmacy Expense>HMO	45,206.00	0.00	45,206.00	0.00
62-111-00	Pharmacy Expense>Medicaid	2,593.00	0.00	2,593.00	0.00
62-145-00	Pharmacy Expense>RX	5,228.00	0.00	5,228.00	0.00
62-145-32	Pharmacy Expense>RX>Vaccines	7,536.00	0.00	7,536.00	0.00
Subtotal [5A2]	Purchased from	<u>100,291.00</u>	<u>0.00</u>	<u>100,291.00</u>	<u>0.00</u>
Subgroup : [5B]	Medicine Cabinet Drugs				
62-222-00	Pharmacy Expense>OTC	1,279.00	0.00	1,279.00	0.00
Subtotal [5B]	Medicine Cabinet Drugs	<u>1,279.00</u>	<u>0.00</u>	<u>1,279.00</u>	<u>0.00</u>
Subgroup : [5C]	Medical and Therapeutic Supplies				
60-183-00	Nursing Expense>Supplies-Disposable	14,322.00	0.00	14,322.00	0.00
60-183-76	Nursing Expense>Supplies>PPD	104,176.00	0.00	104,176.00	0.00
60-184-00	Nursing Expense>Supplies>Non Disposable	18,129.00	0.00	18,129.00	0.00
60-185-00	Nursing Expense>Incontinence Supplies	693.00	0.00	693.00	0.00
68-183-00	Therapy Expense>Supplies	174.00	0.00	174.00	0.00
Subtotal [5C]	Medical and Therapeutic Supplies	<u>137,494.00</u>	<u>0.00</u>	<u>137,494.00</u>	<u>0.00</u>
Subgroup : [5D]	Ambulance/Limousine				
60-213-00	Nursing Expense>Transportation	871.00	0.00	871.00	0.00
Subtotal [5D]	Ambulance/Limousine	<u>871.00</u>	<u>0.00</u>	<u>871.00</u>	<u>0.00</u>
Subgroup : [5E2]	Oxygen - Other				
57-000-00	Oxygen Expense	2,080.00	0.00	2,080.00	0.00
Subtotal [5E2]	Oxygen - Other	<u>2,080.00</u>	<u>0.00</u>	<u>2,080.00</u>	<u>0.00</u>
Subgroup : [5F]	X-Rays and related radiological				
59-000-00	Radiology Expense	5,377.00	0.00	5,377.00	0.00
Subtotal [5F]	X-Rays and related radiological	<u>5,377.00</u>	<u>0.00</u>	<u>5,377.00</u>	<u>0.00</u>
Subgroup : [5H]	Laboratory				
58-000-00	Lab Expense	9,224.00	0.00	9,224.00	0.00
58-000-74	Lab Expense>COVID	169.00	0.00	169.00	0.00
Subtotal [5H]	Laboratory	<u>9,393.00</u>	<u>0.00</u>	<u>9,393.00</u>	<u>0.00</u>
Subgroup : [5I]	Recreation				
71-183-00	Activity Expense>Supplies	4,430.00	0.00	4,430.00	0.00
71-700-00	Activity Expense>Contracted Service	5,018.00	0.00	5,018.00	0.00
Subtotal [5I]	Recreation	<u>9,448.00</u>	<u>0.00</u>	<u>9,448.00</u>	<u>0.00</u>
Subgroup : [5L]	Cable Television				
80-232-00	Admin Expense>Cable TV	45,223.00	0.00	45,223.00	0.00
Subtotal [5L]	Cable Television	<u>45,223.00</u>	<u>0.00</u>	<u>45,223.00</u>	<u>0.00</u>
Subgroup : [5M]	Other				
55-000-00	Nursing Rental Expense	23,479.00	0.00	23,479.00	0.00
60-183-07	Nursing Expense>Supplies>Bariatric	41.00	0.00	41.00	0.00
60-183-74	Nursing Expense>Supplies>COVID	19,436.00	0.00	19,436.00	0.00
60-204-00	Nursing Expense>Training & Education	6,526.00	0.00	6,526.00	0.00
60-205-00	Nursing Expense>Sanitation & Incineration	750.00	0.00	750.00	0.00
60-212-00	Nursing Expense>Clinical Services	9,510.00	0.00	9,510.00	0.00
60-230-00	Nursing Expense>Data Processing	34,621.00	0.00	34,621.00	0.00
Subtotal [5M]	Other	<u>84,363.00</u>	<u>0.00</u>	<u>84,363.00</u>	<u>0.00</u>
Total [20]	Housekeeping and Resident Care Basls for Allocation of Costs	<u>670,543.00</u>	<u>0.00</u>	<u>670,543.00</u>	<u>0.00</u>
Group : [22]	Maintenance and Property				
Subgroup : [5A]	Repairs and Maintenance				
75-207-00	Maintenance Expense>Repairs & Maint	70,520.00	0.00	70,520.00	0.00
Subtotal [5A]	Repairs and Maintenance	<u>70,520.00</u>	<u>0.00</u>	<u>70,520.00</u>	<u>0.00</u>
Subgroup : [5B]	Heat				
76-227-00	Utility Expense>Gas	130,510.00	0.00	130,510.00	0.00
Subtotal [5B]	Heat	<u>130,510.00</u>	<u>0.00</u>	<u>130,510.00</u>	<u>0.00</u>
Subgroup : [5C]	Light & Power				
76-228-00	Utility Expense>Electric	148,677.00	0.00	148,677.00	0.00
Subtotal [5C]	Light & Power	<u>148,677.00</u>	<u>0.00</u>	<u>148,677.00</u>	<u>0.00</u>
Subgroup : [5D]	Water				
76-229-00	Utility Expense>Water/Sewer	36,728.00	0.00	36,728.00	0.00
Subtotal [5D]	Water	<u>36,728.00</u>	<u>0.00</u>	<u>36,728.00</u>	<u>0.00</u>
Subgroup : [5E]	Equipment Lease				
80-208-00	Admin Expense>Equip>Rental	11,102.00	0.00	11,102.00	0.00
Subtotal [5E]	Equipment Lease	<u>11,102.00</u>	<u>0.00</u>	<u>11,102.00</u>	<u>0.00</u>
Subgroup : [5F]	Other				
75-183-00	Maintenance Expense>Supplies	17,443.00	0.00	17,443.00	0.00
75-184-00	Maintenance Expense>Minor Equip	3,369.00	0.00	3,369.00	0.00
75-205-00	Maintenance Expense>Sanitation & Incineration	37,300.00	0.00	37,300.00	0.00
75-208-00	Maintenance Expense>Equip Rental	1,987.00	0.00	1,987.00	0.00
75-217-00	Maintenance Expense>Extermination	3,901.00	0.00	3,901.00	0.00
75-218-00	Maintenance Expense>Snow Removal	17,761.00	0.00	17,761.00	0.00
75-219-00	Maintenance Expense>Landscaping	16,431.00	0.00	16,431.00	0.00
75-219-83	Maintenance Expense>Landscaping>supplies	584.00	0.00	584.00	0.00
75-230-00	Maintenance Expense>Data Processing	1,275.00	0.00	1,275.00	0.00
75-700-00	Maintenance Expense>Contracted Service	27,855.00	0.00	27,855.00	0.00
76-700-00	Utility Expense>Contracted Service	5,068.00	0.00	5,068.00	0.00
Subtotal [5F]	Other	<u>132,974.00</u>	<u>0.00</u>	<u>132,974.00</u>	<u>0.00</u>
Subgroup : [7D]	Movable Equipment				
92-000-00	Depreciation Expense	58,206.00	(2,834.00)	55,372.00	0.00
Subtotal [7D]	Movable Equipment	<u>58,206.00</u>	<u>(2,834.00)</u>	<u>55,372.00</u>	<u>0.00</u>
Subgroup : [8C]	Leasehold Improvements				
Marcum 102	Depreciation Expense>Leasehold Improvements	0.00	2,834.00	2,834.00	0.00
Subtotal [8C]	Leasehold Improvements	<u>0.00</u>	<u>2,834.00</u>	<u>2,834.00</u>	<u>0.00</u>
Subgroup : [9]	Rental Payments				

91-121-00	Property Expense>Rent	690,512.00	0.00	690,512.00	0.00
Subtotal [9]	Rental Payments	690,512.00	0.00	690,512.00	0.00
Subgroup : [10B]	Real estate taxes paid by lessor				
91-161-00	Property Expense>RE Taxes	107,120.00	0.00	107,120.00	0.00
Subtotal [10B]	Real estate taxes paid by lessor	107,120.00	0.00	107,120.00	0.00
Subgroup : [10C]	Personal property taxes				
91-125-00	Property Expense>Personal Property Taxes	8,806.00	0.00	8,806.00	0.00
Subtotal [10C]	Personal property taxes	8,806.00	0.00	8,806.00	0.00
Total [22]	Maintenance and Property	1,395,155.00	0.00	1,395,155.00	0.00
Group : [27]	Interest and Insurance				
Subgroup : [12D]	Other Interest Expense				
94-000-00	Interest Expense	61,926.00	0.00	61,926.00	0.00
Subtotal [12D]	Other Interest Expense	61,926.00	0.00	61,926.00	0.00
Subgroup : [14A]	Insurance on Property				
91-165-00	Property Expense>Insurance - Property	19,318.00	0.00	19,318.00	0.00
Subtotal [14A]	Insurance on Property	19,318.00	0.00	19,318.00	0.00
Subgroup : [14C3]	Other				
80-162-00	Admin Expense>Insurance - General Liability & Other	64,592.00	0.00	64,592.00	0.00
80-163-00	Admin Expense>Insurance - EPLI	13,233.00	0.00	13,233.00	0.00
Subtotal [14C3]	Other	77,825.00	0.00	77,825.00	0.00
Total [27]	Interest and Insurance	159,069.00	0.00	159,069.00	0.00
Group : [30]	Statement of Revenue				
Subgroup : [1A]	Medicaid Residents (CT only)				
40-111-00	Room & Board Revenue>Medicaid	(6,228,502.00)	0.00	(6,228,502.00)	0.00
40-111-09	Room & Board Revenue>Medicaid>Sales Adjustments	(10,360.00)	0.00	(10,360.00)	0.00
Subtotal [1A]	Medicaid Residents (CT only)	(6,238,862.00)	0.00	(6,238,862.00)	0.00
Subgroup : [3A]	Medicare Residents (All Inclusive)				
40-102-00	Room & Board Revenue>Medicare A	(1,593,501.00)	0.00	(1,593,501.00)	0.00
40-102-09	Room & Board Revenue>Medicare A>Sales Adjustments	(1,469.00)	0.00	(1,469.00)	0.00
Subtotal [3A]	Medicare Residents (All Inclusive)	(1,594,970.00)	0.00	(1,594,970.00)	0.00
Subgroup : [3B]	Medicare room and board contractual allowance				
40-102-14	Room & Board Revenue>Medicare A>Sequester	28,060.00	0.00	28,060.00	0.00
Subtotal [3B]	Medicare room and board contractual allowance	28,060.00	0.00	28,060.00	0.00
Subgroup : [4A]	Private-pay residents and other				
40-104-00	Room & Board Revenue>Private	(1,006,002.00)	0.00	(1,006,002.00)	0.00
40-104-09	Room & Board Revenue>Private>Sales Adjustments	(43,206.00)	0.00	(43,206.00)	0.00
40-105-00	Room & Board Revenue>Commercial HMO	(38,589.00)	0.00	(38,589.00)	0.00
40-106-00	Room & Board Revenue>Medicare HMO	(1,149,698.00)	0.00	(1,149,698.00)	0.00
40-106-09	Room & Board Revenue>Medicare HMO>Sales Adjustments	(36,995.00)	0.00	(36,995.00)	0.00
40-109-00	Room & Board Revenue>Hospice	(233,252.00)	0.00	(233,252.00)	0.00
40-109-09	Room & Board Revenue>Hospice>Sales Adjustments	8,766.00	0.00	8,766.00	0.00
40-110-00	Room & Board Revenue>Respite	(11,250.00)	0.00	(11,250.00)	0.00
40-110-09	Room & Board Revenue>Respite>Sales Adjustments	(750.00)	0.00	(750.00)	0.00
Subtotal [4A]	Private-pay residents and other	(2,510,976.00)	0.00	(2,510,976.00)	0.00
Subgroup : [4B]	Private-pay room and board contractual allowance				
40-106-14	Room & Board Revenue>Medicare HMO>Sequester	3,192.00	0.00	3,192.00	0.00
Subtotal [4B]	Private-pay room and board contractual allowance	3,192.00	0.00	3,192.00	0.00
Subgroup : [5A]	Prescription Drugs - Medicare				
41-102-00	Pharmacy Rev>Medicare A	(23,919.00)	0.00	(23,919.00)	0.00
Subtotal [5A]	Prescription Drugs - Medicare	(23,919.00)	0.00	(23,919.00)	0.00
Subgroup : [5B]	Prescription Drugs - Medicare Contractual Allowance				
41-102-01	Pharmacy Rev>Medicare A>CIA	23,919.00	0.00	23,919.00	0.00
Subtotal [5B]	Prescription Drugs - Medicare Contractual Allowance	23,919.00	0.00	23,919.00	0.00
Subgroup : [7A]	Physical Therapy - Medicare				
42-102-00	PT Revenue>Medicare A	(64,101.00)	0.00	(64,101.00)	0.00
42-103-00	PT Revenue>Part B	(109,098.00)	0.00	(109,098.00)	0.00
Subtotal [7A]	Physical Therapy - Medicare	(173,199.00)	0.00	(173,199.00)	0.00
Subgroup : [7B]	Physical Therapy - Medicare Contractual Allowance				
42-102-01	PT Revenue>Medicare A>CIA	64,101.00	0.00	64,101.00	0.00
Subtotal [7B]	Physical Therapy - Medicare Contractual Allowance	64,101.00	0.00	64,101.00	0.00
Subgroup : [7C]	Physical Therapy - Non-medicare				
42-105-00	PT Revenue>Commercial HMO	(90.00)	0.00	(90.00)	0.00
42-106-00	PT Revenue>Medicare HMO	(111,348.00)	0.00	(111,348.00)	0.00
42-111-00	PT Revenue>Medicaid	(23,545.00)	0.00	(23,545.00)	0.00
Subtotal [7C]	Physical Therapy - Non-medicare	(134,983.00)	0.00	(134,983.00)	0.00
Subgroup : [7D]	Physical Therapy - Non-medicare Contractual Allowance				
42-105-01	PT Revenue>Commercial HMO>CIA	90.00	0.00	90.00	0.00
42-106-01	PT Revenue>Medicare HMO>CIA	111,348.00	0.00	111,348.00	0.00
42-111-01	PT Revenue>Medicaid>CIA	23,545.00	0.00	23,545.00	0.00
Subtotal [7D]	Physical Therapy - Non-medicare Contractual Allowance	134,983.00	0.00	134,983.00	0.00
Subgroup : [8A]	Speech Therapy - Medicare				
44-102-00	ST Revenue>Medicare A	(46,873.00)	0.00	(46,873.00)	0.00
44-103-00	ST Revenue>Part B	(55,798.00)	0.00	(55,798.00)	0.00
Subtotal [8A]	Speech Therapy - Medicare	(102,671.00)	0.00	(102,671.00)	0.00
Subgroup : [8B]	Speech Therapy - Medicare Contractual Allowance				
44-102-01	ST Revenue>Medicare A>CIA	46,873.00	0.00	46,873.00	0.00
Subtotal [8B]	Speech Therapy - Medicare Contractual Allowance	46,873.00	0.00	46,873.00	0.00
Subgroup : [8C]	Speech Therapy - Non-medicare				
44-106-00	ST Revenue>Medicare HMO	(29,120.00)	0.00	(29,120.00)	0.00
44-111-00	ST Revenue>Medicaid	(2,702.00)	0.00	(2,702.00)	0.00
Subtotal [8C]	Speech Therapy - Non-medicare	(31,822.00)	0.00	(31,822.00)	0.00
Subgroup : [8D]	Speech Therapy - Non-medicare Contractual Allowance				
44-106-01	ST Revenue>Medicare HMO>CIA	29,120.00	0.00	29,120.00	0.00
44-111-01	ST Revenue>Medicaid>CIA	2,702.00	0.00	2,702.00	0.00
Subtotal [8D]	Speech Therapy - Non-medicare Contractual Allowance	31,822.00	0.00	31,822.00	0.00

Subgroup : [9A]	Occupational Therapy - Medicare				
43-102-00	OT Revenue>Medicare A	(74,101.00)	0.00	(74,101.00)	0.00
43-103-00	OT Revenue>Part B	(172,883.00)	0.00	(172,883.00)	0.00
Subtotal [9A]	Occupational Therapy - Medicare	<u>(246,984.00)</u>	<u>0.00</u>	<u>(246,984.00)</u>	<u>0.00</u>
Subgroup : [9B]	Occupational Therapy - Medicare Contractual Allowance				
43-102-01	OT Revenue>Medicare A>C/A	74,101.00	0.00	74,101.00	0.00
Subtotal [9B]	Occupational Therapy - Medicare Contractual Allowance	<u>74,101.00</u>	<u>0.00</u>	<u>74,101.00</u>	<u>0.00</u>
Subgroup : [9C]	Occupational Therapy - Non-medicare				
43-105-00	OT Revenue>Commercial HMO	(204.00)	0.00	(204.00)	0.00
43-105-00	OT Revenue>Medicare HMO	(140,323.00)	0.00	(140,323.00)	0.00
43-105-01	OT Revenue>Medicare HMO	140,323.00	0.00	140,323.00	0.00
43-111-00	OT Revenue>Medicaid	(24,219.00)	0.00	(24,219.00)	0.00
Subtotal [9C]	Occupational Therapy - Non-medicare	<u>(24,423.00)</u>	<u>0.00</u>	<u>(24,423.00)</u>	<u>0.00</u>
Subgroup : [9D]	Occupational Therapy - Non-medicare Contractual Allowance				
43-105-01	OT Revenue>Commercial HMO>C/A	204.00	0.00	204.00	0.00
43-111-01	OT Revenue>Medicaid>C/A	24,219.00	0.00	24,219.00	0.00
Subtotal [9D]	Occupational Therapy - Non-medicare Contractual Allowance	<u>24,423.00</u>	<u>0.00</u>	<u>24,423.00</u>	<u>0.00</u>
Subgroup : [10A]	Other - Medicare				
45-102-00	Radiology Rev>Medicare A	(2,193.00)	0.00	(2,193.00)	0.00
45-102-01	Radiology Rev>Medicare A>C/A	2,193.00	0.00	2,193.00	0.00
46-102-00	Lab Rev>Medicare A	(30,706.00)	0.00	(30,706.00)	0.00
46-102-01	Lab Rev>Medicare A>C/A	30,706.00	0.00	30,706.00	0.00
47-103-14	Other Ancillary Rev>Part B>Sequester	3,762.00	0.00	3,762.00	0.00
47-103-24	Other Ancillary Rev>Part B>Capitated Payments	(181,050.00)	0.00	(181,050.00)	0.00
48-103-00	Vaccine Rev>Part B	(9,968.00)	0.00	(9,968.00)	0.00
52-102-00	Revenue Adjustments>Medicare A	(25.00)	0.00	(25.00)	0.00
52-103-00	Revenue Adjustments>Part B	5,933.00	0.00	5,933.00	0.00
Subtotal [10A]	Other - Medicare	<u>(181,348.00)</u>	<u>0.00</u>	<u>(181,348.00)</u>	<u>0.00</u>
Subgroup : [10B]	Other - Non-medicare				
47-260-00	Other Ancillary Rev>PICC Insertion	(25.00)	0.00	(25.00)	0.00
47-318-00	Other Ancillary Rev>Telehealth	(4,230.00)	0.00	(4,230.00)	0.00
51-105-13	Other Rev>HMO>Incentive Payments	(870.00)	0.00	(870.00)	0.00
52-106-00	Revenue Adjustments>Medicare HMO	(1,213.00)	0.00	(1,213.00)	0.00
Subtotal [10B]	Other - Non-medicare	<u>(6,338.00)</u>	<u>0.00</u>	<u>(6,338.00)</u>	<u>0.00</u>
Subgroup : [15]	Interest Income				
51-160-00	Other Rev>Interest	(374.00)	0.00	(374.00)	0.00
Subtotal [15]	Interest Income	<u>(374.00)</u>	<u>0.00</u>	<u>(374.00)</u>	<u>0.00</u>
Subgroup : [18]	Other Revenue				
51-109-00	Other Rev>Miscellaneous	(6,130.00)	0.00	(6,130.00)	0.00
51-157-00	Other Revenue>Carryover PTO	(270,039.00)	0.00	(270,039.00)	0.00
51-818-00	Other Rev>Medical Records	(144.00)	0.00	(144.00)	0.00
Marcum 106	Other Revenue>Prior Period Adjustment(s)	0.00	(22,954.00)	(22,954.00)	0.00
Subtotal [18]	Other Revenue	<u>(276,313.00)</u>	<u>(22,954.00)</u>	<u>(299,267.00)</u>	<u>0.00</u>
Total [30]	Statement of Revenue	<u>(11,115,708.00)</u>	<u>(22,954.00)</u>	<u>(11,138,662.00)</u>	<u>0.00</u>
Group : [31-32]	Assets				
Subgroup : [A1]	Cash				
10-001-02	Cash>Clearing>Payroll	(205,449.00)	0.00	(205,449.00)	0.00
10-010-15	Cash>Operating>Fox Hill	480,525.00	0.00	480,525.00	0.00
10-011-15	Cash>Petty Cash>Fox Hill	4,766.00	0.00	4,766.00	0.00
10-015-00	Cash>Petty Cash>Box PNA	100.00	0.00	100.00	0.00
10-020-15	Cash>Payroll>Fox Hill	31,807.00	0.00	31,807.00	0.00
10-060-15	Cash>Resident Trust>Fox Hill	57,222.00	0.00	57,222.00	0.00
10-061-15	Cash>Care Cost>Fox Hill	500.00	0.00	500.00	0.00
Subtotal [A1]	Cash	<u>369,471.00</u>	<u>0.00</u>	<u>369,471.00</u>	<u>0.00</u>
Subgroup : [A2]	Resident Accounts Receivable				
11-102-00	Accounts Receivable>Medicare A	191,624.00	0.00	191,624.00	0.00
11-103-00	Accounts Receivable>Part B	80,635.00	0.00	80,635.00	0.00
11-104-00	Accounts Receivable>Private	87,690.00	0.00	87,690.00	0.00
11-105-00	Accounts Receivable>Commercial HMO	56,908.00	0.00	56,908.00	0.00
11-106-00	Accounts Receivable>Medicare HMO	358,710.00	0.00	358,710.00	0.00
11-109-00	Accounts Receivable>Hospice	69,090.00	0.00	69,090.00	0.00
11-110-00	Accounts Receivable>Respite	5,750.00	0.00	5,750.00	0.00
11-111-00	Accounts Receivable>Medicaid	962,263.00	0.00	962,263.00	0.00
11-112-00	Accounts Receivable>Income	35,564.00	0.00	35,564.00	0.00
11-120-00	Accounts Receivable>Allow for Doubtful Accts	(107,831.00)	0.00	(107,831.00)	0.00
11-122-00	Accounts Receivable>Medicare Coins Write Off	2,000.00	0.00	2,000.00	0.00
Subtotal [A2]	Resident Accounts Receivable	<u>1,742,403.00</u>	<u>0.00</u>	<u>1,742,403.00</u>	<u>0.00</u>
Subgroup : [A5]	Prepaid Expenses				
12-000-00	Prepaid Expenses	23,109.00	0.00	23,109.00	0.00
12-124-00	Prepaid Expenses>Insurance	1,538.00	0.00	1,538.00	0.00
12-125-00	Prepaid Expenses>Personal Property Taxes	2,634.00	0.00	2,634.00	0.00
12-153-00	Prepaid Expenses>Financing Costs	1,104.00	0.00	1,104.00	0.00
12-161-00	Prepaid Expenses>RE Taxes	30,618.00	0.00	30,618.00	0.00
12-162-00	Prepaid Expenses>Insurance - General Liability & Other	24,901.00	0.00	24,901.00	0.00
12-162-01	Prepaid Expenses>Insurance - General Liability & Other>Contra	(25,385.00)	0.00	(25,385.00)	0.00
12-163-00	Prepaid Expenses>Insurance - EPLI	1,853.00	0.00	1,853.00	0.00
12-165-00	Prepaid Expenses>Insurance - Property	12,149.00	0.00	12,149.00	0.00
12-881-00	Prepaid Expenses>Workers Comp	60,254.00	0.00	60,254.00	0.00
12-881-01	Prepaid Expenses>Workers Comp>Contra	(30,016.00)	0.00	(30,016.00)	0.00
Subtotal [A5]	Prepaid Expenses	<u>102,769.00</u>	<u>0.00</u>	<u>102,769.00</u>	<u>0.00</u>
Subgroup : [B4]	Leasehold Improvements				
14-131-00	Fixed Assets>Leasehold Improvements	124,363.00	0.00	124,363.00	0.00
Marcum 101	Accum Depn>Leasehold Improvements	0.00	(2,834.00)	(2,834.00)	0.00
Subtotal [B4]	Leasehold Improvements	<u>124,363.00</u>	<u>(2,834.00)</u>	<u>121,529.00</u>	<u>0.00</u>
Subgroup : [B6]	Movable Equipment				
14-132-00	Fixed Assets>Furniture, Fixtures and Equipment	5,673.00	0.00	5,673.00	0.00
14-133-00	Fixed Assets>Medical Equipment	12,038.00	0.00	12,038.00	0.00
14-134-00	Fixed Assets>Computer Hardware	82,997.00	0.00	82,997.00	0.00
14-305-00	Fixed Assets>Furniture, Fixtures and Equipment-Assumed	300,000.00	0.00	300,000.00	0.00
15-100-00	Accum Depn>Miscellaneous	(58,206.00)	2,834.00	(55,372.00)	0.00
Subtotal [B6]	Movable Equipment	<u>342,502.00</u>	<u>2,834.00</u>	<u>345,336.00</u>	<u>0.00</u>
Subgroup : [B9]	Other Fixed Assets				

14-136-00	Fixed Assets>CIP	10,720.00	0.00	10,720.00	0.00
Subtotal [B9]	Other Fixed Assets	10,720.00	0.00	10,720.00	0.00
Subgroup : [D6]	Loans to Owners or Related Parties				
13-127-10	Due From>Old Owner>AP Items	6,072.00	0.00	6,072.00	0.00
27-902-23	Due To(From)>Interfacility>NJ5 and CT3	407.00	0.00	407.00	0.00
27-902-26	Due To(From)>Interfacility>CT3	1,859,597.00	0.00	1,858,597.00	0.00
Subtotal [D6]	Loans to Owners or Related Parties	1,865,976.00	0.00	1,865,076.00	0.00
Subgroup : [D7]	Other Assets				
27-000-80	Due To(From)>Vendor	46,240.00	0.00	46,240.00	0.00
Subtotal [D7]	Other Assets	46,240.00	0.00	46,240.00	0.00
Total [31-32]	Assets	4,603,534.00	0.00	4,603,534.00	0.00
Group : [33-34]	Liabilities				
Subgroup : [A1]	Trade Accounts Payable				
20-000-00	Accounts Payable	(978,735.00)	0.00	(978,735.00)	0.00
22-000-24	Note Payable>LOC>CT3	(2,600,000.00)	0.00	(2,600,000.00)	0.00
Subtotal [A1]	Trade Accounts Payable	(3,578,735.00)	0.00	(3,578,735.00)	0.00
Subgroup : [A12]	Other Current Liabilities				
21-148-00	Other Current Payables>401K	(6,654.00)	0.00	(6,654.00)	0.00
21-150-00	Other Current Payables>Union Dues WH	(1,097.00)	0.00	(1,097.00)	0.00
21-350-00	Other Current Payables>Resident Funds	(57,222.00)	0.00	(57,222.00)	0.00
24-000-00	Accrued Expenses	(87,297.00)	0.00	(87,297.00)	0.00
24-111-16	Accrued Expense>Medicaid>Bed Tax	1.00	0.00	1.00	0.00
24-279-00	Accrued Expenses>Management Fee	(653,998.00)	0.00	(653,998.00)	0.00
Subtotal [A12]	Other Current Liabilities	(806,267.00)	0.00	(806,267.00)	0.00
Subgroup : [B3]	Loans from Owners or Related Parties				
13-127-00	Due From>Old Owner	(26,702.00)	0.00	(26,702.00)	0.00
27-800-16	Due To(From)>Opcco>Propco>CT3	(938,663.00)	0.00	(938,663.00)	0.00
27-902-11	Due To(From)>Interfacility>CT4 and CT3	(72,582.00)	283,092.00	210,510.00	0.00
27-902-15	Due To(From)>Interfacility>NJ4 and CT3	(2,185.00)	0.00	(2,185.00)	0.00
27-902-16	Due To(From)>Interfacility>NJ4 and CT3	(6,275.00)	0.00	(6,275.00)	0.00
27-902-17	Due To(From)>Interfacility>PA4 and CT3	(1,533.00)	0.00	(1,533.00)	0.00
27-902-18	Due To(From)>Interfacility>NJ3 and CT3	(190.00)	0.00	(190.00)	0.00
27-902-25	Due To(From)>Interfacility>Barn Hill and CT3	(403.00)	0.00	(403.00)	0.00
27-902-66	Due To(From)>Interfacility>HMH10 and CT3	(1,168.00)	0.00	(1,168.00)	0.00
Subtotal [B3]	Loans from Owners or Related Parties	(1,049,701.00)	283,092.00	(766,609.00)	0.00
Subgroup : [B4]	Other Long-Term Liabilities				
27-000-29	Due To(From)>Fox Hill Amex	(11,429.00)	0.00	(11,429.00)	0.00
27-102-14	Due To(From)>Medicare A>Sequester	(3,392.00)	0.00	(3,392.00)	0.00
27-105-00	Due To(From)>Commercial HMO	(14,705.00)	0.00	(14,705.00)	0.00
Subtotal [B4]	Other Long-Term Liabilities	(29,526.00)	0.00	(29,526.00)	0.00
Total [33-34]	Liabilities	(5,464,229.00)	283,092.00	(5,181,137.00)	0.00
	NET (INCOME) LOSS	139,586.00	0.00	139,586.00	0.00
	Sum of Account Groups	0.00	0.00	0.00	0.00

Client: **Complete Care Management**
 Engagement: **Medicaid - Complete Care at Fox Hill, LLC**
 Period Ending: **9/30/2023**
 Trial Balance:
 Workpaper: **H.01 - Combined Journal Entries Report**

Account	Description	W/P Ref	Debit	Credit
Reclassifying Journal Entries				
Reclassifying Journal Entries JE # 1				
K.02				
To reclass non movable equipment to correct lines of the cost report				
15-100-00	Accum Depn>Miscellaneous		6,569.00	
Marcum 102	Depreciation Expense>Leasehold Improvements		6,005.00	
Marcum 104	Depreciation Expense>Non Movable		564.00	
92-000-00	Depreciation Expense			6,569.00
Marcum 101	Accum Depreciation>Leasehold Improvements			6,005.00
Marcum 103	Accum Depreciation>Non Movable			564.00
Total			13,138.00	13,138.00
Reclassifying Journal Entries JE # 2				
D.01a				
To reclass dentist fees to correct lines of cost report				
Marcum 105	Dentist		11,279.00	
61-750-00	Nursing Admin Expense>Medical Director			11,279.00
Total			11,279.00	11,279.00
Reclassifying Journal Entries JE # 3				
E.02				
To reclass expenses not relating to dues into correct lines of the cost report.				
Marcum 106	Subscriptions		266.00	
Marcum 107	Chamber Dues		660.00	
Marcum 108	Education		52.00	
Marcum 109	Sales & Use Tax		100.00	
80-235-00	Admin Expense>Dues & Subscriptions			1,078.00
Total			1,078.00	1,078.00
Reclassifying Journal Entries JE # 4				
A.00				
To record AJE PBC				
59-000-00	Radiology Expense		869.00	
60-230-00	Nursing Expense>Data Processing		35,410.00	
60-700-06	Nursing Expense>Contracted Services>Other		21,120.00	
60-700-19	Nursing Expense>Contracted Service>LPN		1,354.00	
60-700-20	Nursing Expense>Contracted Service>CNA		7,172.00	
60-700-22	Nursing Expense>Contracted Service>LPN Overtime		174.00	
60-700-23	Nursing Expense>Contracted Service>CNA Overtime		3,431.00	
61-750-00	Nursing Admin Expense>Medical Director		10,835.00	
70-833-00	Dietary Expense>Contracted Dietician		4,610.00	
75-205-00	Maintenance Expense>Sanitation & Incineration		1,532.00	
75-207-00	Maintenance Expense>Repairs & Maint		72,896.00	
75-700-00	Maintenance Expense>Contracted Service		780.00	
76-228-00	Utility Expense>Electric		25.00	
80-181-00	Admin Expense>Shredding		1,110.00	
80-183-00	Admin Expense>Supplies		934.00	
80-209-00	Admin Expense>Postage		13.00	
80-230-00	Admin Expense>Data Processing		53,469.00	
80-230-00	Admin Expense>Data Processing		250.00	
80-231-00	Admin Expense>Telephone		300.00	
80-238-00	Admin Expense>Legal Fees		8,435.00	
80-240-02	Admin Expense>Professional Fees>Add Back		438.00	
80-250-00	Admin Expense>Marketing & Advertising		8,116.00	
80-250-00	Admin Expense>Marketing & Advertising		1,536.00	
80-252-00	Admin Expense>Startup Costs		500.00	
80-255-00	Admin Expense>Startup Costs>Agency		96.00	
80-279-00	Admin Expense>Management Fee		603,350.00	
85-885-00	Employee Benefits>Life Insurance		1,695.00	
27-901-49	Due To/(From)>Interfacility>CT4			603,350.00
60-700-20	Nursing Expense>Contracted Service>CNA			96.00
80-252-00	Admin Expense>Startup Costs			199,783.00
80-255-00	Admin Expense>Startup Costs>Agency			12,131.00
98-999-99	Prior Period Expense			25,090.00

Total

Total Reclassifying Journal Entries

Total All Journal Entries

<u>840,450.00</u>	<u>840,450.00</u>
<u>865,945.00</u>	<u>865,945.00</u>
<u>865,945.00</u>	<u>865,945.00</u>



Workpaper Index: 400.2
 Prepared By:
 Reviewed By:
 Workpaper Date:
 Run Date: 2/14/2024

Provider Name: Complete Care at Fox Hill, LLC
 Provider Number: 2479
 Period Ended: 9/30/23

Name of Workpaper: VHCL CKLST

VEHICLE COMPLIANCE CHECKLIST

PURPOSE: To determine that vehicles comply with the published February 15, 2000 guidelines developed to assist providers in understanding what transportation costs are allowable and how the costs must be documented.

		Yes	No	Support Filed at?	Finding Issued?
1	Are all vehicles registered and insured in the facility's name? <i>Request insurance cards and current vehicle registration.</i>				
2	Are all purchase and lease agreements made in the facility's name?				
3	Were mileage logs obtained for facility vehicles claimed for reimbursement				
4	Were the number of vehicles allowed for reimbursement determined?				
5	Was personal use of the facility vehicles determined?				
6	Has the maximum cost allowed for depreciation purposes or the maximum allowable monthly lease expense been determined?				
7	Were all newly acquired vehicle additions for the cost years specified to supporting invoices and cancelled checks verified?				
8	Were all motor vehicle additions physically inspected?				

Conclusion: