### **State of Connecticut**



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

Zip Code)			
CT 06066			
	(Specify)		(Specify)
	10-0-0-10-10-10-10-10-10-10-10-10-10-10-	3	
CCNH / RHNS 2479	(Specify)	(Specify)	Medicare Provider 07-5183
		",	
C 8029	CNH / RHNS	(Specify)	(Specify)
	CT 06066	CT 06066  CT 06066  Report for Year Ending 9/30/202  CCNH / RHNS (Specify)  CCNH / RHNS	CT 06066         □ (Specify)         □           Report for Year Ending 9/30/2023         9/30/2023           CCNH / RHNS 2479         (Specify)         (Specify)           CCNH / RHNS (Specify)         (Specify)         (Specify)

### **General Information**

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Complete Care at Fox Hill, LLC	2479	9/30/2023	11	37

### Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISIONMENT 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 Adjus	tm	ent		Page	of
				1A	37
Name of Facility		Period Cov	ered:	From	То
Complete Care at Fox Hill, LLC				########	9/30/2023
Address of Facility					
1253 Hartford Turkpike, Rockville, CT 06066					
Report Prepared By		Phone Num		Date	
Marcum LLP		203-781-96	80	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

			Ar .								
					ne No. of Facility -875-0771		Report for Yea 9/30/2023	ır Ended	Page 2	ı	of 37
Name of Facility (as	shown on license)				Address (No. & S	Street,	City, State, Ziz	<sup>2</sup> )			
Complete Care at Fo	·				1253 Hartford Tu						
			CCNH / RHNS		(Specify)	Г	(Specify)		Medicare I	Provid	er No.
License Numbers:			2479						07-5183		
✓ Nursing	eck appropriate box and Convalescent Home (CCNH) & Combined	ĸ(es))		(Spe	ecify)			(Specify	)		
Type of Ownership (	Check appropriate	box)									
O Proprietorship			Partnership	0	Profit Corp.	0	Non-Profit Con	p. O	Government	0	Trust
If this facility opened	d or closed during r	eport y	year provide:			Date	Opened	Date Clo	osed		
Has there been any or operation during t		р		•	Yes	0	No	If "Yes,'	explain full	y.	
Administrator											
Name of Administra	itor						Nursing I	Iome			
Jeffrey Hilliard							Administr	ator's	2196		
							License	No.:			
Other Operators/Ow	ners who are assist	tant ad	lministrators (fu	ll or	part time) of this f	acility		- Y			
Name N/A							License	: No.:			

### General Information and Questionnaire Partners/Members

Name of Facility		License No.	Report for Y	ear Ended	Page	of
Complete Care at Fox Hill, LL	C	2479	9/30/2023		3	37
				State(s) and/o	or Town(s	s) in
Legal Name of Part	nership/LLC	Business A	Address	Which R		
Complete Care at Fox Hill, LL		1253 Hartford T		860-875-0771		
Compress		Rockville, CT 0				
			r====			
					84.0	
Name of Partners/Members	Business Ac	idress		Title	% Ow	ned
Shalom Stein	760 Albert Ave, Lakew	ood, NJ 08701	Managing M	<b>l</b> ember	100	)

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### General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year End	ded	Page of
Complete Care at Fox Hill, LLC	2479	9/30/2023		3A 37
If this facility is owned or operated as a corpor	ration, provide the	following informatio	n:	
Legal Name of Corporation		s Address		ch Incorporated
N/A			1	
Name of Directors, Officers	Busines	s Address	Title	No. Shares Held by Each
N/A				
Names of Stockholders Owning at Least 10% of Shares				

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### General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Complete Care at Fox Hill, LLC	2479	9/30/2023	3B	37
If this facility is owned or operated as an individual p	proprietorship, pro	vide the following information	ığ.	
Own	ner(s) of Facility			
N/A				

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### General Information and Questionnaire Related Parties\*

Name of Facility Complete Care at Fox Hill, LLC	II, LLC	License No.	No. 2479	Repor 9/30/2	Report for Year Ended 9/30/2023		Page 4	of 37
Are any individuals receiv marriage, ability to contro	Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?	lity relate s associal	ed through ion?	O Yes	0N 00	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.	Name/Addration on Pag	ess and e 11 of the report.
Are any individuals or coincluding the rental of prerelated through family ass	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	r services this facil ontrol, or	ity,		⊙ Yes O No	A C. S.	1.5	
association to any of the	association to any of the owners, operators, of officials of this facility?	uns iaci	, Kin			11 Tes, provide are tollowing illumination.	in Sillowing in	nomiation.
		Als	Also Provides			Indicate Where		
Name of Related	Business	Good Non-R	Goods/Services to Non-Related Parties		Description of Goods/Services	Costs are Included in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No   %**		Provided	Page # / Line #	Reported	Related Party
Complete Care Management	Complete Care Management 1730 NJ-37, Toms River, NJ 08757	0	•	Manag	Management Fees	Page 16 / Line M12	305,208	305,208
Complete Care Management	Complete Care Management   1730 NJ-37, Toms River, NJ 08757	0	•	Rent		Page 22 / Line 9	690,512 N/A***	N/A***
Intercompany Liabilities	N/A	0	•	Due To	Due To/ (From) Intercompany	Page 34 / Line B3		
		0	•					
		0	•					
		0	•					
		0	•					
		0	•					
		0	•					

<sup>\*</sup> 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	License No		Report for Year Ended	Page of	f
Complete Care at Fox Hill, LLC	2479		9/30/2023	5 37	7
If the facility is licensed as CDH and/or RCH or p	provides AII	OS or TBI se	ervices with special Medicaid rat	es, costs	
must be allocated to CCNH and RHNS as follow	s:				
Item			Method of Allocation		
Dietary		Number of	meals served to residents		
Laundry		Number of	pounds processed		- 5
Housekeeping		Number of	square feet serviced		
		Number of	hours of routine care provided b	y EACH	
Nursing		employee c	lassification, i.e., Director (or Cl	narge Nurse),	
		Registered	Nurses, Licensed Practical Nurse	es, Aides and	
		Attendants			
Direct Resident Care Consultants		Number of	hours of resident care provided l	у ЕАСН	
		specialist (	See listing page 13)		
Maintenance and operation of plant		Square feet			
Property costs (depreciation)		Square feet			
Employee health and welfare		Gross salar	ies		
Management services			e cost center involved		
All other General Administrative expenses		Total of Di	rect and Allocated Costs		
The preparer of this report must answer the following questions applicable to the cost information provided.				ed.	
1. In the preparation of this Report, were all  O Yes O No  If "No," explain fully why such allocation were all				allocation was	s not
costs allocated as required?	O 1 cs	O NO	made.		
2. Explain the allocation of related company exp	enses and at	tach copy of	f appropriate supporting data.		
3. Did the Facility appropriately allocate and self				cost centers?	
(e.g., Assisted Living, Home Health, Outpatien	nt Services,	Adult Day C	Care Services, etc.)		
	O V	O No	If "No," explain fully why such	allocation was	s not
	Yes	O NO	made.		

### General Information and Questionnaire Other Lines of Business

Name of Facility		License No.			Report for Year Ended	Page	of
Complete Care at	Fox Hill, LLC	2479	)	9	9/30/2023	6	37
Square footage of	entire facility.	54,260					
Outpatient Ther	ару						
Does the Facility	provide outpatient t	herapy services?	No				
If ves. please com	plete the following:						
	Square footage of t	herapy space.					
Meals on Wheels							
		7. 10	la I	ľ			
Does the facility	provide Meals on W	heels?	No				
If yes, please com	plete the following:						-
	Square footage of k						4
	Number of meals s						4
No	Are meals included				Annual Report?		4
No	Are direct costs inc			86			
N.	If yes, please state			Litula na	wmal12		7
No	Are drivers for the If yes, please comp			mys pa	ayron?		_
	If yes, pieuse comp	Amount Repo					1
		Annual Repor		ine			1
	Please state the sal				r dietary aides		]
					ported in the Annual F	Report	]
Apartments, Ind	ependent Living, A	ssisted Living					
Does the facility	have apartments, inc	lependent living,	, and/or	No			
assisted living?							
If yes, please com	plete the following:		7:				
	Square footage of a	partments					
	Square footage of i	ndependent livin	g				
	Square footage of a						
	Please identify the	services provided	i:				

### General Information and Questionnaire Other Lines of Business (Continued)

Name of Facility License No.	Report for Year Ended	Page of
Complete Care at Fox 2479	9/30/2023	7 37
Child Day Care		
Does the Facility provide Child Day Care? No		
If yes, please complete the following:		
Square footage of child day care space.		
Average number of daily participants.		
Number of meals per day provided to child day c	аге.	
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 f	acility.	
Average number of daily participants.		
Number of meals per day provided to adult day of	are.	
Nature of services provided:		
t <del>.</del>		

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Annual Report of Long-Term Care Facility
CSP-8 Rev. 3/2023

## Schedule of Resident Statistics

::-								1			6	J
Name of Facility			License No.				Keport 10r	Report for Year Ended				o t
Complete Care at Fox Hill, LLC			74	74/9			9/30/2023				0	2/
						Period 10	Period 10/1 Thru 6/30	0		Period 7/	Period 7/1 Thru 9/30	
		Total										
	Total All	RHNS		Total		CCNH/				CCNH/		
	Levels	Level	Total	(Specify)	Total	RHINS	(Specify)	(Specify)	Total	RHINS	(Specify)	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	120	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	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	1,463			702	702		
B. Medicaid (Conn.)	25,257	25,257			17,996	17,996			7,261	7,261		
C. Medicaid (other states)												
D. Private Pay	2,681	2,681			2,227	2,227			454	454		
E. State SSI for RCH												
F. Other (Specify) Medicaid Pending/ HMO/ Hosp	3,588	3,588			2,105	2,105			1,483	1,483		
G. Total Care Days During Period (3A thru F)	33,691	33,691			23,791	23,791			006'6	006'6		
4. Total Number of Days Not Included in Figures in 3G												
A. Medicaid Bed Reserve Days	2000	2006			150	150			99	99		
5. Total Resident Days (3G + 4A + 4B)	33,897	33,897			23,941	23,941			9,956	9,956		

Schedule of Resident Statistics (Cont'd)

Name of Facil	ity			Licer	ise No.				Report	for Year	Ended		Page of	
Complete Car	e at Fox l	Hill, LLC		24	179					9/30/202	.3		9	37
	-	_	certified bed cap	acity (	during	the re	port ye	ar?		0	Yes	0	No	
11 120	Provide	Place of C				hang	e in Be	ds		C	apacity After	Change		
	CCNH	7 1400 01 0												
	1													
Date of	RHNS	(Specify)	(Specify)		Lost			Gaine	d					
Cl										CCNH			_	
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	/ RHNS	(Specify)	(Specify)	Reason fo	or Change
														-
				$\vdash$				_						
			ified bed capacit			report	year (	as rep	orted in	item 4 al	ove) provide	e the number of	•	
RESIDE	ENT DA	YS for 90 day	ys following the	chang	e.									
										CONT	T / DIBIG	/C:E-\	(Sne	cify)
		(	Change in Reside	nt Da	ıys					CUNF	I/RHNS	(Specify)	(Spc	City)
1st chang 2nd char				_										
3rd chan				_										
4th chan														
6. Number	of Reside	ents and Rate	s on September	30 of	Cost Y	ear								
			Medicare		Med	icaid				S	elf-Pay		Other Stat	te Assisted
				CC	NH/			CC	NH/					
	Item CCNH / I  No. of Residents  Per Diem Rate a. One bed rm. Various			RF	INS	(Sp	ecify)	R.	HNS	(Sr	ecify)	(Specify)	R.C.H.	ICF-MR
	No, of Residents Per Diem Rate				63				33					
	Per Diem Rate			Vedic	alegalis			11811			ntrienes in		O DESTRUCTION OF THE PERSON NAMED IN	
	Per Diem Rate a. One bed rm. Various			<u> </u>	253.33	_		_	498 00					
b. Two l			Various		239.50	-			415,00					
c. Three														
bed r	ms.							_						
7 Total Nu	mher of	Physical The	rapy Treatments				j	TC	TAL	CCNF	I/RHNS	(Specify)	Outpatient	(Specify)
		e - Part B	<b>-</b>						2,258		2,258			
	Medicai	d (Exclusive						5 13	Tes These	AUGUST .	The state of the s	TO SERVER D	100	
		tenance Trea							600		600			
		orative Treat	ments											
	Other								6,972		6,972			
			apy Treatments			_		escalli.	9,830		9,830	III WAR TO SHE WAS IN	SECURIOR SEC	-S 17 /80
			apy Treatments					Auri	560	11-000	560		H OC HAILE	
		e - Part B d (Exclusive	of Part R)	_				100	300	and the last	200	Meson So 18	ENGRICHMEN	
Б.		itenance Trea						2000	28	***************************************	28			
		orative Treat												
C.	Other								968		968			
		peech Thera	py Treatments						1,556		1,556			
			Therapy Treatm	nents				157	- 5	III AND I	HI WELL			A STATE OF THE STA
A.	Medicar	e - Part B							4,702		4,702			
B.	Medicai	d (Exclusive	of Part B)					QUID:	ألبطا	TREE SW		TO SPECE		
		tenance Trea							682		682			
		orative Treati	ments			_			0.105		0.100			
	Other Total O	ooungion-1	Therapy Treatn	onte					8,185 13,569		8,185 13,569			
			A RELIGITY A FRUIT	C1113					10,000		12,207			

Report of Expenditures - Salaries & Wages

Name of Facility	License No.			Report for Yea 9/30/2023	r Ended			Page 10	of 37
Complete Care at Fox Hill, LLC  Are time records maintained by all individuals receiving cor				Yes		0	No		
the time records maintained by an individual recording co.	1			Total (	Cost and Hours				
_	CONTY / DIDIO	A directorant	TTauan	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours
Item  . Salaries and Wages*	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	Copeny)	Trajustinens	Tiodis
Salaries and Wages*     Operators/Owners (Complete also Sec. I	如他的						DE IDVENTE S		
of Schedule A1)									
2. Administrator(s) (Complete also Sec. III	Paper by the bill	Walter Street	(FO)5			100 CO 100 CO	121 212116		SOLUTION IN
of Schedule A1)	128,763		1,516			The last of the last	A CANADA STATE OF THE PARTY.		Section Sec
<ol><li>Assistant Administrator (Complete also Sec. IV</li></ol>	HARLING BURNE			HODBAU EVEN			MISSISSIES.		
of Schedule A1)						Distractions.	CHANGE ACTION	THE RESERVE	N 2000
4. Other Administrative Salaries (telephone	102.250		6,230	ON THE PARTY		MENTALES		Section in	
operator, clerks, receptionists, etc.)	183,358	Name of Street	0,230			10年末18	No Sections	1 10 20 18	(Indiana)
<ol> <li>Dietary Service</li> <li>Head Dietitian</li> </ol>	MARKETER OF	No. of the last of	STATE OF STA	//www.com	Section 1	and the same of			
b. Food Service Supervisor									
c. Dietary Workers	300,891		15,287						
6. Housekeeping Service	A STATE OF THE PARTY OF THE PAR	Samo Sal	ON A PRESENT		DESCRIPTION.	S TWA			10000
a. Head Housekeeper									
b. Other Housekeeping Workers		and the second second	MANAGES	SOUTH STORES	MARKET MARKET	TO ASSESS	AUGUST COMP	100 100 100 100 100	OT LIVE
7. Repairs & Maintenance Services	70,590	Marin College	1,815	Entity paragraph in	The state of the last	SPORTS CONTRACT		OTEN STATE OF	September 1
Engineer or Chief of Maintenance     b. Other Maintenance Workers	29,606		1,605						
8. Laundry Service	27,000	EMBRONE IN	1,000	Des belle					2500
a. Supervisor									
b. Other Laundry Workers									
9. Barber and Beautician Services									
10. Protective Services	AND DESCRIPTION OF THE PARTY OF	and the second second	ENAMES HOLD	Mexico Co.	N ATABAS TEST	1000年100日	SATISFACTOR OF		(CATHER)
11. Accounting Services	SUB-SERVED		OR THE PARTY OF			DISCOURSE OF THE PARTY OF THE P	THE STREET PROPERTY.		
a, Head Accountant b, Other Accountants									
12. Professional Care of Residents		A Charles	TEL TOWN	ENTAILS NEW	inter and the	SIS DAY			
a. Directors and Assistant Director of Nurses	198,569		3,463						
b. RN	75.7×2.7%	NO HOUSE	DA STAR		I WERLINGTON		THE VENEZA BY	The state of the	200
Direct Care	712,987		13,721						
2. Administrative**	508,805		12,541		Test les Selly	- FREE CO. 1912	All Committee (SA)	AND WEST	TENNESS TO
c. LPN	1.041.505	Mary State of the	32,601	SOMMON SHIP	The second second	THOUGH THE	ESSON STATE OF	See See See See	SECOND
1. Direct Care	1,261,797		32,001						
Administrative**  d. Aides and Attendants	1,683,308		68,828		<b>/</b>				
e. Physical Therapists	1,000,000								
f. Speech Therapists									
g. Occupational Therapists						_			
h. Recreation Workers	86,338		2,779	and the latest	Maria Caracita	COSTAGO PORTO			15 S 15 S
i. Physicians	MODERA DIST		A PARTY NAMED IN	ACCORDING TO A STATE OF	THE PERSON NAMED IN	THE PARTY	HOMING DES	No. of Street, or other	-
Medical Director     Utilization Review					+				
Resident Care***									
4. Other (Specify)					1000			SUBJECTS	B. 5000
j. Dentists									
k. Pharmacists									
Podiatrists									
m. Social Workers/Case Management	96,725	(45.505)	3,096				<b> </b>		
n. Marketing	46,883	(46,883)	1,057	the Dallace of	NOS INTERNA	MARINE CO.		None Soll	Track
o. Other (Specify)	80,925	In the Parket	2,941						
See Attached Schedule A-13. Total Salary Expenditures	5,389,545	(46,883)	167,480						

<sup>\*</sup> 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.

<sup>\*\*</sup> 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)

		CCNH / RHNS			(Specify)			(Specify)	
Position	\$	Adjustment	Hours	S	Adjustment	Hours	S	Adjustment	Hours
	0								
Medical Records	\$ 20,054		1,149						
Admissions	\$ 60,871	Albertica	1,792						
		-							
		10000		-0.177			TO FAIR O		
		DATE OF THE PARTY			Carrier Cla		Eg al El		
					.00te		XAIVI E		
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		d Markey Internal						1,51 450	
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							/(O.O.) 7/3		
STATE OF STATE							5 6 1		
						150000	(V=   =   = 1)	00	
						THE PLAN	TI		ye rouin
			PER STATE OF	No.	The second				
		62-11.	FIG.A		1000000000				
Cotal Cotal	S 80,925	S -	2,941	\$ .	S -	6 I'L 3	\$ .	S -	V

### Schedule of Other Fees (Page 13)

		CCNH / RHNS	ić.		(Specify)			(Specify)	
Service	\$	Adjustment	Hours	S	Adjustment	Hours	S	Adjustment	Hours
	0			90H3		7			
Respiratory Therapy	\$ 6,808	\$ (6,808)				HEXT TO I			
Nursing Consulting Fees	\$ 27,677		Contracted				E WIGHT!		
								Control of	3 p 12 0
					- Mayoretin				
								T Later and	Marie 1
						1,75			2729V
		Sinkles						EMONORS	
		A TOSILO			The same of				
				1945134					
				<b>Halley</b>	J. Barrier				AU SIDE
Total	\$ 34,485	\$ (6,808)	144	\$ -	s -		\$ -	s -	

State of Connecticut Annual Report of Long-Term Care Facility CSP-11 Rev. 10/2005

# Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties\*

	Jo	37		Compensation Received			-		
	Page	11		Total Hours Worked					
				Name and Address of All Other Employment**					
1 Farues	Report for Year Ended			Line Where Claimed on Page 10					
Kelate	Report for	9/30/2023		Total Hours Worked					
Assistant Administrators and Other Related Farties"				Full Description of Services Rendered					
Administrat	License No.	2479		Fringe Benefits and/or Other Payments (describe fully)					
ssistant				(Specify)					
₹			Salary Paid	(Specify)					
				CCNH /					
	Name of Facility	Complete Care at Fox Hill, LLC		Name	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).		

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

<sup>\*\*</sup> Include all employment worked during the cost year.

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties\*

Name of Facility (as licensed)		٢	וויייוניפיי	License No.	License No. Report for Year Ended	Report for Year Ended	ear Ended		Page	Jo
Complete Care at Fox Hill, LLC				2479		9/30/2023			12	37
		Salary Paid								
Name	CCNH / RHNS	(Specify)	(Specify)	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
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	A2			
Section IV - Assistant Administrators										

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

<sup>\*\*</sup> Include all other employment worked during the cost year.

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

B. Report of Expenditures - Professional Fees

	B. Report	of Expen	aitures -	Professio	nai rees				
Name of Facility	License No.			Report for Y	ear Ended			Page	of
Complete Care at Fox Hill, LLC		2479		9/30/2023				13	37
				Tota	Cost and Hou	ırs			
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours
B. Direct care consultants paid on a fee	for the fi	18 1958	A MARCH	W. S		E DE CO	Zeri de de	3.63	10 3131
for service basis in lieu of salary		Eschlant.		15415.					
(For all such services complete Schedule B1)				THE RESERVE	330				
1 Dietitian	37,030		869						
2 Dentist	6,475		82						
3 Pharmacist	29,086		Contracted						
4. Podiatrist									
5. Physical Therapy	THE WAY	30 N/	Na De la				Em Tispen	130000	I See Lie
a Resident Care	214,932		2,756						
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians		807. PS E5	ag POL 1	The second			Que De re		1000 000
a Medical Director (entire facility)	40,132		185						
b. Utilization Review	W 4 1000	3000				S DEST	N . 8, 100	THE SHAPE OF	
(Title 18 and 19 only) monthly meeting									
c. Resident Care**									
d. Administrative Services facility 1. Infection Control Committee (Quarterly meetings)									// V = 111
Pharmaceutical Committee     (Quarterly meetings)									
Staff Development Committee     (Once annually)									
e. Other (Specify)		Constitution of the last		12 St 312		e diward			
9 Speech Therapist	100 M	The state of	A. S. 1980		15 - 10 TO				
a. Resident Care	82,215		957						
b. Other									
10. Occupational Therapist		Boll IVA		18 AL 300				The Contract	
a. Resident Care	299,152		4,001						
b. Other									
11. Nurses and aides and attendants			BA ALLES	1000	0.00			7.00	
a. RN				III TO DANGE		THE REAL PROPERTY.			
1. Direct Care								-	
2. Administrative***									
b. LPN	U.SVI 24		100,00					TWI STIES	
Direct Care	62,999		1,279					ļ	
2. Administrative***									
c. Aides	30,934		921						
d. Other				The state of the s					
12. Other (Specify)	24.465	(6 000)	144		W 100 100	2.4.2			
See Attached Schedule	34,485	(6,808)	144				-	-	
B-13 Total Fees Paid in Lieu of Salaries	837,440	(6,808)	11,194	Lby required infor	1			L	

<sup>\*\*</sup> 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

<sup>\*\*</sup> 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.

<sup>\*\*\*</sup> 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	License No.		Report for	Year Ended	Page	of
Complete Care at Fox Hill, LLC	2479		9/30/2023 * to Owners,		14	37
Name & Address of Individual	Full Explanation of Service	Operato Yes	rs, Officers No	Explai	nation of Relation	iship
Medical Nutrition Therapy	Dietician	0	0	N/A		
Guardian Consulting Services, 110 Washington Avenue, North Haven, CT 06473	Pharmacy	0	0	N/A		
Integra Scripts, Kenny Roberts Memorial Drive, Suffield, CT 06078	Pharmacy	0	0	N/A		
Genesis Physician Services, 518 Derby Avenue, West Haven, CT 06516	Medical Director	0	0	N/A		
Healthdrive, PO Box 22010 New York, NY 10087	Dental Director	0	0	N/A		
Acute Care Gases, 23 Nutmeg Valley Rd, Wolcott, CT 06716	Respiratory	0	0	N/A		
All American Healthcare Services, 494 Broad St 4th Floor Newark NJ 07102	Agency	0	0	N/A		
Clipboard Health, 77 Van Ness Ave Suite 101 #1728, San Francisco	Agency	0	0	N/A		
Norton and Associates , Inc., 97 Elm Street Cohasset MA 02025	Agency	0	0	N/A		
SambaCare, 250 Cedarbridge Ave, Lakewood, NJ 08701	Agency	0	0	N/A		
Spectrum Staffing Services, 10 Waterview Blvd #315, Parsippany-Troy Hills, NJ 07054	Agency	0	0	N/A		
Quality Management Solution LLC	Nursing Consulting Fees	0	0	N/A		
Tender Touch, 400 NJ-70, Lakewood, NJ 08701	Contracted PT / OT / ST =	0	0	N/A		
Compliance Consulting Group, LLC, 2623 Hooper Ave, Brick Township, NJ 08723	Nursing Consulting Fees	0	0	N/A		
		0	0			
		0	•			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			

<sup>\*</sup> Use additional sheets if necessary.

<sup>\*\*</sup> Refer to Page 4 for definition of related.

### C. Expenditures Other Than Salaries - Administrative and General

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	icense No	Report for Y	ear Ended				Page	of
Complete Care at Fox Hill, LLC	2479	9/30/2023					15	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustmen
Administrative and General		END SUFFAR		No. 112				
<ul> <li>a. Employee Health &amp; Welfare Benefits</li> </ul>			I Salkes		The second		52 34	21 700
Workmen's Compensation		140,915	140,915					
Disability Insurance		5						
Unemployment Insurance	4	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					
<ol><li>Life Insurance (employees only)</li></ol>		TOWN THE YE		A Indian	33 de 33			
(not-owners and not-operators)		5						
7. Pensions (Non-Discriminatory)		230,249	230,249					
(not-owners and not-operators)					N' Z C Se	I - Wa Mon	FL. Tille	01/0/100
8. Uniform Allowance		6						
9. Other (Specify)		35,207	63,004	(27,797)				
See Attached Schedule								11/36/15
b. Personal Retirement Plans, Pensions, and		6						
Profit Sharing Plans for Owners and		S HOLL THE		100 Sept. 100				-M-10W
Operators (Discriminatory)*		di Jiniawa				wani syai		HILDRED
								OF SHAPE
c. Bad Debts*		5	110,735	(110,735)				
d. Accounting and Auditing		13,778	13,778					
e. Legal (Services should be fully described or	1 Page 15b) S	3,898	3,898					
f. Insurance on Lives of Owners and		6						
Operators (Specify)*		V2-2022 30 TO					Town Delivery	Sec. 172
g. Office Supplies		33,339	33,339					
h. Telephone and Cellular Phones		CH D IS U				Lines We All		273V P
Telephone & Pagers		6,447	6,447					
Cellular Phones		\$						
i. Appraisal (Specify purpose and		Б						
attach copy )*		Carlot San All		To French				
					TR. LIGHT		Y w En 2	
j. Corporation Business Taxes (franchise tax)	4	B						
k. Other Taxes (Not related to property - See )	Page 22)				S) SHELLS	No. of the second		No. of Party
1. Income*		5						
2. Other (Specify)		6						
See Attached Schedule		VA THE STATE OF		W GIL CO	100000	(US)	A LINE OF STREET	7 300
3. Resident Day User Fee		608,318	608,318					
Subtotal		1,795,330	1,938,089	(142,759)				

<sup>\*</sup> Facility should self-disallow the expense in the Adjustment column,

(Carry Subtotals forward to next page)

### Schedule of Other Employee Benefits

Description	CCN	H/RHNS	A	djustment	(Specify)	Adjustme	ent	(Specify)	Adjustment
		0					2 0		
Employee Benefits Expense>Miscellaneous	S	27,523	\$	(27,523)			75.1		
Employee Benefits Expense>Pharmacy>Vaccines	S	691				LV .	6 II	No.	
Employee Benefits Expense>Food	\$	9,072	S	(121)				1	
Union Training Fund	S	25,565							
Employee Benefits Expense>Employee Physicals	S	153	\$	(153)					
		BL.			N. 2				
					BI BI				TEXT I
							die Ti		
			100						
					10831	X Y - II	tor III		
	10 3 11 11								
Total	S	63,004	S	(27,797)	s -	S	- S		\$ -

### Schedule of Other Taxes

Description	CCNH/RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	0				A KINDSON	
				Total No.		2.62
					SEL MIX	
			A FALLS AT	light to recom		al in resident
Total	<b>S</b>	s -	\$ -	\$ -	\$ -	S -

### General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page	of
Complete Care at Fox Hill, LLC	2479	9/30/2023		15b	37
The records of this facility for the p	eriod covered by this report v	were maintained on the following basis:			
⊙ Accrual O Cash O	Modified Cash				
Is the accounting basis for this					
	Yes	If "No," explain.			
	No				
F					
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		93	
2 Marcum LLP		One Hovchild Blvd, 4000 Rt. 66 Ste 323,			
3					
4					
Services Provided by This Firm (de	scribe fully )				
1 General Accounting Services			\$	5,000	)
2 Reimbursement advisory services			\$	8,778	3
3			\$		
4			\$		
			Charge fo	or Services	Provided
			\$	13,778	3
Are These Charges Reflected in the Expend	liture Portion of This Report? If Ye	s, Specify Expense Classification and Line No.			
⊙ Yes O No					
Legal Services Information					
Name of Legal Firm or Independen	t Attorney			e Number	
1 CSC			866-636-		
2 Genova Burns			973-533-		
3 Complete Care Management			732-313-	0880	
4					
5					
Address (No. & Street, City, State,					
PO Box 7410023, Chicago IL (					
2 494 Broad Street Newark, NJ					
3 1730 NJ-37, Toms River, NJ 0	8/5/				
<b>4 5 </b>					
Services Provided by This Firm (de	escribe fully)				
1 Delaware Renewals			\$	1,67	7
2 Union Negotiations			\$	61	5
3 CT Filing Fees			\$	1,60	5
4			\$		
5			\$		
			Charge fo	or Services	Provided
			\$		
Are These Charges Reflected in the Expend	liture Portion of This Report? If Ye	s, Specify Expense Classification and Line No.			
⊙ Yes O No					

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

Marketing	Benefits	Disallowance

Total Benefits (Pg 15, Line 1a3 - 1a6)

Marketing Salary	46,883	Page 10		
Total Salaries	5,424,172	TB Linked		
Percent to Total Salaries	0.86%			
Percent to Total Allocation	Amount	Percentage	Dis	allowed
Unemployment Insurance	90,674	19%	\$	784
Social Security (F.I.C.A)	398,355	81%	\$	3,443

489,029

100%

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

Name of Facility	License No.	Report for Ye	ar Ended				Page 16	of 37
Complete Care at Fox Hill, LLC	2479	9/30/2023		10	37			
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustmen
	Subtotals Brought Forwar	d: 1,795,330	1,938,089	(142,759)				<b>建</b>
l Travel and Entertainment					# 68 THE 1			EQUIT INC
<ol> <li>Resident Travel and Entertainment</li> </ol>		\$						
<ol><li>Holiday Parties for Staff</li></ol>		S				-		
<ol><li>Gifts to Staff and Residents</li></ol>		S						
<ol> <li>Employee Travel</li> </ol>		\$ 5,886	5,886					
<ol><li>Education Expenses Related to Semin</li></ol>	ars and Conventions	S						
6. Automobile Expense (not purchase of	depreciation)	\$						
7. Other (Specify)		\$				The state of the s	Manager Control	and the latest and th
See Attached Schedule		IVAL TO THE			Relate M	STE WITH		
m. Other Administrative and General Expense	es	18 7 30 7	SV TOTOS				HERVEY SE	No. of the last
1. Advertising Help Wanted (all such ex		\$ 6,064	6,064					
2. Advertising Telephone Directory (all	such expenses )***	\$						
3. Advertising Other (Specify)***		\$ 1,639	25,128	(23,489)				
See Attached Schedule			1000		Jack State			PER STATE
4. Fund-Raising***		\$						
5 Medical Records		S						
6. Barber and Beauty Supplies (if this se	rvice is supplied	S	1,721	(1,721)				
directly and not by contract or fee for	service)***	(S & O & S	T 1/00		Mark Sal	18 M3 AM		STATE VAN
7. Postage		\$ 1,605	1,605					
* 8. Dues and Membership Fees to Profes	sional	\$ 7,559	7,559					
Associations (Specify)	olona.		United St	No. 175 City		Constant	House St.	day the
See Attached Schedule		DE TOMES			SA SANTOAN			A TE TE
8a. Dues to Chamber of Commerce & Ot	her Non-Allowable Org ***	S	500	(500)				
9. Subscriptions	net ivoir/monable org.	\$ 1,013	1,013	-				
10. Contributions***		8						
See Attached Schedule		THE RESERVE	WEST TO	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	O MESICO	Winds !	Latin Territor	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
11. Services Provided by Contract (Specific	6. and Complete	\$ 235,860	235,860					
11. Services Provided by Contract (Specif	or individual)	255,000	DE LANG	SIL DO PUI	on the	TENT EN TH	93365	Now Treasure
Schedule C-2, Page 21 for each firm	**	\$ 47,527	305,208	(257,681)				
12. Administrative Management Services	9.T.H	\$ 9,076	131,582	(122,506)				
13. Other (Specify)		2,070	131,362	122,500)	See Brust Of	A STABLES AND	BOTH BEA	In sincial
See Attached Schedule C-14 Total Administrative & General Expendit		\$ 2,111,559	2,660,215	(548,656)	10 10 10 10 10 10 10 10 10 10 10 10 10 1			

<sup>\*</sup> 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 expensein the Adjustment column.

### Schedule of Other Travel and Entertainment

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	0			DACAI—N_I		
						2210
	LO MICOS					( The second
			Yes I was			
			015.10.3			V III
Total Other Travel and Entertainment	\$ -	s -	\$ -	s -	\$ -	\$ -

### Schedule of Other Advertising

Description	CCN	H/RHNS	A	ljustment	(Specify)	Adju	stment	(Specify	)	Adjustmen	it
		0					eleci				
Admin Expense>Marketing & Advertising	\$	23,489	\$	(23,489)	100				BU	11/1/26	
Admin Expense>Marketing & Advertising>COVID	2	1,639				1000			57	S HOUSE	
Total Other Advertising	\$	25,128	S	(23,489)	\$	\$	•	S	-	\$ -	

### Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	0		mineral la l			
CAHCF	\$ 7,559					
		D/DOMEST		100.00		
				NAME OF STREET	120 J L 1970	
			A-100			
Total Dues	\$ 7,559	5 -	\$ -	S	\$ -	\$ -

### Schedule of Contributions

Description	CCNH / RHNS	Adjust	ment	(Sp	ecify)	Adju	stment	(Sp	ecify)	Adju	stment
	0										- 14
Total Contributions	\$	S	- 14	\$	- 14	\$	3.81	\$	180	\$	NE Y

### Schedule of Other Administrative and General

Description	CCI	NH / RHNS	A	djustment	(Specify	)	Adjustmen	(S	pecify)	Adjus	stment
		0									
Admin Expense>Financing Costs	\$	1,722	\$	(1,722)		SM	DE LE	1 1	7 0 6 1	1000	
Admin Expense>resident missing Items	S	988	S	(988)	EAT				DO NI	J. (5.1.)	
Admin Expense>Licenses	S	18					51.00	1			
Admin Expense>Fines & Penalties	\$	600	S	(600)							
Admin Expense>Bank Fees	\$	5,633	01.								
Admin Expense>Background Checks	\$	447	N			11 22					
Admin Expense>Background Checks Other (Fingerprinting)	S	2,978									OI COL
Admin Expense>Startup Costs	S.	119,196	S	(119,196)							
Total Other Administrative and General	\$	131,582	S	(122,506)	\$		S -	\$		\$	

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

Descrption	Amount			
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	553,673	TB Linked		
Patient Days	33,897	Page 8 of C	C/R	
Imputed Days - 90% Occupancy		Calculation		
Amount Per Patient Day (Greater of 90% or Actua	ıl Days)	\$	14.7883	
PPD Allowance Per Rate Agreement			7.50	
2023 CPI Increase of 1.0541%			1.0541	J.04a
PPD Allowance 9/30/2022			7.91	·
Amount over (Under)		\$	6.8825	
Total Days			37,440	Greater of Actual or 90%
Disallowed Management Fee		\$	257,681	

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

Name of Facility	License No.	Report for Year Ended	Page of
Name of Facility Complete Care at Fox Hill, LLC	2479	9/30/2023	17   37
Complete Care at Fox Hill, LLC	2479	3/30/2023	17 37
	Cost of		Indicate Where Costs
Name & Address of Individual or	Management	Full Description of Mgmt. Service	are Included in Annual
Company Supplying Service	Service	Provided	Report Page #/Line #
Complete Care Management, LLC	305,208	Management Fees	Page 16 / Line M12
	1		
	1		

<sup>\*</sup> 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 Complete Care at Fox Hill, LLC	License	No. 2479	Report for Ye 9/30/2023	ar Ended			Page 18	of   37
		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Item		Total	Krins	Adjustment	(Specify)	Aujusinient	(Specify)	Adjustition
Dietary     a. In-House Preparation & Service								
1. Raw Food	S	255,877	255,877					
<ol><li>Non-Food Supplies</li></ol>	\$	37,695	37,695					
3. Other (Specify)	\$			28/4/12/11/18				4 - 2 - X
b. Purchased Services (by contract other	s	116,637	116,637					
than through Management Services) (Complete Schedule C-2 att. Page 21)					ten selpri II.			100 PM
c. Other (Specify)	S	3,927	3,927				HOLESTON NO.	
Minor Dietary Equipment / Rental								
2D. Total Dietary Expenditures (2a + b + c + d)	S	414,136	414,136					
Dietary Questionnaire     Resident Meals: Total no. of meals served per of     Is cost of employee meals included in 2D?	lay.* O Yes	Total •	No	/ RHNS		ecify)	(Spi	ecify)
H. Did you receive revenue from employees?	O Yes	0	No		If yes, specify amt.			
I. Where is the revenue received reported in the C	ost Report?	(Page/Line Ite	m)					
Is cost of meals provided to persons other than J. employees or residents (i.e., Board Members, Guests) included in 2D?	⊙ Yes	0	No		If yes, specify cost.		1098	
K. Is any revenue collected from these people?	O Yes	•	No		If yes, specify amt.			
L. Where is the revenue received reported in the C	ost Report?	(Page/Line Ite	m)				16 M3	
Is cost of food (other than meals, e.g., snacks  M at monthly staff meetings, board meetings) provided to employees included in 2D?	⊙ Yes	0	No		If yes, specify cost.		8519	
N. Is any revenue collected from employees?	O Yes	0	No		If yes, specify amt.			
O. Where is the revenue received reported in the C	age writing	ALC: NO SECOND	2008				15 1a9	

<sup>\*</sup> 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		Report for Yea	r Ended			Page	of
Complete Care at Fox Hill, LLC		2479	9/30/2023				19	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
. Laundry a. In-House Processing* I. Bed linens, cubicle curtains, draperies,	Lbs							
gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$							
<ol> <li>Employee items including uniforms, gowns, etc. washed, ironed and/or</li> </ol>	Lbs							
processed.***	Amt.\$							
3. Personal clothing of residents	Lbs.							
washed, ironed, and/or processed.***	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)	S	1,793	1,793	650 0 X45 1 X4		Section 1983 has	MICHAEL ST	WII SHIELD
Laundry Supplies  BD. Total Laundry Expenditures (3a + b + c)	\$	190,162	190,162					
E. Laundry Questionnaire								
F. Is cost of employee laundry included in 3D?	) Yes	0	No		If yes, specify cost.			
Bid you receive revenue from employees.	) Yes	0	No		If yes, specify amt			
<ol> <li>Where is the revenue received reported in the Cos</li> </ol>	t Report?		(Page/Line Ite	em)				
Is Cost of laundry provided to persons other than employees or residents included in 3D?	) Yes	Θ	No		If yes, specify cost.			
. Did you receive revenue from these people?	) Yes	0	No		If yes, specify amt.			
K. Where is the revenue received reported in the Cos	t Report?		(Page/Line Ite	em)				

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.

<sup>\*\*\*</sup> 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. I	teport for Y	ear End	Page	of				
complete Care at Fox Hill, LLC	2479		/2023					20	37
Item		Tota		CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustmen
. Housekeeping	Sq. Ft. Serviced								
a. In-House Care	by Personnel								
1 Supplies - Cleaning (Mops, pails, brooms, etc.)	Amt	\$	459	459					
b. Purchased Services (by contract other	Sq. Ft. Serviced								
than through Management Services)	by Personnel								
(Complete Schedule C-2 att. Page 21)	Amt	\$ 264	4,265	264,265					
C. Other (Specify)		S	Court D	Market Name	(C	CHIR V. J	E35 1103		1000 ENG. 1000
D. Total Housekeeping Expenditures (4a	+ b + c)	\$ 264	4,724	264,724					
Resident Care (Supplies)**		The last	1000	E TUI SI	1/4-23-1376	Promit to be			
<ul> <li>a. Prescription Drugs***</li> </ul>		200	31 41	THE STATE OF					1111 1973
Own Pharmacy		\$							
<ol><li>Purchased from</li></ol>		\$		100,291	(100,291)				
GeriScripts / Medline		10.110				THE PARTY			Section 1
<ul> <li>b. Medicine Cabinet Drugs</li> </ul>			1,279	1,279					-
<ul> <li>Medical and Therapeutic Supplies</li> </ul>			7,494	137,494					
d Ambulance/Limousine***		\$	anne de	871	(871)	W	and the state of t	100	Name and Address
e. Oxygen			Sec. 1			III 113 - "			W III
For Emergency Use		\$	-	2.000	(2.000)				
2. Other***		\$		2,080	(2,080)				<del> </del>
f. X-rays and Related Radiological Procedures***		\$		5,377	(5,377)	Ministration			5-20 - Vi
g Dental (Not dentists who should be in salaries or fees)	cluded under	\$		S _ WI(0) 1		Section III	11 200 5 - 0,000	S. AVI VINI	ELEXION D
h. Laboratory***		\$		9,393	(9,393)				
i Recreation		\$		9,448	(9,448)				
j Direct Management Services*		S							
k. Indirect Management Services*		\$							
I. Cable TV		\$ :	5,523	45,223	(39,700)				
m. Other (Specify)**** See Attached Schedule		\$ 84	4,164	94,363	(10,199)		COPI WE	i dontar i i	en Sjoice
n. Physical Therapy Expense		S							
o. Speech Therapy Expense		\$							
P. Total Resident Care Expenditures (5a -	50)	***	8,460	405,819	(177,359)				

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

<sup>\*\*</sup> Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

<sup>\*\*\*</sup> Facility should self-disallow the expense in the Adjustment column.

<sup>\*\*\*\*</sup> ICFMR's should provide a detailed schedule of all Day Program Costs

### Schedule of Other Resident Carc

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	0	0 0				
Nursing Rental Expense	\$ 23,479	\$ (10,158)				II ALL LESSE
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					300
Nursing Expense>Data Processing	\$ 34,621					
					To Bloom	
					2	
	carry five I make a second		811			N D S II
					N= 80 1	
			1 22 2		AT E AX E	
	Maria Carlot				=======================================	
	30					
Total Other Resident Care	\$ 94,363	\$ (10,199)	s -	\$ -	\$ -	s -

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

Total Cable TV Expense acct # 80-232-00	\$ \$	Amount 45,223 TB Linked
Monthly Allowable amount Months in Cost Report Year	\$	600 11
Total Allowable Cost	\$	6,300
Full Year Cost Report (320 out of 365 Days)		88%
Revised Allowable Cost	\$	5,523
Disallowed Cable TV	<u> </u>	39.700

State of Connecticut Annual Report of Long-Term Care Facility CSP-21 Rev. 3/2023

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

Name of Facility Complete Care at Fox Hill, LLC	CC			License No. 2479	Report for Year Ended 9/30/2023				Page of 21 37
		Related ** to Owners.	o Owners.						
		Operators, Officers	Officers			-	Total Cost/Page Ref.***	ge Ref.***	
Name of Individual or				Explanation of	Full Explanation of	CCNH/			
Company	Address	Yes	No	Relationship	Service Provided*	RHINS	(Specify)	(Specify)	Pg Line
Healthcare Services Group	P.O Box 829677 Philadelphia, PA 19182	0	•	N/A	Dietary	115,906			18 26
Healthcare Services Group	P.O Box 829677 Philadelphia, PA 19182	0	•	N/A	Housekeeping	264,265			20 4b
Healthcare Services Group	P O Box 829677 Philadelphia, PA 19182	0	0	N/A	Laundry	188,369			22 6f
Northwest Enviornmental	2001 Windsor Ave, Baltimore, MD 21217	0	•	N/A	Sanitation	36,977			22 6f
TRM Landscaping	P.O. Box 2035 Vernon CT 06066	0	•	N/A	Snow Removal	17,761			22 6f
TRM Landscaping	P.O. Box 2035 Vernon CT 06066	0	•	N/A	Landscaping	16,431			22 6f
Complete Care Management	1730 NJ-37, Toms River, NJ 08757	0	0	N/A	Corporate Payroll Fees	11,000			16 m11
LTCAlly	Americas, Lakewood, NJ 08701	0	0	N/A	Back Office Accounting	162,420			16 m11
		0	0						
		0	0						
		0	•						
		0	•						
		0	0						
		0	•						

<sup>\*</sup> List all contracted services over \$10,000. Use additional sheets if necessary.

<sup>\*\*</sup> Refer to Page 4 for definition of related.

<sup>\*\*\*</sup> 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 (Provide detail on pag	e 22b) \$	11,102	11,102					-50
f. Other (itemize)	\$	132,974	132,974					
See Attached Schedule				5.5.79	N. Sulfa	F United States	IIISHV	
6g. Total Maint. & Operating Expense (6a - 6t	5) \$	530,511	530,511					
7. Depreciation (complete schedule page 23*) 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					
Amortization (Complete att. Schedule Page     a. Organization Expense	24*) \$							
b. Mortgage Expense	\$							
c. Leasehold Improvements	\$	7,417	7,417					
d. Other (Specify)	\$							
*8e. Total Amortization Costs (8a+b+c+d)	\$	7,417	7,417					
9. Rental payments on leased real property less								İ
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					

<sup>\*</sup> 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					Treating.
Maintenance Expense>Supplies	\$ 17,443		Williamstone			A SAMPA
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			1 S. U.S.E.		
Maintenance Expense>Landscaping>supplies	\$ 584			1000		
Maintenance Expense>Data Processing	\$ 1,275					
Maintenance Expense>Contracted Service	\$ 27,855					1 2 3 DIL
Maintenance Expense>Equip Rental	\$ 1,987					
Utility Expense>Contracted Service	\$ 5,068				. 3. VI	
						C - 11 
Total Other Repairs and Maintenance	\$ 132,974	s -	s -	s -	s -	s -

Annual Report of Long-Term Care Facility CSP-22b Rev. 3/2023 State of Connecticut

# 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.

snould not be included in these amounts.								
Name of Facility			License No.		Report for Year Ended	ear Ended		Page of
Complete Care at Fox Hill, LLC			2	2479	9/30/2023			22b 37
	Related * to	d * to						
	Owners,	ers,						
	Operators,	itors,					Annual	
	Officers	sers			Date of	Term of	Amount	Amount
Name and Address of Lessor	Yes	No	Descrip	Description of Items Leased	Lease**	Lease	ofLease	Claimed
Leaf P.O. Box 5066, Hartford, CT 06102	0	•	Copier			63 Months	7,930	7,930
	0	•						
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
	0	0	‡1:					
	0	0						
	0	•						
Is a Mileage I og Book Maintained for All I eased Vehicles ?	aV base	hicles ?		O Yes	•	o No	Total ***	7 930

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Total \*\*\*

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

<sup>\*\*</sup> Attach copies of newly acquired leases.

<sup>\*\*\*</sup> Amount should agree to Page 22, Line 6e.



SIGNED X

Accepted by: LEAF Capital Funding, LLC By:

OLE	-At	LEASE AC	GREEMENT				berly, MO 6527 ix: 800-426-262
LESSEE LEGAL N	NAME: re at Fox Hill LLC				Telephone No: 860875077	1	
Billing Address:	e at rox mil LLC		Equipment Location (if other than Billin	ng Address):	800073077		
1253 Hartford	Turnpike, Vernon Rockville, CT 0		1253 Hartford Tumpike, Ve	mon Rockvi		6-4560	
EQUIPMENT D Unit Quantity	ESCRIPTION: (indicate quantity, new or use Description of Equipme	The state of the s	al # and all attachments – see below Make and Type	The state of the s	Schedule A) Number	Ser	ial Number
1	Copier Syste		Make and Type	Model	Number	Ser	iai (Sumocr
BASE TERM	TOTAL NUMBER OF LEASE		EASE PURCHASE OPTION	<u> </u>	(a) Advance Pa	l	\$0.00
IN MONTHS	PAYMENTS	X Fair market value, plus to: 10% of Equipment cost, p			(b) Security De		\$0.00
02	63 @ \$579.00 (plus taxes)	\$1,00, plus taxes	, , , , , , , , , , , , , , , , , , , ,				
		you are in default. If you exer right, title and interest in such f	cise a purchase option we will co	nvey all of our			\$95.00
(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							
In this agreement Lessor and "you' following terms at 1. LEASE PAX execution. The term of the month follow remaining Lease "Payment Date") to the first Payme from the Lease Conterin Rent shall actual costs are dibusts, the Month previously then it 2. DELIVERY, a delivery and instated or written act or written act or written consent a not responsible for 3. INDEMNIFIC against any losses related to the orded delivery or return. 4. LEASE EXPII expiration of the will renew on a cither exercise the Equipment. I you are responsibly payment, and (ii) media prior to reappropriate remove laws). You will pa accordance with the purchase option where the payment and the purchase option where the propersion of the will renew as a secondance with the purchase option to the purchase option where the purchase option will be provided the purchase option to the purchase option where the purchase option will be provided the purchase option will be provided the purchase option to the purchase option will be provided the purchase option to the purchase option will be purchased to the purchase option to the purchase option will be purchased to the purchase option will be purchased to the purchase option to the purchase option will be purchased to the purchased to t	("Lease"), "we," "our," and "us" refers to I " and "your" refer to the Lessee. You agree and conditions:  (MENTS AND TERM: The Lease is a run of the Lease shall commence on the date coment Date"). The first Lease Payment shall wing the Lease Commencement Date as so Payments will be due on the same day of until paid in full. The Base Term shall commencement Date are not pate as a payments will be due on the same day of until paid in full. The Base Term shall commencement Date until the first day of the libe due as involced. We may adjust the Lifferent than the estimate used to calculate the hily Payment may be increased by a man a effect.  ACCEPTANCE, USE AND REPAIR: You liation. You unconditionally accept the Equipment of the Equipment of the Equipment of the Equipment from the date responsible for maintaining the Equipment of the Equipment of the Equipment of vendor failures.  CATION: You agree to indemnify, defend, damages, penalties, claims and suits, includering, manufacture, installation, ownership, of Equipment.  RATION, RENEWAL: Unless you notify Lease of you recturn the Equipment, (i) it must be lee for all return costs and we may charge a Ryou must securely remove all data from any curring the Equipment (and you are sole yus for any loss in value resulting from fail his Lease or for damages incurred in shipping we will convey all of our interest in such without representation or warranty.  AND CHARGES: If any amount is not pain pay us a late charge equal to the lesser of 10 mount. Amounts which are not paid within 3 or month (or if less, the maximum legal rate) one and \$35 for each returned payment.  TYP: We do not manufacture the Equipment to supplier. WE MAKE NO EXPRESS O OSE OF MERCHANTABILITY OR FIT.  ONSIBLE FOR CONSEQUENTIAL OR I RISK OF LOSS: You bear all risk of loss of its returned in the required condition the Risk Period you will maintain property able to us, naming us loss payee and addition the lister insurance, we may secure insurance.	LEAF Capital Funding, LLC as a lo lease the Equipment upon the enforceable on you upon your the Equipment is delivered to you all be due on the date we specify in set forth in our invoice, and the cach subsequent month (each, a name on the date one month prior one Lease Payment for the period is Base Term ("Interim Rent"). The Lease Payments up to 15% if the lease Payments of the amount of the lease Payments of the amount of the lease Payments of the Equipment of the lease Payment upon the earlier of (a) your after delivery of the Equipment Dute, serial numbers and other the above location without our quipment in good repair. We are and hold us harmless from and ding attorneys' fees and expenses condition, use, lease, possession, us at least 90 days prior to the hase the Equipment, this Lease athly Lease Payment until you least 90 days notice and return to the location we designate and testocking Fee equal to one Lease yound all disk drives or magnetic ely responsible for selecting and and and light drives or magnetic ly responsible for selecting and and complies with applicable ture to maintain the Equipment in gand handling. If you exercise a Equipment to you on an AS-IS id within three (3) days of when the shall accrue 1 until paid. You agree to pay \$25 ment and you have selected the DR IMPLIED WARRANTIES, NESS FOR A PURPOSE AND INCIDENTAL DAMAGES.  Or damage to the Equipment from or purchased by you ("Risk y and liability insurance on the half insured. If you do not provide ce on the Equipment to cover	our interests (and only our interests of than the cost to obtain your own it additional amount for the cost of than the cost to obtain your own it.  8. OWNERSHIP AND TAXES you are deemed to own it, you go to file UCC financing statements fines and penalties relating to the we pay any taxes, (including prothe amount we paid plus an adm specified above or if not so spectost. If we require an Equipment agree to reimburse our costs.  9. DEFAULT: If you or any guadue date, or breach any terms a Equipment, you will be in defaul of the following: (a) immediated remaining Lease Payments, Interby us, discounted at an annual repossess the Equipment; or (d) law. If you default, you agree to costs, in addition to all other char penalty, we may require you to a expense incurred in the collection the Equipment, we may sell or oprivate sale, and apply the net predisposition of the Equipment) to its required by law, 10 days' notic for any amounts that are due aff security deposits to your obligative without interest.  10. ASSIGNMENT: You have mestled or assign our rights in the Confights but will not be subject to an II. ARTICLE 2A: You agree the Uniform Commercial Code. You Article 2A (508-522) of the UCC informed of the identity of the St and may contact the Supplier for a 12. CREDIT INFORMATION: but an expense, and make other credit of the Configuration of the Configuration of the St and may contact the Supplier for a 12. CREDIT INFORMATION: but will not be enforcement of this Lease the You will use the Equipment on household use. The USA PATRIO that identifies you thus we ask for substantiate your identity.	crests). If we continued and an administrative and on several and use a security so confirm our purchase, use, it perty tax), fees ainistrative feedified, the greated site inspection, rentor do not page of this Lease, at. If you default, y pay all amount Rent and rest and as a security of the second of the second and all of pay the cost of the second of the wise dispose seconds (after we have appoint and if you to a second or repair to sell or as a second or repair to sell or as a second of the waited of the second	blain such insuistrative fee, the which we may is Equipment (excellar interest in the land interest. You we casing and/or ow or penalties on you agree to part of either \$125, or you request by us any amounting guaranty or we may require into their due, plaidual value of the eturn all of the term all o	rance, you cost of whit make a profit make to us to do a diministrative the within ten any license e Equipment Equipment able to us to and our atto penses incur, letters, and incur and incurred up he Supply Counter the Supply Counter and exact penses and in counter binding up een not to raid to us by else of the perses ify, and recommended to the perses ify, and recommended to the penses if the penses in the	will pay us an idn may be more L. sed software). If You authorize us in due, all taxes, the Equipment. If you will pay us cumentation fee if the Equipment we services, you (10) days of its e relating to the any combination ent value of the training to the entry of the entry is fees and cred and not as a day additional to possession of e, at a public or ced to the sale or if notice of sale may apply any will be refunded. Lease, We may will have all our criticle 2A of the pon a lessee by contract or been supply Contract to obtain credii NNSYLVANIA RAL COURTS and be amended pairs (manually ten you for all isse as a defense ectronic means, opal, family or ord information documents that
ACCEPTED BY L	ESSEE: Complete Care at Fox Hill LLC		e: ari genuth		ride: direct	tor of pur	chasing
X C774A5F03F Lessee Authoriz		E-Mail Addres	s: apfoxhill@ltcally	.com	Date: 11/2		
		Tax ID Numbe		10.345 10.345			
and notification if t enforcing our rights	RANTY: Undersigned guarantees that Lesse of collection, and that we can proceed direct the Lessee is in default and consents to any against undersigned or Lessee. If more than can reports and make inquiries regarding un by jury.	ally against undersigned without fir the extensions or modifications grain to one person signs this guaranty, e	rst proceeding against Lessee or the inted to Lessee. Undersigned will such agrees that his/her liability is in	Equipment, Unit pay us all expend and several	dersigned also was nses (including a Undersigned aut	aives ali sure attorneys' fe (horizes us a	etyship defenses ees) we incur in

Print Name:

Wilson Title:

E-Mail Address:\_\_\_\_\_

11/28/2022



# 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 Rock	ville, CT 06066-456	0		
1 kyocera	ı 4004i	New			
1 kyocera	i 4054ci	new			

LESSEE: Complete Care at Fox Hill LLC	LEAF CAPITAL FUNDING, LLC
BY: Dri Gjenava	BY Dulane Wilson
PRINT NAME: ari genuth	PRINT NAME:
TITLE: director of purchasing	TITLE
DATE: 11/21/22	DATE: 11/28/2022

State of Connecticut Annual Report of Long-Term Care Facility CSP-23 Rev. 10/2022

				Deprec	Depreciation Schedule	redule					
Name of Facility Complete Care at Fox Hill, LLC				License No. 2479	6		Report for Year Ended 9/30/2023	ded		Page 23	of 37
Property Item				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. Land Improvements     Acquired prior to this report period     Disposals (attach schedule)											
	chedule)					10.00					
3 Acquired during this report period (attach schedule)	schedule)										
B-4. Subtotal				NAME OF	Vine Use		The state of the s	100	The same	Placetrates!	
<ul><li>C. Non-Movable Equipment</li><li>1. Acquired prior to this report period</li></ul>											
2. Disposals (attach schedule)											The second second
<ol> <li>Acquired during this report period (attach schedule)</li> </ol>	schedule)										京 川 日 8 元
C-4. Subtotal				1000	Service Service	BIT SHIPS	明 の の の の の の の の の の の の の の の の の の の	The second	THE REAL PROPERTY.	THE PERSON	
	Is a mileage logbook maintained?	Date of A	cquisition	Date of Acquisition Historical Cost	Less		Accumulated Depreciation to	Method of			
	Yes No	Month	Year	Exclusive of Land	Salvage Value	Cost to Be Depreciated	Beginning of Year's Operations	Computing Depreciation	Useful Life	Depreciation for This Year	Totals
D. Movable Equipment 1. Motor Vehicles (Specify name, model and year of each vehicle) a.											
P											
C											
- 1											
Movable Equipment     Acquired prior to this report period	UE S			THE SECOND		No. of Persons in Contract of the Persons in Con	T			B III III III III	
b. Disposals (attach schedule)		-0-									
Acquired during this report period (attach schedule):			Mario.								
c. Administrative		Var.	Var	388,670				S/L	7	33,099	
d. Standard Resident	The second	Var	Var	3,334				S/L	7	417	
e. Specialized Resident		Var.	Var	8,705				S/L	7	1,523	
Total Acquired during this report				400 700						35 030	
D-3 Subtotal		15	10	400,109	THE REAL PROPERTY.	in other m	HOLL SOIL BY HA	Media -		20,00	35,039
E. Total Depreciation		30				THE PERSON		N 1 1 1		Marchall Will	35,039

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

#### Schedule of Land Improvements Acquired during this report period

is Acquired during this report period		Useful	
Description of Item	Cost	Life	Depreciation
ELECTION OF THE PROPERTY OF TH			
		1000	
vements	\$ -	N, Politi	s -
			المالايسية إ
		C HEHR	
	en venen en de en la monda de la maria	All Es	
			A STATE OF THE REAL PROPERTY.
vements	\$ -		s -
	Description of Item  ovements	Description of Item  Cost  Description of Item  Cost	Description of Item  Cost Life  Useful Life  Sovements  Sovements

<sup>\*</sup>Ties to Page 23, Line A3

#### Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
				100 110
prote line in the second				-
		MANAGER WHEN I THE WAY		
Marine Service Marine				
Total additions for Building Im	provements			s -
Deletions:				
				IN E
			Maria E	
				4
				s -
Total deletions for Building Im	provements	\$		2

<sup>\*</sup>Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

	ipment Acquired during this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
dditions:				
STATE OF THE STATE			XIII Y	
			1508157	
		"Heaville III Transfer		
				+
Total additions for Non-Moval	ble Equipment	\$ -		\$
Deletions:				
		2		S -
Fotal deletions for Non-Movab	ole Equipment	\$		.5

<sup>\*\*</sup>Ties to Page 23, Line A2

<sup>\*\*</sup>Ties to Page 23, Line B2

<sup>\*</sup>Ties to Page 23, Line C3
\*\*Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

		Pick One			Useful		
Acquisition Date	Description of Item	Movable Category	1_	Cost	Life	Dep	oreciation
Additions:							
11/15/2022	Assumed personal property	Administrative	\$	300,000	15	S	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	S	1,523
12/8/2022	Laptops	Administrative	\$	3,131	3	\$	913
11/23/2022	Tech-Keys large computer package	Administrative	\$	79,866	5	S	13,977
4/7/2023	Ice and water dispenser	Administrative	S	5,673	7	\$	709
Total additions for	Movable Equipment	nossi justasėvostai	\$	400,709		\$	35,039
Deletions:							
						111	A 1010/1
							A TO
				W. CSZIII			
V = 100 0						-	
WILL SIDE LIW							
Total deletions for	Movable Equipment		\$	/ 0 s€X	11 7 10 7	\$	

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item		Cost	Useful Life	Dep	reciation
Additions:						
12/27/2022	Fifteen dry sprinkler heads are outdated and need to be replaced	S	4,555	25	\$	159
2/27/2023	Heating system repair (multiple invoices)	\$	9,946	15	\$	580
2/22/2023	Fire sprinkler repair (multiple invoices)	S	8,907	25	\$	312
3/16/2023	Plumbing repairs (2 invoices)	S	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
	Oven repair (2 invoices)	S	3,606	10	\$	316
6/25/2023	Sign repair	S	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)	S	2,808	10	S	246
8/15/2023	Replacement of Lobby A / C System, as per quote of May 22, 2023 Job B4182	S	8,825	15	S	515
8/22/2023	Bridgeline Global system upgrade	S	5,459	10	\$	478
9/12/2023	Replacement of Physical Therapy A/C system	S	10,335	15	\$	603
Total additions for	Leasehold Improvement	\$	124,364		S	7,417
Deletions:			-	BILLIJE IS	N	
						10 m
					100	
					lay	
Total deletions for I	Leasehold Improvement	Ŝ			\$	

<sup>\*</sup>Ties to Page 23, Line D2c \*\*Ties to Page 23, Line D2b

<sup>\*</sup>Ties to Page 24, Line C3
\*\*Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility CSP-24 Rev. 10/2006 State of Connecticut

# Amortization Schedule\*

Name of Facility			License No.		Renort for Year Ended	r Ended		Раре	of
Complete Care at Fox Hill, LLC			2479	79	9/30/2023			24	37
					Accumulated				
	Dat	Date of			Amort. to				
	Acqu	Acquisition			Beginning of	Basis for			
			Length of	Cost to Be	Year's	Computing	Rate	Rate   Amortization	
Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal					1080CT   1000CT   1000CT	E SERVICE B	No.		
B. Mortgage Expense									
1.									
2.									X
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	2 4 5 1 8 W
C-4. Subtotal	1000		STATE OF STA						7,417
D. Total Amortization							18-81	# 1	7,417
* Ctroight line method must be used									

\* 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; ORC. Remaining Life of Lease; ORD. Actual Life if owned by Related Party.

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

					Historical	2022	2022	2023	2023	6
Asset Type	Description	Date In Service	Method	Life	Cost	Deprec.	A/D	Deprec.	A/D	NBV
LEASHOLD IMPROVEMENTS	VEMENTS		UF E							
2023 Additions										
В	Fifteen dry sprinkler heads are outdated and need to be replaced	12/27/2022	S/L	25	4.555			159	159	4.396
13	Heating system repair (multiple invoices)	2/27/2023	S/L	15	9,946			580	580	9,366
IJ	Fire sprinkler repair (multiple invoices)	2/22/2023	S/L	25	8,907			312	312	8,595
3	Plumbing repairs (2 invoices)	3/16/2023	S/L	20	2,923			128	128	2,795
=	Second (final) bill of the large heating system repair started in Feb	5/16/2023	S/L	15	1,113			65	65	1,048
1	Oven repair (2 invoices)	6/1/2023	S/L	10	3,606			316	316	3,290
17	Sign repair	6/25/2023	S/L	10	5,887			515	515	5,372
7	Room and hallway renovations	6/1/2023	S/L	15	000'09			3,500	3,500	56,500
7	Wiring for exhaust fans (multiple invoices)	7/21/2023	S/L	10	2,808			246	246	2,562
5	Replacement of Lobby A / C System, as per quote of May 22,	8/15/2023	S/L	15	8,825			515	515	8,310
1	Bridgeline Global system upgrade	8/22/2023	S/L	10	5,459			478	478	4,981
1	Replacement of Physical Therapy A/C system	9/12/2023	S/L	15	10,335			603	603	9,732
TOTAL LEASEHOI	TOTAL LEASEHOLD IMPROVEMENTS				124,363	ž	ΞX	7,417	7,417	116,947
MOVABLE EQUIPMENT	MENT									
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	2	29,866			13,977	13,977	62,889
MME	Ice and water dispenser	4/7/2023	S/L	7	5,673			709	400	4,964
TOTAL MOVABLE EQUIPMENT	EQUIPMENT			on 1990	400,708	(0)	S•.)	35,039	35,039	365,670
TOTAL ASSETS PER CR SCHEDULE	R CR SCHEDULE				525,072	,	28	42,456	42,456	482,617
TOTAL ASSETS PE	TOTAL ASSETS PER TRIAL BALANCE				525,071	()	30	58,206	58,206	466,865
ROUNDING				100	1					-
VARIANCE					•	•	a•s	(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	<u> </u>							

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

Name of Facility	License No.	Report for Year En	ded		Page of 25   37
Complete Care at Fox Hill, LLC	2479	9/30/2023			23   31
11. Property Questionnaire					
Part A					TOUT II I I D I D
Is the property either owned by the	e Facility $\odot$	Yes	0	No	If "Yes," complete Part B. If "No," complete Part C.
or leased from a Related Party?*					ii No, complete rait C.
*If any owner or operator of this faci business association to any person or	lity is related by family, ma	urnage, ownership, ability uildings are leased, then i	to control or t is considered a		
related party transaction.	organization from whom o	anangs are reased, aren r			
Description		Total	male of		
Date Land Purchased		11/15/22			
2. Date Structure Completed	CD 1	05/18/05			
3. If <b>NOT</b> Original Owner, Date	of Purchase	17/15/00			
Date of Initial Licensure     Total Licensed Bed Capacity		11/15/22			
6. Square Footage		54,260			
7. Acquisition Cost					
a. Land		613,793			
b. Building		5,524,141			
Part B - Owner and Related Pa	rties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing			1 To 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
a. Type of Financing (e.g., fi	xed, variable)	Variable			
b. Date Mortgage Obtained		11/15/22			
c. Interest Rate for the Cost		Variable 5			
d. Term of Mortgage (number e. Amount of Principal Borro		6,527,480			
f. Principal balance outstand		6,527,480			
Complete if Mortgage was I		0,527,400	TE 24/31-35/32	Water and E. M.	
During Current Cost Ye					
g. Type of Financing (e.g., fi					
h. Date of Refinancing	, , , , , , , , , , , , , , , , , , , ,				
i. New Interest Rate					
j. Term of Mortgage (number	er of years)				
k. Amount of Principal Borro					
Principal Outstanding on I					
Part C - Arms-Length Leas				Im ar	
Name and Address of Lesson	r Pro	perty 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 Complete Care at Fox Hill, LLC	License No. 2479	Report for '9/30/2023	Year Ended				Page 26	of 37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
12. Interest  A. Building, Land Improvem Equipment 1. First Mortgage	ent & Non-Movable	\$						
Name of Lender	Rate	B ARL						
Address of Lender								
2 Second Mortgage		S						
Name of Lender	Rate	SUPE N	10	1 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				11-21-21-3
Address of Lender								
3. Third Mortgage		S			2			
Name of Lender	Rate		A VIVE			15 0 5 FF 33		ou preville
Address of Lender							70 000	
4. Fourth Mortgage		S		NIC.				
Name of Lender	Rate			No Masula	26 Jan 20 1 1		E-1242	Book again
Address of Lender								
B. CHEFA Loan Information								
Original Loan Amount		\$						
2 Loan Origination Date								20.545
3 Interest Rate %				5 m S 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	N Marie and	STA TO	AND THE PARTY	
4. Term				4				8 - 5 B / M
5. CHEFA Interest Expen	se							
12 B7 Total Building Interest Exper		\$						

(Carry Subtotals forward to next page)

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

Name of Facility	License No.		Report for Yea	r Ended				Page 27	of   37
Complete Care at Fox Hill, LLC	2479		9/30/2023						
Ite			Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	Subtotals Brou	ght Forward:							
12. C. Movable Equipment									
Automotive Equipme		\$							
A. Item	Rate	Amount					是於個別		
Lender	ŕ-								
Address of Lender									
2. Other (Specify)		\$							
A. Item	Rate	Amount							
Lender		( <u></u>							
Address of Lender									
B. Item	Rate	Amount							
Lender									
Address of Lender									
12. C. 3. Total Movable Equip Expense (C1 + 2)	ment Interest								
12. D. Other Interest Expense (	Specify)	\$	61,926	61,926					
Interest on LOC / Misc.									
13. Total All Interest Expense (	12B7 + 12C3 + 12D	) \$	61,926	61,926					
14. Insurance									
a. Insurance on Property (b		\$		19,318					
b. Insurance on Automobile c. Insurance other than Pro	party (as specified a								
1. Umbrella (Blanket Co		s s							
Fire and Extended Co		\$							
3. Other (Specify)		\$	77,825	77,825				Carlo Sur	
Liability / EPLI									
14d. Total Insurance Expenditur	es(14a + b + c)	S	97,143	97,143					
15. Total All Expenditures (A-1.		\$		11,700,515	(779,706)				

#### F. Statement of Revenue

	F. Statement of Re					T <sub>D</sub>		
[	License No.		Report for Y	ear Ended		Page 30	10	of 37
Complete Care at Fox Hill, LLC	2479		9/30/2023		_	30		۱ د
				CCNH/	(0 :0)			
	Item	_	Total	RHNS	(Specify)	10000000	Specify	<u>')</u>
I. Resident Room, Board & Routine				Massachu (VIII)			N YO H	
1. a. Medicaid Residents (CT only		\$	6,238,862	6,238,862		-		_
b. Medicaid Room and Board Co	ontractual Allowance **	\$						
2. a. Medicaid (All other states)		\$				-		
b. Other States Room and Board		\$				-		
3. a. Medicare Residents (all inclu		\$	1,594,970	1,594,970				
b. Medicare Room and Board Co		\$	(28,060)	(28,060)		-		_
4. a. Private-Pay Residents and Oth		\$	2,510,976	2,510,976		-		
b. Private-Pay Room and Board	Contractual Allowance **	\$	(3,192)	(3,192)	No. of the last		MEANING.	NA.
II. Other Resident Revenue		- 1				2.00	Day!	13
a. Prescription Drugs - Medicare		\$	23,919	23,919		-		_
b. Prescription Drugs - Medicare		\$	(23,919)	(23,919)		_		
c. Prescription Drugs - Non-Med		\$						
d. Prescription Drugs - Non-Med	dicare Contractual Allowance **	\$			,	-		_
2. a. Medical Supplies - Medicare		\$				-		
b. Medical Supplies - Medicare		\$				_		_
c. Medical Supplies - Non-Medi		\$				-		
d. Medical Supplies - Non-Medi	care 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-Medi		\$	134,983	134,983				-
d. Physical Therapy - Non-Medi	care Contractual Allowance **	\$	(134,983)	(134,983)				
4. a. Speech Therapy - Medicare		\$	102,671	102,671				
b. Speech Therapy - Medicare C	ontractual Allowance **	\$	(46,873)	(46,873)				
c. Speech Therapy - Non-Medic		\$	31,822	31,822		-		
d. Speech Therapy - Non-Medic		\$	(31,822)	(31,822)			_	
5. a. Occupational Therapy - Med		\$	246,984	246,984		_		
b. Occupational Therapy - Med	icare Contractual Allowance **	\$	(74,101)	(74,101)		_		
c. Occupational Therapy - Non-		\$	24,423	24,423				
	Medicare Contractual Allowance **	\$	(24,423)	(24,423)		_		_
6. a. Other (Specify) - Medicare		\$	181,348	181,348		-		
b. Other (Specify) - Non-Medica		\$	6,338	6,338				
III. Total Resident Revenue (Section)	I. thru Section II.)	\$	10,839,021	10,839,021				10000
IV. Other Revenue*				CONTRACTOR OF THE		300		
<ol> <li>Meals sold to guests, employees</li> </ol>	& others	\$						
2. Rental of rooms to non-residents		\$						
3. Telephone		\$						
4. Rental of Television and Cable S	ervices	\$						
5. Interest Income (Specify)		\$	374	374		1		
6. Private Duty Nurses' Fees		\$						
7. Barber, Coffee, Beauty and Gift	shops	\$						
8. Other (Specify)		\$	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				
			11,130,002	11,100,002				

<sup>\*</sup> Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report

<sup>\*\*</sup> 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		EN YEAR
30 II6a	Radiology Rev>Medicare A	S 2,193	H(V =0	30, N = 10
30 II6a	Radiology Rev>Medicare A>C/A	\$ (2,193)		We to be
30 II6a	Lab Rev>Medicare A	\$ 30,706	E IIV	
30 II6a	Lab Rev>Medicare A>C/A	\$ (30,706)		South and
30 II6a	Other Ancillary Rev>Part B>Sequester	\$ (3,762)		W. O. S.
30 II6a	Other Ancillary Rev>Part B>Capitated Payments	\$ 181,050		
30 II6a	Vaccine Rev>Part B	\$ 9,968	a A	
30 II6a	Revenue Adjustments>Medicare A	\$ 25		The second
30 II6a	Revenue Adjustments>Part B	\$ (5,933)		1. A Session
Total Oth	er Resident Revenue - Medicare	\$ 181,348	\$ -	S -

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

#### Related Exp

Page Ref	Description	CCNH / RHNS (Specify)	(Specify)
30 II6b	Other Ancillary Rev>PICC Insertion	\$ 25	Blattic
30 II6b	Other Ancillary Rev>Telehealth	\$ 4,230	
30 II6b	Other Rev>HMO>Incentive Payments	\$ 870	Esquire H
30 H6b	Revenue Adjustments>Medicare HMO	\$ 1,213	
Total Oth	er Resident Revenue	\$ 6,338 \$ -	s -

#### **Interest Income**

#### Account

Page Ref	Account	Balance	CCNI	I / RHNS	(Spe	cify)	(Spe	cify)
				0			11/25	
30 IV5	Interest on AR	N/A	\$	374				
				224				
Total Inte	rest Income		S	374	\$	20	3	

#### Schedule of Other Revenue

Page Ref	Description	CCN	H / RHNS	(Specify)	(S)	pecify)
			0			
30 IV8	Other Revenue>Carryover PTO (Balance Sheet Adjustments)	S	270,039		Pile I.	
30 IV8	Other Rev>Medical Records (Disallowed Expense on Page 16 Line m13)	\$	144		50 H L	III N
30 IV8	Other Revenue>Prior Period Adjustment(s)*	S	22,954			
30 IV8	Union Settlement Income	S	4,339			
30 IV8	Credit Card Reward Income	2	1,791			
						71
18			700 267			
	er Revenue	S	299,267	3 -	1.5	
No Expe	nse Reported. Do Not Disallow.					

#### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended		age of
Complete Care at Fox Hill, LLC	2479	9/30/2023		31   37
	Account			Amount
Assets				
A. Current Assets	7		φ.	260 471
1. Cash (on hand and in ba		f D - 1 D -1-4-)	\$	369,471
2. Resident Accounts Recei			\$	1,742,403
3. Other Accounts Receival	ole (Excluding Owners	or Related Parties)	\$	
4 Inventories			\$	102.750
5. Prepaid Expenses			<b>D</b>	102,759
a				
b. Various (San attached	\		5.313	
c. Various (See attached d. See Schedule	)	102,759		
6. Interest Receivable		102,739	\$	N-0 SCAN JACOBS
7. Medicare Final Settlemen	at Dagaisyahla		\$	
8. Other Current Assets ( <i>ite</i>			\$	
8. Other Current Assets (ne	mize)		BW U.S.	
See Schedule				
A-9. Total Current Assets (Lines	Δ1 thm 8)		\$	2,214,633
B. Fixed Assets	711 thu o)			
1. Land			\$	
Land Improvements	*Historical Cost		\$	
2. Bana improvements	Accum. Deprecia	tion Net		
3. Buildings	*Historical Cost		\$	
5. 2.man.g.	Accum. Deprecia	tion Net		
4. Leasehold Improvements		124,364	\$	116,947
1	Accum. Deprecia	tion 7,417 Net		
5. Non-Movable Equipmen			\$	
1 1	Accum. Deprecia	tion Net		
6. Movable Equipment	*Historical Cost	400,709	\$	365,670
	Accum. Deprecia	tion 35,039 Net		
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Deprecia	tion Net		
8. Minor Equipment-Not D	epreciable		\$	
9. Other Fixed Assets (item	ize )		\$	(5,032
F/S vs C/R NBV	-	(15,751)		
See Schedule		10,719		
B-10. Total Fixed Assets (Line	es B1 thru 9)	, , , , , , , , , , , , , , , , , , , ,	\$	477,585

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

#### Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5	Preprint Expenses	\$ 23,109
	AS	Prepaid Expenses Insurance	5 1,538
	AS:	Prepaid Expenses-Personal Property Taxes	\$ 2,634
	Aš .	Prepaid Expenses Financing Costs	\$ 1,104
31	AS:	Prepaid Expenses RE Taxes	\$ 30,618
31	AS AS	Prepaid Expenses Innumoe - General Liability & Other	5 24,901
	A5	Preparal Expenses-Insurance - General Liability & Other-Contra	\$ (25,385
31	A5	Preprid Expenses>Insurance - EPLI	\$ 1,853
31	AS AS	Prepaid Expenses>Incarance - Property	\$ 12,149
	AS.	Prepaid Expenses>Workers Comp	\$ 60,254
	A5	Prepaid Expenses>Workers Comp>Cuntra	\$ (30,016
	old Expense		\$ 102.759

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

	Line Ref	Description		
THE ST			110000	=
	Verential.			
	<b>CONTRACT</b>			
	3.1		15000	
Total Other	Current A	sets (liemite)	2	8

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

Line Ref	Description		
		2	10,720
89	Rounding	5	(1
			Value of
100 100			
Other Fly	d Assets (Hemize)	5	10,719
	B9 B9	B9 Rounding	Fried Assets-CIP \$

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description		
				- 7
			100	
Total Other	Assets		5	

Schedule of Notes Payable (Itemize) Page 33 Line AZ

age Ref Line Ref Descript	5Th	THE RESERVE	
	Europe Control of the		
otal Notes Payable			5

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

age Ref Line	Ref Description			
				1 X Y
atal Other Curre	nt Liabilities (Itemire)	and Market and American		5 -

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

Page Ref		Description	_
			200
			5.
Total Other	Current L	iabilities (fermire)	3 .

# G. Balance Sheet (cont'd)

	ne of Facility	License No.	Report for Year Ended 9/30/2023	Page 32	e of 37
Com	plete Care at Fox Hill, LLC	2479	9/30/2023	1 34	Amount
		Account	Total Brought Forwa	rd. ¢	2,692,218
	T 1 11 17			Iu. p	2,092,218
C.	Leasehold or like property reco	oraea for Equity Purpose	S.	l <sub>e</sub>	
	1. Land	ΨΤΤ' 4 ' -1 C4		\$	
	2. Land Improvements	*Historical Cost	Not	Φ.	
		Accum. Depreciation	n Net	\$	
	3. Buildings	*Historical Cost		<u></u>	
		Accum. Depreciation	n Net	\$	
	4. Non-Movable Equipment	*Historical Cost			
		Accum. Depreciation	n Net	\$	
	<ol><li>Movable Equipment</li></ol>	*Historical Cost			
		Accum. Depreciation	n Net	\$	
	<ol><li>Motor Vehicles</li></ol>	*Historical Cost			
		Accum. Depreciation	n Net	\$	
	7. Minor Equipment-Not Dep	reciable		\$	
C-8	Total Leasehold or Like Prop	erties (C1 thru 7)		\$	
D.	Investment and Other Assets				
N	1. Deferred Deposits			\$	
	2. Escrow Deposits			\$	
	3. Organization Expense	*Historical Cost			
	0. 0.B	Accum. Depreciation	on Net	\$	
	4. Goodwill (Purchased Only			\$	
	5. Investments Related to Res			\$	
	5. Investments related to res	ndoni Gare (weimize)		200	
	6. Loans to Owners or Relate	d Parties (itamiza)		\$	1,865,076
	Name and Address	Amount	Loan Date	The state of the s	1,005,070
	Name and Address	Amount	Loan Date		
	Various	1,865,076	6 Various		
	7. Other Assets (itemize)			\$	46,240
	Due To/(From)>Vendor		46,240		NO DE COMPANION
	2 30 10.(21011)				
	See Schedule		2	No.	
-	Total Investments and Other.		)	\$	1,911,316
D-9.	Total All Assets (Lines A9 + 1	310 + C8 + D8		\$	4,603,534

<sup>\*</sup> 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 Fac			License No.	Report for Year E	Ended	Page	of
Complete Ca	are at	Fox Hill, LLC	2479	9/30/2023		33	37
			Account			Ar	nount
Liabilities							
A.	Cu	rrent Liabilities			1.		
	1.	Trade Accounts Payable					3,578,735
	2.	Notes Payable (itemize)			9	5	
		-					
		See Schedule				Dally's N 88	TOTAL PROPERTY.
	3.	Loans Payable for Equipm			1		
		Name of Lender	Purpose	Amount	Date Due		
				ļ	1 1		
					1 8		
					1 1		
ĺ					1 1		
					1 8		
					1 1		
		Accrued Payroll (Exclusiv	a of Owners and/or	Stockholders only)		<u> </u>	
	4.	Accrued Payroll (Owners				\$	
	5.			s only j		S	
	6.	Accrued Payroll Taxes Pay				§	
<u> </u>	7.	Medicare Final Settlement			9		
	8.	Medicare Current Financia	<del></del>				
	9.	Mortgage Payable (Curren		Dalata d Daution)	- 9		
		Interest Payable (Exclusiv	e oj Owner anavor i	(etatea Parties)		<u> </u>	
		Accrued Income Taxes*			- 3		806,267
	12.	Other Current Liabilities (		(6) 1 IF 316			800,207
		Other Current Payables>401K		5,654 Accrued Expense>Med			
		Other Current Payables>Union Du		1,097 Accrued Expenses>Ma	na 653,998		
		Other Current Payables>Resident F		7,222			
		Accrued Expenses		7,297 See Schedule			4 285 002
A-13	3. To	tal Current Liabilities (Lin	es A1 thru 12)			\$	4,385,002

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

# G. Balance Sheet (cont'd)

Name of Facility			Ended	Page	of
Complete Care at Fox Hill, LLC	2479	9/30/2023		34	37
Account					mount
		Total Broug	ht Forward:		4,385,002
Liabilities (cont'd)					
B. Long-Term Liabilities				h	
1. Loans Payable-Equipment (		A	Deta Dua		
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
Loans from Owners or Rela	ted Parties (itemize)		9	\$	766,609
Name and Address of Lender	Amount	Loan D	ate		
					. Walking the
Various	766,609	Various			
				TWO SECOND	
4. Other Long-Term Liabilities		44 400		\$	29,526
Due To/(From)>Fox Hill Ar		11,429			
Due To/(From)>Medicare A		3,392			A Nowolai
Due To/(From)>Commercia	I HMO	14,705			
See Schedule B-5. Total Long-Term Liabilities (I	ines R1 thru 1)		(	\$	796,135
B-5. Total Long-Term Liabilities (Lines A-1	3 + B-5)			\$	5,181,137
C. Total All Liabilities (Lines A-1	5 . 5 5)			*	2,101,101

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

	e of Facility	License No.	Report for Y	ear Ended	Page		of
Com	plete Care at Fox Hill, LLC	2479	9/30/2023	-	35		37
_	D	Account			4	Amount	
A.	Reserves						
	1. Reserve for value of leased la	and			\$		
	2. Reserve for depreciation value	ue of leased building	ngs and appurter	nances			
	to be amortized				\$		
	3. Reserve for depreciation value	ue of leased person	nal property (Equ	uity)	\$		
	4. Reserve for leasehold real pr	operties on which	fair rental value	is based	\$		
	5. Reserve for funds set aside a	s donor restricted			\$		
	6. Total Reserves				\$		
B.	Net Worth						
	1. Owner's Capital				\$		
	2. Capital Stock				\$		
	3. Paid-in Surplus	111			\$		
	4. Treasury Stock				\$		
	5. Cumulated Earnings				\$		
	6. Gain or Loss for Period	11/15/20	022 thru	9/30/2023	\$	(57	7,603)
	7. Total Net Worth				\$	(57	7,603)
C.	Total Reserves and Net Worth				\$	(57	7,603)
D.	Total Liabilities, Reserves, and	Net Worth			\$	4,60	3,534

# H. Changes in Total Net Worth

Nam	e of Facility	License No.	Report for Year	Ended	Page	of
Com	plete Care at Fox Hill, LLC	2479	9/30/2023		36	37
Account						unt
A.	Balance at End of Prior Period as sl	hown on Report of 09	9/30/2022	9		
B.	Total Revenue (From Statement of	Revenue Page 30)		9		11,138,662
C.	Total Expenditures (From Statemen	nt of Expenditures Pa	ge 27)	9		11,716,265
D.	Net Income or Deficit					(577,603)
E.	Balance			9	5	(577,603)
F.	Additions					
	1. Additional Capital Contributed	(itemize)				
	Total Expenses per Page 27	7 \$11,700,515		i i		型 公司法
	F/S vs C/R Depreciation	15,750				MEST THE
	Total Expenses per F/S	\$11,716,265		1		
	2. Other (itemize)					
				1		
F-3.				9	S	
G.	Deductions					
	1. Drawings of Owners/Operators		-	5	5	
	Name and Address (No., City,	State, Zip)	Title	Amount		
				1		
	2. Other Withdrawings (Specify)			5	5	
	Purpose		Amou	ınt		
	3. Total Deductions			5	5	
H.	Balance at End of Period	09/30/23	3	5	5	(577,603)

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

Name of Facility	Licens	e No.		Report for Year Ended	Page	of
Complete Care at Fox Hill, LLC		2479 ck appropriate category		9/30/2023	37	37
Chronic and Convalescent Nursing Home (CCNH) & RHNS Combined	□ (Speci	fy)		(Specify)		
	Preparer	Reviewer Certific	ation			
I have prepared and reviewed this have read the most recent Federal and personnel as to the possible inclusion regulations. All non-reimbursable ex removed in the State rate computation are properly reported as such in this redata contained in this report is in agree	I State issued in this report penses of whit is system) as a eport on Page	field audit reports for the I of expenses which are not ch I am aware (except the result of reading reports, it is 28 and 29 (adjustments to	Facility a reimbur se exper nquiry o o statem	and have inquired of appro- resable under the applicable ness known to be automat r other services performed tent of expenditures). Fur	opriate e ically l by me	
Signature of Proparer  Multiple 1	Title	RINCIPAL		Date Signed 2 / 14 / 2	4	
Printed Name of Preparer						
Matthew S. Bavolack						
AddresAddress				Phone Number		
555 Long Wharf Drive, New Haven, CT 06511				203-781-9680		
Contacted Person Regarding Additional Info	rmation Need	ed Regarding This Report		Phone Number		
Peri Neumann				732-951-7099		
Contact Email Address						
PeriN@ltcally.com						

Client:	Complete Care Management				
Engagement: Period Ending:	Medicaid - Complete Care at Fox Hill, LLC 9/30/2023				
Trial Balance:	A.01 - TB-CCNH				Those is
Account	Description	BEGIN	JE Ref#	RJE	REPORT
-		9/30/2023			9/30/2023
10,001,00	Cash>Clearing	0.00		41-11	0.00
10-001-00 10-001 <b>-</b> 02	Cash>Clearing Payroll	(205,449.00)			(205,449.00)
10-001-02	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 <b>-</b> 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 57,222.00			0.00 57,222.00
10-060-15	Cash>Resident Trust>Fox Hill	500.00			500.00
10-061 <b>-</b> 15 11-100-00	Cash>Care Cost>Fox Hill Accounts Receivable>Miscellaneous	0.00			0.00
11-102-00	Accounts Receivable>Medicare A	191,624.00			191,624.00
11-102-00	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			5,750.00 962,263.00
11-111-00	Accounts Receivable>Medicaid Accounts Receivable>Income	962,263.00 35,564.00			35,564.00
11-112-00 11-120-00	Accounts Receivable>Income Accounts Receivable>Allow for Doubtful Accts	(107,831,00)			(107,831.00)
11-120-00	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 (25,385.00)
12-162-01	Prepaid Expenses>Insurance - General Liability & Other	er>Contra (25,385.00) 1,853.00			1,853.00)
12-163-00 12-165-00	Prepaid Expenses>Insurance - EPLI 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 <b>-</b> 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 82,997.00
14-134-00	Fixed Assets>Computer Hardware	82,997.00 10,720.00			10,720.00
14-136-00 14-305-00	Fixed Assets>CIP Fixed Assets>Furniture, Fixtures and Equipment-Assur	•			300,000.00
15-100-00	Accum Depn>Miscellaneous	(58,206,00)		2,834.00	(55,372.00)
10-100-50	Account Book Micocharlosso	(- ,	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 0.00
21-274-00	Other Current Payables>SUI Payable	0.00 0.00			0.00
21-275-00	Other Current Payables>FWT Payable	0.00			0.00
21-276-00 21-278-00	Other Current Payables>SWT Payable 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 (00 792 78)
24-000-00	Accrued Expenses Medicaids Red Tax	(87,297,00) 1.00			(87,297.00) 1.00
24-111-16 24-279-00	Accrued Expense>Medicaid>Bed Tax Accrued Expenses>Management Fee	(653,998.00)			(653,998.00)
24-213-00	Agorded Expenses- Wanagement Lee	(555,555,66)			//

Account	Description	BEGIN JE Ref#	RJE REPORT
Account	Description	9/30/2023	9/30/2023
07 000 00	Due To/(From)>Fox Hill Amex	(11,429.00)	(11,429.00)
27-000-29 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) RJE - 6	283,092.00 210,510.00 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 (403.00)
27-902-25	Due To/(From)>Interfacility>Barn Hill and CT3	(403.00) 1,858,597.00	1,858,597.00
27-902-26 27-902-66	Due To/(From)>Interfacility>CT3 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) (36,995.00)
40-106-09	Room & Board Revenue>Medicare HMO>Sales Adjustments Room & Board Revenue>Medicare HMO>Sequester	(36,995.00) 3,192.00	3,192.00
40-106-14 40-109-00	Room & Board Revenue>Medicale HMO>Sequester	(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	(23,919.00) 23,919.00
41-102-01 42-102-00	Pharmacy Rev>Medicare A>C/A PT Revenue>Medicare A	(64,101.00)	(64,101.00)
42-102-00	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 (23,545.00)
42-111-00 42-111-01	PT Revenue>Medicaid PT Revenue>Medicaid>C/A	(23,545.00) 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 (24,219.00)
43-111-00	OT Revenue>Medicaid OT Revenue>Medicaid>C/A	(24,219.00) 24,219.00	24,219.00
43-111-01 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 45-102-01	Radiology Rev>Medicare A	(2,193.00) 2,193.00	(2,193.00) 2,193.00
45-102-01 46-102-00	Radiology Rev>Medicare A>C/A Lab Rev>Medicare A	(30,706.00)	(30,706-00)
46-102-00	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 .	JE Ref # RJE REPORT
Account		9/30/2023	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) (270,039.00)
51-157-00	Other Revenue>Carryover PTO	(270,039.00) (374.00)	(374.00)
51-160-00 51-818-00	Other Rev>Interest 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 5,377.00
59-000-00	Radiology Expense	5,377.00 14,322.00	14,322.00
60-183-00	Nursing Expense>Supplies-Disposable	41.00	41.00
60-183-07 60-183-74	Nursing Expense>Supplies>Bariatric 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 <b>-</b> 700-19	Nursing Expense>Contracted Service>LPN	62,999.00	62,999.00
60-700-19	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 3,269.00
60-801-88	Nursing Expense>CNA>Other Pay	3,269.00 109,812.00	109,812.00
60-801-90 60-801-91	Nursing Expense>CNA>Sick/Vacation Pay 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 57,761.00
60-805-91	Nursing Expense>LPN>Holiday Pay	57,761.00 337,041.00	337,041.00
60-808-80	Nursing Expense>RN>Wages Nursing Expense>RN>Overtime	35,330.00	35,330.00
60-808-81 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	2,284.00 698.00
60-809-82	Nursing Expense>RN Supervisor>Shift Premium Pay	698.00 5,275.00	5,275.00
60-809-83	Nursing Expense>RN Supervisor>Shift Bonus Pay Nursing Expense>RN Supervisor>Retro Pay/Adjustment Pay	1,914.00	1,914.00
60-809-84	indianing Expenseritin Supervisor/Netro Fayi/Aujustinent Fay	1,014.00	.,571.00

Second			11-11-12-12-12-12-12-12-12-12-12-12-12-1	- C		
58.509.98	Account	Description	BEGIN	JE Ref#	RJE	REPORT
			9/30/2023			9/30/2023
December   Nursing patrons   December   De	60-809-89	Nursing Expense>RN Supervisor>On Call Pay				
8-1-94-80	60-809-90		·			
81-194-42   Nursing Admin Expense-Infection Control-Shift Premium Pay   16.00   800.00   81-194-90   800.00   81-194-90   800.00   81-194-90   800.00   81-194-91   800.00   800.00   81-194-91   800.00   800.00   81-194-91   800.00   800.00   81-194-91   800.00   800.00   81-194-91   800.00   81-194-9	60-809-91	Nursing Expense>RN Supervisor>Holiday Pay	•			
St-194-38	61-194-80					
Bi-194-00   Nursing Admin Expenses-Medical Director						
Bi-134-491   Nursing Admin Expense-Medical Director   46,607.00   RLE - 2 (6,475.00)   40,132.00   RLE - 3 (6,475.00)   40,132.00   RLE - 3 (6,475.00)   40,132.00   RLE - 3 (6,475.00)   40,132.00   RLE - 4 (6,475.00)   RLE - 5 (15,884.00)   100,500.00   RLE - 4 (15,884.00)   100,500.00   RLE - 4 (15,884.00)   100,500.00   RLE - 5 (15,884.00)   RLE - 5 (15,884.0						
1-750-00   Nursing Admin Expense-Medical Director   46,007.00   (8,475.00)   40,132.00   16,181-80   Nursing Admin Expense-Director (DON)-Wages   116,184.00   (15,584.00)   100,500.00   16,181-80   Nursing Admin Expense-Director-Holding Pay   8,920.00   17,182.00   2,473.00   16,181-80   Nursing Admin Expense-Director-Holding Pay   7,000.00   76,122.						•
RIE - 2 (6.475.00)   100,000,00   RIE - 2 (6.475.00)   100,000,00   RIE - 3 (15,884.00)   100,000,00   RIE - 6 (15,884.00)   RIE - 7 (15,884.00)   RIE -			•		(6.47E.00)	
61-811-80   Nursing Admin Expense>Director (DON)-Wages	61-750-00	Nursing Admin Expense>Medical Director	46,607.00	DIE 2	• • •	40,132.00
File   File   Nursing Admin   Expense>Director-  Side/ Vacation   Pay   2,973.00   2,973.00   2,973.00   3,102.00   3,1	-1 -11 -0	Namina Admin Frances Diseases (DON)>18/occo	116 104 00	KIE - Z		100 500 00
61-811-190         Nursing Admin Expense-Director-Holding Pay         2,973.00         2,973.00           61-811-200         Nursing Admin Expense-Director-Holding Pay         700.00         700.00           61-812-200         Nursing Admin Expense-Assistant Director-Col Call Pay         700.00         700.00           61-812-90         Nursing Admin Expense-Assistant Director-Sick/Vacation Pay         7,082.00         2,265.00           61-814-81         Nursing Admin Expense-Central Supply-Wages         2,055.00         2,265.00           61-814-81         Nursing Admin Expense-Central Supply-Wages         2,055.00         2,265.00           61-814-81         Nursing Admin Expense-Central Supply-Wages         2,055.00         2,035.00           61-817-80         Nursing Admin Expense-Central Supply-Wages         170.00         (18,000         1,140.00           61-817-81         Nursing Admin Expense-WIDS / RNAC-Wages         170.60         (18,943.00)         151.728.00           61-817-82         Nursing Admin Expense-WIDS / RNAC-Shift Borus Pay         1,000         1,000         1,000.00           61-817-81         Nursing Admin Expense-WIDS / RNAC-Shift Borus Pay         1,000         1,000         1,000.00           61-817-82         Nursing Admin Expense-WIDS / RNAC-Shift Borus Pay         1,000         1,000.00         1,000.00	61-811-80	Nursing Admin Expense>Director (DON)>Wages	110,104.00	DIE.6		100,000.00
1-11-91   Nursing Admin Expenses-Director-Holiday Pay   7.00.00	64 844 00	Nursing Admin Expanses Directors Sick A/acation Pay	8 920 00	1132 - 0	(10,001.00)	8.920.00
81-912-80   Nursing Admin Expense-Assistant Director (ADON)-Wages   76.129.00   76.129.00   70.00		•	,			
81-812-89		•				
8-1912-90   Nursing Admin Expense-Assistant Director-Nicklay Pay						•
19-12-91   Nursing Admin Expense-Assistant Director+Holiday Pay   2,285.00   2,265.00   1-914-8-1   Nursing Admin Expense-Central Supply-Wages   26,035.00   1-914-8-1   Nursing Admin Expense-Central Supply-Welchaetin Pay   1,140.00   1,140.		Nursing Admin Expense>Assistant Director>Sick/Vacation Pay				
1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		Nursing Admin Expense>Assistant Director>Holiday Pay				
1848-09   Nursing Admin Expenses-Central Supply-Solet/Wacation Pay						
1-14-0.00   1-14-0.00   1-14-0.00   1-14-0.00   1-14-0.00   1-14-0.00   1-18						
61-814-91			1,140.00			1,140.00
61-817-80   Nursing Admin Expense>MDS / RNAC>Overtime			1,507.00			1,507.00
RJE-6   (18,943,00)   1,778,00			170,669.00		(18,943.00)	151,726.00
1-817-83   Nursing Admin Expense>MDS / RNAC>Shift Borus Pay   100.00   250.00   100.00   161-817-88   Nursing Admin Expense>MDS / RNAC>Other Pay   250.00   250.00   250.00   161-817-89   Nursing Admin Expense>MDS / RNAC>Other Pay   250.00   600.00   61-817-91   Nursing Admin Expense>MDS / RNAC>Other Pay   50.00   50.005				RJE - 6	(18,943.00)	
61-817-83 Nursing Admin Expense>MDS / RNAC>Norber Pay 250.00 250.00 61-817-89 Nursing Admin Expense>MDS / RNAC>On Call Pay 600.00 60.00 600.00 61-817-80 Nursing Admin Expense>MDS / RNAC>On Call Pay 600.00 61-817-80 Nursing Admin Expense>MDS / RNAC>On Call Pay 600.00 61-817-80 Nursing Admin Expense>MDS / RNAC>Sick/Vacation Pay 11,295.00 11,295.00 5,085.00 51-818-80 Nursing Admin Expense>Medical Records>Wages 18,044.00 18,044.00 310.00 310.00 61-818-80 Nursing Admin Expense>Medical Records>Shift Bonus Pay 310.00 310.00 61-818-90 Nursing Admin Expense>Medical Records>Slick/Vacation Pay 1,228.00 1,228.00 47.20 47.20 47.20 61-818-90 Nursing Admin Expense>Nursing Secretary>Nursing Pay 4 72.00 47.20 47.20 61-818-90 Nursing Admin Expense>Nursing Secretary>Wages 13,016.00 13,016.00 16-81-81-91 Nursing Admin Expense>Nursing Secretary>Sick/Vacation Pay 1,372.00 13,016.00 16-821-80 Nursing Admin Expense>Nursing Secretary>Sick/Vacation Pay 1,372.00 13,016.00 16-821-90 Nursing Admin Expense>Nursing Secretary>Sick/Vacation Pay 1,372.00 13,016.00 16-821-90 Nursing Admin Expense>Nursing Secretary>Sick/Vacation Pay 1,372.00 13,016.00 16-823-80 Nursing Admin Expense>Nursing Secretary>Sick/Vacation Pay 1,372.00 13,72.00 15-823-80 Nursing Admin Expense>Nursing Secretary>Sick/Vacation Pay 1,372.00 15-823-80 Nursing Admin Expense>Staff Coordinator>Overtime 2,610.00 2,610.00 2,610.00 16-823-81 Nursing Admin Expense>Staff Coordinator>Overtime 2,610.00 2,610.00 2,610.00 55-9.00 55-9.00 16-823-80 Nursing Admin Expense>Staff Coordinator>Sick/Vacation Pay 1,353.00 3,459.00 3,459.00 16-823-81 Nursing Admin Expense>Staff Devel Director>Wages 4,843.00 43,843.00 43,843.00 41-824-80 Nursing Admin Expense>Staff Devel Director>Overtime 4,843.00 43,843.00 43,843.00 41-824-80 Nursing Admin Expense>Staff Devel Director>Overtime 9,853.00	61-817-81	Nursing Admin Expense>MDS / RNAC>Overtime	1,778.00			1,778.00
1-817-89		Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay	100.00			100.00
1-817-90	61-817-88	Nursing Admin Expense>MDS / RNAC>Other Pay	250.00			250.00
61-817-91 Nursing Admin Expense>Modical Records>Wages 18,044.00 18	61-817-89	Nursing Admin Expense>MDS / RNAC>On Call Pay	600.00			
61-818-80 Nursing Admin Expense>Medical Records>Wages 18,044.00   61-818-83 Nursing Admin Expense>Medical Records>North Bonus Pay 310.00   61-818-84 Nursing Admin Expense>Medical Records>North Bonus Pay 1,228.00   61-818-91 Nursing Admin Expense>Medical Records>North Bonus Pay 1,228.00   61-821-80 Nursing Admin Expense>Medical Records>North Bonus Pay 1,228.00   61-821-80 Nursing Admin Expense>Nursing Secretary>Wages 13,016.00   61-821-80 Nursing Admin Expense>Nursing Secretary>Shift Bonus Pay 50.00   61-821-81 Nursing Admin Expense>Nursing Secretary>Shift Bonus Pay 50.00   61-821-81 Nursing Admin Expense>Nursing Secretary>Shift Bonus Pay 1,372.00   61-821-80 Nursing Admin Expense>Nursing Secretary>Shift Bonus Pay 1,372.00   61-821-80 Nursing Admin Expense>Nursing Secretary>Shift Bonus Pay 1,372.00   61-823-80 Nursing Admin Expense>Staff Coordinator>Overtime 2,810.00   61-823-81 Nursing Admin Expense>Staff Coordinator>Overtime 2,810.00   61-823-81 Nursing Admin Expense>Staff Coordinator>Overtime 2,810.00   61-823-91 Nursing Admin Expense>Staff Coordinator>Holiday Pay 1,353.00   61-824-80 Nursing Admin Expense>Staff Coordinator>Holiday Pay 1,353.00   61-824-80 Nursing Admin Expense>Staff Devel Director>Other Pay 9,53.00   61-824-80 Nursing Admin Expense>Staff Devel Director>Other Pay 9,53.00   61-824-90 Nursing Admin Expense>Staff Devel Director>Other Pay 9,53.00   61-825-90 Nursing Admin Expense>Staff Devel Director>Other Pay 9,53.00   61-825-90 Nursing Admin Expense>Nursing Admin Expense	61-817-90	Nursing Admin Expense>MDS / RNAC>Sick/Vacation Pay	11,295.00			
61-818-90 Nursing Admin Expense>Medical Records>Shift Bonus Pay 310.00 1.228.00 1.22	61-817-91	Nursing Admin Expense>MDS / RNAC>Holiday Pay				•
61-818-90 Nursing Admin Expense>Medical Records>Sick/Vacation Pay 1,228.00 1,228.00 1,328.00 1,3016.00 13,016.00 13,016.00 13,016.00 13,016.00 13,016.00 13,016.00 13,016.00 13,016.00 161-821-83 Nursing Admin Expense>Nursing Secretary>Shift Bonus Pay 50.00 50.00 50.00 1,221-90 Nursing Admin Expense>Nursing Secretary>Shift Bonus Pay 50.00 1,372.	61-818-80	Nursing Admin Expense>Medical Records>Wages				
61-818-91 Nursing Admin Expense>Nursing Secretary>Wages 13,016.00 13,016.00 61-821-80 Nursing Admin Expense>Nursing Secretary>Shift Bonus Pay 50,00 50.00 61-821-90 Nursing Admin Expense>Nursing Secretary>Slick/Vacation Pay 1,372.00 13,72.00 13,72.00 13,72.00 13,72.00 13,72.00 13,72.00 13,72.00 13,72.00 13,72.00 13,72.00 15.00 1	61-818-83					
61-821-80 Nursing Admin Expense>Nursing Secretary>Wages 13,016.00 50.00	61-818-90					
81-821-83 Nursing Admin Expense>Nursing Secretary>Shift Bonus Pay 50.00 1,372.00 1,3		-				
S1-821-90   Nursing Admin Expense>Nursing Secretary>Sick/Vacation Pay						· ·
Standard						
State						•
61-823-81         Nursing Admin Expense>Staff Coordinator>Overtime         2,610.00           61-823-83         Nursing Admin Expense>Staff Coordinator>Shift Bonus Pay         559.00           61-823-90         Nursing Admin Expense>Staff Coordinator>Slok/Vacation Pay         3,459.00           61-823-91         Nursing Admin Expense>Staff Coordinator>Holiday Pay         1,353.00           61-824-80         Nursing Admin Expense>Staff Devel Director>Wages         43,843.00           61-824-80         Nursing Admin Expense>Staff Devel Director>Orn Call Pay         953.00           61-824-80         Nursing Admin Expense>Staff Devel Director>Orn Call Pay         400.00           61-824-90         Nursing Admin Expense>Staff Devel Director>Orn Call Pay         1,192.00           61-824-91         Nursing Admin Expense>Staff Devel Director>Sick/Vacation Pay         1,631.00           61-825-80         Nursing Admin Expense>Staff Devel Director>Holiday Pay         1,631.00           61-825-80         Nursing Admin Expense>Vlnit Manager>Wages         80,995.00           61-825-80         Nursing Admin Expense>Unit Manager>Retro Pay/Adjustment Pay         372.00           61-825-80         Nursing Admin Expense>Unit Manager>Retro Pay/Adjustment Pay         372.00           61-825-80         Nursing Admin Expense>Unit Manager>Holiday Pay         1,867.00           61-825-90         N		•				
81-823-83 Nursing Admin Expense>Staff Coordinator>Shift Bonus Pay 559.00 3,459.00 3,459.00 3,459.00 3,459.00 3,459.00 3,459.00 3,459.00 3,459.00 3,459.00 3,459.00 3,459.00 3,459.00 1,353.00 1						•
61-823-90       Nursing Admin Expense>Staff Coordinator>Sick/Vacation Pay       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>On Call 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         61-824-90       Nursing Admin Expense>Staff Devel Director>Sick/Vacation Pay       1,631.00       1,631.00         61-825-80       Nursing Admin Expense>Rem Unit Manager>Wages       80,995.00       80,995.00         61-825-80       Nursing Admin Expense>Unit Manager>Pay       900.00       900.00         61-825-90       Nursing Admin Expense>Unit Manager>On Call Pay       900.00       9709.00         61-825-91       Nursing Admin Expense>Unit Manager>Sick/Vacation Pay       1,867.00       1,867.00         62-102-00       Pharmacy Expense>Medicare A       38,688.00       38,688.00         62-102-00       Pharmacy Expense>HMO       40.00       40.00         62-145-00       Pharmacy Expe			·			
61-823-91       Nursing Admin Expense>Staff Coordinator>Holiday Pay       1,353.00         61-824-80       Nursing Admin Expense>Staff Devel Director>Wages       43,843.00         61-824-88       Nursing Admin Expense>Staff Devel Director>Other Pay       953.00         61-824-89       Nursing Admin Expense>Staff Devel Director>On Call Pay       400.00         61-824-90       Nursing Admin Expense>Staff Devel Director>Sick/Vacation Pay       1,192.00         61-824-91       Nursing Admin Expense>Staff Devel Director>Holiday Pay       1,631.00         61-825-80       Nursing Admin Expense> RN Unit Manager>Wages       80,995.00         61-825-80       Nursing Admin Expense>Unit Manager>Retro Pay/Adjustment Pay       372.00         61-825-80       Nursing Admin Expense>Unit Manager>Retro Pay/Adjustment Pay       372.00         61-825-80       Nursing Admin Expense>Unit Manager>Retro Pay/Adjustment Pay       372.00         61-825-90       Nursing Admin Expense>Unit Manager>Retro Pay/Adjustment Pay       900.00         61-825-91       Nursing Admin Expense>Unit Manager>Holiday Pay       1,867.00         61-825-91       Nursing Admin Expense>Unit Manager>Holiday Pay       1,867.00         62-102-00       Pharmacy Expense>Private       40.00         62-104-00       Pharmacy Expense>Private       40.00         62-111-00       Pharma						
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>On Call Pay 400.00 1,192.00 1,192.00 1,192.00 1,192.00 1,192.00 1,631.00 61-824-91 Nursing Admin Expense>Staff Devel Director>Holiday Pay 1,631.00 1,631.00 1,631.00 61-825-80 Nursing Admin Expense>RN Unit Manager>Wages 80,995.00 80,995.00 80,995.00 1,825-80 Nursing Admin Expense>Unit Manager>Retro Pay/Adjustment Pay 372.00 372.00 61-825-80 Nursing Admin Expense>Unit Manager>Call Pay 900.00			·			
61-824-88         Nursing Admin Expense>Staff Devel Director>Other Pay         953.00           61-824-89         Nursing Admin Expense>Staff Devel Director>On Call Pay         400.00           61-824-90         Nursing Admin Expense>Staff Devel Director>Sick/Vacation Pay         1,192.00           61-824-91         Nursing Admin Expense>Staff Devel Director>Holiday Pay         1,631.00           61-825-80         Nursing Admin Expense>Staff Devel Director>Holiday Pay         1,631.00           61-825-84         Nursing Admin Expense>Unit Manager>Wages         80,995.00           61-825-89         Nursing Admin Expense>Unit Manager>Retro Pay/Adjustment Pay         372.00           61-825-90         Nursing Admin Expense>Unit Manager>Retro Pay/Adjustment Pay         900.00           61-825-90         Nursing Admin Expense>Unit Manager>Retro Pay/Adjustment Pay         9,709.00           61-825-90         Nursing Admin Expense>Unit Manager>Retro Pay/Adjustment Pay         9,709.00           61-825-91         Nursing Admin Expense>Unit Manager>Retro Pay/Adjustment Pay         9,709.00           61-825-92         Nursing Admin Expense>Unit Manager>Retro Pay/Adjustment Pay         9,709.00           62-102-00         Pharmacy Expense>Valuit Manager>Retro Pay/Adjustment Pay         9,709.00           62-102-00         Pharmacy Expense>Medicare A         38,688.00           62-111-00						•
61-824-89         Nursing Admin Expense>Staff Devel Director>On Call Pay         400.00           61-824-90         Nursing Admin Expense>Staff Devel Director>Sick/Vacation Pay         1,192.00           61-824-91         Nursing Admin Expense>Staff Devel Director>Holiday Pay         1,631.00           61-825-80         Nursing Admin Expense>RN Unit Manager>Wages         80,995.00           61-825-84         Nursing Admin Expense>Unit Manager>Retro Pay/Adjustment Pay         372.00           61-825-89         Nursing Admin Expense>Unit Manager>On Call Pay         900.00           61-825-90         Nursing Admin Expense>Unit Manager>Sick/Vacation Pay         9,709.00           61-825-91         Nursing Admin Expense>Unit Manager>Holiday Pay         1,867.00           61-825-91         Nursing Admin Expense>Unit Manager>Holiday Pay         1,867.00           62-102-00         Pharmacy Expense>Pivate         40.00           62-104-00         Pharmacy Expense>Private         40.00           62-105-00         Pharmacy Expense>Private         40.00           62-145-00         Pharmacy Expense>Medicaid         2,593.00           62-145-32         Pharmacy Expense>RX         5,228.00           62-145-32         Pharmacy Expense>Contracted Service         29,086.00           62-101-01         PT Expense>Optum>Part B         6,374.00						
61-824-90         Nursing Admin Expense>Staff Devel Director>Sick/Vacation Pay         1,192.00           61-824-91         Nursing Admin Expense>Staff Devel Director>Holiday Pay         1,631.00           61-825-80         Nursing Admin Expense>RN Unit Manager>Wages         80,995.00           61-825-84         Nursing Admin Expense>Unit Manager>Retro Pay/Adjustment Pay         372.00           61-825-89         Nursing Admin Expense>Unit Manager>On Call Pay         900.00           61-825-90         Nursing Admin Expense>Unit Manager>Sick/Vacation Pay         9,709.00           61-825-91         Nursing Admin Expense>Unit Manager>Sick/Vacation Pay         1,867.00           62-102-00         Pharmacy Expense>Private         40.00           62-104-00         Pharmacy Expense>Private         40.00           62-105-00         Pharmacy Expense>Private         40.00           62-145-00         Pharmacy Expense>RX         5,228.00           62-145-00         Pharmacy Expense>RX         5,228.00           62-145-32         Pharmacy Expense>OTC         1,279.00           62-700-00         Pharmacy Expense>Contracted Service         29,086.00           65-101-01         PT Expense>Optum>Part B         6,374.00           65-102-00         PT Expense>Medicare A         49,347.00           65-104-00		Nursing Admin Expense>Staff Devel Director>On Call Pay				400.00
61-824-91       Nursing Admin Expense>Staff Devel Director>Holiday Pay       1,631.00         61-825-80       Nursing Admin Expense> RN Unit Manager>Wages       80,995.00         61-825-84       Nursing Admin Expense>Unit Manager>Retro Pay/Adjustment Pay       372.00         61-825-89       Nursing Admin Expense>Unit Manager>On Call Pay       900.00         61-825-90       Nursing Admin Expense>Unit Manager>Sick/Vacation Pay       9,709.00         61-825-91       Nursing Admin Expense>Unit Manager>Holiday Pay       1,867.00         62-102-00       Pharmacy Expense>Private       40.00         62-104-00       Pharmacy Expense>Private       40.00         62-104-00       Pharmacy Expense>Private       40.00         62-105-00       Pharmacy Expense>Pivate       5,228.00         62-145-00       Pharmacy Expense>RX       5,228.00         62-145-32       Pharmacy Expense>OTC       1,279.00         62-700-00       Pharmacy Expense>Contracted Service       29,086.00         65-103-00       PT Expense>Medicare A       49,347.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td>1,192.00</td>						1,192.00
61-825-80       Nursing Admin Expense> RN Unit Manager>Wages       80,995.00         61-825-84       Nursing Admin Expense>Unit Manager>Retro Pay/Adjustment Pay       372.00         61-825-89       Nursing Admin Expense>Unit Manager>On Call Pay       900.00         61-825-90       Nursing Admin Expense>Unit Manager>Sick/Vacation Pay       9,709.00         61-825-91       Nursing Admin Expense>Unit Manager>Holiday Pay       1,867.00         62-102-00       Pharmacy Expense>Medicare A       38,688.00         62-104-00       Pharmacy Expense>Private       40.00         62-105-00       Pharmacy Expense>Private       40.00         62-104-00       Pharmacy Expense>Medicaid       2,593.00         62-11-00       Pharmacy Expense>RX       5,228.00         62-145-00       Pharmacy Expense>RX       5,228.00         62-145-30       Pharmacy Expense>RX>Vaccines       7,536.00         62-222-00       Pharmacy Expense>Contracted Service       29,086.00         65-101-01       PT Expense>Optum>Part B       6,374.00         65-102-00       PT Expense>Medicare A       49,347.00         65-103-00       PT Expense>Private       9,220.00			1,631.00			1,631.00
61-825-84         Nursing Admin Expense>Unit Manager>Retro Pay/Adjustment Pay         372.00           61-825-89         Nursing Admin Expense>Unit Manager>On Call Pay         900.00           61-825-90         Nursing Admin Expense>Unit Manager>Sick/Vacation Pay         9,709.00           61-825-91         Nursing Admin Expense>Unit Manager>Holiday Pay         1,867.00           61-825-91         Nursing Admin Expense>Unit Manager>Expense>Holiday Pay         1,867.00           62-102-00         Pharmacy Expense>Medicare A         40.00           62-104-00         Pharmacy Expense>Private         40.00           62-105-00         Pharmacy Expense>RX         5,228.00           62-145-00         Pharmacy Expense>RX>Vaccines         7,536.00           62-145-32         Pharmacy Expense>Contracted Service         29,086.00           65-101-01         PT Expense>Optum>Part B         6,374.00           65-102-00         PT Expense>Medicare A         49,347.00						80,995.00
61-825-89         Nursing Admin Expense>Unit Manager>On Call Pay         900.00           61-825-90         Nursing Admin Expense>Unit Manager>Sick/Vacation Pay         9,709.00           61-825-91         Nursing Admin Expense>Unit Manager>Holiday Pay         1,867.00           61-825-91         Nursing Admin Expense>Unit Manager>Holiday Pay         1,867.00           62-102-00         Pharmacy Expense>Medicare A         38,688.00           62-104-00         Pharmacy Expense>Private         40.00           62-105-00         Pharmacy Expense>PhMO         46,206.00           62-11-00         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>OTC         1,279.00         1,279.00           62-222-00         Pharmacy Expense>OT         1,279.00         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>Private         9,220.00         9,220.00           65-104-00         PT Expense>Private         9,220.00         9,220.00			372.00			372.00
61-825-90       Nursing Admin Expense>Unit Manager>Sick/Vacation Pay       9,709.00         61-825-91       Nursing Admin Expense>Unit Manager>Holiday Pay       1,867.00         62-102-00       Pharmacy Expense>Medicare A       38,688.00         62-104-00       Pharmacy Expense>Private       40.00         62-105-00       Pharmacy Expense>HMO       46,206.00         62-111-00       Pharmacy Expense>Medicaid       2,593.00         62-145-00       Pharmacy Expense>RX       5,228.00         62-145-32       Pharmacy Expense>RX>Vaccines       7,536.00         62-222-00       Pharmacy Expense>OTC       1,279.00         62-700-00       Pharmacy Expense>Contracted Service       29,086.00         65-101-01       PT Expense>Medicare A       49,347.00         65-102-00       PT Expense>Med B       38,179.00         65-104-00       PT Expense>Private       9,220.00			900.00			900.00
61-825-91       Nursing Admin Expense>Unit Manager>Holiday Pay       1,867.00         62-102-00       Pharmacy Expense>Medicare A       38,688.00         62-104-00       Pharmacy Expense>Private       40.00         62-105-00       Pharmacy Expense>HMO       46,206.00         62-111-00       Pharmacy Expense>Medicaid       2,593.00         62-145-00       Pharmacy Expense>RX       5,228.00         62-145-32       Pharmacy Expense>RX>Vaccines       7,536.00         62-222-00       Pharmacy Expense>OTC       1,279.00         62-700-00       Pharmacy Expense>Contracted Service       29,086.00         65-101-01       PT Expense>Optum>Part B       6,374.00         65-102-00       PT Expense>Medicare A       49,347.00         65-103-00       PT Expense>Private       9,220.00         9,220.00       9,220.00			9,709.00			9,709.00
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         62-145-02       Pharmacy Expense>RX> Vaccines       5,228.00       5,228.00         62-145-32       Pharmacy Expense>RX> Vaccines       7,536.00       7,536.00         62-222-00       Pharmacy Expense>Contracted Service       29,086.00       29,086.00         62-700-00       Pharmacy Expense>Contracted Service       29,086.00       29,086.00         65-101-01       PT Expense> Medicare A       49,347.00       49,347.00         65-102-00       PT Expense> Med B       38,179.00       38,179.00         65-104-00       PT Expense> Private       9,220.00       9,220.00			1,867.00			1,867.00
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		-	38,688.00			38,688.00
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         62-22-00       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		Pharmacy Expense>Private	40.00			40.00
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		· ·	46,206.00			46,206.00
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 6374.00 65-102-00 PT Expense>Medicare A 49,347.00 49,347.00 65-103-00 PT Expense>Med B 38,179.00 9,220.00 9,220.00 9,220.00	62-111-00	Pharmacy Expense>Medicaid	2,593.00			•
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			5,228.00			•
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			7,536.00			•
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 65-104-00 PT Expense>Private 9,220.00 9,220.00		Pharmacy Expense>OTC	1,279.00			
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	62-700-00	Pharmacy Expense>Contracted Service				
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	65-101-01	PT Expense>Optum>Part B				
65-104-00 PT Expense>Private 9,220.00 9,220.00	65-102-00	PT Expense>Medicare A				
20.450.00		·				
65-105-00 PT Expense>HMO B 39,152.00 39,152.00		·				
	65-105-00	PT Expense>HMO B	39,152.00			39,152.00

Aggount	Description	BEGIN JE Ref#	RJE REPORT
Account	Description	9/30/2023	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 93,444.00
66-103-00	OT Expense>Part B	93,444.00 244.00	244.00
66-104-00 66-105-00	OT Expense>Private 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 <b>-</b> 00	ST Expense>Medicare A	26,897.00	26,897.00 35,172.00
67-103-00	ST Expense>Part B	35,172.00	4,491.00
67-105-00	ST Expense>HMO A	4,491.00 13,870.00	13,870.00
67-106-00 67-111-00	ST Expense>HMO A 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 56,622.00
69-811-80	Social Services Expense>Director>Wages	56,622.00 3,777.00	3,777.00
69-811-90	Social Services Expense>Director>Sick/Vacation Pay	3,777.00 1,638.00	1,638.00
69-811 <b>-</b> 91 69-830 <b>-</b> 80	Social Services Expense>Director>Holiday Pay Social Services Expense>Assistant>Wages	31,425.00	31,425.00
69-830-90	Social Services Expense>Assistant> Wages  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 3,589.00	1,196.00 3,589.00
70-191-00	Dietary Expense>Enteral Feeding Supplies Dietary Expense>Equip-Rental	2,731.00	2,731.00
70-208-00 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	380.00 539.00	380.00 539.00
70-831-88	Dietary Expense>Aide>Other Pay Dietary Expense>Aide>Sick/Vacation Pay	2,378.00	2,378.00
70-831-90 70-831-91	Dietary Expense>Aide>Sick/Vacation Fay  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 4,692.00
70-832-90	Dietary Expense>Cook>Sick/Vacation Pay	4,692.00 5.331.00	5,231.00
70-832-91	Dietary Expenses Contracted Dietician	5,231.00 37,030.00	37,030.00
70-833-00 71-178-00	Dietary Expense>Contracted Dietician Activity Expense>Food	855.00	855.00
71-179-00	Activity Expense-1 666 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 1,077.00
71-811-84	Activity Expense>Director>Retro Pay/Adjustment Pay	1,077.00 1,971.00	1,971.00
71-811-90	Activity Expense>Director>Sick/Vacation Pay Activity Expense>Director>Holiday Pay	976.00	976.00
71-811-91 71-831-80	Activity Expense>Director>Holiday Fay 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	JE Ref#	RJE	REPORT
Account		9/30/2023			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 3,369.00
75-184-00	Maintenance Expense>Minor Equip	3,369.00 37,300.00			37,300.00
75-205-00	Maintenance Expense>Sanitation & Incineration Maintenance Expense>Repairs & Maint	70,520.00			70,520.00
75-207-00 75-208-00	Maintenance Expense>Repairs & Maint  Maintenance Expense>Equip Rental	1,987.00			1,987.00
75-200-00 75-217 <b>-</b> 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 <b>-</b> 80	Maintenance Expense>Director>Wages	65,231.00			65,231.00
75-811-81	Maintenance Expense>Director>Overtime	820.00			820.00 2,780.00
75-811-90	Maintenance Expense>Director>Sick/Vacation Pay	2,780.00			1,759.00
75-811-91	Maintenance Expense>Director>Holiday Pay	1,759.00 26,606.00			26,606.00
75-829-80	Maintenance Expense>Staff>Wages Maintenance Expense>Staff>On Call Pay	35.00			35.00
75-829-89 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 13,233.00
80-163-00	Admin Expense>Insurance - EPLI	13,233.00			1,692.00
80-181-00	Admin Expense>Shredding	1,692.00 14,155.00			14,155.00
80-182-00	Admin Expense>Furnishing Admin Expense>Supplies	9,916.00			9,916.00
80-183-00 80-183-09	Admin Expense>Supplies 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 4,407.00
80-231 <b>-</b> 00	Admin Expense>Telephone	4,407.00			45,223.00
80-232-00	Admin Expense>Cable TV	45,223.00 18.00			18.00
80-234-00	Admin Expense>Licenses Admin Expense>Dues & Subscriptions	9,072.00		(1,513.00)	7,559.00
80-235-00	Autilit Expense>Dues & Subscriptions	0,012.00	RJE - 3	(1,513.00)	100
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		4,822.00	13,778.00
			RJE - 5	4,822.00	
80-240-02	Admin Expense>Professional Fees>Add Back	175,299.00	DIE 6	(12,879.00) (12,879.00)	162,420.00
80-241-00	Admin Expense>IT Fees	1,303.00	RJE - 5	(12,679.00)	1,303.00
80-241-00	Admin Expense>IT Fees>Add Back	17,802.00			17,802.00
80-247-01	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 <b>-</b> 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 0.00
80-251-74	Admin Expense>Bad Debt>Medicare Coinsurance	0.00 119,196.00			119,196.00
80-252-00	Admin Expense>Startup Costs	118,180.00			110,100.00

Account	Description	BEGIN	JE Ref#	RJE	REPORT
Account		9/30/2023			9/30/2023
80-279-00	Admin Expense>Management Fee	553,673.00		(248,465.00)	305,208.00
		222.00	RJE - 7	(248,465.00)	323.00
80-700-00	Admin Expense>Contracted Service	323.00 11,000.00			11,000.00
80-700-02	Admin Expense>Contracted Service>Add Back Admin Expense>Director>Wages	112,077.00			112.077.00
80-811-80 80-811 <b>-</b> 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 <b>-</b> 91	Admin Expense>Receptionist>Holiday Pay	2,167.00			2,167.00
80-839-80	Admin Expense>Admissions>Wages	57,757.00 200.00			57,757.00 200.00
80-839-83	Admin Expense>Admissions>Shift Bonus Pay	1,328.00			1,328.00
80-839-90	Admin Expense>Admissions>Sick/Vacation Pay	1,586.00			1,586.00
80-839-91	Admin Expense>Admissions>Holiday Pay Admin Expense>Business Office>Wages	60,187.00			60,187.00
80-840-80 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			27,523.00 691.00
85-145-32	Employee Benefits Expense>Pharmacy>Vaccines	691.00 398,355.00			398,355.00
85-156-61	Employee Benefits Expense>PR Taxes>Fica	80,135.00			80,135.00
85-156-62 85-156-63	Employee Benefits Expense>PR Taxes>SUI 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 <b>-</b> 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 <b>-</b> 121-00	Property Expense>Rent	690,512.00			690,512.00
91-125-00	Property Expense>Personal Property Taxes	8,806.00 107,120.00			8,806.00 107,120.00
91-161-00	Property Expense>RE Taxes	19,318.00			19,318.00
91-165-00	Property Expense>Insurance - Property	58,206.00		(2.834.00)	55,372.00
92-000-00	Depreciation Expense	00,200.00	RJE - 1	(2,834.00)	00,01.2.00
94-000-00	Interest Expense	61,926.00		1-:	61,926.00
Marcum 101	Accum Depn>Leasehold Improvements	0.00		(2,834.00)	(2,834.00)
Marcalli 101	Acoust Depth Economical Improvements		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	F
Marcum 105	Chamber Dues	0.00	D.15.	500.00	500.00
			RJE - 3	500.00	/22 DE4 00\
Marcum 106	Other Revenue>Prior Period Adjustment(s)	0.00	DIE 4	(22,954.00) (22,954.00)	(22,954.00)
		0.00	RJE - 4	0.00	0.00
Total	<del>nicolice mini lincimina coli erre erregili ilin</del> i	0.00			
701	Net (Income) Loss	139,586.00	JI DE	0.00	139,586.00
W. Tarrier T. Tarrier	DOLLAR MANAGEMENT CONTRACTOR CONT				

Client Complete Care Management Engagement: Period Ending: Trial Balance: Medicald - Complete Care at Fox Hill, LLC 9/30/2023

A.01 - TB-CCNH A.03 - TB-CCNH Combined Detail LS

Workpaper; RJE 9/30/2023 BEGIN JF Ref # REPORT PP-1 Account 9/30/2023 8/30/2022 Group : [10-A] Subgroup : [2] 80-811-80 80-811-84 Salarles and Wages Salarles and Wages
Administrators
Administrators
Admini Expense>Director>Retro Pay/Adjustment Pay
Admin Expense>Director>Retro Pay/Adjustment Pay
Admin Expense>Director>Retro Pay
Admin Expense>Director>Holiday Pay 112,077,00 0.00 112.077.00 0.00 4,269.00 8.869.00 0.00 4,269,00 8,869,00 0,00 0.00 0.00 80-811-90 0,00 3 548 00 80-811-91 Subtotal [2] Administrators 128,763.00 Other Administrative Sataries
Admin Expense/Receptionis/Wages
Admin Expense/Receptionis/Doretime
Admin Expense/Receptionis/Doretime
Admin Expense/Receptionis/Shift Bonus Pay
Admin Expense/Receptionis/Retro Pay/Adjustment Pay
Admin Expense/Receptionis/Sick/Vacation Pay Subgroup : [4] 80-838-80 80-838-81 80-838-83 50,056.00 50,056,00 0,00 774 00 411 00 86.00 2,360 00 2,167.00 0.00 774,00 0,00 0.00 411.00 0.00 0.00 0.00 0.00 0.00 86.00 0.00 60-838-84 2,360,00 2,167.00 60,187,00 0.00 80-838-90 Admin Expense/Receptionista/SickVacation ray
Admin Expense/Receptionist/SickVacation ray
Admin Expense/Receptionist/SickVacation Pay
Admin Expense/Business Office/Vacation Pay
Admin Expense/Business Office/Foliday Ray
Admin Expense/Human Resources/Vacation Pay
Admin 80-838-91 80-840-80 60,187,00 80-840-90 80-840-91 80-841-80 3,258,00 0.00 3,258.00 0.00 2.016.00 0.00 2,016,00 0.00 46,298,00 1,110,00 450,00 1,089,00 0.00 46,298.00 0.00 0.00 0.00 0.00 0.00 1,110.00 0 00 80-841-81 450.00 0.00 80-841-83 80-841-90 Admin Expense>Human Resources>Sick/Vacation Pay Admin Expense-Human Resources-Hofiday Pay Admin Expense-Recruiting>Wages Other Administrative Salaries 80-841-91 1,120,00 80-844-80 Subtotal [4] 11.976.00 0,00 11,976,00 0,00 183,358,00 0.00 183,358,00 Dietary Workers
Dietary Expense>Aide>Wages
Dietary Expense>Aide>Overlime Subgroup : [5C] 0.00 0.00 0.00 138,520,00 138.520.00 0.00 70-831-80 12,388.00 2,760.00 1,431.00 0.00 12,388,00 70-831-81 Dietary Expense>Aide>Overtime
Dietary Expense>Aide>Shift Premium Pay
Dietary Expense>Aide>Retro Pay/Adjustmi
Dietary Expense>Aide>Catero Pay/Adjustmi
Dietary Expense>Aide>Other Pay
Dietary Expense>Aide>Other Pay
Dietary Expense>Aide>SiddVacation Pay 70-R31-R2 2,760.00 70-831-84 70-831-87 70-831-88 1,431.00 0.00 380.00 0.00 380.00 0.00 539.00 0 00 0 00 0 00 0 00 0 00 0 00 539,00 0.00 2,378,00 5,937,00 108,469.00 2 378 00 0.00 70-831-90 5 937 00 0.00 70-831-91 Dietary Expense>Aide>Holiday Pay 108,469,00 15,755,00 0.00 70-832-80 Dietary Expense>Cook>Wages 0.00 0.00 0.00 Dietary Expense>CookO-Wages
Dietary Expense>CookO-Vertime
Dietary Expense>CookO-Shift Premium Pay
Dietary Expense>CookO-Shift Bonus Pay
Dietary Expense>CookO-Shift Bonus Pay
Dietary Expense>CookO-Other Pay
Dietary Expense>CookO-Other Pay
Dietary Expense>CookO-Holiday Pay 70-832-81 15,755.00 2,260,00 2,260,00 70-832-83 70-832-88 50.00 0.00 50,00 101.00 0.00 101.00 0,00 4,692.00 5,231.00 360,891.00 0.00 4.692.00 0.00 70-832-90 5,231,00 70-832-91 Subtotal [5C] Dielary Workers Subgroup : [7A] 75-811-80 75-811-81 Engineer or Chief of Maintenance Engineer or Chief of Maintenance
Maintenance Expense>Director>Overtime
Maintenance Expense>Director>Overtime
Maintenance Expense>Director>Sick/Vacation Pay
Maintenance Expense>Director>Holiday Pay
Engineer or Chief of Maintenance 0,00 65,231,00 0,00 65,231,00 820.00 2,780.00 0.00 820.00 0.00 0.00 2,780,00 0.00 75-811-90 1,759,00 70,590,88 1,759.00 70,590.00 75-811-91 Subtotal [7A] Other Maintenance Workers
Maintenance Expense>Staff>Wages
Maintenance Expense>Staff>On Call Pay
Maintenance Expense>Staff>Stick/Vacation Pay
Maintenance Expense>Staff>Holiday Pay Subgroup : [78] 75-829-80 75-829-89 75-829-90 26,606 00 26,606,00 0,00 35.00 0.00 35.00 0.00 2,048,00 2,048.00 0.00 917.00 29,505.00 0.00 75-829-91 Other Maintenance Workers 29,606,00 Subtotal (7B) \$ubgroup : [12A] 61-811-80 61-811-90 61-811-91 Director of Nurses/Assistant Director Director of Nurses/Assistant Director
Nursing Admin Expense-Director (DON)-Wages
Nursing Admin Expense-Director-Sick/Acation Pay
Nursing Admin Expense-Director-Holiday Pay
Nursing Admin Expense-Assistant Director (ADON)-Wages
Nursing Admin Expense-Assistant Director-On Call Pay 100,500,00 116.184.00 (15,684,00) 0.00 8,920.00 0.00 8,920,00 2.973.00 0,00 2,973.00 0,00 76,129,00 700.00 7,082.00 0.00 76,129.00 0.00 61-812-80 700,00 7,082.00 0.00 61-812-89 Nursing Admin Expense>Assistant Director>Sick/Vacation Pay 0.00 61-812-90 Nursing Admin Expense>Assistant Director>Holiday Pay Director of Nurses/Assistant Director 0.00 61\_812-91 2,265.00 2,265.00 198,569.00 (15,684.60) Subtotal [12A] RNs - Direct Care Nursing Expense>RN>Wages Subgroup : [12B1] 337 041 00 0.00 337 041:00 0.00 60-808-80 0.00 35,330.00 7,676.00 6,297.00 0.00 0.00 0.00 0.00 35,330 00 7,676 00 60-808-81 Nursing Expense>RN>Overtime Nursing Expense>RN>Shift Premium Pay 60-808-B2 Nursing Expense>RN>Shitt Premum Pay Nursing Expense>RN>Shitt Borus Pay Nursing Expense>RN>Retro Pay/Adjustment Pay Nursing Expense>RN>Training Pay Nursing Expense>RN>Other Pay Nursing Expense>RN>Sick/Vacation Pay 60-808-83 6,297.00 60-808-84 60-808-87 60-808-88 329.00 0.00 329,00 0.00 605.00 0.00 605.00 815.00 0.00 0.00 0.00 0.00 0.00 815.00 0,00 23,395,00 20,156,00 240,367,00 23 395 00 0.00 60-808-90 20,156 00 240,367 00 2,284 00 0.00 Numing Expense>RN>Holiday Pay 50-808-91 0.00 0.00 0.00 60-809-80 Nursing Expense>RN Supervisor>Wages Nursing Expense>RN Supervisor/Overline
Nursing Expense>RN Supervisor/Overline
Nursing Expense>RN Supervisor>Shift Premium Pay
Nursing Expense>RN Supervisor>Shift Premium Pay
Nursing Expense>RN Supervisor>Shift Borus Pay
Nursing Expense>RN Supervisor>On Call Pay
Nursing Expense>RN Supervisor>On Call Pay 60-809-81 2,284,00 60-809-82 60-809-83 60-809-84 698.00 698 00 0 00 0 00 0 00 0 00 5.275.00 5,275,00 0,00 1,914.00 1,914.00 0.00 800.00 0.00 60-809-89 19 989 00 0.00 Nursing Expense>RN Supervisor>Sidk/Vacation Pay 60-809-90 10,016,00 712,987.00 0.00 60-809-91 Nursing Expense>RN Supervisor>Holiday Pay 10,016.00 0.00 Subtotal [12B1] RNs - Direct Care 712,987,00 RNs - Administrative Nursing Admin Expense>Infection Control>Wages Nursing Admin Expense>Infection Control>Shift Premium Pay Nursing Admin Expense>Infection Control>On Call Pay Subgroup : [12B2] 61-194-80 86,042,00 0.00 86,042.00 0.00 0.00 16,00 800,00 16.00 0.00 61-194-82 800 00 6,329,00 2,161.00 0.00 61-194-89 0.00 61-194-90 Nursing Admin Expense>Infection Control>Sick/Vacation Pay 6,329,00 61-194-91 61-814-80 61-814-81 Nursing Admin Expenses-Intection Control-SickUvaCalillor Pat Nursing Admin Expenses-Intection Control-Holdiday Nursing Admin Expenses-Central Supply-Vowlages Nursing Admin Expenses-Central Supply-Vowlander Nursing Admin Expenses-Central Supply-SickUvacation Pay Nursing Admin Expense-Sendo J RNAC-Wages 0.00 2.161.00 26.035.00 0.00 26,035,00 168.00 0.00 168.00 0,00 1 140.00 0.00 1,140.00 0.00 61-814-90 1.507.00 0.00 61-814-91 151,726.00 0.00 170,669.00 (18,943.00) 61-817-80

64 047 04	Nursing Admin Expense>MDS / RNAC>Overtime	1,778,00	0.00	1,778.00	0,00
61-817-81 61-817-83	Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay	100.00	0.00	100,00	0.00
61-817-88	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>MD5 / RNAC>Holiday Pay	5,085,00	0.00	5,085,00	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 [1282]	RNs - Administrative	527,746.00	(18,943.00)	508,405,00	0.00
Cabiotal [1202]	THE PLANTAGE OF THE PARTY OF TH			-	
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 Psy	57,761,00	0,00	57,761.00	0.00
Subtotal [12C1]	LPNs - Direct Care	1,261,797.00	0.00	1,261,797.00	0.00
Subolai [1201]	EF 143 - Direct date				
Subgroup : [12D]	Aldes and Attendants				
60-801-80	Numing 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	30,060.00	0.00	30,060.00	0.00
60-801-83	Nursing Expense>CNA>Shift Bonus Psy	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]	Aldes and Attendants	1,683,308,00	0.00	1,583,308,00	0,00
Subtotal [120]	Aldez and Attendants	11442124144			
Cuberous : [43U]	Recreation Workers				
Subgroup : [12H] 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
	Activity Expense>Director>Retro Pay/Adjustment Pay	1,077.00	0.00	1,077,00	0.00
71-811-84	Activity Expense>Director>Sick/Vacation Pay	1,971,00	0.00	1,971.00	0.00
71-811-90	Activity Expense>Director>Holiday Pay	976,00	0.00	976.00	0.00
71-811-91		32.030.00	0.00	32,030.00	0.00
71-831-80	Activity Expense > Aide > Wages	144.00	0.00	144,00	0.00
71-831-81	Activity Expense>Aide>Overtime	2.00	0.00	2.00	0.00
71-831-82	Activity Expense>Aide>Shift Promium Pay Activity Expense>Aide>Retro Pay/Adjustment Pay	143,00	0.00	143.00	0.00
71-831-84		3,501.00	0.00	3,501.00	0,00
71-831-90 71-831-91	Activity Expense>Aide>SickVacation Pay Activity Expense>Aide>Holiday Pay	1,185.00	0.00	1,185.00	0.00
		86,338,00	0.00	86,138.00	0,00
Subtotal [12H]	Recreation Workers				
Cub 1475F	Social Workers/Case Management				
Subgroup : [12M]		56.622.00	0.00	56,622.00	0.00
69-811-80	Social Services Expense>Director>Wages Social Services Expense>Director>Sick/Vacation Pay	3,777,00	0.00	3,777,00	0.00
69-811-90	Social Services Expense>Director>Holiday Pay	1,638.00	0.00	1,638,00	0.00
69-811-91 69-830-80	Social Services Expense>Assistant>Wages	31,425,00	00.0	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
		1,154,00	0.00	1,154.00	0.00
69-830-91	Social Services Expense>Assistant>Holiday Pay	96,725.00	0.00	96,725.00	0.00
Subtotal [12M]	Social Workers/Case Management	50,120,100			
Subaroup : [12N]	Marketing				
80-843-80	Admin Expense>Regional Marketing/CAD>Wages	46,883 00	0.00	46,883.00	0.00
Subtotal [12N]	Markeling	46.883.00	0.00	46,883.00	0.00
autorai [1214]	marketting				
Subaraus : [420]	Other				
Subgroup : [120] 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	Numing 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>Medical Records 1 load 2 1 lby	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
	Admin Expense>Admissions>Sick/Vacation Pay	1,328.00	0,00	1,328.00	0.00
80-839-90 80-839-91	Admin Expense>Admissions>Holiday Pay	1,586.00	0.00	1,586.00	0.00
		80,975,00	0.00	80,925,60	0,00
Subtotal [120]	Other	- Administration			
T-1-1 (40 03	Salaries and Wages	5,424,172.00	(34,627.00)	5,389,545.00	0.00
Total [10-A]	Salanes and Wages	0,151,171100	-	- Company of the Comp	
rea D1	Restaurie al Fern				
Group : [13-B]	Professional Fees Dietition				
Subgroup : [1]		37,030.00	0.00	37,030.00	0.00
70-833-00	Dietary Expense>Contracted Dietician	37,030,00	0.08	37,030.00	0,00
Subtotal [1]	Dietitian	31,030.00	4,00	41,040,00	5,50
- 1	P. d.				
Subgroup : [2]	Dentist	9.00	6,475.00	6,475.00	0.00
Marcum 103	Dentist Fees	0.00	6,475.00	6,475.00	0.00
Subtotal [2]	Dentist	0.00	6,415,00	0,475,00	0,00
a.1	Phonocolat				
Subgroup : [3]	Pharmacist  Charmacy Expressed Contracted Service	29,086.00	0.00	29,086.00	0,00
62-700-00	Pharmacy Expense > Contracted Service PharmacIst	29,086,00	0.00	29,086,00	0,00
Subtotal [3]			0,00	The state of the s	-,54
	rnamacist	25,000,00			
Eubarone : FEAT		25,000,00			
Subgroup : [5A]	PT - Resident Care		0.00	6,374,00	0.00
65-101-01	PT - Resident Care PT Expense>Oplum>Part B	5,374,00 49,347,00	0.00 0.00	6,374,00 49,347,00	0.00 0.00
	PT - Resident Care	6,374,00			

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 64,00	0.00	62,915,00 64,00	0,00
65-107-00 65-111-00	PT Expense>Menaged Medicaid PT Expense>Medicaid	9,681,00	0.00	9,681,00	0.00
Subtotal [5A]	PT - Resident Care	214,932.00	0.00	214,932,00	0,00
Subgroup : [8A]	Medical Director	40.007.00	(5 (75 00)	40 127 00	0.00
61-750-00	Nursing Admin Expense>Medical Director	46,607,00 46,607.00	(6,475,00)	40,132.00	0.00
Subtotal [8A]	Medical Director	46,607.00	[aversinal	40,132.00	
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 35,172,00	00,0 00.0
67-103-00	ST Expense>Part B	35,172 00 4,491 00	0.00	4,491,00	0.00
67-105-00 67-106-00	ST Expense>HMO B 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 [PA]	ST - Resident Care	82,215,00	0.00	82,215.00	0,00
66-101-01	OT - Resident Care OT Expense>Optum>Part B	1,998 00	0.00	1,998.00	0.00
56-101-01 56-102-00	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 Expanse>HMO B	53,269.00	0.00	53,269.00 77,331.00	0.00
66-106-00	OT Expense>HMO A	77,331,00 287,00	0,00	287.00	0,00
66-107-00	OT Expense>Managed Medicaid OT Expense>Medicaid	9,932,00	0.00	9,932.00	0.00
66-111-00 Subtotal [10A]	OT - Resident Care	299,152,00	0,00	299,152.00	0,00
ourious front			/=====	3	
Subgroup: [11B1]	LPN's - Direct Care			62,999.00	0,00
60-700-19	Numing Expense>Contracted Service>LPN	62,999,00	0,00	62,999.00	0,00
Gubtotal [11B1]	LPN's - Direct Care	62,999,00	0,00	02,022,02	
Subgroup : [11C]	Aldes				
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]	Aldes	30,834.00	0,00	30,934.00	0.00
Subgroup : [12] 60-263-02	Other 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	
		805,429.00	31,011,00	\$37,440,00	0.00
Total [13-B]	Professional Fees	800/942100			
Group : [15]	Expenditures Other than Salaries				
Subgroup : [1A1]	Workmen's Compensation			STATIST	
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		140,915.00	0.00
Pubment of MASI	Unemployment Insurance				
6ubgroup : [1A3] 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	99,674.00	0,00	90,674.00	0.00
Subgroup : [1A4] 85-156-61	Social Security (FICA) 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		0.00	237,942.00	0.00
85-882-00	Employee Benefits Expense>Health Insurance	237,942.00 (39.00)	0.00	(39.00)	0,00
85-882-01 85-884-00	Employee Benefits Expense>Health Insurance>Union 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	220 240 20	0.00	230,249.00	0.00
85-255-79	Employee Benefits Expense>Pension>Union	230,249.00	0,00	230,249.00	0.00
Subtotal [1A7]	Pensions	200,243,500			
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 9,072.00	0.00 0.00
85-178-00	Employee Benefits Expense>Food	9,072,00 25,565,00	0.00	25,565.00	0.00
85-200-79 85-257-00	Employee Benefits Expense>Union>Misc 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
oubtona (1715)		<del></del>	)======================================		
Subgroup : [1C]	Bad Debts		0.00	110,735,00	0.00
80-251-00	Admin Expense>Bad Debt	110,735.00	0.00	110,735.00	0,00
Subtotal [1C]	Bad Debts	110,700,00		- Introductions	
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	0,956,00	4,822,00	13,778,00	0,00
Subsection : Falls	Legal				
Subgroup : [1E] 80-238-00	Legal Admin Expense>Legal Fees	3 898.00	0.00	3,898.00	0.00
Subtotal [1E]	Legal	3,698.00	0.00	3,898.00	0,00
Subgroup : [1G]	Office Supplies	14,155,00	0.00	14,155,00	0.00
80-182-00 80-183-00	Admin Expense>Furnishing Admin Expense>Supplies	9,916.00	0.00	9,916.00	0.00
80-183-00 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	23,339,68	0,00	33,339,00	0.00
Substant - 141143	Telephone and Telegraph				
Subgroup : [1H1] 80-210-00	Telephone and Telegraph 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] 80-111-16 Subtotal [1K3]	Resident Day User Fee Admin Expense>Medicaid>Bed Tax Resident Day User Fee	608,318.00 608,318.00	0.00	608,318.00 608,318.00	0,00
Total [15]	Expenditures Other than Salaries	1,933,267.00	4,822.00	1,938,089.00	0,00
Group : [16] Subgroup : [4] 80-236-00 Subtotal [4]	Expenditures Other than Salaries (cont'd) - Admin. and General Employee Travel Admin Expense>Travel Employee Travel	5,886,00 5,886,00	0.00	5,886,00 5,886,00	0.00
Subgroup : [M1] 80-249-00 Sublotal (M1]	Advertising Help Wanted Admin Expense>Recruiting Advertising Help Wanted	6,064.00 6,064.00	0,00	6,064,00 6,064,00	0.00
Subgroup : [M3] 80-250-00 80-250-74 Gubtotal [M3]	Advertising Other Admin Expense>Marketing & Advertising Admin Expense>Marketing & Advertising>COVID Advertising Other	23,489.00 1,639.00 25,128.00	0.00 0.00 0.00	23,489.00 1,639.00 25,128.00	0.00 0.00 0.00
Subgroup : [M6] 71-179-00 Subtotal [M6]	Barber and Beauty Supplies Activity Expense>Barber & Beauty Barber and Beauty Supplies	1,721.00	0,00	1,721,00 1,721,00	0.00
Subgroup : [M7] 80-209-00 Subtotal [M7]	Postage Admin Expense>Postage Postage	1,605.00 1,605.00	0.00	1,605.00 1,605.00	0.00 9.00
Subgroup : [M8] 80-235-00 Subtotal [M8]	Dues and Membership Fees to Professional Associations Admin Expense-Dues & Subscriptions Dues and Membership Fees to Professional Associations	9,072.00 9,072.00	(1,513.00) (1,512.00)	7,559.00 7,559.00	0.00
Subgroup : [M8A] Marcum 105 Subtotal [M8A]	Dues to Chamber of Commerce Chamber Dues Dues to Chamber of Commerce	0,00	500.00 500.00	500.00 500.08	0.00
Subgroup : [M9] Marcum 104 Subtotal [M9]	Subscriptions Subscriptions Subscriptions	0.00 0.00	1,013.00 1,013.00	1,013.00	0.00 8,00
Subgroup: [M11] 80-181-00 80-230-00 80-240-02 80-241-00 80-241-01 80-700-00 80-700-02 8ubtotal [M11]	Services Provided by Contract Admin Expense-Shredding Admin Expense-Data Processing Admin Expense-Data Processing Admin Expense-Professional Fees-Add Back Admin Expense-PIT Fees Admin Expense-PIT Fees-Add Back Admin Expense-PIT Fees-Add Back Admin Expense-Contracted Service Admin Expense-Contracted Service-Add Back Bervices Provided by Contract	1,692.00 41,320.00 175,299.00 1,303.00 17,802.00 323.00 11,000.00 248,739.00	0.00 0.00 (12,879.00) 0.00 0.00 0.00 (12,879.00)	1,692.00 41,320,00 162,420,00 1,303.00 17,802.00 323.00 11,000.00 235,860.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00
Subgroup : [M12] 80-279-00	Administrative Management Services Admin Expense Management Fee	553,673.00	(248,465,00)	305,208.00	0.00
Subjectal [M12]	Administrative Management Services	553,673.00	(248,465,00)	305,208.00	0,00
Subtotal [M12] Subgroup : [M13] 80-153-00 80-202-00 80-234-00 80-242-00 80-245-00 80-245-00 80-245-06 80-252-00 Subtotal [M13]	Administrative Management Services  Other  Admin Expense>Financing Cosls  Admin Expense>Financing Items  Admin Expense>Lecases  Admin Expense>Finas & Penalties  Admin Expense>Bank Fees  Admin Expense>Bank Fees  Admin Expense>Bank Fees  Admin Expense>Bank Fees  Admin Expense>Background Checks  Admin Expense>Background Checks Other (Fingerprinting)  Admin Expense>Startup Cosls  Other	1,722.00 988.00 18.00 600.00 5,533.00 447.00 2,978.00 119,196.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	1,722.00 986.00 18.00 600.00 5,633.00 447.00 2,978.00 119,196.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subtotal [M12] Subgroup : [M13] 80-153-00 80-202-00 80-234-00 80-244-00 80-245-00 80-245-06 80-252-00 Subtotal [M13]	Administrative Management Services  Other Admin Expense>Financing Coals Admin Expense>Tesdorf missing Items Admin Expense>Lecraes Admin Expense>Lecraes Admin Expense>Bank Fees Admin Expense>Bank Fees Admin Expense>Background Checks Admin Expense>Background Checks Other (Fingerprinting) Admin Expense>Startup Costs Other  Expenditures Other than Salaries (cont'd) - Admin. and General	1,722.00 988,00 18,00 600.00 5,833.00 447,00 2,976,00 119,196.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	1,722.00 988.00 18.00 600.00 5,633.00 447.00 2,978.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00
Subtotal [M12] Subgroup : [M13] 80-153-00 80-202-00 80-234-00 80-242-00 80-245-00 80-245-00 80-245-06 80-252-00 Subtotal [M13]	Administrative Management Services  Other  Admin Expense>Financing Cosls  Admin Expense>Financing Items  Admin Expense>Lecases  Admin Expense>Finas & Penalties  Admin Expense>Bank Fees  Admin Expense>Bank Fees  Admin Expense>Bank Fees  Admin Expense>Bank Fees  Admin Expense>Background Checks  Admin Expense>Background Checks Other (Fingerprinting)  Admin Expense>Startup Cosls  Other	1,722.00 988.00 18.00 600.00 5,533.00 447.00 2,978.00 119,196.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	1,722.00 986.00 18.00 600.00 5,633.00 447.00 2,978.00 119,196.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subtotal [M12] Subgroup: [M13] 80-153-00 80-202-00 80-234-00 80-244-00 80-244-00 80-245-06 80-245-06 80-252-00 Subtotal [M13] Total [16] Group: [18] Subgroup: [2A1] 70-177-00 70-178-00	Administrative Management Services  Other  Admin Expense>Financing Costs  Admin Expense>Financing Costs  Admin Expense>Financing Costs  Admin Expense>Financing Items  Admin Expense>Fines & Penalise  Admin Expense>Fines & Penalise  Admin Expense>Background Checka  Admin Expense>Background Checka  Admin Expense>Background Checka Other (Fingerprinting)  Admin Expense>Startup Costs  Other  Expenditures Other than Salaries (cont'd) - Admin. and General  Dietary Basis for Allocation of Costs  Raw Food  Dietary Expense>Supplements  Dietary Expense>Food  Admin Expense>Food  Admin Expense>Food	1,722.00 988.00 18.00 600.00 5,533.00 447.00 2,976.00 119,196.00 131,882.00 983,470.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	1,722.00 988.00 18.00 600.00 5,533.00 447.00 2,978.00 119,196.00 131,592.00 722,126.00	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0
Subtotal [M12] Subgroup: [M13] 80-153-00 80-202-00 80-234-00 80-234-00 80-244-00 80-245-00 80-245-00 80-255-00 Subtotal [M13] Total [16] Group: [18] Subgroup: [2A1] 70-177-00 70-178-00 71-178-00 Subtotal [2A1] Subgroup: [2A2] 70-183-00 70-191-00	Administrative Management Services  Other  Admin Expense>Financing Coals  Admin Expense>Financing Coals  Admin Expense>Financing Coals  Admin Expense>Fines & Penalies  Admin Expense>Fines & Penalies  Admin Expense>Background Checks  Admin Expense>Background Checks  Admin Expense>Background Checks Other (Fingerprinting)  Admin Expense>Supplements  Dietary Basis for Allocation of Costs  Raw Food  Include Expense>Food  Row Food  Non-Food Supplies  Dietary Expense>Expense>Expelies  Dietary Expense>Expense>Expelies	1,722.00 988.00 18.00 18.00 600.00 5,533.00 447.00 2,978.00 119,196.00 131,682.00 233,107.00 233,107.00 855.00 255,577.09	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	1,722.00 988.00 18.00 600.00 5,533.00 447.00 2,978.00 119,196.50 131,582.00  722,126.00  21,915.00 233,107.00 855.00 255,877.09 34,106.00 3,589.00 3,589.00	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0
Subtotal [M12] Subgroup: [M13] 80-153-00 80-232-00 80-234-00 80-244-00 80-245-00 80-245-00 80-245-00 Subtotal [M13]  Total [16] Group: [18] Subgroup: [2A1] 70-177-00 70-178-00 71-178-00 Subtotal [2A1] Subgroup: [2A2] 70-183-00 Subtotal [2A2] Subgroup: [2A2] 70-183-00 Subtotal [2A2] Subgroup: [2A2]	Administrative Management Services  Other  Admin Expense>Financing Costs Admin Expense>Financing Costs Admin Expense>Financing Items Admin Expense>Financing Items Admin Expense>Fines & Penalites Admin Expense>Fines & Penalites Admin Expense>Background Checka Admin Expense>Background Checka Other (Fingerprinting) Admin Expense>Startup Costs Other  Expenditures Other than Salaries (cont'd) - Admin, and General  Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Food Activity Expense>Supplements Dietary Expense>Food Raw Food Non-Food Supplies Dietary Expense>Enteral Feeding Supplies Dietary Expense>Enteral Feeding Supplies Dietary Expense>Enteral Feeding Supplies Dietary Expense>Contracted Services	1,722.00 988.00 18.00 18.00 600.00 5,533.00 447.00 2,978.00 119.196.00 131,862.00 233,107.00 233,107.00 3589.00 37,895.00 116,637.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	1,722.00 988.00 18.00 600.00 5,533.00 447.00 2,978.00 119,196.00 131,592.00  21,915.00 233,107.00 655.00 255,877.09 34,106.00 3,589.00 116,637.00 116,637.00 11,965.00 2,731.00 3,927.00 3,927.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subtotal [M12] Subgroup: [M13] 80-153-00 80-202-00 80-234-00 80-234-00 80-244-00 80-245-06 80-245-06 80-255-00 Subtotal [M13] Total [16] Group: [18] Subgroup: [2A1] 70-177-00 70-178-00 71-178-00 Subtotal [2A1] Subgroup: [2A2] 70-183-00 70-191-00 Subtotal [2A2] Subgroup: [2B] 70-183-00 Subtotal [2B2] Subgroup: [2B3] 70-70-00 Subtotal [2B3]	Administrative Management Services  Other  Admin Expense>Financing Coals  Admin Expense>Financing Coals  Admin Expense>Financing Coals  Admin Expense>Fines & Penalies  Admin Expense>Fines & Penalies  Admin Expense>Background Checks  Admin Expense>Background Checks Other (Fingerprinting)  Admin Expense>Startup Coals  Other  Expenditures Other than Salaries (cont'd) - Admin. and General  Dietary Basis for Allocation of Coats  Raw Food  Dietary Expense>Supplements  Dietary Expense>Food  Activity Expense>Food  Raw Food  Non-Food Supplies  Dietary Expense>Feeding Supplies  Dietary Expense>Feeding Supplies  Dietary Expense>Coalracted Service  Dietary Expense>Contracted Service  Dietary Expense>Minor Equip	1,722.00 988.00 18.00 600.00 5,633.00 447.00 2,878.00 119,196.00 121,562.00 233,107.00 255,177.05 34,106.00 3,589.00 116,637.00 116,637.00 1,196.00 2,731.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	1,722.00 998.00 18.00 600,000 5,633.00 447.00 2,978.00 119,196.00 131,592.00 233,107.00 685.00 255,877.09 34,106.00 3,589.00 116,637.00 116,637.00 116,637.00 11,965.00 2,731.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subtotal [M12] Subgroup: [M13] 80-153-00 80-202-00 80-234-00 80-244-00 80-244-00 80-245-06 80-252-00 Subtotal [M13]  Total [16] Group: [18] Subgroup: [2A1] 70-177-00 70-178-00 71-178-00 Subtotal [2A1] Subgroup: [2A2] 70-183-00 Subtotal [2A2] Subgroup: [2B2] 70-194-00 Subtotal [2B] Subgroup: [2B2] 70-70-00-0 Subtotal [2B] Subgroup: [2C] 70-184-00 70-208-00 Subtotal [2C]	Administrative Management Services  Other  Admin Expense>Financing Coals  Admin Expense>Financing Coals  Admin Expense>Financing Coals  Admin Expense>Fines & Penalies  Admin Expense>Fines & Penalies  Admin Expense>Background Checka  Admin Expense>Background Checka  Admin Expense>Background Checka Other (Fingerprinting)  Admin Expense>Startup Coals  Other  Expenditures Other than Salaries (cont'd) - Admin. and General  Dietary Basis for Allocation of Coals  Raw Food  Dietary Expense>Supplements  Dietary Expense>Food  Activity Expense>Food  Raw Food  Non-Food Supplies  Dietary Expense>Fineral Feeding Supplies  Dietary Expense>Food  Non-Food Supplies  Dietary Expense>Contracted Service  Dietary Expense>Equip-Rental  Other	1,722.00 988.00 18.00 600.00 5,633.00 447.00 2,876.00 119.196.00 121,662.00 233,107.00 253,107.00 355.00 37,695.00 116,637.00 1,196.00 3,987.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	1,722.00 988.00 18.00 600.00 5,533.00 447.00 2,978.00 119,196.00 131,592.00  21,915.00 233,107.00 655.00 255,877.09 34,106.00 3,589.00 116,637.00 116,637.00 11,965.00 2,731.00 3,927.00 3,927.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subtotal [M12] Subgroup: [M13] 80-153-00 80-202-00 80-234-00 80-234-00 80-244-00 80-245-06 80-245-06 80-255-00 Subtotal [M13] Total [16] Group: [18] Subgroup: [2A1] 70-177-00 70-178-00 71-178-00 Subtotal [2A1] Subgroup: [2A2] 70-183-00 70-191-00 Subtotal [2A2] Subgroup: [2B] 70-183-00 70-70-00 Subtotal [2B] Subgroup: [2B] 70-70-00 Subtotal [2B] Subgroup: [2C] 70-184-00 T0-208-00 Subtotal [2C] Total [18] Group: [19] Subgroup: [3B] 73-70-00	Administrative Management Services  Other Admin Expense>Financing Coals Admin Expense>Financing Coals Admin Expense>Financing Coals Admin Expense>Financing Items Admin Expense>Fines & Penalies Admin Expense>Pines & Penalies Admin Expense>Background Checks Admin Expense>Background Checks Other (Fingerprinting) Admin Expense>Background Checks Other (Fingerprinting) Admin Expense>Startup Coals Other  Expenditures Other than Salaries (cont'd) - Admin. and General  Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Food Raw Food Other  Non-Food Supplies Dietary Expense>Food Raw Food Silvary Expense>Food Row Food Silvary Expense>Food Non-Food Supplies Dietary Expense>Explication of Costs Non-Food Supplies Dietary Expense>Contracted Service Purchased Services Dietary Expense>Contracted Service Purchased Services Dietary Expense>Contracted Service Dietary Expense>Equip-Rental Other Dietary Expense>Equip-Rental Other Dietary Expense>Equip-Rental Other Dietary Expense>Expuse Fental Other Dietary Expense>Expuse Fental Other Dietary Expense>Expuse Fental Other Dietary Expense>Expuse Fental Other Dietary Expense>Contracted Service	1,722.00 988.00 18.00 600.00 5,633.00 447.00 2,978.00 119,196.00 131,592.00  21,915.00 233,107.00 855.00 255,877.09  34,106.00 3,589.00 116,637.00 116,637.00 1,196.00 2,731.00 3,927.00 414,136.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	1,722.00 998.00 18.00 600,00 5,633.00 447,00 2,978.00 119,196.00 131,592.00  21,915.00 233,107.00 855.00 255,877.08  34,106.00 3,589.00 116,637.00 116,637.00 1,196.00 2,731.00 3,927.00 414,136.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subtotal [M12] Subgroup: [M13] 80-153-00 80-202-00 80-234-00 80-244-00 80-244-00 80-245-06 80-252-00 Subtotal [M13]  Total [16] Group: [18] Subgroup: [2A1] 70-177-00 70-178-00 71-178-00 Subtotal [2A1] Subgroup: [2A2] 70-183-00 Subtotal [2A2] Subgroup: [2B] 70-700-00 Subtotal [2B] Subgroup: [2B] 70-700-00 Subtotal [2B] Subgroup: [2B] 70-700-00 Subtotal [2B] Subgroup: [9] Subgroup: [19]	Administrative Management Services  Other  Admin Expense>Financing Coals Admin Expense>Financing Coals Admin Expense>Financing Coals Admin Expense>Financing Coals Admin Expense>Finas A Penalites Admin Expense>Pines & Penalites Admin Expense>Background Checka Admin Expense>Background Checka Admin Expense>Background Checks Other (Fingerprinting) Admin Expense>Startup Coals Other  Expenditures Other than Salaries (cont'd) - Admin. and General  Dietary Basis for Allocation of Coals Raw Food Dietary Expense>Supplements Dietary Expense>Supplements Dietary Expense>Food Raw Food  Non-Food Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Contracted Service Dietary Expense>Contracted Service Dietary Expense>Contracted Service Dietary Expense>Equip-Rental Other  Dietary Basis for Allocation of Coals Laundry-Basis for Allocation of Coals Durchased Services Laundry-Basis for Allocation of Coals Durchased Services Cher Durchased Services Cher Laundry Expense>Contracted Service Purchased Services Cher Laundry Expense>Supplies	1,722.00 988.00 18.00 600.00 5,633.00 447.00 2,878.00 119.196.00 121,562.00 233,107.00 255,177.05 34,106.00 3,589.00 116,637.00 116,637.00 118,952.00 414,136.00 3,927.00 414,136.00 1,196.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	1,722.00 988.00 18.00 600,000 5,533.00 447,00 2,978.00 119,196.00 131,592.00  21,915.00 233,107.00 6855.00 255,877.09 34,106.00 3,589.00 116,637.00 116,637.00 116,637.00 414,136.00 3,927.00 414,136.00 188.369.00 188.369.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subtotal [M12] Subgroup: [M13] 80-153-00 80-232-00 80-234-00 80-244-00 80-245-06 80-245-06 80-245-06 80-252-00 Subtotal [M13] Total [16] Group: [18] Subgroup: [2A1] 70-177-00 71-178-00 71-178-00 Subtotal [2A1] Subgroup: [2A2] 70-183-00 Subtotal [2A2] Subgroup: [2B] 70-700-00 Subtotal [2B] Subgroup: [2C] 70-184-00 70-208-00 Subtotal [2C] Total [18] Group: [19] Subgroup: [10] Subgroup: [10] Subgroup: [10] Subgroup: [10]	Administrative Management Services  Other  Admin Expense>Financing Costs  Admin Expense>Financing Costs  Admin Expense>Financing Costs  Admin Expense>Financing Costs  Admin Expense>Financing Aphalies  Admin Expense>Finas & Penalies  Admin Expense>Background Checks  Admin Expense>Background Checks Other (Fingerprinting)  Admin Expense>Background Checks Other (Fingerprinting)  Admin Expense>Startup Costs  Other  Expenditures Other than Salaries (cont'd) - Admin, and General  Dietary Basis for Allocation of Costs  Raw Food  Dietary Expense>Food  Activity Expense>Suppliements  Dietary Expense>Food  Raw Food  Non-Food Supplies  Dietary Expense>Conderacies  Dietary Expense>Foode  Non-Food Supplies  Dietary Expense>Contracted Service  Dietary Expense>Contracted Service  Dietary Expense>Contracted Service  Dietary Expense>Supplies  Dietary Expense>Supplies  Dietary Expense>Contracted Service  Purchased Services  Other  Laundry-Basis for Allocation of Costs  Purchased Services  Laundry Expense>Supplies  Other  Laundry Expense>Supplies  Other  Laundry Expense>Supplies  Other	1,722.00 988.00 18.00 600.00 5,633.00 447.00 2,876.00 119.196.00 121,662.00 233,107.00 253,107.00 355.00 37,695.00 116,637.00 116,637.00 118,956.00 144,136.00 1,793.00 118,365.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	1,722.00 988.00 18.00 600.00 5,533.00 447.00 2,978.00 119,196.00 131,592.00 722,126.00  21,915.00 233,107.00 655.00 255,877.09 34,106.00 3,589.00 116,637.00 116,637.00 11,965.00 118,369.00 118,369.00 118,369.00 118,369.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0

Subgroup : [4B] 72-700-00 Subtotal [4B]	Purchased Services Housekeeping Espansa>Contracted Service Purchased Services	264,265,00 264,265,00	0.00	264,265,00 264,265.00	0,00
Subgroup : [5A2] 62-102-00 62-104-00 62-105-00 62-111-00 62-145-00 62-145-32 Subtotal [5A2]	Purchased from Pharmacy Expense>Medicare A Pharmacy Expense>Private Pharmacy Expense>Private Pharmacy Expense>HMO Pharmacy Expense>Medicaid Pharmacy Expense>RX Purchased from	38,688,00 40,00 48,206,00 2,593,00 5,228,00 7,536,00 100,291,00	0.00 0.00 0.00 0.00 0.00 0.00	38,686 00 40,00 46,206,00 2,593,00 5,228,00 7,536,00	0.00 0.00 0.00 0.00 0.00 0.00
Subgroup : [5B] 62-222-00 Subtotal [5B]	Medicine Cabinet Drugs Pharmacy Expense>OTC Medicine Cabinet Drugs	1,279.00 1,279.00	0.00	1,279.00 1,279.00	0,00
Subgroup: [5C] 60-183-00 60-183-76 60-184-00 60-185-00 68-183-00 Subtotal [5C]	Medical and Therapeutic Supplies Nursing Expenses Supplies-Disposable Nursing Expenses-Supplies-Piron Nursing Expenses-Supplies-Non Disposable Nursing Expenses-Incontinence Supplies Nursing Expenses-Incontinence Supplies Therapy Expenses-Supplies Medical and Therapeutic Supplies	14,322.00 104,176.00 18,129.00 693.00 174.00	0,00 0,00 0,00 0,00 0,00 0,00	14,322.00 104,176.00 18,129.00 693.00 174.00	0,00 0,00 0,00 0,00 0,00 0,00
Subgroup : [5D] 60-213-00 Subtotal [5D]	Ambulance/Limousine Nursing Expense>Transportation Ambulance/Limousine	871.00 871.00	0.00	871.00 871.00	0.00
Subgroup : [5E2] 57-000-00 Subtolal [5E2]	Oxygen - Other Oxygen Expense Oxygen - Other	2,080,00 2,080,00	0.00	2 080 00 2,080,00	0,00
Subgroup : [5F] 59-000-00 Subtotal [5F]	X-Rays and related radiological Radiology Experse X-Rays and related radiological	5,377.00 5,377.00	0.00	5,377,00 5,377,00	0.00
Subgroup : [5H] 58-000-00 58-000-74 Subtotal [5H]	Laboratory Lab Expense Lab Expense>COVID Laboratory	9,224,00 169,00 9,393,09	0.00 0.00 0.00	9,224.00 169.00 9,383.00	0,00 0,00 0,00
Subgroup : [5I] 71-183-00 71-700-00 Subtotal [5I]	Recreation Activity Expense>Supplies Activity Expense>Contracted Service Recreation	4,430,00 5,018,00 9,448,00	0.00	4,430.00 5,018.00 9,448.00	0.00 0.00 0.00
Subgroup : [5L] 80-232-00 Subtotal [5L]	Cable Television Admin Expense>Cable TV Cable Television	45,223,00 45,223,00	0.00	45,223.00 45,223.00	0.00
Subgroup: [5M] 55-000-00 60-183-07 60-183-74 60-204-00 60-205-00 60-212-00 60-230-00 Subtotal [5M]	Other Nursing Rental Expense Nursing Expense-Supplies-Deriatric Nursing Expense-Supplies-COVID Nursing Expense-Training & Education Nursing Expense-Training & Education Nursing Expense-Schizial Services Nursing Expense-Colinical Services Nursing Expense-Data Processing Other Housekeeping and Resident Care Basis for Allocation of Costs	23,479,00 41,00 19,436,00 6,526,00 750,00 3,510,00 34,621,00 54,351,00 670,543,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	23,479,00 41,00 19,436,00 6,526,00 750,00 9,510,00 34,621,00 84,363,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00
Total [20] Group : [22] Subgroup : [6A]	Maintenance and Property Repairs and Maintenance	616(2-45)36			
75-207-00 Subtotal [6A]	Maintenance Expense>Repairs & Maint Repairs and Maintenance	70,520.00 70,520.00	0,00	70,520.00 70,520,00	0.00
Subgroup : [6B] 76-227-00 Sub(ota) [6B]	Heat Unliny Expense ⊩Gas Heat	130,510.00 130,510.00	0.00	130,510.00 130,510,00	0.00
Subgroup : [6C] 76-228-00 Subtotal [6C]	Light & Power Unity Expense>Electric Light & Power	148,677.00 148,677.00	0.00	148,677.00 148,577.09	0.00
Subgroup : [6D] 76-229-00 Subtotal [6D]	Water Uility Expense>Water/Sewer Water	36,728.00 36,728.00	0,00 £.00	36,728.00 36,728.00	0.00
Subgroup : [6E] 80-208-00 Subtotal [6E]	Equipment Lease Admin Experse>Equip-Rental Equipment Lease	11,102.00 11,102.00	0,00	11,102.00 11,102.00	0.00
Subgroup : [6F] 75-183-00 75-184-00 75-208-00 75-208-00 75-217-00 75-218-00 75-219-00 75-219-00 75-200-00 Subtotal [6F]	Other Maintenance Expense>Supplies Maintenance Expense>Sanitation & Incineration Maintenance Expense>Sanitation & Incineration Maintenance Expense>Equity Rental Maintenance Expense>Equity Rental Maintenance Expense>Sanw Removal Maintenance Expense>Sanw Removal Maintenance Expense>Landscaping Maintenance Expense>Landscaping>Supplies Maintenance Expense>Landscaping>Supplies Maintenance Expense>Contracted Service Utility Expense>Contracted Service Utility Expense>Contracted Service Other	17,443.00 3,369.00 37,300.00 1,987.00 3,901.00 17,761.00 16,431.00 584.00 1,275.00 27,855.00 5,068.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	17,443.00 3,369.00 37,300.00 1,997,00 3,901,00 17,761,00 16,431,00 584.00 1,275.00 27,855.00 5,068.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subgroup : [7D] 92-000-00 Subtotal [7D]	Movable Equipment Depreciation Expense Movable Equipment	58,206.00 58,208.00	(2.634.00) (2.634.00)	55,372.00 55,372.00	0.00
Subgroup : [8C] Marcum 102 Subtotal [8C]	Leasehold Improvements Depreciation Expenses-Leasehold Improvements Leasehold Improvements	0,00	2,834,00 2,834,00	2,834.00 2,834.00	0,00
Subgroup : [9]	Rental Payments				

91-121-00 Sublotal [9]	Property Expense>Rent Rental Payments	690,512,00 690,512,00	0.00	690,512,00 690,512,00	0,00
Subgroup : [10B] 91-161-00 Subtotal [10B]	Real estate taxes pald by lessor Properly Expense>RE Taxes Real estate taxes pald by lessor	107,120,00 107,120.00	0.00	107,120.00 107,120.00	0.00
Subgroup : [10C] 91-125-00 Subtotal [10C]	Personal property taxes Property Expense>Personal Property Taxes Personal property taxes	6.806,00	0.00	8,806.00 8,806.00	0.00
Total [22]	Maintenance and Property	1,395,155.00	0,00	1,395,155,00	0,00
Group : [27] Bubgroup : [12D] 94-000-00 Bubtotal [12D]	Interest and Insurance Other Interest Expense Interest Expense Other Interest Expense	61,926.00 61,926.00	0.00	61,926,00 61,926,00	0,00
Subgroup : [14A] 91-165-00 Subtotal [14A]	Insurance on Property Property Expense>Insurance - Property Insurance on Property	19,318.00 19,318.00	0.00	19,318,00 18,318,00	0.00
Subgroup : [14C3] 80-162-00 80-163-00 Subtotal [14C3]	Other Admir Expense>Insurance - General Liabšity & Other Admir Expense>Insurance - EPLI Other	64,592,00 13,233,00 77,825,00	0.00 0.00 0.00	64,592.00 13,233.00 77,825.00	0.00 0.00 0.00
Total [27]	Interest and Insurance	159,069.00	0.00	159,069.00	0,00
Group : [30] Subgroup : [1A] 40-111-00 40-111-09 Subtotal [1A]	Statement of Revenue Medicaid Residents (CT only) Room & Board Revenue-Medicaid Room & Board Revenue-Medicaid>Sales Adjustments Medicaid Residents (CT only)	(6,228,502,00) (10,360,00) [6,238,662,08]	0.00 0.00 0.00	(6,228,502.00) (10,360.00) (6,238,862.00)	0.00 0.00 0.00
Bubgroup : [3A] 40-102-00 40-102-09 Subtotal [3A]	Medicare Residents (All inclusive) Room & Board Revenue-Medicare A Room & Board Revenue-Medicare A-Sales Adjustments Medicare Residents (All inclusive)	(1,593,501,00) (1,459,00) (1,594,970,09)	0,00 0,00 0,00	(1,593,501.00) (1,469.00) [1,594,976,99]	0,00 0,00 0,00
Subgroup : [3B] 40-102-14 Subtotal [3B]	Medicare room and board contractual allowance Room & Board Revenue>Medicare A>Sequester Medicare room and board contractual allowance	28,060.00 28,060.00	0,00	28,060,00 28,060.00	0.00
Subgroup : [4A] 40-104-00 40-104-09 40-105-00 40-105-00 40-105-00 40-109-00 40-109-09 40-110-00 40-110-09 Subrotal [4A]	Private-pay residents and other Room & Board Revenue-Private Room & Board Revenue-Private Room & Board Revenue-Private Room & Board Revenue-Commercial HMO Room & Board Revenue-Medicare HMO Room & Board Revenue-Medicare HMO Room & Board Revenue-Medicare HMO>Sales Adjustments Room & Board Revenue-Privation of Modern Section of Board Revenue-Privation of Modern Section Secti	(1,006,002 00) (43,206 00) (34,589 00) (11,19,598 00) (36,995 00) (233,252 00) 8,766 00 (11,250 00) (750 00) (2,510,876.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(1,006,002,00) (43,206,00) (33,589,00) (1,146,588,00) (33,995,00) (23,252,00) 6,766,00 (11,250,00) (750,00) (25,10,976,00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subgroup : [4B] 40-106-14 Subtotal [4B]	Private-pay room and board contractual allowance Room & Board Revenue>Medicare HMO>Sequester Private-pay room and board contractual allowance	3,192.00 3,192.00	00.00	3,192,00 1,192,00	0,00
Subgroup : [5A] 41-102-00 Subtotal [5A]	Prescription Drugs - Medicare Pharmacy Rev⊳Medicare A Prescription Drugs - Medicare	(23,919.00) (23,919.00)	0.00	(23,918.00) (23,919.00)	0.00
Subgroup : [5B] 41-102-01 Subtotal [5B]	Prescription Drugs - Medicare Contractual Allowance Pharmacy Rev⊅Medicare A⊃CIA Prescription Drugs - Medicare Contractual Allowance	23 919 00 23,919 00	0.00	23,919.00 23,919.00	0,00 0,00
Subgroup : [7A] 42-102-00 42-103-00 Subtotal [7A]	Physical Therapy - Medicare PT Ravenue>Medicare A PT Revenue>Part B Physical Therapy - Medicare	(64,101,00) (105,098,00) (173,199,00)	0,00 0,00 0,00	(64,101,00) (109,098,00) (173,159,00)	0,00 0,00 0,00
Subgroup : [78] 42-102-01 Subtotal [78]	Physical Therapy - Medicare Contractual Allowance PT Revenue>Medicare A>C/A Physical Therapy - Medicare Contractual Allowance	54,101.00 64,101.00	0.00	64,101,00 54,101,00	0.00
Gubgroup : [7C] 42-105-00 42-106-00 42-111-00 Sublotal [7C]	Physical Therapy - Non-medicare PT Revenue Commercial HMO PT Revenue Medicare HMO PT Revenue Medicare Physical Therapy - Non-medicare	(90,00) (111,348,00) (23,545,00) [134,983,00]	0.00 0.00 0.00 0.00	(90.00) (111,348.00) (23,545.00)	0.00 0.00 0.00 0.00
Subgroup : [7D] 42-105-01 42-106-01 42-111-01 Subtotal [7D]	Physical Therapy - Non-medicare Contractual Allowance PT Revenue>Commercial HMO>C/A PT Revenue>Medicare HMO>C/A PT Revenue>Medicarie>C/A PT Revenue>Medicarie>C/A Physical Therapy - Non-medicare Contractual Allowance	90,00 111,348,00 23,545,00 134,983,00	0.00 0.00 0.00 0.00	90.00 111,348.00 23,545.00 134,983.00	0,00 0,00 0,00 0,00
Subgroup : [8A] 44-102-00 44-103-00 Subtotal [8A]	Speech Therapy - Medicare  II Reviewmen-Medicare  ST Revenue-Part B  Speech Therapy - Medicare	(46,873.00) (55,788.00) (162,671.00)	0,00 0,00 0,00	(46,873,00) (55,795,00) (102,671,00)	0,00 0,00 0,00
Subgroup : [8B] 44-102-01 Subtotal [8B]	Speech Therapy - Medicare Contractual Allowance ST Revenue>Medicare A>C/A Speech Therapy - Medicare Contractual Allowance	46,873.00 46,873.00	0,00	46,873.00 46,873.00	0.00
Subgroup : [8C] 44-106-00 44-111-00 Subtotal [8C]	Speech Therapy - Non-medicare ST Revenue>Medicare HMO ST Revenue>Medicari Speech Therapy - Non-medicare	(29,120.00) (2,702.00) [31,822.00]	0.00 0.00 0.00	(29,120.00) (2,702.00) (31,822.00)	0.00 0.00 0.00
Subgroup : [8D] 44-106-01 44-111-01 Subtotal [8D]	Speech Therapy - Non-medicare Contractual Allowance ST Rovenue-Medicare HMO-C/A ST Revenue-Medicare-CA Speech Therapy - Non-medicare Contractual Allowance	29.120.00 2,702.00 31,822,00	0.00 0.00 6,00	29,120,00 2,702,00 31,822,00	0.00 0.00 0.00

	- 4 100				
Subgroup : [9A] 43-102-00	Occupational Therapy - Medicare OT Revenue>Medicare A	(74,101,00)	0.00	(74,101,00)	0,00
43-102-00	OT Revenue>Part B	(172.883.00)	0.00	(172,883.00)	0.00
Subtotal [9A]	Occupational Therapy - Medicare	[246,954.00]	0,00	(245,984.00)	0.00
Subgroup : [9B]	Occupational Therapy - Medicare Contractual Allowance			74404.00	0.00
43-102-01	OT Revenue>Medicare A>C/A	74,101.00 74,101.00	0.00	74,101.00 74,101.00	8,00
Subtotal [9B]	Occupational Therapy - Medicare Contractual Allowance	74,101,00	0.00	14,101105	
Subgroup : [9C]	Occupational Therapy - Non-medicare				
43-105-00	OT Revenue Commercial HMO	(204.00)	0,00	(204,00)	0.00
43-106-00	OT Revenue>Medicare HMO	(140,323.00)	0.00	(140,323,00)	0.00
43-106-01	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	(24,423.00)	0,00	(24,423,00)	0,00
Subgroup : [9D]	Occupational Therapy - Non-medicare Contractual Allowance	204.00	0,00	204,00	0.00
43-105-01	OT Revenue>Medicaid>C/A	24,219.00	0.00	74,219.00	0.00
43-111-01	Occupational Therapy - Non-medicare Contractual Allowance	24,423.00	0,00	24,423.00	0.00
Subtotal [9D]	Oceupational Interapy - Non-Hedicare Contractor Allowance	24,724,60			
Subgroup : [1DA]	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	30,705,00	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 0,00
52-102-00	Revenue Adjustments>Medicare A	(25,00)	0.00 0.00	(25,00) 5,933,00	0.00
52-103-00	Revenue Adjustments>Part B	5,933.00 (181,348.00)	0,00	[181,348.00]	0,00
Subtotal [10A]	Other - Medicare	[127,240,00]		110775-701007	
Fuheroup : [10D]	Other - Non-medicare				
Subgroup : [10B] 47-260-00	Other Ancillary Revo PICC Insertion	(25.00)	0.00	(25.00)	0.00
47-260-00 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	(00.810,0)	0.00	(6,338.00)	0.00
		1100 11172.5			
Subgroup : [15]	Interest Income				
51-160-00	Other Revoluterest	(374.00)	0.00	(374.00)	0,00
Subtotal [15]	Interest Income	(374.00)	0.00	(374.00)	0.00
Subgroup : [18]	Other Revenue		0.00	(6,130,00)	0,00
51-100-00	Other Rev>Miscellaneous	(6,130.00)	0.00	(270,039,00)	0.00
51-157-00	Other Revenue>Carryover PTO Other Rev>Medical Records	(270,039.00) (144.00)	0.00	(144.00)	0,00
51-818-00	Other Revenus>Prior Period Adjustment(s)	0.00	(22,954,00)	(22,954.00)	0.00
Marcum 106 Subtotal [18]	Other Revenue	(276,313.00)	(22,954,00)	(299,267.00)	0,00
protoral [18]	Differ Revenue				
Total [30]	Statement of Revenue	(11,115,708.90)	(22,954.00)	(11,135,662.00)	0.00
. otal fool		The state of the s			
Group : [31-32]	Assets				
Group : [31-32] Subgroup : [A1]	Assets Cash				
		(205,449,00)	0,00	(205,449.00)	0.00
Subgroup : [A1]	Cash Cash>Clearing>Payroll Cash>Operating>Fox Hill	480,525.00	0,00	480,525,00	0.00
Subgroup : [A1] 10-001-02 10-010-15 10-011-15	Cash Clearing>Payroll Cash>Operating>Fox Hill Cash>Operating>Fox Hill	480,525.00 4,766.00	0.00 0.00	480,525,00 4,766,00	0.00 0.00
Subgroup : [A1] 10-001-02 10-010-15 10-011-15 10-015-00	Cash Clearing-Payroll Cash-Clearing-Payroll Cash-Petty Cash-Fox Hill Cash-Petty Cash-Fox Hill Cash-Petty Cash Box PNA	480,525.00 4,766.00 100.00	0.00 0.00 0.00	480,525,00 4,766,00 100,00	0.00 0.00 0.00
Subgroup : [A1] 10-001-02 10-010-15 10-011-15 10-015-00 10-020-15	Cash Cash-Clearing-Payroll Cash-Operaling-Fox Hill Cash-Petty Cash-Fox Hill Cash-Petty Cash Box PNA Cash-Petty Cash Box PNA Cash-Payrol-Fox Hill	480,525,00 4,766,00 100,00 31,807,00	0.00 0.00 0.00 0.00	480,525,00 4,766,00 100,00 31,807,00	0.00 0.00 0.00 0.00
Subgroup: [A1] 10-001-02 10-010-15 10-011-15 10-015-00 10-020-15 10-060-15	Cash Cash>Clearing>Payroll Cash>Clearing>Pox Hill Cash>Potty Cash>Fox Hill Cash>Potty Cash>Fox Hill Cash>Potty Cash Box PNA Cash>Payrolb Fox Hill Cash>Payrolb Fox Hill	480,525.00 4,766.00 100.00 31,807.00 57,222.00	0.00 0.00 0.00 0.00 0.00	480,525,00 4,766,00 100,00 31,807,00 57,222,00	0.00 0.00 0.00 0.00 0.00
Subgroup: [A1] 10-001-02 10-010-15 10-011-15 10-015-00 10-020-15 10-060-15 10-061-15	Cash Cash>Clearing>Payroll Cash>Operating>Fox Hill Cash>Petry Cash>Gox Hill Cash>Petry Cash Box PNA Cash>Payroll>Fox Hill Cash>Petry Cash Box PNA Cash>Petry Cash Box PNA Cash>Petry Cash Box PNA Cash>Payroll>Fox Hill Cash>Cash Cash Fox Hill	480,525.00 4,765.00 100.00 31,807.00 57,222.00 500.00	0.00 0.00 0.00 0.00 0.00	480,525.00 4,766.00 100.00 31,807.00 57,222.00 500.00	0.00 0.00 0.00 0.00 0.00
Subgroup: [A1] 10-001-02 10-010-15 10-011-15 10-015-00 10-020-15 10-060-15	Cash Cash>Clearing>Payroll Cash>Clearing>Pox Hill Cash>Potty Cash>Fox Hill Cash>Potty Cash>Fox Hill Cash>Potty Cash Box PNA Cash>Payrolb Fox Hill Cash>Payrolb Fox Hill	480,525.00 4,766.00 100.00 31,807.00 57,222.00	0.00 0.00 0.00 0.00 0.00	480,525,00 4,766,00 100,00 31,807,00 57,222,00	0.00 0.00 0.00 0.00 0.00
Subgroup: [A1] 10-001-02 10-010-15 10-011-15 10-015-00 10-020-15 10-060-15 10-061-15 Subtotal [A1]	Cash Cash>Clearing>Payroll Cash>Clearing>Payroll Cash>Petty Cash>Fox Hill Cash>Petty Cash-Fox Hill Cash>Petty Cash Box PNA Cash>Payrold>Fox Hill Cash>Payrold>Fox Hill Cash>Cash>Payrold Cash>Cash>Cash Cash>Cash Cash Cash	480,525.00 4,765.00 100.00 31,807.00 57,222.00 500.00	0.00 0.00 0.00 0.00 0.00	480,525.00 4,766.00 100.00 31,807.00 57,222.00 500.00	0.00 0.00 0.00 0.00 0.00
Subgroup: [A1] 10-001-02 10-010-15 10-011-15 10-015-00 10-020-15 10-060-15 10-061-15 Subtotal [A1] Subgroup: [A2]	Cash Cash>Clearing>Payroll Cash>Operaling>Fox Hill Cash>Petty Cash>Fox Hill Cash>Petty Cash Box PNA Cash>Patty Cash Box PNA Cash>PatryObFox Hill Cash>Resident Trust>Fox Hill Cash>Resident Trust>Fox Hill Cash>Resident Resident Accounts Receivable	480,525,00 4,756,00 100,00 31,807,00 57,222,00 500,00 369,471,00	0.00 0.00 0.00 0.00 0.00	480,525.00 4,766.00 100.00 31,807.00 57,222.00 500.00	0.00 0.00 0.00 0.00 0.00
Subgroup: [A1] 10-001-02 10-010-15 10-011-15 10-015-00 10-020-15 10-060-15 10-061-15 Subtotal [A1] Subgroup: [A2] 11-102-00	Cash Cash>Clearing>Payroll Cash>Clearing>Payroll Cash>Petty Cash>Fox Hill Cash>Petty Cash Box PNA Cash>Payrol>Fox Hill Cash>Payrol>Fox Hill Cash>Revious Trust>Fox Hill Cash>Cash>Revious Hill Cash>Cash>Revious Hill Cash>Cash	480,525.00 4,765.00 100.00 31,807.00 57,222.00 500.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	480,525,00 4,765,00 100,00 31,807,00 57,222,00 500,00 369,471,00	0.00 0.00 0.00 0.00 0.00 0.00
Subgroup: [A1] 10-001-02 10-010-15 10-011-15 10-015-00 10-020-15 10-060-15 10-061-15 Subtotal [A1] Subgroup: [A2]	Cash Clearing>Payroll Cash>Operating>Fox Hill Cash>Petry Cash Box PNA Cash>Petry Cash Box PNA Cash>Petry Cash Box PNA Cash>Payroll>Fox Hill Cash>Resident Trust>Fox Hill Cash>Cash>Fox PAH Resident Trust>Fox Hill Cash Cash>Cash>Fox Hill Cash Cash>Cash>Tox Hill Cash Cash Cash Cash Cash	480,525,00 4,766,00 100,00 31,807,00 57,222,00 500,00 168,471,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	489,525,00 4,785,00 100,00 31,807,00 57,722,00 500,00 369,471,69	0.00 0.00 0.00 0.01 0.00 0.00 0.00
Subgroup: [A1] 10-001-02 10-010-15 10-011-15 10-011-15 10-015-00 10-020-15 10-080-15 10-081-15 Subtotal [A1] Subgroup: [A2] 11-102-00 11-103-00 11-103-00	Cash Cash>Clearing>Payroll Cash>Clearing>Por H8 Cash>Petty Cash>Cox H8 Cash>Petty Cash Box PNA Cash>Payrolb-Fax H8  Cash>Payrolb-Fax H8  Cash>Redont Trust>Fox HII Cash>Cash Cash Cash Redont Recounts Receivable Accounts Receivable>Medicare A Accounts Receivable>Part B Accounts Receivable>Part B Accounts Receivable>Private	480,525.00 4,766.00 100.00 31,807.00 57,222.00 500.00 368,471.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	480,525,00 4,765,00 100,00 31,807,00 57,722,00 500,00 389,471,00 191,624,00 80,635,00 67,690,00 55,908,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subgroup : [A1] 10-001-02 10-010-15 10-011-15 10-011-15 10-05-00 10-020-15 10-060-15 Subtotal [A1] Subgroup : [A2] 11-102-00 11-103-00	Cash Clearing>Payroll Cash>Operating>Fox Hill Cash>Petry Cash Box PNA Cash>Petry Cash Box PNA Cash>Petry Cash Box PNA Cash>Payroll>Fox Hill Cash>Resident Trust>Fox Hill Cash>Cash>Fox PAH Resident Trust>Fox Hill Cash Cash>Cash>Fox Hill Cash Cash>Cash>Tox Hill Cash Cash Cash Cash Cash	480,525,00 4,766,00 100,00 31,807,00 57,222,00 500,00 369,471,00 191,624,00 80,635,00 87,690,00 56,908,00 358,710,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	480,525,00 4,765,00 100,00 31,807,00 57,222,00 500,00 369,471,69 191,624,00 80,633,00 87,690,00 55,900,00 358,710,00	0.00 0.00 0.01 0.00 0.00 0.00 0.00 0.00
Subgroup: [A1] 10-001-02 10-010-15 10-011-15 10-011-15 10-015-00 10-020-15 10-080-15 10-081-15 Subteral [A1] Subgroup: [A2] 11-102-00 11-103-00 11-105-00 11-105-00 11-105-00 11-105-00	Cash Cash>Clearing>Payroll Cash>Potty Cash>Fox Hill Cash>Petty Cash-Fox Hill Cash>Petty Cash Box PNA Cash>Petty Cash Box PNA Cash>Payrold>Fox Hill Cash>Recident Toust>Fox Hill Cash>Cash>Payrold>Fox Hill Cash>Cash Cash>Payrold Recident Accounts Receivable Accounts Receivable>Part Bl Accounts Receivable>Part Bl Accounts Receivable>Part Bl Accounts Receivable>Part Bl Accounts Receivable>Commercial HMO	480,525,00 4,766,00 100,00 31,807,00 57,222,00 500,00 369,471,80 191,624,00 80,635,00 87,590,00 55,908,00 55,908,00 68,909,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	480,525,00 4,765,00 100,00 31,807,00 57,722,00 500,00 369,471.00 191,524,00 80,635,00 87,690,00 56,908,00 58,9710,00 58,990,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subgroup: [A1] 10-001-02 10-010-15 10-011-15 10-011-15 10-015-00 10-020-15 10-081-15 Subtotal [A1]  Subgroup: [A2] 11-102-00 11-105-00 11-105-00 11-109-00 11-109-00 11-109-00 11-109-00 11-109-00	Cash Cash>Clearing>Payrell Cash>Clearing>Pox Hill Cash>Poxt Cash>Fox Hill Cash>Poxt Cash Box PNA Cash>Payrell>Fox Hill Cash>Poxt Cash Box PNA Cash>Payrell>Fox Hill Cash>Resident Trust>Fox Hill Cash>Cash Cash Cash Resident Accounts Receivable Accounts Reseivable>Part B Accounts Reseivable>Print B Accounts Receivable>Print B Accounts Rece	480,525,00 4,765,00 100,00 31,807,00 57,222,00 500,00 368,471,00 191,624,00 80,635,00 87,690,00 56,908,00 55,908,00 55,908,00 55,909,00 5,750,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	480,525.00 4,765.00 100.00 31,807.222.00 57,2722.00 500.00 359,471.00 86,635.00 87,590.00 56,908.00 358,710.00 58,909.00 57,590.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subgroup: [A1] 10-001-02 10-010-15 10-011-15 10-011-15 10-015-00 10-020-15 10-061-15 Subtotal [A1] Subgroup: [A2] 11-102-00 11-103-00 11-105-00 11-105-00 11-110-00 11-110-00 11-110-00 11-110-00 11-110-00	Cash Cash>Clearing>Payroll Cash>Clearing>Payroll Cash>Clearing>Fox Hill Cash>Petty Cash-Fox Hill Cash>Petty Cash-Fox Hill Cash>Petty Cash Fox PMA Cash>Payrolb-Fox Hill Cash>Resident Trust>Fox Hill Cash>Cash Cash Cash Cash Resident Accounts Receivable Medicare A Accounts Receivable>Phrate Accounts Receivable>Phrate Accounts Receivable>Commercial HMO Accounts Receivable>Phrate Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>HMO Accounts Receivable>Happice Accounts Receivable>Happice Accounts Receivable>Happice	480,525,00 4,765,00 100,00 31,807,00 57,222,00 500,00 368,471,00  191,524,00 80,635,00 87,589,00 58,908,00 358,710,00 69,090,00 5,759,000 562,253,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	480,525,00 4,765,00 100,00 31,807,00 57,722,00 500,00 369,471,00 80,635,00 87,690,00 55,900,00 358,710,00 69,900,00 57,500,00 96,2,630,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subgroup: [A1] 10-001-02 10-010-15 10-011-15 10-015-00 10-020-15 10-001-15 Subtotal [A1] Subgroup: [A2] 11-102-00 11-105-00 11-105-00 11-105-00 11-110-00 11-111-00 11-111-00	Cash Cash-Clearing>Payroll Cash-Clearing>Pox Hill Cash-Potty Cash-Fox Hill Cash-Potty Cash-Fox Hill Cash-Potty Cash Box PNA Cash-Payroll-Fox Hill Cash-Recident Trust-Fox Hill Cash-Care Cost-Fox Hill Cash-Care Cost-Fox Hill Cash Resident Accounts Receivable Accounts Receivable>Path B Accounts Receivable>Path B Accounts Receivable>Private	480,525,00 4,765,00 1,765,00 57,222,00 500,00 369,471,00 191,524,00 80,635,00 87,690,00 55,988,00 358,710,00 69,980,00 57,750,00 962,253,00 35,544,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	480,525.00 4,765.00 100.00 31,807.00 57,722.00 500.00 369,471.00 80,635.00 87,690.00 55,908.00 358,710.00 83,080.00 5,750.00 962,263.00 35,564.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subgroup: [A1] 10-001-02 10-011-15 10-011-15 10-011-15 10-015-00 10-020-15 10-061-15 Subtotal [A1] Subgroup: [A2] 11-102-00 11-103-00 11-105-00 11-105-00 11-1105-00 11-1105-00 11-1105-00 11-1105-00 11-1105-00 11-1105-00 11-1105-00 11-1105-00 11-1105-00 11-1105-00 11-1105-00 11-1105-00 11-1105-00 11-1105-00 11-1105-00 11-1105-00 11-1105-00 11-1105-00 11-1105-00	Cash Cash>Clearing>Payroll Cash>Clearing>Payroll Cash>Clearing>Pox Hill Cash>Petty Cash>Fox Hill Cash>Petty Cash Fox Hill Cash>Petty Cash Fox Hill Cash>Petty Cash Fox Hill Cash>Cash>Petty Cash Fox Hill Cash>Cash>Cash Cash Fox Hill Cash>Cash Cash Cash Fox Hill Cash Cash Resident Accounts Receivable Medicare A Accounts Receivables Pheticare Accounts Receivable Commercial HMO Accounts Receivable Private Accounts Receivable Pheticare Accounts Receivable Medicare HMO Accounts Receivable Medicare	480,525,00 4,765,00 100,00 31,807,00 57,722,00 500,00 169,471,00  191,524,00 80,535,00 87,590,00 58,908,00 58,908,00 59,750,00 69,909,00 5,750,00 962,253,00 35,564,00 (107,831,00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	489,525,00 4,785,00 100,00 31,807,00 57,722,00 500,00 369,471,69  191,624,00 80,633,00 87,690,00 55,908,00 358,710,00 63,000 57,750,00 65,263,00 35,564,00 (107,831,00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subgroup: [A1] 10-001-02 10-010-15 10-011-15 10-015-00 10-020-15 10-080-15 10-081-15 Subtotal [A1]  Subgroup: [A2] 11-102-00 11-105-00 11-105-00 11-105-00 11-110-00 11-111-00 11-112-00 11-120-00	Cash Cash>Clearing>Payroll Cash>Clearing>Pox Hill Cash>Clearing>Fox Hill Cash>Potty Cash>Fox Hill Cash>Potty Cash>Fox Hill Cash>Potty Cash Fox PNA Cash>Payrolb>Fox Hill Cash>Cash>Rox PNA Cash>Payrolb>Fox Hill Cash>Cash Resident Accounts Receivable Accounts Receivable>Medicare A Accounts Receivable>Poxt B Accounts Receivable>Poxt B Accounts Receivable>Poxt B Accounts Receivable>Poxt B Accounts Receivable>Commercial HMO Accounts Receivable>Commercial HMO Accounts Receivable>Poxt B Accounts R	480,525,00 47,65,00 41,00,00 31,807,00 57,222,00 500,00 369,471,00 191,524,00 80,635,00 87,690,00 55,908,00 358,710,00 69,090,00 57,750,00 962,253,00 35,544,00 (107,831,00) 2,000,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	480,525.00 4,765.00 100.00 31,807.00 57,722.00 500.00 389,471.00 80,635.00 67,690.00 56,908.00 58,9710.00 59,000.00 50,750.00 50,263.00 35,750.00 107,831.00 2,000.00 107,831.00 2,000.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subgroup: [A1] 10-001-02 10-011-15 10-011-15 10-011-15 10-015-00 10-020-15 10-061-15 Subtotal [A1] Subgroup: [A2] 11-102-00 11-103-00 11-105-00 11-105-00 11-1105-00 11-1105-00 11-1105-00 11-1105-00 11-1105-00 11-1105-00 11-1105-00 11-1105-00 11-1105-00 11-1105-00 11-1105-00 11-1105-00 11-1105-00 11-1105-00 11-1105-00 11-1105-00 11-1105-00 11-1105-00 11-1105-00	Cash Cash>Clearing>Payroll Cash>Clearing>Payroll Cash>Clearing>Pox Hill Cash>Petty Cash>Fox Hill Cash>Petty Cash Fox Hill Cash>Petty Cash Fox Hill Cash>Petty Cash Fox Hill Cash>Cash>Petty Cash Fox Hill Cash>Cash>Cash Cash Fox Hill Cash>Cash Cash Cash Fox Hill Cash Cash Resident Accounts Receivable Medicare A Accounts Receivables Pheticare Accounts Receivable Commercial HMO Accounts Receivable Private Accounts Receivable Pheticare Accounts Receivable Medicare HMO Accounts Receivable Medicare	480,525,00 4,765,00 100,00 31,807,00 57,722,00 500,00 169,471,00  191,524,00 80,535,00 87,590,00 58,908,00 58,908,00 59,750,00 69,909,00 5,750,00 962,253,00 35,564,00 (107,831,00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	489,525,00 4,785,00 100,00 31,807,00 57,722,00 500,00 369,471,69  191,624,00 80,633,00 87,690,00 55,908,00 358,710,00 63,000 57,750,00 65,263,00 35,564,00 (107,831,00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subgroup: [A1] 10-001-02 10-010-15 10-011-15 10-015-00 10-020-15 10-081-15 Subtotal [A1]  Subgroup: [A2] 11-102-00 11-105-00 11-105-00 11-105-00 11-110-00 11-1110-00 11-1120-00 11-120-00 Subtotal [A2]	Cash Clearing>Payroll Cash>Clearing>Payroll Cash>Clearing>Pox Hill Cash>Potty Cash>Fox Hill Cash>Potty Cash>Fox Hill Cash>Potty Cash>Fox Hill Cash>Potty Cash Fox PNA Cash>Payrolb>Fox Hill Cash>Cash>Rox PNA Cash>Payrolb>Fox Hill Cash>Cash Resident Accounts Receivable Accounts Receivable>Pott B Accounts Receivable>Pott B Accounts Receivable>Potto B B B B B B B B B B B B B B B B B B	480,525,00 47,65,00 41,00,00 31,807,00 57,222,00 500,00 369,471,00 191,524,00 80,635,00 87,690,00 55,908,00 358,710,00 69,090,00 57,750,00 962,253,00 35,544,00 (107,831,00) 2,000,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	480,525.00 4,765.00 100.00 31,807.00 57,722.00 500.00 389,471.00 80,635.00 67,690.00 56,908.00 58,9710.00 59,000.00 50,750.00 50,263.00 35,750.00 107,831.00 2,000.00 107,831.00 2,000.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subgroup: [A1] 10-001-02 10-010-15 10-011-15 10-011-15 10-015-00 10-020-15 10-081-15 Subtotal [A1]  Subgroup: [A2] 11-102-00 11-103-00 11-105-00 11-105-00 11-105-00 11-110-00 11-112-00 11-112-00 11-122-00 Subtotal [A2]  Subgroup: [A5]	Cash Cash>Clearing>Payrell Cash>Clearing>Pox Hill Cash>Potty Cash>Fox Hill Cash>Potty Cash>Fox Hill Cash>Potty Cash Fox PNA Cash>Payrelb Fox Hill Cash>Rex Fox Hill Cash>Rex Fox Hill Cash>Rex Fox Hill Cash>Rectain Trust>Fox Hill Cash>Rectain Trust>Fox Hill Cash Resident Accounts Receivable Accounts Receivable>Phadicare A Accounts Receivable>Phadicare A Accounts Receivable>Phadicare Hill Accounts Receivable>Commercial Hill Accounts Receivable>Phadicare Hill Accounts Receivable>Receivable Accounts Receivable>Receivable Accounts Receivable>Receivable Accounts Receivable>Receivable Accounts Receivable>Receivable Accounts Receivable>Redeivable Prepald Expenses	480,525,00 47,65,00 41,00,00 31,807,00 57,222,00 500,00 369,471,00 191,524,00 80,635,00 87,690,00 55,908,00 358,710,00 69,090,00 57,750,00 962,253,00 35,544,00 (107,831,00) 2,000,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	480,525.00 4,766.00 100.00 31,807.00 57,222.00 500.00 369,471.00 191,624.00 80,635.00 87,690.00 56,908.00 57,500.00 95,250.00 95,250.00 107,831.00 107,831.00 20,000.00 1,742,403.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subgroup: [A1] 10-001-02 10-010-15 10-011-15 10-015-00 10-020-15 10-081-15 Subtotal [A1]  Subgroup: [A2] 11-102-00 11-105-00 11-105-00 11-105-00 11-110-00 11-1110-00 11-1120-00 11-120-00 Subtotal [A2]	Cash Clearing>Payroll Cash>Clearing>Payroll Cash>Clearing>Pox Hill Cash>Potty Cash>Fox Hill Cash>Potty Cash>Fox Hill Cash>Potty Cash>Fox Hill Cash>Potty Cash Fox PNA Cash>Payrolb>Fox Hill Cash>Cash>Rox PNA Cash>Payrolb>Fox Hill Cash>Cash Resident Accounts Receivable Accounts Receivable>Pott B Accounts Receivable>Pott B Accounts Receivable>Potto B B B B B B B B B B B B B B B B B B	480,525,00 4,766,00 100,00 31,807,00 57,222,00 500,00 368,471,00 191,624,00 86,635,00 87,690,00 56,908,00 56,908,00 56,908,00 56,908,00 56,908,00 356,710,00 66,969,00 5,750,00 962,263,00 33,564,00 (107,831,00) 2,000,00 1,742,403,80	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	480,525.00 4,765.00 100.00 31,807.222.00 57,2722.00 500.00 359,471.00 80,635.00 87,590.00 55,908.00 55,908.00 57,590.00 57,590.00 107,831.00 107,831.00 2,000.00 1,742,403.00 1,538.00 1,538.00 1,538.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subgroup: [A1] 10-001-02 10-010-15 10-011-15 10-011-15 10-015-00 10-020-15 10-081-15 Subtotal [A1] Subgroup: [A2] 11-102-00 11-103-00 11-105-00 11-105-00 11-110-00 11-112-00 11-112-00 11-120-00 11-122-00 Subtotal [A2] Subgroup: [A5] 1-2000-00	Cash Clearing-Payroll Cash-Potel Cash-Pox Hill Cash-Pottly Cash-Pox Hill Cash-Pottly Cash-Pox Hill Cash-Pottly Cash-Box PMA Cash-Payroll-Fox Hill Cash-Recident Trust-Fox Hill Cash-Recident Trust-Fox Hill Cash-Care Cost-Fox Hill Cash Recident Accounts Receivable Resident Accounts Receivable-Phrase Accounts Receivable-Necticare Phrase Prepaid Expenses Prapaid Expenses	480,525,00 4,765,00 100,00 31,807,00 57,722,00 500,00 169,471,00  191,524,00 80,535,00 87,590,00 55,908,00 55,908,00 55,750,00 69,909,00 5,750,00 962,253,00 35,564,00 (107,831,00) 2,000,00 1,742,403,80  23,109,00 1,538,00 2,544,00 1,538,00 2,544,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	489,525,00 4,765,00 100,00 31,807,00 57,722,00 500,00 369,471,99  191,624,00 80,633,00 87,690,00 55,908,00 358,710,00 962,263,00 35,544,00 (107,831,00) 1,742,403,00 23,109,00 1,538,00 1,538,00 2,534,00 2,534,00 2,534,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subgroup: [A1] 10-001-02 10-010-15 10-011-15 10-011-15 10-015-00 10-020-15 10-081-15 Subtotal [A1]  Subgroup: [A2] 11-102-00 11-105-00 11-105-00 11-105-00 11-110-00 11-112-00 11-112-00 11-122-00 Subtotal [A2]  Subgroup: [A5] 12-000-00 12-124-00	Cash Clearing>Payrell Cash>Clearing>Payrell Cash>Clearing>Pox Hill Cash>Poxty Cash>Fox Hill Cash>Poxty Cash>Fox Hill Cash>Poxty Cash Box PNA Cash>Payrelb Fox Hill Cash>Poxty Cash Box PNA Cash>Payrelb Fox Hill Cash>Cash Resident Accounts Receivable Accounts Receivable>Part Bl Accounts Receivable>Part B Accounts Receivable>Part B Accounts Receivable>Private Accounts	480,525,00 4,765,00 100,00 31,807,00 57,222,00 500,00 269,471,00 191,624,00 80,635,00 87,690,00 55,908,00 358,710,00 69,909,00 57,750,00 962,253,00 35,564,00 (107,831,00) 2,000,00 1,742,403,80 1,538,00 2,634,00 1,104,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	480,525.00 4,765.00 100.00 31,807.00 57,722.00 500.00 369,471.00 80,635.00 67,690.00 55,908.00 55,908.00 57,700.00 962,263.00 35,564.00 (107,831.00) 2,000.00 1,742,403.00 23,109.00 1,536.00 1,1742,403.00 1,536.00 2,634.00 1,104.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subgroup: [A1] 10-001-02 10-011-15 10-011-15 10-015-00 10-020-15 10-081-15 Subtotal [A1] Subgroup: [A2] 11-102-00 11-103-00 11-105-00 11-106-00 11-106-00 11-110-00 11-112-00 11-112-00 11-122-00 11-122-00 11-122-00 11-122-00 11-122-00 12-124-00 12-125-00 12-155-00 12-155-00 12-155-00 12-155-00 12-155-00 12-155-00 12-155-00 12-155-00 12-155-00	Cash Clearing>Payroll Cash>Clearing>Payroll Cash>Clearing>Pox Hill Cash>Potty Cash>Fox Hill Cash>Potty Cash>Fox Hill Cash>Potty Cash Fox PhII Cash>Payroll>Fox Hill Cash>Cash>Payroll>Fox Hill Cash>Cash>Row PhIII Cash>Cash>Cash Cash Fox PhIII Cash>Cash>Cash>Cash>Row PhIII Cash Resident Accounts Receivable Accounts Receivable>Photeicare A Accounts Receivable>Photeicare A Accounts Receivable>Photeicare HMO Accounts Receivable>Photeicare HMO Accounts Receivable>Photeicare HMO Accounts Receivable>Photeicare Accounts Receivable>Photeicare Accounts Receivable>Photeicare Accounts Receivable>Photeicare Accounts Receivable>Photeicare Accounts Receivable>Photeicare Accounts Receivable>Medicare Colne Write Off Resident Accounts Receivable Photeicare Prepaid Expenses Prepaid Expenses Prepaid Expenses Prepaid Expenses>Prepaid Expenses Prepaid Expenses>Prepaid Expenses Prepaid Expenses>Prepaid Expenses>Frepaid	480,525,00 4,766,00 100,00 31,807,00 57,722,00 500,00 368,471,00 191,524,00 80,535,00 87,690,00 55,908,00 55,908,00 55,908,00 55,750,00 69,090,00 1,7742,401,00 107,831,00) 2,000,00 1,742,401,00 1,538,00 1,538,00 1,538,00 1,538,00 1,538,00 1,538,00 1,538,00 1,538,00 1,538,00 1,538,00 1,538,00 1,538,00 1,538,00 1,538,00 1,548,00 1,104,00 30,618,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	480,525,00 4,765,00 1,765,00 100,00 31,807,00 57,722,00 500,00 369,471,00 191,624,00 80,635,00 67,690,00 55,906,00 358,710,00 68,900,00 5,750,00 962,263,00 35,564,00 107,831,00) 2,000,00 1,742,403,00 2,534,00 1,538,00 2,534,00 1,104,00 30,618,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subgroup: [A1] 10-001-02 10-010-15 10-011-15 10-011-05 10-020-15 10-081-15 Subtotal [A1]  Subgroup: [A2] 11-102-00 11-105-00 11-105-00 11-105-00 11-105-00 11-112-00 11-112-00 Subtotal [A2]  Subgroup: [A5] 11-12-00	Cash Clearing>Payroll Cash>Clearing>Payroll Cash>Clearing>Pox Hill Cash>Potty Cash>Fox Hill Cash>Potty Cash>Fox Hill Cash>Potty Cash Fox PNA Cash>Payroll>Fox Hill Cash>Cash>Rox PNA Cash>Payroll>Fox Hill Cash>Cash Cash Cash Fox Hill Cash>Cash Resident Accounts Receivable Accounts Receivable>Path B Accounts Receivable>Path B Accounts Receivable>Path B Accounts Receivable>Path B Accounts Receivable>Commercial HMO Accounts Receivable>Commercial HMO Accounts Receivable>Commercial HMO Accounts Receivable>Reference Prepaid Expenses>Prepoid Expenses Prepaid Expenses>Insurance Prep	480,525,00 4,765,00 4,765,00 100,00 31,807,00 57,222,00 500,00 369,471,00 191,524,00 80,635,00 87,690,00 55,990,00 55,990,00 55,790,00 662,963,00 35,6710,00 662,963,00 35,564,00 (107,831,00) 2,000,00 1,742,403,00 23,594,00 1,104,00 30,518,00 24,901,00 30,518,00 24,901,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	480,525.00 4,765.00 100.00 31,807.00 57,722.00 500.00 369,471.00 80,635.00 87,690.00 58,990.00 58,990.00 58,090.00 58,090.00 57,500.00 57,500.00 107,631.00 20,000.00 1,742,403.00 2,534.00 1,742,403.00 2,634.00 1,104.00 24,901.00 24,901.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subgroup: [A1] 10-001-02 10-011-15 10-011-15 10-015-00 10-020-15 10-081-15 Subtrotal [A1]  Subgroup: [A2] 11-102-00 11-103-00 11-105-00 11-105-00 11-105-00 11-110-00 11-112-00 11-112-00 11-112-00 11-122-00 11-122-00 11-122-00 11-122-00 11-123-00 12-123-00 12-123-00 12-123-00 12-125-00 12-163-00	Cash Clearing>Payrell Cash>Clearing>Por Hill Cash>Clearing>Por Hill Cash>Petty Cash>For Hill Cash>Petty Cash>For Hill Cash>Petty Cash For PhA Cash>Petty Cash For PhA Cash>Petty Cash For PhA Cash>Payrelb>For Hill Cash>Cash Cash Cash For Hill Cash>Cash Resident Accounts Receivable Accounts Receivable>Physical Accounts Receivable>Hill Cash>Cacounts Receivable>Physical Accounts Receivable>Hill Accounts Receivable>Hill Accounts Receivable>Medicare HMO Accounts Receivable>Hill Accounts Receivable>Medicare Accounts Receivable>Medicare Accounts Receivable>Medicare Accounts Receivable>Accounts Receivable>Medicare Accounts Receivable>Medicare Accounts Receivable>Medicare Accounts Receivable>Medicare Physical Expenses Propaid Expenses Propaid Expenses Propaid Expenses Prepaid Expenses	480,525,00 4,766,00 100,00 31,807,00 57,222,00 500,00 368,471,00 191,624,00 80,635,00 87,690,00 55,908,00 358,710,00 69,090,00 5,750,00 962,263,00 33,564,00 (107,831,00) 2,000,00 1,742,403,00 1,742,403,00 1,538,00 1,742,403,00 1,538,00 2,634,00 1,104,00 30,618,00 24,901,00 (25,385,00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	480,525.00 4,756.00 100.00 31,807.00 57,722.00 500.00 358,471.00 191,624.00 80,635.00 87,690.00 58,900.00 58,900.00 58,900.00 57,500.00 60,263.00 358,710.00 107,831.00) 2,000.00 1,742,403.00 1,538.00 1,538.00 1,538.00 1,104.00 36,818.00 24,901.00 (25,345.00 36,818.00 24,901.00 (25,345.00 36,818.00 24,901.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subgroup: [A1] 10-001-02 10-010-15 10-011-15 10-011-05 10-020-15 10-080-15 10-080-15 10-081-15 Subtotal [A1]  Subgroup: [A2] 11-102-00 11-105-00 11-105-00 11-105-00 11-110-00 11-112-00 11-112-00 11-112-00 Subtotal [A2]  Subgroup: [A5] 12-000-00 12-125-00 12-125-00 12-125-00 12-162-00	Cash Clearing>Payroll Cash>Clearing>Payroll Cash>Clearing>Pox Hill Cash>Potty Cash>Fox Hill Cash>Potty Cash>Fox Hill Cash>Potty Cash>Fox Hill Cash>Potty Cash Fox PNA Cash>Payrolb>Fox Hill Cash>Cash>Rox PNA Cash>Payrolb>Fox Hill Cash>Cash Resident Accounts Receivable Accounts Receivable>Potty Accounts Receivable>Potty B Accounts Receivable>Potty B Accounts Receivable>Potty B Accounts Receivable>Commercial HMO Accounts Receivable>Commercial HMO Accounts Receivable>Commercial HMO Accounts Receivable>Potty B Accounts Receivable>Pott	480,525,00 47,656,00 100,00 31,807,00 57,222,00 500,00 369,471,00 191,624,00 80,635,00 87,690,00 56,990,00 57,700,00 962,263,00 35,6710,00 962,263,00 35,564,00 (107,631,00) 2,000,00 1,742,403,00 23,109,00 1,538,00 2,634,00 1,104,00 30,618,00 24,901,00 (25,385,00) 1,853,00 1,853,00 1,853,00 1,853,00 1,853,00 1,853,00 1,853,00 1,853,00 1,853,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	480,525.00 4,765.00 100.00 31,807.00 57,722.00 500.00 389,471.00 80,635.00 87,690.00 58,9710.00 80,635.00 67,690.00 58,710.00 80,750.00 962,263.00 35,750.00 962,263.00 1,742,403.00 1,742,403.00 1,538.00 2,538.00 1,538.00 2,534.00 30,618.00 2,534.00 1,538.00 2,534.00 1,538.00 2,634.00 1,538.00 2,634.00 1,624.00 30,618.00 2,534.00 1,625.365.00 1,853.00 1,853.00 1,853.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subgroup: [A1] 10-001-02 10-010-15 10-011-15 10-011-15 10-015-00 10-020-15 10-081-15 Subtoral [A1]  Subgroup: [A2] 11-102-00 11-103-00 11-103-00 11-105-00 11-105-00 11-105-00 11-105-00 11-110-00 11-112-00 11-122-00 Subtoral [A2]  Subgroup: [A5] 12-000-00 12-124-00 12-125-00 12-162-00 12-162-00 12-162-00 12-163-00	Cash Clearing>Payrell Cash>Clearing>Por Hill Cash>Clearing>Por Hill Cash>Petty Cash>For Hill Cash>Petty Cash>For Hill Cash>Petty Cash For PMA Cash>Petty Cash For PMA Cash>Payrelb>For Hill Cash>Cash>Resident Trust>For Hill Cash>Cash Cash For Hill Cash>Cash Resident Accounts Receivable Accounts Receivable>Photeicare A Accounts Receivable>Photeicare A Accounts Receivable>Photeicare A Accounts Receivable>Photeicare HMO Accounts Receivable>Photeicare HMO Accounts Receivable>Photeicare HMO Accounts Receivable>Medicare Accounts Receivable>Medicare Cacounts Receivable>Medicare Accounts Receivable>Medicare Color Wille Off Resident Accounts Receivable>Medicare Prepaid Expenses Prepaid Expenses>Proporal Expenses Prepaid Expenses>Financia Property Taves Prepaid Expenses>Financia Color Repaid Exp	480,525,00 4,766,00 100,00 31,807,00 57,222,00 500,00 368,471,00 191,624,00 80,635,00 87,690,00 55,908,00 55,908,00 55,908,00 55,710,00 69,090,00 5,756,00 962,263,00 33,564,00 (107,831,00) 2,000,00 1,742,403,89 23,109,00 1,538,00 2,634,00 1,104,00 30,618,00 24,901,00 (25,385,00) 1,853,00 12,149,00 11,853,00 12,149,00 11,853,00 12,853,00 12,149,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	480,525.00 4,756.00 100.00 31,807.20 57,222.00 500.00 358,471.00 191,624.00 80,635.00 87,690.00 58,909.00 58,909.00 58,909.00 57,750.00 962,633.00 35,564.00 107,831.00) 2,000.00 1,742,493.00 2,534.00 1,109.00 1,538.00 2,634.00 1,104.00 30,618.00 24,901.00 1,853.00 1,853.00 1,853.00 1,853.00 1,853.00 1,853.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subgroup: [A1] 10-001-02 10-010-15 10-011-15 10-015-00 10-020-15 10-081-15 10-081-15 10-081-15 10-081-15 10-081-15 10-081-15 11-102-00 11-105-00 11-105-00 11-105-00 11-110-00 11-112-00 11-112-00 11-112-00 11-112-00 11-122-00 Subtotal [A2] Subgroup: [A5] 12-000-00 12-125-00 12-155-00 12-165-00	Cash Clearing>Payroll Cash Operaling>Pox Hill Cash Operaling>Pox Hill Cash Operaling>Pox Hill Cash Potty Cash Fox Hill Cash Potty Cash Fox PNA Cash Phytoparty Fox Hill Cash Operaling Fox Hill Cash Operaling Fox Hill Cash Cash Cash Fox Hill Cash Cash Recounts Receivable Medicare A Accounts Receivable Pox Hill Accounts Receivable Pox H	480,525,00 47,656,00 100,00 31,807,00 57,222,00 500,00 369,471,00 191,624,00 80,635,00 87,690,00 56,969,00 56,969,00 56,969,00 56,265,00 35,564,00 (107,831,00) 2,000,00 1,742,403,00 23,30,30,30,30,30,30,30,30,30,30,30,30,30	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	480,525.00 4,765.00 100.00 31,807.00 57,722.00 500.00 389,471.00 80,635.00 67,690.00 58,971.0.00 58,971.0.00 68,904.00 67,590.00 57,750.00 962,263.00 (107,831.00) 2,000.00 1,742,403.00 1,742,403.00 1,538.00 2,538.00 2,538.00 1,538.00 2,538.00 1,538.00 2,538.00 1,538.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subgroup: [A1] 10-001-02 10-010-15 10-011-15 10-011-15 10-015-00 10-020-15 10-081-15 Subtotal [A1]  Subgroup: [A2] 11-102-00 11-105-00 11-105-00 11-105-00 11-110-00 11-112-00 11-112-00 11-122-00 Subtotal [A2]  Subgroup: [A5] 12-000-00 12-122-400 12-125-00 12-163-00	Cash Clearing>Payrell Cash>Clearing>Payrell Cash>Clearing>Pox Hill Cash>Petry Cash>Fox Hill Cash>Petry Cash Fox PMA Cash>Payrelb Fox Hill Cash>Petry Cash Box PMA Cash>Payrelb Fox Hill Cash>Cash Cash Fox PMI Cash>Cash Cash Cash Fox Hill Cash>Cash Resident Accounts Receivable Accounts Receivable>Part B Accounts Receivable>Private Accounts Rec	480,525,00 4,766,00 100,00 31,807,00 57,222,00 500,00 368,471,00 191,624,00 80,635,00 87,690,00 55,908,00 55,908,00 55,908,00 55,710,00 69,090,00 5,756,00 962,263,00 33,564,00 (107,831,00) 2,000,00 1,742,403,89 23,109,00 1,538,00 2,634,00 1,104,00 30,618,00 24,901,00 (25,385,00) 1,853,00 12,149,00 11,853,00 12,149,00 11,853,00 12,853,00 12,149,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	480,525.00 4,756.00 100.00 31,807.20 57,222.00 500.00 358,471.00 191,624.00 80,635.00 87,690.00 58,909.00 58,909.00 58,909.00 57,750.00 962,633.00 35,564.00 107,831.00) 2,000.00 1,742,493.00 2,534.00 1,109.00 1,538.00 2,634.00 1,104.00 30,618.00 24,901.00 1,853.00 1,853.00 1,853.00 1,853.00 1,853.00 1,853.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subgroup: [A1] 10-001-02 10-010-15 10-011-15 10-015-00 10-020-15 10-081-15 10-081-15 10-081-15 10-081-15 10-081-15 10-081-15 11-102-00 11-105-00 11-105-00 11-105-00 11-110-00 11-112-00 11-112-00 11-112-00 11-112-00 11-122-00 Subtotal [A2] Subgroup: [A5] 12-000-00 12-125-00 12-155-00 12-165-00	Cash Clearing>Payroll Cash Operaling>Pox Hill Cash Operaling>Pox Hill Cash Operaling>Pox Hill Cash Potty Cash Fox Hill Cash Potty Cash Fox PNA Cash Phytoparty Fox Hill Cash Operaling Fox Hill Cash Operaling Fox Hill Cash Cash Cash Fox Hill Cash Cash Recounts Receivable Medicare A Accounts Receivable Pox Hill Accounts Receivable Pox H	480,525,00 4,766,00 100,00 31,807,00 57,222,00 500,00 368,471,00 191,624,00 86,635,00 87,690,00 58,908,00 58,908,00 58,908,00 58,908,00 58,908,00 58,908,00 58,908,00 10,768,1,00 10,788,1,00 10,788,1,00 10,788,1,00 11,04	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	480,525.00 4,765.00 100.00 31,807.755.00 100.00 31,807.222.00 500.00 389,471.00 80,635.00 87,590.00 56,908.00 55,908.00 55,750.00 962,263.00 35,564.00 (107,831.00) 2,000.00 1,742,403.00 2,534.00 1,104.00 30,618.00 24,901.00 (25,385.00) 1,853.00 (25,385.00) 1,853.00 (25,385.00) 1,853.00 (25,385.00) 1,853.00 (25,385.00) 1,853.00 (25,385.00) 1,853.00 (25,385.00) 1,853.00 (25,385.00) 1,853.00 (25,385.00) 1,853.00 (25,385.00) 1,853.00 (25,385.00) 1,853.00 (25,385.00) 1,853.00 (25,385.00) 1,853.00 (30,016.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subgroup: [A4] 10-001-02 10-010-15 10-011-15 10-011-15 10-015-00 10-020-15 10-001-15 Subtotal [A7]  Subgroup: [A2] 11-102-00 11-105-00 11-105-00 11-105-00 11-105-00 11-105-00 11-110-00 11-112-00 11-112-00 Subtotal [A2]  Subgroup: [A5] 12-000-00 11-122-00 Subtotal [A2] Subgroup: [A5] 12-000-00 12-124-00 12-125-00 12	Cash Clearing>Payrell Cash>Clearing>Payrell Cash>Clearing>Pox Hill Cash>Petry Cash>Fox Hill Cash>Petry Cash Fox PMA Cash>Payrelb Fox Hill Cash>Petry Cash Box PMA Cash>Payrelb Fox Hill Cash>Cash Cash Fox PMI Cash>Cash Cash Cash Fox Hill Cash>Cash Resident Accounts Receivable Accounts Receivable>Part B Accounts Receivable>Private Accounts Rec	480,525,00 4,766,00 100,00 31,807,00 57,222,00 500,00 368,471,00 191,524,00 80,535,00 87,590,00 55,908,00 55,908,00 55,908,00 55,908,00 55,908,00 55,908,00 358,710,00 69,090,00 5,750,00 962,263,00 35,564,00 (107,831,00) 2,000,00 1,742,493,80 2,534,00 1,104,00 1,538,00 1,104,00 30,618,00 24,901,00 (25,385,00) 1,853,00 12,149,00 030,118,00 030,118,00 030,118,00 030,118,00 030,118,00 030,118,00 030,118,00 030,118,00 030,118,00 030,118,00 030,118,00 030,118,00 030,118,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	480,525,00 4,765,00 1,765,00 100,00 31,807,00 57,722,00 500,00 369,471,00 191,624,00 80,635,00 67,690,00 55,906,00 358,710,00 63,990,00 5,750,00 60,254,00 1,742,403,00 1,743,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subgroup: [A1] 10-001-02 10-010-15 10-011-15 10-011-15 10-015-00 10-020-15 10-081-15 Subtotal [A1]  Subgroup: [A2] 11-102-00 11-105-00 11-105-00 11-105-00 11-110-00 11-112-00 11-112-00 11-122-00 Subtotal [A2]  Subgroup: [A5] 12-000-00 12-122-400 12-125-00 12-163-00	Cash Clearing>Payrell Cash>Clearing>Payrell Cash>Clearing>Pox Hill Cash>Poxt Cash>Fox Hill Cash>Poxt Cash Fox PMA Cash>Payrelb Fox Hill Cash>Payrelb Fox Hill Cash>Payrelb Fox Hill Cash>Cash Cash Fox PMA Cash>Payrelb Fox Hill Cash>Cash Resident Accounts Receivable Accounts Receivable>Part B Accounts Receivable>Part B Accounts Receivable>Privale Accounts Receivable>	480,525,00 4,766,00 100,00 31,807,00 57,222,00 500,00 368,471,00 191,624,00 86,635,00 87,690,00 58,908,00 58,908,00 58,908,00 58,908,00 58,908,00 58,908,00 58,908,00 10,768,1,00 10,788,1,00 10,788,1,00 10,788,1,00 11,04	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	480,525.00 4,765.00 100.00 31,807.00 57,722.00 500.00 369,471.00 80,635.00 87,690.00 55,909.00 55,909.00 55,909.00 55,700.00 60,7690.00 55,750.00 967,263.00 358,710.00 967,263.00 358,740.00 17,742,403.00 1,742,403.00 2,000.00 1,742,403.00 2,634.00 1,104.00 26,385.00 1,104.00 26,385.00 1,104.00 27,901.00 (26,385.00) 1,21,49.00 60,254.00 (30,016.00) 102,759.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subgroup: [A1] 10-001-02 10-010-15 10-011-15 10-011-15 10-015-00 10-020-15 10-061-15 Subtrotal [A1]  Subgroup: [A2] 11-102-00 11-103-00 11-105-00 11-105-00 11-105-00 11-110-00 11-112-00 11-112-00 11-112-00 11-122-00 11-122-00 11-122-00 11-122-00 11-122-00 11-122-00 11-122-00 11-123-00 11-123-00 11-123-00 11-124-00 11-125-00 11-125-00 12-125-00	Cash Clearing>Payrell Cash>Clearing>Payrell Cash>Clearing>Por Hill Cash>Petty Cash>Fox Hill Cash>Petty Cash>Fox Hill Cash>Petty Cash Fox PNA Cash>Petty Cash Fox PNA Cash>Payrelb>Fox Hill Cash>Cash>Resident Trust>Fox Hill Cash>Cash Cash Cash Fox PNIII Cash Resident Accounts Receivable Accounts Receivables Medicare A Accounts Receivable>Private Accounts Receivable>P	480,525,00 4,766,00 100,00 31,807,00 57,222,00 500,00 368,471,00 191,624,400 80,635,00 87,690,00 55,908,00 358,710,00 69,090,00 5,750,00 962,263,00 33,564,00 (107,831,00) 2,000,00 1,742,493,00 1,742,493,00 1,538,00 1,538,00 1,104,00 30,618,00 24,901,00 (25,385,00) 1,853,00 12,149,00 13,318,00 24,901,00 (25,385,00) 1,853,00 12,149,00 13,018,00 24,901,00 (25,385,00) 1,853,00 12,149,00 (30,015,00) 102,759,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	480,525,00 4,756,00 1,766,00 100,00 31,807,00 57,222,00 500,00 358,471,00 191,624,00 80,635,00 87,690,00 58,900,00 58,900,00 58,900,00 58,760,00 602,630,00 1,742,463,60 1,738,00 1,742,463,60 1,738,00 1,742,463,60 1,100,00 1,853,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subgroup: [A4] 10-001-02 10-010-15 10-011-15 10-011-15 10-015-00 10-020-15 10-001-15 Subtotal [A7] Subgroup: [A2] 11-102-00 11-105-00 11-120-00 11-120-00 11-120-00 11-125-00 12-153-00 12	Cash Clearing>Payrell Cash>Clearing>Payrell Cash>Clearing>Pox Hill Cash>Potty Cash>Fox Hill Cash>Potty Cash>Fox Hill Cash>Potty Cash Fox PNA Cash>Payrelb Fox Hill Cash>Poxed Cash Fox PNA Cash>Payrelb Fox Hill Cash>Cash Resident Accounts Receivable Accounts Receivable>Poxed Hill Cash Resident Accounts Receivable>Poxed Hill Accounts Receivable>Privale Accounts Receivable Accounts Receivable>Privale Accounts Receivable>Privale Accounts Receivable>Privale Accounts Receivable>Privale Accounts Receivable>Privale Accounts Receivable>Privale Accounts Receivable>Pr	480,525,00 4,765,00 4,765,00 4,765,00 100,00 31,807,00 57,222,00 500,00 369,471,00 191,524,00 80,635,00 87,690,00 63,690,00 63,690,00 63,690,00 63,690,00 63,690,00 63,690,00 10,740,400,00 2,000,00 1,740,400,00 2,534,00 1,104,00 30,618,00 24,901,00 (25,345,00) 1,853,00 1,144,00 10,015,00 11,249,00 10,015,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	480,525.00 4,765.00 100.00 31,807.00 57,722.00 500.00 369,471.00 80,635.00 87,690.00 55,909.00 55,909.00 55,909.00 55,700.00 60,7690.00 55,750.00 967,263.00 358,710.00 967,263.00 358,740.00 17,742,403.00 1,742,403.00 2,000.00 1,742,403.00 2,634.00 1,104.00 26,385.00 1,104.00 26,385.00 1,104.00 27,901.00 (26,385.00) 1,21,49.00 60,254.00 (30,016.00) 102,759.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subgroup: [A1] 10-001-02 10-010-15 10-011-15 10-011-15 10-015-00 10-020-15 10-061-15 Subtotal [A1]  Subgroup: [A2] 11-102-00 11-103-00 11-103-00 11-105-00 11-105-00 11-105-00 11-105-00 11-105-00 11-110-00 11-112-00 11-122-00 Subgroup: [A5] 12-000-00 12-122-00 12-122-00 12-123-00 12-162-00 12-162-00 12-163	Cash Clearing>Payrell Cash>Clearing>Pox Hill Cash>Clearing>Pox Hill Cash>Petty Cash>Fox Hill Cash>Petty Cash>Fox Hill Cash>Petty Cash Fox PNA Cash>Payrolb-Fox Hill Cash>Cash>Payrolb-Fox Hill Cash>Recounts Receivable Cash Resident Accounts Receivable Accounts Receivable>Physical Physical Accounts Receivable>Physical Accounts Receivabl	480,525,00 4,766,00 100,00 31,807,00 57,222,00 500,00 368,471,00 191,624,400 80,635,00 87,690,00 55,908,00 358,710,00 69,090,00 5,750,00 962,263,00 33,564,00 (107,831,00) 2,000,00 1,742,493,00 1,742,493,00 1,538,00 1,538,00 1,104,00 30,618,00 24,901,00 (25,385,00) 1,853,00 12,149,00 13,318,00 24,901,00 (25,385,00) 1,853,00 12,149,00 13,018,00 24,901,00 (25,385,00) 1,853,00 12,149,00 (30,015,00) 102,759,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	480,525,00 4,756,00 1,766,00 100,00 31,807,00 57,222,00 500,00 358,471,00 191,624,00 80,635,00 87,690,00 58,900,00 58,900,00 58,900,00 58,760,00 602,630,00 1,742,463,60 1,738,00 1,742,463,60 1,738,00 1,742,463,60 1,100,00 1,853,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subgroup: [A1] 10-001-02 10-010-15 10-011-15 10-011-15 10-015-00 10-020-15 10-081-15 Subtotal [A1]  Subgroup: [A2] 11-102-00 11-105-00 11-105-00 11-105-00 11-105-00 11-105-00 11-112-00 11-112-00 11-112-00 Subtotal [A2] Subgroup: [A5] 12-000-00 12-122-00 12-122-00 12-125-00 12-162-00 12-162-00 12-162-00 12-162-00 12-163-00 12	Cash Clearing>Payrell Cash>Clearing>Payrell Cash>Clearing>Pox Hill Cash>Potty Cash>Fox Hill Cash>Potty Cash>Fox Hill Cash>Potty Cash>Fox Hill Cash>Potty Cash Fox PNA Cash>Payrelb>Fox Hill Cash>Cash>Payrelb>Fox Hill Cash>Cash Cash Cash Resident Accounts Receivable Accounts Receivable>Part B Accounts Receivable>Part B Accounts Receivable>Part B Accounts Receivable>Part B Accounts Receivable>Commercial HMO Accounts Receivable>Part B Accounts R	480,525,00 480,525,00 4766,00 4700,00 31,807,00 57,222,00 500,00 369,471,00 191,524,00 80,635,00 87,690,00 55,990,00 55,990,00 55,790,00 962,253,00 35,574,00 (107,631,00) 22,000,00 1,742,403,00 23,554,00 1,104,00 30,518,00 24,901,00 (25,385,00) 1,853,00 12,149,00 1,853,00 1,1749,00 100,005,000 1,2749,00 1,2759,00 100,005,000 100,005,000 100,005,000 100,005,000 100,005,000 100,005,000 100,005,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	480,525.00 4,765.00 1706.00 31,807.00 57,722.00 500.00 389,471.00 80,635.00 87,690.00 58,710.00 80,635.00 67,690.00 58,710.00 80,635.00 1,750.00 962,263.00 35,750.00 962,263.00 35,564.00 17,742,403.00 1,742,403.00 2,530.00 1,742,403.00 1,530.00 2,530.00 1,530.00 2,530.00 1,742,403.00 1,623.00 1,744.00 30,618.00 12,149.00 60,754.00 (30,016.00) 102,759.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subgroup: [A1] 10-001-02 10-010-15 10-011-15 10-011-15 10-011-15 10-015-00 10-020-15 10-061-15 Subtotal [A1]  Subgroup: [A2] 11-102-00 11-105-00 11-105-00 11-105-00 11-105-00 11-110-00 11-112-00 11-122-00 Subtotal [A2]  Subgroup: [A5] 12-000-00 12-122-00 12-122-00 12-123-00 12-163-00 13-163-00 1	Cash Clearing>Payrell Cash>Clearing>Payrell Cash>Clearing>Pox Hill Cash>Petry Cash>Fox Hill Cash>Petry Cash Fox PMA Cash>Payrelb Fox Hill Cash>Payrelb Fox Hill Cash>Payrelb Fox Hill Cash>Payrelb Fox Hill Cash>Cash Resident Accounts Receivable Accounts Receivable>Medicare A Accounts Receivable>Petry Hill Petry Hill Petry Hill Expenses Propaid Expenses Propaid Expenses Prepaid Expenses Leasehold Improvements Accum Dept>Leasehold Improvements Leasehold Improvements Movable Equipment Prived Aasets>Furthure, Fintures and Equipment	480,525,00 4,766,00 100,00 31,807,00 57,222,00 500,00 368,471,00 191,624,00 86,635,00 87,690,00 56,908,00 56,908,00 56,908,00 56,908,00 56,908,00 56,908,00 56,908,00 56,908,00 57,750,00 66,263,00 30,564,00 (107,831,00) 2,000,00 1,742,403,90 2,534,00 1,104,00 30,618,00 24,901,00 (25,385,00) 1,853,00 12,149,00 60,254,00 30,016,00 102,759,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	480,525.00 4,765.00 1,765.00 1100.00 31,807.722.00 500.00 389,471.00 80,635.00 87,590.00 55,908.00 85,908.00 55,750.00 962,263.00 35,564.00 (107,831.00) 2,000.00 1,742,403.00 2,534.00 1,104.00 30,618.00 2,634.00 1,104.00 30,618.00 24,901.00 (25,385.00) 1,853.00 12,149.00 60,254.00 (30,018.00) 122,759.09	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subgroup: [A1] 10-001-02 10-010-15 10-011-15 10-011-05 10-011-15 10-015-00 10-020-15 10-081-15 Subtotal [A1]  Subgroup: [A2] 11-102-00 11-105-00 11-105-00 11-105-00 11-105-00 11-105-00 11-110-00 11-110-00 11-112-00 11-112-00 11-112-00 11-112-00 11-122-00 Subtotal [A2] Subgroup: [A5] 12-000-00 12-125-00 12-162-00 12-162-00 12-162-00 12-163-00 12	Cash Clearing>Payroll Cash Operaling>Pox Hill Cash Operaling>Pox Hill Cash Potty Cash Fox Hill Cash Potty Cash Fox Hill Cash Potty Cash Fox PNA Cash Physical Fox Hill Cash Cash Cash Fox PNA Cash Payroll Fox Hill Cash Cash Cash Cash Fox Hill Cash Cash Recident Accounts Receivable Accounts Receivable Pox Hill Cash Accounts Receivable Pox Hill Cash Cash Accounts Receivable Pox Hill Accounts Receivable Pox Hill Cash Cash Hill Cash Hill Cash Cash Hill Cash	480,525,00 480,525,00 4766,00 470,00 31,807,00 57,222,00 500,00 369,471,00 191,624,00 80,635,00 87,690,00 56,969,00 56,969,00 56,969,00 66,969,00 67,750,00 962,253,00 33,564,00 (107,831,00) 2,000,00 1,742,493,00 2,534,00 1,104,00 30,618,00 24,901,00 (25,385,00) 1,853,00 12,149,00 102,759,00 102,759,00 112,759,00 112,759,00 124,353,00 0,00 124,353,00 124,353,00 124,353,00 124,353,00 124,353,00 124,353,00 124,353,00 124,353,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	480,525.00 4,765.00 170.00 31,807.00 31,807.00 357,722.00 500.00 389,471.00 80,635.00 87,690.00 58,971.0.00 58,971.0.00 58,971.0.00 58,971.0.00 58,750.00 96,2,635.00 (107,831.00) 2,000.00 1,742,403.00 1,742,403.00 2,534.00 1,538.00 2,534.00 1,538.00 2,534.00 1,538.00 2,534.00 1,538.00 1,538.00 1,538.00 1,538.00 1,538.00 1,538.00 1,538.00 1,749.00 1,538.00 1,749	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subgroup: [A1] 10-001-02 10-010-15 10-011-15 10-011-15 10-011-15 10-015-00 10-020-15 10-060-15 10-060-15 10-060-15 10-061-15 Subtotal [A1]  Subgroup: [A2] 11-102-00 11-103-00 11-105-00 11-105-00 11-105-00 11-105-00 11-112-00 11-112-00 11-112-00 11-112-00 11-112-00 11-112-00 11-112-00 11-122-00 Subtotal [A2]  Subgroup: [A5] 12-000-00 12-122-00 12-123-00 12-161-00 12-162-00 12-163-00 12-161-00 12-163-00 12-161-00 12-163-00 12-161-00 1	Cash Clearing>Payrell Cash>Clearing>Payrell Cash>Clearing>Pox Hill Cash>Petry Cash>Fox Hill Cash>Petry Cash Fox PMA Cash>Payrelb Fox Hill Cash>Payrelb Fox Hill Cash>Payrelb Fox Hill Cash>Payrelb Fox Hill Cash>Cash Cash Fox PMA Cash>Payrelb Fox Hill Cash>Cash Resident Accounts Receivable Accounts Receivable>Phedicare A Accounts Receivable>Phedicare A Accounts Receivable>Phedicare IMO Accounts Receivable>Phedicare IMO Accounts Receivable>Phedicare IMO Accounts Receivable>Religione Prepaid Expenses>Insurance Prepaid Expenses>Insurance Prepaid Expenses>Insurance - General Liability & Other Prepaid Expenses>Insurance - General L	480,525,00 4,766,00 100,00 31,807,00 57,222,00 500,00 368,471,00 191,624,00 86,635,00 87,690,00 55,908 to 358,710,00 69,990,00 5,750,00 962,263,00 33,564,00 (107,831,00) 2,000,00 1,742,403,80 2,534,00 1,104,00 30,518,00 2,534,00 1,104,00 30,518,00 24,901,00 (25,385,00) 1,853,00 12,149,00 60,724,00 100,759,00 112,149,00 100,759,00 112,149,00 100,00 112,153,80 00 12,149,00 100,00 112,153,80 00 112,149,00 100,00 112,153,80 00 112,153,80 00 112,153,80 00 112,153,80 00 112,153,80 00 112,153,80 00 112,153,80 00 112,153,80 00 112,153,80 00 112,153,80 00 112,153,80 00 112,153,80 00 112,153,80 00 112,153,80	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	480,525.00 4,765.00 1,765.00 1100.00 31,807.722.00 500.00 389,471.00 80,635.00 87,590.00 55,908.00 85,908.00 55,750.00 962,263.00 35,564.00 (107,831.00) 2,000.00 1,742,403.00 2,534.00 1,104.00 30,618.00 2,634.00 1,104.00 30,618.00 24,901.00 (25,385.00) 1,853.00 12,149.00 60,254.00 (30,018.00) 122,759.09	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subgroup: [A1] 10-001-02 10-010-15 10-011-15 10-011-15 10-011-15 10-015-00 10-020-15 10-081-15 Subtotal [A1]  Subgroup: [A2] 11-102-00 11-105-00 11-105-00 11-105-00 11-105-00 11-105-00 11-110-00 11-110-00 11-112-00 11-112-00 11-112-00 11-112-00 11-122-00 Subtotal [A2] Subgroup: [A5] 12-000-00 12-125-00 12-152-00 12-152-00 12-152-00 12-152-00 12-152-00 12-152-00 12-152-00 12-153-00	Cash Clearing>Payroll Cash Operaling>Pox Hill Cash Potty Cash Fox Hill Cash Pox Hill Cash Cash Cash Fox Hill Cash Cash Cash Cash Fox Hill Cash Cash Recident Accounts Receivable Accounts Receivable-Port Hill Cash Cash Recident Accounts Receivable Port B Accounts Receivable-Port B Accounts Receivable-Port B Accounts Receivable-Portinate Prepaid Expenses-Portinate Prepaid Expenses-Portinate Prepaid Expenses-Portinate Prepaid Expenses-Portinate Prepaid Expenses-Portinate Prepaid Expenses-Vortices Comp Prepaid Expens	480,525,00 480,525,00 4766,00 100,00 31,807,00 57,222,00 500,000 360,471,00 191,624,00 80,635,00 87,690,00 69,990,00 55,750,00 962,263,00 335,544,00 (107,831,00) 2,000,00 1,242,493,00 1,538,00 1,104,00 1,538,00 1,104,00 30,618,00 24,901,00 (25,385,00) 1,853,00 1,21,49,00 1,953,00 1,249,00 1,953,00 1	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	480,525.00 4,765.00 100.00 31,807.00 57,722.00 500.00 389,471.00 80,635.00 87,690.00 56,908.00 56,908.00 57,750.00 962,633.00 2,000.00 1,742,403.00 2,100.00 1,742,403.00 1,100.00 2,534.00 1,100.00 2,534.00 1,104.00 2,634.00 1,104.00 26,385.00 18,536.00 1,104.00 26,385.00 18,536.00 12,138.00 12,138.00 12,138.00 12,149.00 60,754.00 102,759.00 122,759.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subgroup: [A4] 10-001-02 10-010-15 10-011-15 10-011-15 10-011-15 10-015-00 10-020-15 10-061-15 Subtotal [A1]  Subgroup: [A2] 11-102-00 11-105-00 11-105-00 11-105-00 11-105-00 11-105-00 11-105-00 11-105-00 11-110-00 11-112-00 11-120-00 11-112-00 11-120-00 1	Cash Clearing Payrell Cash Clearing Payrell Cash Clearing Por Hill Cash Cash Cash For XHI Cash Porty Cash For XHI Cash Porty Cash For XHI Cash Payrell For XHI Cash Payrell For XHI Cash Cash Cash For XHI Cash Cash Cash Cash Cash Cash Cash Resident Accounts Receivable Accounts Receivable Part Hill Cash Cash Resident Accounts Receivable Accounts Receivable Part B Accounts Receivable Private Pripate Expenses Private Pripate Expenses Private Pripate Expenses Private Private Expenses Private Private Expenses Private Private Expenses Private Account Receivable Privaters Comp Private Expenses Private Accounts Accounts Private Privaters Accounts Receivable Improvements Accounts Private Privaters and Equipment Fixed Aaseta Privaters, Fixtures and Equipment Fixed Aaseta Privaters Account Expenses	480,525,00 4,765,00 100,00 31,807,00 57,222,00 500,00 368,471,00 191,624,00 80,635,00 87,650,00 55,908,00 358,710,00 63,909,00 55,750,00 662,263,00 35,564,00 (107,831,00) 2,000,00 1,742,403,80 2,634,00 1,104,00 30,618,00 2,991,00 (25,385,00) 1,853,00 12,149,00 60,254,00 (30,016,00) 102,759,00 124,363,00 0,00 124,363,00 0,00 124,363,00 0,00 12,4363,00 0,00 12,4363,00 0,00 12,4363,00 0,00 12,4363,00 0,00 12,4363,00 0,00 12,4363,00 0,00 12,4363,00 0,00 12,038,00 12,038,00 12,038,00 12,038,00 12,038,00 12,038,00 12,038,00 12,038,00 12,038,00 12,038,00 12,038,00 12,038,00 15,565,00 15,565,00 15,565,00 15,565,00 15,565,00 15,565,00 15,565,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	480,525.00 4,765.00 1,765.00 1,807.00 31,807.00 359,471.00 369,471.00 86,635.00 67,690.00 55,700.00 55,700.00 55,750.00 962,263.00 (107,831.00) 2,2000.00 1,742,403.00 1,538.00 2,538.00 1,104.00 30,618.00 24,901.00 (25,385.00) 1,2149.00 60,254.00 (30,076.00) 102,759.09 12,749.00 12,759.09	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subgroup: [A1] 10-001-02 10-010-15 10-011-15 10-011-15 10-011-15 10-015-00 10-020-15 10-081-15 Subtotal [A1]  Subgroup: [A2] 11-102-00 11-105-00 11-105-00 11-105-00 11-105-00 11-105-00 11-110-00 11-110-00 11-112-00 11-112-00 11-112-00 11-112-00 11-122-00 Subtotal [A2] Subgroup: [A5] 12-000-00 12-125-00 12-152-00 12-152-00 12-152-00 12-152-00 12-152-00 12-152-00 12-152-00 12-153-00	Cash Clearing>Payroll Cash Operaling>Pox Hill Cash Potty Cash Fox Hill Cash Pox Hill Cash Cash Cash Fox Hill Cash Cash Cash Cash Fox Hill Cash Cash Recident Accounts Receivable Accounts Receivable-Port Hill Cash Cash Recident Accounts Receivable Port B Accounts Receivable-Port B Accounts Receivable-Port B Accounts Receivable-Portinate Prepaid Expenses-Portinate Prepaid Expenses-Portinate Prepaid Expenses-Portinate Prepaid Expenses-Portinate Prepaid Expenses-Portinate Prepaid Expenses-Vortices Comp Prepaid Expens	480,525,00 480,525,00 4766,00 100,00 31,807,00 57,222,00 500,000 360,471,00 191,624,00 80,635,00 87,690,00 69,990,00 55,750,00 962,263,00 335,544,00 (107,831,00) 2,000,00 1,242,493,00 1,538,00 1,104,00 1,538,00 1,104,00 30,618,00 24,901,00 (25,385,00) 1,853,00 1,21,49,00 1,953,00 1,249,00 1,953,00 1	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	480,525.00 4,765.00 100.00 31,807.00 57,722.00 500.00 389,471.00 80,635.00 87,690.00 55,909.00 358,710.00 83,9710.00 83,9710.00 962,633.00 35,750.00 107,831.00) 2,000,00 1,742,403.00 2,534.00 1,104.00 30,618.00 24,901.00 (25,385.00) 1,21,49.00 60,254.00 130,759.00 122,759.00 124,363.00 124,363.00 12,149.00 60,254.00 130,759.00 124,363.00 124,363.00 124,363.00 127,590.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Subgroup: [A4] 10-001-02 10-010-15 10-011-15 10-011-15 10-011-15 10-015-00 10-020-15 10-061-15 Subtotal [A1]  Subgroup: [A2] 11-102-00 11-105-00 11-105-00 11-105-00 11-105-00 11-105-00 11-105-00 11-105-00 11-110-00 11-112-00 11-120-00 11-112-00 11-120-00 1	Cash Clearing Payrell Cash Clearing Payrell Cash Clearing Por Hill Cash Cash Cash For XHI Cash Porty Cash For XHI Cash Porty Cash For XHI Cash Payrell For XHI Cash Payrell For XHI Cash Cash Cash For XHI Cash Cash Cash Cash Cash Cash Cash Resident Accounts Receivable Accounts Receivable Part Hill Cash Cash Resident Accounts Receivable Accounts Receivable Part B Accounts Receivable Private Pripate Expenses Private Pripate Expenses Private Pripate Expenses Private Private Expenses Private Private Expenses Private Private Expenses Private Account Receivable Privaters Comp Private Expenses Private Accounts Accounts Private Privaters Accounts Receivable Improvements Accounts Private Privaters and Equipment Fixed Aaseta Privaters, Fixtures and Equipment Fixed Aaseta Privaters Account Expenses	480,525,00 4,765,00 100,00 31,807,00 57,222,00 500,00 368,471,00 191,624,00 80,635,00 87,650,00 55,908,00 358,710,00 63,909,00 55,750,00 662,263,00 35,564,00 (107,831,00) 2,000,00 1,742,403,80 2,634,00 1,104,00 30,618,00 2,991,00 (25,385,00) 1,853,00 12,149,00 60,254,00 (30,016,00) 102,759,00 124,363,00 0,00 124,363,00 0,00 124,363,00 0,00 12,4363,00 0,00 12,4363,00 0,00 12,4363,00 0,00 12,4363,00 0,00 12,4363,00 0,00 12,4363,00 0,00 12,4363,00 0,00 12,038,00 12,038,00 12,038,00 12,038,00 12,038,00 12,038,00 12,038,00 12,038,00 12,038,00 12,038,00 12,038,00 12,038,00 15,565,00 15,565,00 15,565,00 15,565,00 15,565,00 15,565,00 15,565,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	480,525.00 4,765.00 100.00 31,807.00 57,722.00 500.00 389,471.00 80,635.00 87,690.00 55,909.00 358,710.00 83,9710.00 83,9710.00 962,633.00 35,750.00 107,831.00) 2,000,00 1,742,403.00 2,534.00 1,104.00 30,618.00 24,901.00 (25,385.00) 1,21,49.00 60,254.00 130,759.00 122,759.00 124,363.00 124,363.00 12,149.00 60,254.00 130,759.00 124,363.00 124,363.00 124,363.00 127,590.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0

			0.00	10,720,00	0.00
14-136-00	Fixed Assets>CIP	10,720,00	0.00	10,720,00	0,00
Subtotal [89]	Other Fixed Assets	18,720,00	0,00	10,720,00	
	Loans to Owners or Related Parties				
Subgroup : [D6] 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
27-902-23	Due To/(From)>Interfacility>CT3	1,858,597.00	0.00	1,858,597,00	0.00
27-902-26 Subtotal [D6]	Loans to Owners or Related Parties	1,865,076.00	0.00	1,865,076.00	0.00
Subtotal [De]	Coalls to Owllers of Kelaten Fattles	- 1,231,233	-		
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
		4,603,534.00	0,00	4,603,534.00	0,00
Total [31-32]	Assets	4,000,00-1,00			· · · · · · · · · · · · · · · · · · ·
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 Gurrent Liabilities	(6,654,00)	0.00	(6,654,00)	0.00
21-148-00	Other Current Payables>401K		0.00	(1,097.00)	0.00
21-150-00	Other Current Payables>Union Dues W/H	(1,097.00)	0.00	(57 222.00)	0.00
21-350-00	Other Current Payables>Resident Funds	(57,222.00)	0.00	(87,297.00)	0.00
24-000-00	Accrued Expenses	(87,297.00) 1,00	0.00	1.00	0.00
24-111-16	Accrued Expense>Medicaid>Bed Tex		0.00	(653,998,00)	0.00
24-279-00	Accrued Expenses>Management Fee	(653,996,00)	0.00	(805,267,00)	0.00
Subtotal [A12]	Other Current Liabilities	(805, 267.50)	0.00	[869,247,84]	
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)>Opco/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>NJ14 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)	00,0	(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	{765,609.00}	0,00
Subgroup ; [B4]	Other Long-Term Liabilities				
27-000-29	Due To/(From)>Fox Hill Arrex	(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
27-102-14	Due To/(From)>Commercial HMO	(14,705.00)	0.00	(14,705.00)	0.00
27-105-00 Subtotal [B4]	Other Long-Term Liabilities	(29,529.00)	0.00	(29,526.00)	0.60
വഗശപ്പ് [64]	Other Long-Term Lindings				
Total [33-34]	Llabilities	(5,464,229,00)	283,092,60	(5,181,137.00)	0.00
		A-6-W			
	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 Medicaid - Complete Care at Fox Hill, LLC Engagement: 9/30/2023 Period Ending: Trial Balance: H.01 - Combined Journal Entries Report Workpaper: W/P Ref Debit Credit Description Account Reclassifying Journal Entries K.02 Reclassifying Journal Entries JE # 1 To reclass non movable equipment to correct lines of the cost report 6,569.00 15-100-00 Accum Depn>Miscellaneous 6.005.00 Marcum 102 Depreciation Expense>Leasehold Improvements 564.00 Depreciation Expense>Non Movable Marcum 104 6,569.00 92-000-00 Depreciation Expense 6,005.00 Marcum 101 Accum Depreciation>Leasehold Improvements 564.00 Accum Depreciation>Non Movable Marcum 103 13,138.00 13,138.00 Total D.01a Reclassifying Journal Entries JE # 2 To reclass dentist fees to correct lines of cost report 11,279.00 Denlist Marcum 105 11,279.00 Nursing Admin Expense>Medical Director 61-750-00 11,279.00 11,279.00 Total ReclassifyIng Journal Entries JE # 3 E.02 To reclass expenses not relating to dues into correct lines of the cost report. 266,00 Marcum 106 Subscriptions 660.00 Marcum 107 Chamber Dues 52,00 Marcum 108 Education 100.00 Marcum 109 Sales & Use Tax 1,078.00 80-235-00 Admin Expense>Dues & Subscriptions 1,078.00 1,078.00 Total A.00 Reclassifying Journal Entries JE#4 To record AJE PBC 869.00 59-000-00 Radiology Expense 35,410.00 Nursing Expense>Data Processing 60-230-00 21,120.00 60-700-06 Nursing Expense>Contracted Services>Other 1.354.00 60-700-19 Nursing Expense>Contracted Service>LPN 7,172.00 Nursing Expense>Contracted Service>CNA 60-700-20 Nursing Expense>Contracted Service>LPN Overtime 174.00 60-700-22 3.431.00 60-700-23 Nursing Expense>Contracted Service>CNA Overtime 10,835.00 Nursing Admin Expense>Medical Director 61-750-00 4,610.00 70-833-00 Dietary Expense>Contracted Dietician 1.532.00 Maintenance Expense>Sanitation & Incineration 75-205-00 Maintenance Expense>Repairs & Maint 72,896.00 75-207-00 780.00 75-700-00 Maintenance Expense>Contracted Service Utility Expense>Electric 25 00 76-228-00 1,110.00 80-181-00 Admin Expense>Shredding 934.00 80-183-00 Admin Expense>Supplies Admin Expense>Postage 13.00 80-209-00 53,469.00 Admin Expense>Data Processing 80-230-00 250.00 80-230-00 Admin Expense>Data Processing 80-231-00 Admin Expense>Telephone 300.00 8,435.00 Admin Expense>Legal Fees 80-238-00 438.00 80-240-02 Admin Expense>Professional Fees>Add Back 8,116,00 80-250-00 Admin Expense>Marketing & Advertising 1,536.00 Admin Expense>Marketing & Advertising 80-250-00 500,00 80-252-00 Admin Expense>Startup Costs 96.00 80-255-00 Admin Expense>Startup Costs>Agency 603,350.00 Admin Expense>Management Fee 80-279-00 1,695.00 85-885-00 Employee Benefits>Life Insurance 603.350.00 27-901-49 Due To/(From)>Interfacility>CT4 96,00 Nursing Expense>Contracted Service>CNA 60-700-20 199,783,00 80-252-00 Admin Expense>Startup Costs 12,131.00 Admin Expense>Startup Costs>Agency 80-255-00 25,090.00 98-999-99 Prior Period Expense

Total	840,450.00	840,450.00
Total Reclassifying Journal Entries	865,945.00	865,945.00
Total All Journal Entries	865,945.00	865,945.00



Workpaper Index:

Index:

Prepared By:

Reviewed By:

Name of Workpaper:

Workpaper Date: Run Date:

2/14/2024

VHCL CKLST

400.2

Provider Name: Provider Number: Period Ended:

PURPOSE:

Complete Care at Fox Hill, LLC

r: 2479

9/30/23

VEHICLE COMPLIANCE CHECKLIST

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? Request insurance cards and current vehicle registration.				
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 allowablemonthly 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: