State of Connecticut



Annual Report of Long-Term Care FacilityCost Year 2023

Name of Facility (as licensed)				
Complete Care at Harrington Court,	LLC			
Address (No. & Street, City, State, 2	Zip Code)			
59 Harrington Ct, Colchester, CT 0	6415			
Type of Facility				
Chronic and Convalescent ☑ Nursing Home (CCNH) & RHNS Combined		(Specify)		(Specify)
Report for Year Beginning 10/1/2022		Report for Year Ending 9/30/202	3	
•				
License Numbers:	CCNH / RHNS 2462	(Specify)	(Specify)	Medicare Provider 07-5253
Medicaid Provider Numbers:		CCNH / RHNS	(Specify)	(Specify)
iviculcalu i Tovidel Ivalilocis.	000008961	JOINIT INITIO	(Gpson))	(~F)

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Complete Care at Harrington Court, LLC	2462	9/30/2023	1	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 Harrington Court, LLC [facility name], for the cost report period beginning October 1, 2022 and ending September 30, 2023, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above. (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) Angela Perry			Printed Name (Owner) Shalom Stein			
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires		
Address of Notary Public				1		

(Notary Seal)

Table of Contents

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

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 Cove	ered:	From	То
Complete Care at Harrington Court, LLC				10/1/2022	9/30/2023
Address of Facility					
59 Harrington Ct, Colchester, CT 06415					
Report Prepared By		Phone Num		Date	
Marcum LLP		203-781-96	00	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.

State of Connecticut

Annual Report of Long-Term Care Facility
CSP-2 Rev. 3/2023

General Information and Questionnaire Type of Facility - Organization Structure

		_			Two or	Access to the second			
			ne No. of Facility 0) 537-2339		Report for Year 9/30/2023	Ended	Page 2		of 37
Name of Facility (as shown on license)			Address (No. & S	treet,	City, State, Zip))			
Complete Care at Harrington Court, LLC			59 Harrington Ct,						
,	CCNH / RHNS		(Specify)		(Specify)		Medicare I	rovio	ler No.
License Numbers:	2462						07-5253		
Type of Facility (Check appropriate box(es))								
Chronic and Convalescent	_				- (6		`		
✓ Nursing Home (CCNH) &	Ц	(Spe	ecify)		□ (3	Specify)		
RHNS Combined									
Type of Ownership (Check appropriate box))								
O Proprietorship O LLC O	Partnership	0	Profit Corp.	0	Non-Profit Corp.		Government	0	Trust
				Date	Opened D	ate Clo	osed		
If this facility opened or closed during repor	t year provide:								
Has there been any change in ownership				_					
or operation during this report year?		<u> </u>	Yes	0	No If	"Yes,	explain full	у.	
N.									
Administrator									
Name of Administrator					Nursing Ho	ome			
Angela Perry					Administrat	or's	2053		
					License N	No.:			
Other Operators/Owners who are assistant a	administrators (fu	ıll or	part time) of this fa	acility	у.				
Name					License 1	No.:			
N/A									
							-		
									_

General Information and Questionnaire Partners/Members

Name of Facility		License No.	Report for Y	ear Ended	Page .	of	
Complete Care at Harrington C	Court, LLC	2462	9/30/2023		3	37	
Legal Name of Part		Business A			or Town(s) in Registered		
Complete Care at Harrington C		59 Harrington C Colchester, CT (t,	СТ			
Name of Partners/Members	Business A	ddress		Title	% Ov	vned	
Shalom Stein	760 Albert Ave, Lakev	vood NJ 08701	Managing N	1ember	1		

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year End	ded	Page of
Complete Care at Harrington Court, LLC	2462	9/30/2023		3A 37
If this facility is owned or operated as a corpor	ration, provide the	following information	n:	
Legal Name of Corporation		s Address		ch Incorporated
N/A			-	
Name of Directors, Officers	Busines	s Address	Title	No. Shares Held by Each
N/A				
Names of Stockholders Owning at Least 10% of Shares				

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3B Rev. 10/2005

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Complete Care at Harrington Court, LLC	2462	9/30/2023	3B	37
If this facility is owned or operated as an individu	al proprietorship, pro	ovide the following information	r.	
C	Owner(s) of Facility			
N/A				
	_			

Annual Report of Long-Term Care Facility CSP-4 Rev. 10/2005 State of Connecticut

General Information and Questionnaire Related Parties*

Name of Facility Complete Care at Harrington Court, LLC	gton Court, LLC	License No. 24	No. 2462	Report for Year Ended 9/30/2023		Page 4	of 37
Are any individuals recei	Are any individuals receiving compensation from the facility related through	lity relate	d through		If "Yes," provide the Name/Address and	Name/Addı	ess and
marriage, ability to contr	marriage, ability to control, ownersnip, family of business association?	associa	10n;	O Yes © No	complete the information on Page 11 of the report.	ation on Fag	e i i or the report.
Are any individuals or co	Are any individuals or companies which provide goods or services,	services					
including the rental of prrelated through family as:	including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business	this facil	ity, business	• Yes O No			
association to any of the	association to any of the owners, operators, or officials of this facility?	this faci	lity?		If "Yes," provide the following information:	following in	nformation:
		Als	Also Provides		Indicate Where		
Mamo of Dolotod	O	Good	Goods/Services to	Danishing of Goods (Comission	Costs are Included	700	A other Cost to the
Individual or Company	Address	Yes	Yes No 8**	_	Page # / Line #	Reported	Related Party
Complete Care Management	1730 NJ-37, Toms River, NJ 08757	0	•	Management Fees	Pg 16 / Line M12	707,506	707,506
Complete Care Management	1730 NJ-37, Toms River, NJ 08757	0	•	Rent	Page 22 / Line 9	719,164 N/A***	N/A***
Intercompany Liabilities	N/A	0	•	Due to/from Intercompany	Page 34 / Line B3		
		0	•				
		0	•				
		0	•				
		0	•				
		0	•				
		0	•				

^{*} 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

ne of Facility License No. Report for Year Ended Page										
Complete Care at Harrington Court, LLC	2462									
If the facility is licensed as CDH and/or RCH or	provides AII	DS or TBI services with special Medicaid rates, 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								
Housekeeping		Number of square feet serviced								
		Number of hours of routine care provided by EACH								
Nursing			classification, i.e., Director (or Cl							
		Registered	Nurses, Licensed Practical Nurse	es, Aides	s and					
		Attendants								
Direct Resident Care Consultants		Number of	hours of resident care provided l	by EACI	H					
		specialist ((See listing page 13)							
Maintenance and operation of plant		Square feet								
Property costs (depreciation) Square feet										
Employee Median data Welland			Gross salaries							
Management services		e cost center involved								
All other General Administrative expenses Total o			rect and Allocated Costs							
The preparer of this report must answer the following questions applicable to the cost information provided.										
1. In the preparation of this Report, were all	O No	If "No," explain fully why such	allocation	on was not						
costs allocated as required? • Yes O No made.										
N/A										
2. Explain the allocation of related company exp	enses and at	tach copy o	f appropriate supporting data.							
N/A										
3. Did the Facility appropriately allocate and self				cost cent	ters?					
(e.g., Assisted Living, Home Health, Outpatie	nt Services,	Adult Day (Care Services, etc.)							
	Yes	O No	If "No," explain fully why such	allocation	on was not					
	O 168	0 140	made.							
N/A										

General Information and Questionnaire Other Lines of Business

Name of Facility	T .	License No.			Report for Year Ended	Page	20	of
Complete Care a	nt Harrington Court, l	2462			9/30/2023	6		37
Square footage of	of entire facility.	58,512						
Outpatient The	rany							
	provide outpatient t	herany services?	No					
Does the ruesing	promue outputtent							
If yes, please co	mplete the following:							
	Square footage of t	herapy space.						
Meals on Whee	ls							
Does the facility	provide Meals on W	heels?	No					
If yes, please co	mplete the following:							
	Square footage of l]	
	Number of meals s						4	
No	Are meals included				Annual Report?		4	
No	Are direct costs inc			16			_	
No	If yes, please state Are drivers for the			lity'e r	payroll?		7	
INO	If yes, please comp			nty 5 p	Dayron:		_	
	ij yes, preuse comp	Amount Report					7	
		Annual Report	page and I					
	Please state the sal						-	
	Please state where	the cooks and/or d	lietary aide	s are r	eported in the Annual R	eport		
Amouten onto Te	dependent Living, A	agisted Living						
•			and/ou	NT.				
assisted living?	have apartments, inc	iependent fiving, a	and/or	No				
	mplete the following:				Ŀ			
	Square footage of a	ipartifients						
	Square footage of i	ndependent living						
	Square footage of a	ssisted living						
	Please identify the	services provided:						

General Information and Questionnaire Other Lines of Business (Continued)

Name of Facility License No.	Report for Year Ended	Page of
Complete Care at Harr 2462	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 car	e.	
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 fac	ility.	
Average number of daily participants.		
Number of meals per day provided to adult day car	e.	
Nature of services provided:		

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

Schedule of Resident Statistics

Name of Facility			License No.				Report for Year Ended	Year Ended			Page	Jo
Complete Care at Harrington Court, LLC			24	2462			9/30/2023				8	37
						Period 10	Period 10/1 Thru 6/30	0		Period 7/	Period 7/1 Thru 9/30	
	Total All	Total CCNH /		Total		/ HINGO				/ HNJJ		
	Levels	Level	Total	(Specify)	Total	RHINS	(Specify)	(Specify)	Total	RHINS	(Specify)	(Specify)
Certified Bed Capacity A. On last day of PREVIOUS report period	125	125			125	125						
	125	125							125	125		
1 5												
A. As of midnight of PREVIOUS report period	100	100			100	100						
B. As of midnight of THIS report period	105	105							105	105		
3. Total Number of Days Care Provided During Period												
A. Medicare	3,664	3,664			3,046	3,046			618	618		
B. Medicaid (Conn.)	27,367	27,367			20,220	20,220			7,147	7,147		
C. Medicaid (other states)												
D. Private Pay	3,355	3,355			2,370	2,370			985	985		
E. State SSI for RCH												
F. Other (Specify) HMO & Hospice	2,921	12,921			2,014	2,014			907	907		
G. Total Care Days During Period (3A thru F)	37,307	37,307			27,650	27,650			9,657	9,657		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	471	471			434	434			37	37		
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	37,778	37,778			28,084	28,084			9,694	9,694		

Schedule of Resident Statistics (Cont'd)

Name of Facil	ity				ise No.				Report	for Year			Page	of
Complete Car	e at Harr	ington Court	, LLC	24	162					9/30/202	.3		9	37
			certified bed cap g information:	acity (during	the re	port ye	ar?		0	Yes	•	No	
		Place of C	hange		С	hange	e in Be	ds		C	apacity After	r Change		
	CCNH													
Date of	RHNS	(Specify)	(Specify)		Lost			Gaine	d	CCNH				
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	/ RHNS	(Specify)	(Specify)	Reason fo	or Change
				_										
			ified bed capacitys following the			report	t year (as rep	orted ii	n item 4 a	bove) provid	le the number o	f	
		(Change in Reside	nt Da	ys					CCNF	I/RHNS	(Specify)	(Spe	cify)
1st chang														
2nd chan 3rd chan										i				
4th chan														
6. Number	of Resid	ents and Rate	s on September	30 of										
			Medicare		Med	icaid				S	elf-Pay	-	Other Stat	e Assisted
	Item		CCNH / RHNS		NH / INS	(Spe	ecify)		NH / INS	(S _I	necify)	(Specify)	R.C.H.	ICF-MR
No. of R			4		69			No.	32		THE PART OF THE	mark and the		100 H 100 H 10
Per Diem			10,0376				65 63	1000	520.00	0.00		ME CO		
a. One b			Various Various	-	292,69	_	_	_	520,20 498,57					
c. Three			¥ 41 10 U.S		277,10				15 0,0 1					
bed n														
			-											
			rapy Treatments					ТО	TAL	CCNI	I / RHNS	(Specify)	Outpatient	(Specify)
		e - Part B d (Exclusive	of Dort D)						2,808	N 4-81	2,808		D 2 3-03	LA SERVICE
В.		d (Exclusive itenance Trea							724	District District	724			
		orative Treati												
	Other								7,728		7,728			
			apy Treatments						11,260		11,260		(c) (c)	A STATE OF THE REAL PROPERTY.
		Speech Ther: e - Part B	apy Treatments						173		173			
		d (Exclusive	of Part B)					1 ×	173	(SUECE)	173			
Д.		tenance Trea							51		51			
	2. Resto	orative Treats												
	Other								1,254		1,254			
			py Treatments	onta				MUR	1,478	D-HOME	1,478		N TOURS OF	OF THE RIE
		e - Part B	Therapy Treatm	iciită					9,240		9,240			
В.	Medicai	d (Exclusive	of Part B)					12×100	500	N. 1800-0				
	1. Main	tenance Trea	tments						1,330		1,330			
		orative Treatr	nents						11.5=5		11.550			
	Other Total O	ccupational	Therapy Treatm	ents					11,579 22,149		11,579			

Annual Report of Long-Term Care Facility

CSP-10 Rev. 3/2023

Report of Expenditures - Salaries & Wages

Name of Facility	License No.			Report for Year	r Ended			Page	of
Complete Care at Harrington Court, LLC	2462			9/30/2023				10	37
Are time records maintained by all individuals receiving co	mpensation?		•	Yes		0	No		
				Total (Cost and Hours				
		A 45	**	(Cif-i)	A Jiu atmont	YY	(Specify)	Adjustment	Hours
Item A. Salaries and Wages*	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Aujustilicit	riours
A. Salaries and Wages* 1. Operators/Owners (Complete also Sec. I			80 T. ST						X 1/2
of Schedule A1)									
2. Administrator(s) (Complete also Sec. III	Tilled Roll	ACCURATE STATE	E TOWN				ALCOHOLD STATE		100
of Schedule A1)	154,769		1,426						
3. Assistant Administrator (Complete also Sec. IV	- US R R	New July 2015	No. // No.	12 00 00			BIS SAW		ANN
of Schedule A1)									
4. Other Administrative Salaries (telephone			0.455	This makes	INCOME.			Booksiller	
operator, clerks, receptionists, etc.)	272,410		9,655		To 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	No. of Concession, Name of Street, or other party of the Concession, Name of Street, or other pa	Dennis Colonia	September 1	-
Dietary Service a. Head Dietitian	2222000					all some	The state of the s	10000000	
b. Food Service Supervisor									
c. Dietary Workers	394,340		19,381						
6. Housekeeping Service	-N 98 380	aughten)	DEW DAODS		E 12000 0	CONTRACTOR			1000
a. Head Housekeeper						-			
b. Other Housekeeping Workers					No. of Concession,	MANAGE THE REAL PROPERTY.			-
Repairs & Maintenance Services Engineer or Chief of Maintenance	63,103		1,848	PERSONAL PROPERTY.	17-18 10/2 33-1	NEXT OF EACH		PARAMETER	-
b. Other Maintenance Workers	48,751		2,125						
8. Laundry Service			55 V 1/2 V				AVE T		
a. Supervisor									
b. Other Laundry Workers									
Barber and Beautician Services								-	
10. Protective Services 11. Accounting Services			Vice a Cit	Maria Barri		LOCAL DISTRICT	No. of Contract of	E NOVI CON	55-10 J N
a. Head Accountant	Decid III State III				-		III TO AND A SERVICE	-	
b. Other Accountants									
12. Professional Care of Residents		S. 5 4/4		18 8 5 8		Degate III	E ME OF	E-1000	2011/01
a. Directors and Assistant Director of Nurses	393,818		5,268						
b. RN	HOW ASSAULT	31,401,01	* X 10 C (4.1)	V.Z. BOE		B WIND IN	No. of the last of	PAWE BILL	
1. Direct Care	868,122		14,481						
2. Administrative**	425,839		8,481				The State of the Local Division in the Local	Company of the last	NAME OF TAXABLE PARTY.
c. LPN 1. Direct Care	1,064,548	THE RESERVE	28,580	LOUISIUM SU		-7 -7 -7	The sale 1400 1500	A STATE OF THE PARTY OF T	ST. 100
2. Administrative**	1,004,548		20,500						
d. Aides and Attendants	1,499,961		65,662						
e. Physical Therapists									
f. Speech Therapists									
g. Occupational Therapists	152 620		6,522						
h. Recreation Workers i. Physicians	153,639		0,322			100	24/2/201		Maria Salah
Medical Director									
2. Utilization Review									
3. Resident Care***					L				
4. Other (Specify)	E II BOOKS	ETSHAY HILL	III USAB III				The same of the sa		
j. Dentists									
k. Pharmacists									
L. Podiatrists									
m. Social Workers/Case Management	132,650	(60.401)	3,824						
n. Marketing	55,421	(55,421)	439	Salat Sa		8 - 1 -	IIIVIII CO	State of the last	2 65
o. Other (Specify) See Attached Schedule	120,010		3,689	Massie Marie			The same of the sa		
A-13. Total Salary Expenditures	5,647,381	(55,421)	171,381						

^{*} Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

^{**} Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and

Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

*** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed in the Adjustment column.

Schedule of Other Salaries and Wages (Page 10)

		CCNH / RHNS			(Specify)			(Specify)	
Position	S	Adjustment	Hours	S	Adjustment	Hours	S	Adjustment	Hours
	0				TELEVISION OF THE				
Medical Records	\$ 31.170		1,236						
Admissions	S 88,840		2.453		TW.				
							-		1.7
							-		1 V - 10
							-		-
							-		
									Section 1
			8 8 1 1						10 X
					IIRI VX				
				(A)	LEW			EQUELY U	100
									ET VALUE
			8915	18 J. W.		8 E U		وتسطيح التناي	
					Most of The	1804E 1	L To	01 08 010	LVW Fig. 8
Total	\$ 120,010	\$ -	3,689	2 -	\$ -	3	\$	s -	IN ALKAN

Schedule of Other Fees (Page 13)

		CCNH / RHNS			(Specify)			(Specify)	
Service	S	Adjustment	Hours	- \$	Adjustment	Hours	S	Adjustment	Hours
	0			BIRIS S					
Respitory Therapy	\$ 15,550	\$ (15,550)	319	A 18 - 1					
Nursing Consulting Fees	\$ 35,886		Contracted	3"		icia a			
Nursing Admin	S 2,876		38	Many law a					
			TERRIT THE						
						No.			
Total	\$ 54,312	\$ (15,550)	357	\$ -	- 2		S -	2 -	

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*

		. 4	The state of the s	AMMINITEDIA	Table to the state of the control of	Ivelate	מווהן			
Name of Facility				License No.		Report for	Report for Year Ended		Page	Jo
Complete Care at Harrington Court, LLC	t, LLC			2462		9/30/2023			11	37
10		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 I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).		-								

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

^{**} Include all employment worked during the cost year.

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)				License No.		Report for Year Ended	ear Ended		Раде	of
Complete Care at Harrington Court, LLC	t, LLC			2462		9/30/2023			12	37
		Salary Paid								
	CCNH /			Fringe Benefits and/or Other Payments	Full Description of	Total Hours	Line Where Claimed on	Name and Address of All	Total Hours	Compensation
Name	RHNS	(Specify)	(Specify)	(describe fully)	Services Rendered	Worked	_	Other Employment**	Worked	Received
Section III - Administrators***										
Theodore Vinci (10/01/2023 - 03/23/23)	94,004			Non Discriminatory	Administrator	998	A2			
Angela Perry (03/24/2023 - 09/30/2023)	60,765			Non Discriminatory	Administrator	260	A2			
						1				
Section IV - Assistant Administrators										

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

^{**} Include all other employment worked during the cost year.

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

R Report of Expenditures - Professional Fees

		of Expend	aitures -	Protessio	nai rees				
Name of Facility	License No.			Report for Y	ear Ended			Page	of
Complete Care at Harrington Court, LLC		2462		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	DESCRIPTION	OSTAR AT	9-11 D-31		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	May No.	100	TO COUNTY	
for service basis in lieu of salary								SALE NES	
(For all such services complete Schedule B1)							To Land	1200	
1 Dietitian	41,231		984						
2. Dentist	6,627		98						
3 Pharmacist	32,046		Contracted						
4. Podiatrist									
5. Physical Therapy	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SILSTAN	H . O B I	FILE III	(3) - (4) 2	E PE SU		2 32 12	
a. Resident Care	237,557		3,410						
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians	- 80 h Bank	Mississippi	15		2 400	JESS JOS	1 S S S (TI -)	1 23 A	- 16-20
a. Medical Director (entire facility)	30,480	7	193				1		
b. Utilization Review	30,100	10 14 W. J. J. C. C.	ON EN 148	12 AD V 21 1-0	1337 - 33-6	10,130	502A-61B	5,000 86	275
(Title 18 and 19 only) monthly meeting	A	The state of the s							
c. Resident Care**									
d. Administrative Services facility	i de la companya de l	IS STATED IN	W - 1 - 3	Castilli Ci	100	DEVI VA		The second	1000
1 Infection Control Committee		Contract of the last							
(Quarterly meetings)									
Pharmaceutical Committee									
(Quarterly meetings)									
3. Staff Development Committee									
(Once annually)	Market Street	Experience of	S // B/A	ar and the	200 300 300 300	E-25/19	DESCRIPTION OF	- Medical	HE SHOW I
e. Other (Specify)		HISTORY IN COLUMN							1100 -
9. Speech Therapist			STRIVE SI	The base of	1000000		The State of		
a. Resident Care	44,912		778						
b. Other									
10. Occupational Therapist	1281 1288		10 S (F)	25.07	100000	201 - M	Managara San		
a. Resident Care	478,198		7,851						
b. Other									
11. Nurses and aides and attendants	21112		11 000 0	III IIVOJASES		N. 31 W	192,230	III MILIES	
a. RN	in the shift of			77 19 19 2				Ballon III	
1. Direct Care	2,537		41	11					
2. Administrative***									
b. LPN	15° 10.	15	Walne O	UBJAV HA	WEST STATE		REESE STR	DIDE S	Day 2
1. Direct Care	213,810		3,548						
2. Administrative***									
c. Aides	345,771		10,463						
d. Other	515,171								
12. Other (Specify)	(No. 10 10 10 10 10 10 10 10 10 10 10 10 10			ALC: TOP AS	FA (8 3) 773	F.39117 W. C.	100	1/5=m/0=8	S. Carlo
See Attached Schedule	54,312	(15,550)	357						
B-13 Total Fees Paid in Lieu of Salaries	1,487,481	(15,550)	27,723						
D-15 Lotal rees raid in Lieu of Salaries	1,46/,481	[13,330]	41,143	L			1	l	

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

** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed in the Adjustment column.

^{***} Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

Report of Expenditures Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis*

Name of Facility	License No.		Report for Y	Year Ended	Page	of
Complete Care at Harrington Court, LLC	2462		9/30/2023		14	37
Name & Address of Individual	Full Explanation of Service		to Owners, rs, Officers	Expla	nation of Rela	tionship
Medical Nutrition Therapy, 1105 East County Line Rd Suite 212 Lakewood NJ 08701	Dietician	0	0	N/A		
Integra, 160 Airport Road Lakewood NJ 08701	Pharmacist	0	0	N/A		
Guardian Consulting Services, 3333 New Hyde Park Road New Hyde Park NY 11042	Pharmacist	0	0	N/A		
Healthdrive, PO Box 22010 New York, NY 10087	Dentist	0	0	N/A		
Genesis Physician Services, PO Box 62946 ATTN: Gary Segal Baltimore MD 21264	Medical Director	0	•	N/A		
Reliant Rehab, 6860 Dallas Pkwy Suite 550 Plano TX 75024	Contract PT, OT & ST	0	0	N/A		
PICC Performance, 1 Stafford Street, Springfield, MA 01104	Contract ST	0	0	N/A		
MassTex Imaging, 3 Electronics Ave #201, Danvers, MA 01923	Contract ST	0	0	N/A		
Swallowing Diagnostics, 21 Waterville Rd, Avon, CT 06001	Contract ST	0	0	N/A		
Acute Care Gases, 23 Nutmeg Valley Rd. Wolcott CT 06710	Respiratory Therapist	0	•	N/A		
All American Healthcare Services, 494 Broad St 4th Floor Newark NJ 07102	Contract Nursing	0	•	N/A		
Amidon Nurse Staffing, 67 Federal Rd Suite 203, Brookfield, CT 06804	Contract Nursing	0	0	N/A		
connectRN, 203 Crescent St Suite #403, Waltham, MA 02453	Contract Nursing	0	0	N/A		
SambaCare, 250 Cedarbridge Ave, Lakewood, NJ 08701	Contract Nursing	0	•	N/A		
Norton and Associates , Inc., 97 Elm Street Cohasset MA 02025	Contract Nursing	0	•	N/A		
Spectrum Staffing Services, 10 Waterview Blvd #315, Parsippany-Troy Hills, NJ 07054	Contract Nursing	0	•	N/A		
CareerStaff Unlimited, PO Box 301076 Dallas TX 75303	Contract Nursing	0	0	N/A		
Clipboard Health, 77 Van Ness Ave Suite 101 #1728, San Francisco	Contract Nursing	0	0	N/A		
Celtic Consulting, LLC, 339 Main St, Torrington, CT 06790	Consulting Services	0	0	N/A		
Quality Management Solutions	Consulting Services	0	0	N/A		
		0	0			
		0	0			

^{*} Use additional sheets if necessary.

^{**} Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No. 2462	Report for Y 9/30/2023	ear Ended				Page 15	of 37
Complete Care at Harrington Court, LLC	2402	9/30/2023					1.5	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Administrative and General		S. Mary	WE STATE					
 a. Employee Health & Welfare Benefits 		ager normality	Tall IT STREET		evia remi	(CAN)		
Workmen's Compensation		\$ 88,551	88,551					
Disability Insurance		\$						
Unemployment Insurance		\$ 41,239	41,648	(409)				
4. Social Security (F.I.C.A.)		\$ 394,928	398,842	(3,914)				
Health Insurance		\$ 764,450	764,450					
Life Insurance (employees only)		214	illia =	7.2	1 1 1 1 3	Harris Ro	10 May 1921	E 33.13
(not-owners and not-operators)		\$ 1,199	1,199					
7. Pensions (Non-Discriminatory)		\$ 283,708	283,708					
(not-owners and not-operators)		W. WIE	WE WE		1 nos 8		V. N. S.	The state of
8. Uniform Allowance		\$						
9. Other (Specify)		\$ 32,276	64,137	(31,861)				
See Attached Schedule		Contract of the Party of the Pa	CERTIF, A.		Standard Co.			
b. Personal Retirement Plans, Pensions, and		S						
Profit Sharing Plans for Owners and		5 -0-11-16S	THE LOWER WATER	100	No. of Contract of	D. WILLIAM		E3 (2, 518)
Operators (Discriminatory)*		15-16-16-16			1	The latest and the		A STATE OF THE STA
1		The state of	Device the text		Umile Name	Ex Property	The Asset	
c. Bad Debts*		\$	106,214	(106,214)				
d. Accounting and Auditing		\$ 36,036	36,036					
e. Legal (Services should be fully described	on Page 15b)	\$ 7,649	11,676	(4,027)				
f. Insurance on Lives of Owners and	<u> </u>	\$						
Operators (Specify)*		100 mg - 100 mg	- L			Parlines .		
g. Office Supplies		\$ 26,332	26,332					
h. Telephone and Cellular Phones		Se 11116	F 4.5		TISTOR - I	JEE 11.16	MALL STORE	AND LOCAL PROPERTY.
Telephone & Pagers		\$ 9,055	9,055					
Cellular Phones		S						
i. Appraisal (Specify purpose and		S						
attach copy)*		9 10 10 2 1	SECURE S	DE LORGI	SERVER DE	78-16-Wa-115	STATE OF THE PARTY OF	W. Carlotte
unuon copy)		ME TAL	10 mm m	10 to 10 all	11000	SWEE F		Manual Sales
j. Corporation Business Taxes (franchise ta	x)	\$						
k. Other Taxes (Not related to property - Se		V 4 16 W	Hit rains	10.00			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3:00 V =
1. Income*		\$						
2. Other (Specify)		\$						
See Attached Schedule		300	E. 041		END E			West The
3. Resident Day User Fee		\$ 658,095	658,095					
Subtotal		\$ 2,343,518	2,489,943	(146,425)				

^{*} 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	Ac	ljustment	(Specify)	Adjustment	(Specify)	Adjustment
	1100	0						
Employee Benefits Expense>Miscellaneous	S	22,926	\$	(22,926)	Uri Le fil		18711	
Employee Benefits Expense>Pharmacy>Vaccines	\$	646		V Daniel V	Market Francisco			
Employee Benefits Expense>Food	S	8,935	\$	(8,935)		Real IIIV	RS II	
Union Training Fund	S	31,209	100				- V - V*	
Employee Benefits Expense>Employee Physicals	S	421					OR NO. INC.	
			100					والتراكي والأراد
			8.8				THINKS B	
	1 N.						- 7	
			N/EQ					
							77.8	
				570.5		SI SI INI	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN ASSESSMENT OF THE PERSON	
			MATE.					
			iuu,		2 TO E 1		10 Th 10 Eq.	
Total	\$	64,137	\$	(31,861)	\$ -	S -	\$ -	\$ -

Schedule of Other Taxes

CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
0					05 B1 V 0
E3			Tanti A		
TO VALUE OF SHEET					
\$ -	- 2	- 2	\$ -	s -	s -
	CCNH / RHNS	CCNH / RHNS Adjustment 0 S - S -	CCNH / RHNS Adjustment (Specify)	CCNH / RHNS Adjustment (Specify) Adjustment	CCNH / RHNS Adjustment (Specify) Adjustment (Specify) 0 S - S - S - S - S -

Annual Report of Long-Term Care Facility CSP-15b Rev. 3/2023

General Information and Questionnaire **Accounting Basis**

		Report for Year Ended		Page	01
Complete Care at Harrington Court	2462	9/30/2023		15b	37
		were maintained on the following basis:			
	Modified Cash				
Is the accounting basis for this					
F *****	Yes	If "No," explain.			
previous period?	No				
N/A					
Independent Accounting Firm		<u> </u>			
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
1 Marcum LLP)	One Hovchild Blvd, 4000 Rt. 66 Ste 323,			
2 Brand Sonnenschine LLP		299 Broadway Suite 600 New York, NY	10007-1993	3	
3		•			
4					
Services Provided by This Firm (des	scribe fully)				
I Reimbursement advisory services			\$	16,636	
2 General Accounting Fees			\$	19,400	
3			\$		
4			\$		
			Charge for	Services Pr	ovided
			\$	36,036	
Are These Charges Reflected in the Expendi	ture Portion of This Report? If Yes	s, Specify Expense Classification and Line No.			
	Pg. 15, Line 1d				
Legal Services Information					
Name of Legal Firm or Independent	Attorney		Telephone	Number	
1 CSC	•		866-636-54	100	
2 Gordon Rees Scully Mansukhan	ni, LLP		415- 986-5	900	
3 NBC Law			212 -682-4	002	
4 Platinum Filings			718 -705-9	886	
5 Murtha Cullina LLP			203-772-7	700	
Address (No. & Street, City, State, 2	Zip Code)				
1 PO Box 7410023, Chicago IL 6	0674				
2 1111 Broadway Suite 1700, Oal					
3 675 3rd Ave 8th Floor, New Yo					
4 3023 Avenue J, Brooklyn, NY 1					
5 265 Church St, New Haven, CT					
Services Provided by This Firm (des	ccribe fully)		th.	1.161	
1 Delaware License Renewal			\$	1,161	
2 Wojcik v. Complete Care at Harrington	and Benware Vs. Harrington		\$	3,873	
3 OTA Ammendment/Bank counsel (Disc	allowed)		\$	5,649	
4 Certified Copies (Disallowed)			\$	154	
5 General Legal Services			\$	839	
			Charge for	Services Pr	ovided
			S	11,676	
Are These Charges Reflected in the Expendit	ture Portion of This Report? If Yes	s, Specify Expense Classification and Line No.			
O Yes O No	Pg. 15, Line 1e				
© 162 O 100					

Complete Care at Harrington Court, LLC September 30, 2023 Benefits Disallowance

Marketing Benefits Disallowance

Marketing Salary	55,421	Page 10
Total Salaries	5,647,381	TB Linked
Percent to Total Salaries	0.98%	

Percent to Total Allocation		mount	Percentage	Disallowed		
Unemployment Insurance	\$	41,648	9%	\$	409	
Social Security (F.I.C.A)	4	398,842	91%	-	3,914	
Total Benefits (Pg 15, Line 1a3 - 1a6)	\$	440,490	100%	\$	4,323	

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

Name of Facility	License No.	Report for Ye	ar Ended				Page	of 37
Complete Care at Harrington Court, LLC	2462	9/30/2023	Y			r	16	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	Subtotals Brought Forwa	rd: 2,343,518	2,489,943	(146,425)			V	
Travel and Entertainment Resident Travel and Entertainment		s	4-11-37-34	300 SQ LL070		Spile Street	100000	COLUMN AND
2 Holiday Parties for Staff		\$ 2,961	2,961					
3. Gifts to Staff and Residents		\$						
Employee Travel		\$ 6,209	6,209					
5. Education Expenses Related to Semina	rs and Conventions	\$						
6. Automobile Expense (not purchase or		\$						
7. Other (Specify) See Attached Schedule		\$				100 720 5	0.00 80	T TOUR DE
m. Other Administrative and General Expenses		0 00000		Mark and	E 7 . 100			M- W
1 Advertising Help Wanted (all such exp		\$ 13,824	13,824					
 Advertising Telephone Directory (all s 	uch expenses)***	S						
Advertising Other (Specify)*** See Attached Schedule	***************************************	\$ 1,788	23,256	(21,468)		IN CHE THE		(III. 5 ., FX
4. Fund-Raising***		S						
Medical Records		s						
Barber and Beauty Supplies (if this ser- directly and not by contract or fee for a		\$	l'ame		0. 7. 7. 50	2 Magana		n'i n'esw
7. Postage		\$ 3,271	3,271					
* 8. Dues and Membership Fees to Profess. Associations (Specify) See Attached Schedule	ional	\$ 8,811	8,811				4 // 2 // 2	
8a. Dues to Chamber of Commerce & Oth	er Non-Allowable Org.***	\$	760	(760)				
9. Subscriptions		\$ 528	528					
10. Contributions*** See Attached Schedule		S		W. I. W. S. SSS)			ILWI SOL	H SEC A.
Services Provided by Contract (Specify Schedule C-2, Page 21 for each firm of		\$ 313,202	343,387	(30,185)	in a second		B-100 cm	129/10
12. Administrative Management Services*		\$ 324,631	707,506	(382,875)				
13. Other (Specify) See Attached Schedule		\$ 4,950	38,836	(33,886)	E COLLEGE		Western	100 0 =
C-14 Total Administrative & General Expendite	ires	\$ 3,023,693	3,639,292	(615,599)				

^{*} 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
All and a Marian	0		والأورائظ والأناوا	The state of the s		
	Washi Linevinsyi					
		DE ILERICA			- 20:	
					100	
Total Other Travel and Entertainment	s -	\$ -	s -	s -	s -	\$ -

Schedule of Other Advertising

Description	CCN	H / RHNS	A	djustment	(Spec	ify)	Adju	stment	(Spec	ify)	Adju	stment
		0					1,500					STATISTICS.
Admin Expense>Marketing & Advertising	S	21,468	S	(21,468)		30h						1811
Admin Expense>Marketing & Advertising>COVID	S	1,788	Ħ.		- S II	JI .				1		
Total Other Advertising	S	23,256	\$	(21,468)	S		\$		\$	(II-1)	\$	250

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	0					
CAHCE	\$ 8,811					100
	- VIIIV DICE VIII					110000
				A VIII		
			1 N 1 N 1 S 1			
Total Dues	S 8,811	\$ -	s -	- 2	\$ -	S +

Schedule of Contributions

CCNI	I / RHNS	Adju	stment	(Sp	ecify)	Adju	stment	(Sp	ecify)	Adjus	stment
	- 0								9		
MISSIE							71117				
S	100	S		S		S		S	310.8	S	
	CCNF	CCNH / RHNS 0	CCNH / RHNS Adj	CCNH / RHNS Adjustment	CCNH / RHNS Adjustment (Sp	CCNH / RHNS Adjustment (Specify)	CCNH / RHNS Adjustment (Specify) Adjustment (Specify) Specify (Specify) Adjustment (Specify)	CCNH / RHNS Adjustment (Specify) Adjustment	CCNH / RHNS Adjustment (Specify) Adjustment (Specify) 0 S - S - S - S - S - S - S - S - S - S	CCNH / RHNS Adjustment (Specify) Adjustment (Specify)	CCNH / RHNS Adjustment (Specify) Adjustment (Specif

Schedule of Other Administrative and General

Description	CCNI	H / RHNS	Ad	justment	(Specify)	Adju	stment	(Specify)	Adj	ustment
		0								
Admin Expense>Financing Costs	S	2,927	\$	(2,927)				1 V	110.8	
Admin Expense>Licenses	S	1,314								HILE
Admin Expense>Fines & Penalties	S	6,164	\$	(6,164)						
Admin Expense>Bank Fees	5	23,029	\$	(9,739)				1.000		
Admin Expense>Background Checks	S	297		35 1		TV-				
Admin Expense>Background Checks Other (Fingerprinting)	S	5,105			01					
Gym Rental Revenue		7 (-	\$	(14,513)			100			
Other Rev>Vending Machines	8 (S	(90)						
Other Rev>Medical Records		- 4	\$	(453)						
Total Other Administrative and General	S	38,836	S	(33,886)	\$ -	s		s -	S	

Complete Care at Harrington Court, LLC Calculation of Allowable Management Fee September 30, 2023

Descrption	Amount			
Management fees Charged (Pg. 16 / Line m12)	707,506			
Management fees Charged (Pg. 20 / Line 5j)	0			
Management fees Charged (Pg. 20 / Line 5k)	0			
Total Management fees Charged	707,506	TB Linked		
Patient Days	37,778	Page 8 of C/	R	
Imputed Days - 90% Occupancy	41,063	Calculation		
Amount Per Patient Day (Greater of 90% or Actu	30000007	\$	17.2300	
PPD Allowance Per Rate Agreement			7.50	
2023 CPI Increase of 1.0541%			1.0541	J.04a
PPD Allowance 9/30/2023			7.91	•
Amount over (Under)		\$	9.3242	
Total Days			41,063	Greater of Actual or 90%
Disallowed Management Fee		\$	382,875	•

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Complete Care at Harrington Court, LLC	2462	9/30/2023	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Complete Care Management, 1730 NJ-	707,506	Management Fees	Page 16 / Line M12
37, Toms River, NJ 08757			

^{*} 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 Harrington Court, LLC	License		Report for Ye 9/30/2023				Page 18	of 37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Dietary a. In-House Preparation & Service			207.500					
1. Raw Food	2	287,588 39,620	287,588 39,620					
Non-Food Supplies Other (Specify)	S	39,020	39,020					
J. Guer (cpecify)			14853	1000-	V- TV-Sca			
b. Purchased Services (by contract other than through Management Services)	s	155,575	155,575			Nama 3		
(Complete Schedule C-2 att. Page 21) c. Other (Specify)	S	8,156	8,156					
Minor & Rental Equipment		0,130	8,130					
2D. Total Dietary Expenditures (2a + b + c + d)	ŝ	490,939	490,939					
2E. Dietary Questionnaire		Total	CCNH	/ RHNS	(Spe	cify)	(Spe	cify)
F. Resident Meals: Total no. of meals served per	day:*							
G. Is cost of employee meals included in 2D?	O Yes	0	No					
H. Did you receive revenue from employees?	O Yes	⊙ No If yes, specify amt.						
 Where is the revenue received reported in the C 	Cost 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	O No If ye			If yes, specify cost.	y 656		
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	Cost 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.		7662	
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	Cost Report? (Page/Line Ite	an)				15 la9	

^{*} 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 Harrington Court, LLC	1	2462	9/30/2023		-		19	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,	Lbs.							
gowns and other resident care items washed, ironed, and/or processed.***	Amt.\$							
Employee items including uniforms, gowns, etc. washed, ironed and/or	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)	\$	304,500	304,500					
c. Other (Specify) Laundry Supplies	\$	13,723	13,723	E SUSERIE		3-18-U-W	F. 20.25	
3D. Total Laundry Expenditures (3a + b + c)	S	318,223	318,223					
3E. Laundry Questionnaire								
F. Is cost of employee laundry included in 3D?	Yes	0	No		If yes, specify cost.			
S. 274) 04 100 110 110 110 110 110 110 110 110	Yes	0	No		If yes, specify amt.			
H. Where is the revenue received reported in the Cost	Report?		(Page/Line Ite	em)				
Is Cost of laundry provided to persons other than employees or residents included in 3D?	Yes	0	No		If yes, specify cost.			
J. Did you receive revenue from these people? O	Yes	0	No		If yes, specify amt.			
K. Where is the revenue received reported in the Cost	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.

^{***} 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	e of Facility	License No.	Repo	rt for Year E	nded				Page	of
Com	plete Care at Harrington Court, LLC	2462		9/30/2023					20	37
	Item			Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
1.	Housekeeping	Sq Ft Serviced								
	a. In-House Care	by Personnel								
	 Supplies - Cleaning (Mops, pails, brooms, etc.) 	Amt	\$	21,999	21,999					
	b. Purchased Services (by contract other	Sq. Ft. Serviced								
	than through Management Services)	by Personnel								
	(Complete Schedule C-2 att. Page 21)	Amt	\$	459,555	459,555					
	C. Other (Specify)		\$			New Parties		101111111111111	W	0 0710
	Total Housekeeping Expenditures (4a +	b+c)	\$	481,554	481,554					
	Resident Care (Supplies)**			8 12111	Vall Land	Washington Com			TRACTED IT IS	
	a. Prescription Drugs***		- 1			E E LUCK		DV WIESSAM	The State of	OL THEORY
	 Own Pharmacy 		\$							
	Purchased from		\$		147,699	(147,699)				
	Integra Scripts / Omnicare			I Came PA	- I CHÎTEA		E DIRECT	AVER THE PERSON	MARSON III	
	b. Medicine Cabinet Drugs		\$	843	843					
	c. Medical and Therapeutic Supplies		\$	146,304	146,304					
	d. Ambulance/Limousine***		\$		9,725	(9,725)				
	e. Oxygen				21 - 11:200	STATE STATE	10 370		8 8 W 7/8	
	 For Emergency Use 		\$							
	2. Other***		\$		3,640	(3,640)				
	f. X-rays and Related Radiological		\$		3,350	(3,350)				
	Procedures***				50,		0.00	ATTAIL THE	HE SWIFTE	EN SHOW
	g. Dental (Not dentists who should be inc salaries or fees)	cluded under	\$	1 30 7/1	NAME OF TAXABLE PARTY.	032-13-2-11		1000		
[]	h. Laboratory***		- \$		16,221	(16,221)				
	i. Recreation		\$	6,955	6,955					
	Direct Management Services*		\$							
	k. Indirect Management Services*		\$							
	l. Cable TV		\$	7,200	17,951	(10,751)				
	m. Other (Specify)****		\$	117,074	134,483	(17,409)				
	See Attached Schedule			THE SECTION	10 10 00			24 IV - WO THE	77	
U.	n. Physical Therapy Expense		\$							
	o. Speech Therapy Expense		\$							
	Total Resident Care Expenditures (5a - :	io)	S	278,376	487,171	(208,795)				

^{*} Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed

^{**} Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10

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

^{****} ICFMR's should provide a detailed schedule of all Day Program Costs.

Schedule of Other Resident Care

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	0					
Nursing Rental Expense	\$ 40,803	\$ (17,377)	NE TO L		THE PARTY	
Nursing Expense>Supplies>Bariatric	\$ 32	\$ (32)				
Nursing Expense>Supplies>COVID	\$ 23,506		V-12 X 10 10			
Nursing Expense>Training & Education	\$ 6,139					MENTINE NEED
Nursing Expense>Sanitation & Incineration	\$ 795					10.55
Nursing Expense>Repairs & Maint	\$ 1,629			7 11 310		
Nursing Expense>Clinical Services	\$ 17,130					7 2 3 3 4
Nursing Expense>Data Processing	\$ 44.390					
OT Expense>Optum>Part B	\$ 59					
						AVE DES
						MI STALL
Total Other Resident Care	\$ 134,483	\$ (17,409)	\$	\$ -	\$ -	\$ -

Complete Care at Harrington Court, LLC Disallowance Schedule for Cable TV September 30, 2023

Total Cable TV Expense acct # 80-232-00	\$ \$	mount 17,951 TB Linked
Monthly Allowable amount Months in Cost Report Year	\$	600 12
Total Allowable Cost	\$	7,200
Full Year Cost Report (365 out of 365 Days)	-	100%
Revised Allowable Cost	\$	7,200
Disallowed Cable TV	\$	10,751

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 Harrington Court, LLC	Court, LLC			License No. 2462	Report for Year Ended 9/30/2023				Page c	of 37
		Related ** to Owners,	o Owners,							
		Operators, Officers	Officers		•		Total Cost/Page Ref.***	ige Ref.**		
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH /	(Specify)	(Specify)	Pg	Line
Healthcare Services Group	P.O Box 829677 Philadelphia, PA 19182	0	0	N/A	Dietary	154,283			00	0
Healthcare Services Group	P.O Box 829677 Philadelphia, PA 19182	0	0	N/A	Housekeeping	459,555			20 46	
Healthcare Services Group	P.O Box 829677 Philadelphia, PA 19182	0	•	N/A	Laundry	304,500			19 31	٩
Clark's Landscaping	44 West Road Colchester CT 06415	0	•	N/A	Landscaping	17,455			22 6f	_
Northwest Enviornemental	2001 Windsor Ave Baltimore, MD 21217	0	•	N/A	Sanitation and Incineration	26,658			22 6f	
Complet Care Management	1730 NJ-37, Toms River, NJ 08757	0	0	N/A	Corporate Payroll Fees	12,000			16 m11	Ξ
LTC Ally	Americas, Lakewood, NJ 08701	0	0	N/A	Back Office Accounting	213,635			16 m11	=
		0	•							
		0	•							
		0	•							
		0	•							
		0	0							
		0	•							
		0	•							
	4									

^{*} List all contracted services over \$10,000. Use additional sheets if necessary.

^{**} Refer to Page 4 for definition of related.

^{***} Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year	Ended				Page	of
Complete Care at Harrington Court, LLC	2462	9/30/2023					22	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
6 Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$	66,896	68,330	(1,434)				
b. Heat	\$	104,969	107,219	(2,250)				
c. Light & Power	\$		135,396	(2,842)				
d. Water	\$	60,137	61,426	(1,289)				
e. Equipment Lease (Provide detail on	page 22b) \$	5,068	5,068					
f. Other (itemize)	\$	117,593	120,114	(2,521)				
See Attached Schedule		1 (((((((((((((((((((1115-20		- N. VETER	8 KS (SE) 1 (11)		35/05/7
6g. Total Maint. & Operating Expense (6a	s - 6f) \$	487,217	497,553	(10,336)				
7. Depreciation (complete schedule page 2								
a. Land Improvements	\$	197	197					
b. Building & Building Improvements	\$	21,981	21,981					
c. Non-Movable Equipment	\$	10,787	10,787					
d. Movable Equipment	\$	33,475	33,475					
*7e. Total Depreciation Costs (7a + b + c +	d) \$	66,440	66,440					
Amortization (Complete att. Schedule P a. Organization Expense								
b. Mortgage Expense	\$							
c. Leasehold Improvements	\$	10,322	10,322					
d. Other (Specify)	\$	7,849	7,849					
*8e. Total Amortization Costs (8a + b + c +	d) \$	18,171	18,171					
 Rental payments on leased real property real estate taxes included in item 10b 	less \$	704,071	719,164	(15,093)				
Property Taxes Real estate taxes paid by owner	\$							
b. Real estate taxes paid by lessor	\$	108,565	110,892	(2,327)				
c. Personal property taxes	\$		16,794					
11. Total Property Expenses (7e + 8e + 9 -	F 10) \$	914,041	931,461	(17,420)				

^{*} 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			of Mitties		
Maintenance Expense>Supplies	\$ 20,775	\$ (436)			and the	
Maintenance Expense>Minor Equip	\$ 2,987	\$ (63)				
Maintenance Expense>Sanitation & Incineration	\$ 26,658	\$ (559)	1000000			
Maintenance Expense>Equip Rental	\$ 406	\$ (9)		14 W N 10		
Maintenance Expense>Extermination	\$ 1,104	\$ (23)				
Maintenance Expense>Snow Removal	\$ 5,458	\$ (115)				TE - U ST
Maintenance Expense>Landscaping	\$ 17,455	\$ (366)	10 TO 10 TO 10			
Maintenance Expense>Landscaping>supplies	\$ 1,264	\$ (27)				
Maintenance Expense>Data Processing	\$ 1,381	\$ (29)				
Maintenance Expense>Contracted Service	\$ 35,319	\$ (741)				The Lates
Utility Expense>Contracted Service	\$ 7,307	\$ (153)				
Total Other Repairs and Maintenance	\$ 120,114	\$ (2,521)	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.

of 37 Amount Claimed 5,068 Page 22b ofLease Amount Annual 5,068 Term of Report for Year Ended Lease 63 Months O No 9/30/2023 Lease** Date of 10/14/22 O Yes Description of Items Leased 2462 License No. Copiers Related * to % Operators, • 0 0 0 0 0 0 0 0 0 Owners, Officers Yes 0 0 0 0 0 0 0 0 0 0 Complete Care at Harrington Court, LLC Name and Address of Lessor Leaf - PO Box 5066 Hartford CT 06102 Name of Facility

Is a Mileage Log Book Maintained for All Leased Vehicles?

5,068

Total ***

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

** Attach copies of newly acquired leases.

*** Amount should agree to Page 22, Line 6e.



VILE	Ar	LEASE AC	JREEMENT		Phone: 800-662-3759, [oberty, MO 6 ax: 800-426-
LESSEE LEGAL NA Complete Care	ME: at Harrington Court LLC				Tolephone No: 8605372339	
Billing Address	Colobester CT 06415 1207	***	Equipment Location (if other than Billing		1202	
	Ct, Colchester, CT 06415-1207 SCRIFTION: (indicate quantity, new or t	red and include make model con	59 Harrington Ct, Colcheste	*		
Unit Quantity	Description of Equipm		Make and Type			orial Number
	* PLEASE REFER TO					
BASE TERM	TOTAL NUMBER OF LEASE		EASE PURCHASE OPTION		(a) Advance Payment:	\$0,00
IN MONTHS 63	PAYMENTS 63 @ \$427.00 (plus taxes)	X Fair market value, plus ta 10% of Equipment cost, \$1.00, plus taxes			(b) Security Deposit:	20.00
		Marriage College and Country and College and	selected. You may not exercise a pure	hase option if	(c) Documentation Fee:	\$95,00
		you are in default. If you exe	reise a purchase option we will con Equipment to you on an AS-IS WHE	vey all of our	Total due a ÷ b + c =:	\$95.00
If more than one	lease payment is required as an Advar pay all amounts and perform all otl	ice Payment, the balance will be	e applied to lease payments in inve	rse order, start	ing with the last lease pur	yment,
execution. The term ("Lease Commence the month followin remaining Lease Pa "Payment Date") un to the first Payment Interior Rent shall to the first Payment from the Lease Commercian Rent shall to the first Payment from the Lease Commercian Rent shall to the first Payment from the Lease Commercian Rent shall to the first Payment for the Monthly previously likely incommence of the Lease Information. You wanted to the ordering the first payment and losses, declated to the orderin delivery or return of the Lease Expiration of the Lewill renew on a meither exercise the phene for the payment, and (ii) you are responsible for Payment, and (ii) you are responsible for the payment, and (ii) you do are responsible for the payment, and (ii) you care for the payment, and (ii) you had a prior to return payment are removal to the first payment and the secondance with this nurchase option we where it is basis with LATE FEES ANI the, you agree to pay nuximum legal amounterest at 1.5% per nor each pay by phone. NO WARRANT quipment and the secondance with this nurchase option we where it is secondary to the payment and the secondary. No WARRANT quipment and the secondary. Insurance, Ris order until it is eriod"). During the quipment acceptables with proof of su	CCEPTANCE, USE AND REPAIR: You filor. You unconditionally accept the Equipment from the Equipment, or (b) 10 days to fill in the Lease Commencement I will not move the Equipment from the acquipment or vendor failures. The commencement I are responsible for maintaining the Ecquipment or vendor failures. The commencement I are responsible for maintaining the Ecquipment or vendor failures. The commencement I are responsible to maintaining the Ecquipment or vendor failures. The commencement is stallation, ownership, Equipment. The commencement is stallation, ownership, Equipment. The content of your election to return or purel onth-to-month basis at the same mon purchase option or provide us with at you return the Equipment, (i) it must be for all return costs and we may charge a R u must securely remove all data from any raining the Equipment (and you are sold its for any loss in value resulting from fail Lease or for damages incurred in shippin will convey all of our interest in such hour representation or warranty. Decharges: If any amount is not paid you as a late charge equal to the lesser of fund. Amounts which are not paid within a month (or if less, the maximum legal rate) is and \$25 for each returned payment. Ye do not manufacture the Equipment (SIBLE FOR CONSEQUENTIAL OR FIT ISIBLE FOR CONSEQUENTIAL OR SISTED FOR CONSEQUENTIAL OR FIT I SIBLE FOR CONSEQUENTIAL OR SISTED FOR CONSEQUENTIAL OR SISTED FOR CONSEQUENTIAL OR SISTED FOR CONSEQUENTIAL OR SISTED FOR	the Equipment is delivered to you ill be due on the date we specify in et forth in our invoice, and the each subsequent month (each, a sence on the date one month prior me tease Payment for the period Base Term ("Interim Rent"). The same Payments up to 1594 If the each Payment upon the earlier of (a) your after delivery of the Equipment Date, serial numbers and other is above location without our juipment in good repair. We are and lold us harmless from and ding attorneys' feet and expenses condition, use, lease, possession, us at least 90 days prior to the least the Equipment nutil you least 90 days notice and return to the location we designate and estocking Fee equal to one Lease, and all disk drives or magnetic thy responsible for selecting and and estocking Fee equal to one Lease, and all disk drives or magnetic thy responsible for selecting and as and complies with applicable use to maintain the Equipment in g and handling. If you exercise a Equipment to you on an AS-IS d within three (3) days of when the Simplified when the Mark Implied Warranties, needs the Payment of the Equipment from or purchased by you ("Risk of the Equipment from or purchased by you ("Risk of the Equipment from or purchased by you ("Risk of the Equipment from or purchased by you ("Risk of the Equipment from or purchased by you ("Risk of the Equipment from or purchased by you ("Risk of the Equipment from or purchased by you ("Risk of the Equipment from or purchased by you ("Risk of the Equipment from or purchased by you ("Risk of the Equipment from or purchased by you ("Risk of the Equipment from or purchased by you ("Risk of the Equipment from or purchased to you the Equipment from or purch	you are deemed to own it, you grate file UCC financing statements in fines and penalties relating to the pay any taxes, (including proptice amount we paid plus an admisspecified above or if not so specified above or osts. 9. DEFAULT: If you or any guarreduce date, or breach any terms of Equipment, you will be in default of the following: (a) immediately remaining Lease Payments, Interin by us, discounted at an annual rat repossess the Equipment, or (d) a law. If you default, you agree to costs, in addition to all other charge penalty, we may require you to re expense incurred in the collection of the Equipment, we may sell or of the Equipment to this required by law, 10 days' notice for any amounts that are due after security deposits to your obligation without interest. 10. ASSIGNMENT: You have no sell or assign our rights in the Learights but will not be subject to any II. ARTICLE 2A: You agree this Uniform Commercial Code. You we Article 2A (598-522) of the UCC. Informed of the identity of the Supand may contact the Supplier for a cl2. CREDIT INFORMATION: bureau reports, and make other cred 13. CHOICE OF LAW: THIS L LAW. YOU CONSENT TO JURI IN PENNSYLVANIA AND WAIV 14. MISCELLANEOUS: This Le	We own the E nt us a security to confirm our urchase, use, le erry tax), fees a mistrative fee. Field, the greate site inspection, untor do not par f this Lease, as II you default, pay all amount a Rent and reside of 3%; (b) ness any and all amount a Rent and reside of 3%; (b) ness any and all amount a Rent and reside of 3%; (b) ness any and all amount a Rent and reside of 3%; (c) ness and as reimbimburse us for reservicing of perivise dispose ceds (after we lease and/or Equipolation of the shall constitute to the shall constitute the	equipment (excluding ficer interest in the Equipment interest. You will pay, who asing and/or ownership of or penalties on your behalf you agree to pay us the dear of either \$125 or 0.5% or you request administrately us any amount within termy guaranty or any licens we may require you to do its then due, plus the present of the Equipment remedies available to is for epossession and our attursement for expenses incut the phone calls, letters, are this Lease for you. If we to of it with or without notic in the phone calls, letters, are this Lease for you. If we to of it with or without notic in the phone calls, letters, are this Lease for you. If we to or it with or without notic in the phone calls, letters, are this Lease for you. If we to or it with or without notic in the phone calls, letters, are this Lease for you. If we to or it with or without notic in the phone calls, letters, are this Lease for you have agent the reasonable notice. You read such not proceeds. We only the phone calls, letters, are this case of the phone calls, letters, and it is the phone calls, letters, and the phone calls, l	seed software You authorize on due, all the Equipme, you will procumentation of the Equipme, you will procumentation of the Equipme, you will procumentation of the Equipme of the Equipment of the Equipment of the Indiana of Indi
Alex	Genuth	E-Mail Addres			Date: 7/14/22	
Lessee Authorized		Tax ID Numbe			HITTEL	
payment and not of I notification if the ording our rights ag	NTY: Undersigned guarantees that Lesse collection, and that we can proceed direct Lessee is in default and consents to aimst undersigned or Lessee. If more than reports and make inquiries regarding un Jury.	ly against undersigned without fir y extensions or modifications gra t one person signs this guaranty, e	est proceeding against Lessee or the E anted to Lessee. Undersigned will pu ach agrees that his/her liability is join	quipment. Und y us all expent if and several.	ersigned also waives all su ses (including attorneys' f Undersigned authorizes us arts in Pennsylvania and	etyship defe ees) we incu and our affili
epted by:	- IIC Po-	PHINES.	Wester.		***************************************	
AF Capital Fundir	ig, LLC By:	Title:	Date:			



SCHEDULE A TO LEASE AGREEMENT (EQUIPMENT DESCRIPTION)

Lease Application No.: 743276

QNT	Equipment Description	New/Used	Make	Model	Serial Number
Loca	tion: 59 Harrington Ct, Colchester, CT 06	415-1207			
4.	Kyocera 8004i	New	# 249.00		
2	Kyocera M3655idn	New	\$ 89.00 +3		

LESSEE: Complete Care at Harrington Court LLC	LEAF CAPITAL FUNDING, LLC
BY: A Genith	BY:
PRINT NAME: Ari Genuth	PRINT NAME:
TITLE: Director of purchasing	TITLE:
DATE: 7/14/22	DATE



Date of Equipment Delivery:

Application No.: 743276

DELIVERY AND ACCEPTANCE CERTIFICATE

7/14/22

Complete Care at Harrington Court LLC ("Customer") hereby certifies that all of the equipment, software and other property (collectively, "Equipment") referred to in that certain Agreement related to the above referenced application number (the 'Agreement") by and between Customer and LEAF Capital Funding, LLC ("LEAF") has been delivered to and been received by Customer at the location(s) set forth in the Agreement, that all installation or other work necessary prior to the use thereof has been completed, that the Equipment has been examined by the Customer and is in good operating order and condition and is in all respects satisfactory to Customer, and that the Equipment is accepted by the Customer for all ourposes under the Agreement. Customer represents and warrants that the Date of Equipment Delivery set forth above and the Billing Address and the Equipment Location set forth in the Agreement are correct. By its execution and delivery of this Acceptance Certificate, Customer hereby reaffirms all of the representations, warranties and covenants contained in the Agreement as of the date hereof, and further represents and warrants to LEAF that no Event of Default, and no event or condition which with notice or the passage of time or both would constitute an Event of Default, has occurred and is continuing as of the date hereof. Customer further certifies to LEAF that Customer has selected the Equipment (and to the extent applicable, the vendor of the Equipment) and has received and approved the purchase order, purchase agreement or supply contract under which the Equipment will be acquired for all purposes of the Agreement.

ACCORDINGLY, CUSTOMER AUTHORIZES LEAF TO PURCHASE THE EQUIPMENT FROM THE APPLICABLE SUPPLIER(S).

DO NOT SIGN THIS DELIVERY AND ACCEPTANCE CERTIFICATE UNTIL YOU HAVE RECEIVED ALL OF THE EQUIPMENT.

CUSTO	OMER: Complete Care at Harrington Court LLC
Ву:	A. Genitl
Print N	ame: Ari Genuth
Title:	Director of purchasing
E-Mail	Address:
Date:	7/14/22

THE ABOVE SIGNATORY AFFIRMS THAT HE/SHE IS A DULY AUTHORIZED CORPORATE OFFICER OR OFFICIAL, MEMBER, PARTNER OR PROPRIETOR OF THE ABOVE NAMED CUSTOMER.



LEAF AUTOPAY PROGRAM (AUTHORIZATION TO DEBIT AND CREDIT ACCOUNT BY ACH)

Customer Name: Complete Care at Harrington Court LLC

Application Number: 743276

In connection with the above referenced contract(s) ("Contract"), Customer(s) hereby authorize(s), LEAF Capital Funding, LLC AND/OR ITS AGENTS, SUCCESSORS AND ASSIGNS (collectively, "Company"), to initiate ACH credit and/or debit entries, and if necessary, adjust any credit and/or debit entries made in error to the account described below ("Account") at the financial institution named below ("Bank"). The authorization provided herein (this "Authorization") is intended to encompass all amounts due and to become due under the above Contract, including current and past due periodic payments, miscellaneous charges, taxes and late charges. This Authorization shall not be limited or deemed waived, nor shall Company assume any liability, if for any reason Company delays debiting the Account for amounts due under the Contract. FOR ADMINISTRATIVE PURPOSES, ALL DEBIT AND CREDIT ENTRIES SHALL APPEAR ON THE ACCOUNT AS BEING INITIATED BY "LEASE SERVICES."

	ABA/ROUTING NUMBER:
ANCH:	ACCOUNT NAME:
Y:	
TE:ZIP:	ACCOUNT NUMBER:
TACH A VOIDED CHECK ON THE ABOVE ACCOUNT)	
TO THE	n the top and bottom right of the check - we do not need the
DOL ARS	middle group of 12 numbers on the bottom of your check.
PRouting Number is the	group of 9 numbers on the boltom left of your check.
advance written notification of any termination or change in this pany has received such written notification from Customer. comer hereby acknowledges and agrees that the financial accordance to by Company upon the condition that Company will gach debit and credit entries as authorized herein. If, for any pany is unable to administer the Contract by ACH debit and ordic payments under the Contract may be increased by two per CH debit and credit entries as authorized herein has been restored.	mmodations and periodic payments under the Contract have be able to realize cost savings by administering the Contract reason, this Authorization is terminated or suspended or the credit entries as authorized herein, Customer agrees that the cent (2%) until Company's ability to administer the Contract to the reasonable satisfaction of Company.
advance written notification of any termination or change in this pany has received such written notification from Customer. comer hereby acknowledges and agrees that the financial accordance agreed to by Company upon the condition that Company will g ACH debit and credit entries as authorized herein. If, for any pany is unable to administer the Contract by ACH debit and ordic payments under the Contract may be increased by two per CH debit and credit entries as authorized herein has been restorators. Live: X. A. Gental.	mmodations and periodic payments under the Contract have be able to realize cost savings by administering the Contract reason, this Authorization is terminated or suspended or the credit entries as authorized herein, Customer agrees that the cent (2%) until Company's ability to administer the Contract to the reasonable satisfaction of Company.
advance written notification of any termination or change in this pany has received such written notification from Customer. Tomer hereby acknowledges and agrees that the financial account agreed to by Company upon the condition that Company will gach debit and credit entries as authorized herein. If, for any pany is unable to administer the Contract by ACH debit and ordic payments under the Contract may be increased by two per CH debit and credit entries as authorized herein has been restored the contract of the contra	mmodations and periodic payments under the Contract have be able to realize cost savings by administering the Contract reason, this Authorization is terminated or suspended or the credit entries as authorized herein, Customer agrees that the cent (2%) until Company's ability to administer the Contract to the reasonable satisfaction of Company. Customer Billing Contact Information if different from information on left):
advance written notification of any termination or change in this pany has received such written notification from Customer. Tomer hereby acknowledges and agrees that the financial accordange agreed to by Company upon the condition that Company will gacH debit and credit entries as authorized herein. If, for any pany is unable to administer the Contract by ACH debit and ordic payments under the Contract may be increased by two per CH debit and credit entries as authorized herein has been restored the contract of the con	mmodations and periodic payments under the Contract have be able to realize cost savings by administering the Contract reason, this Authorization is terminated or suspended or the credit entries as authorized herein, Customer agrees that the cent (2%) until Company's ability to administer the Contract to the reasonable satisfaction of Company. Customer Billing Contact Information of different from information on left):
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advance written notification of any termination or change in this pany has received such written notification from Customer. Tomer hereby acknowledges and agrees that the financial accordange agreed to by Company upon the condition that Company will gacH debit and credit entries as authorized herein. If, for any pany is unable to administer the Contract by ACH debit and ordic payments under the Contract may be increased by two per CH debit and credit entries as authorized herein has been restored the contract of the con	mmodations and periodic pays be able to realize cost savings reason, this Authorization is credit entries as authorized he cent (2%) until Company's ab red to the reasonable satisfaction customer Billing Contact Information of different from information on left

Complete Care at Harrington LLC 59 Harrington Ct Colchester, CT 06415

Congressional Bank

111

Date: 07/13/2022

Pay

One Hundred One Dollars

SETER BOYO

Pay to the Order of

Vendor Print As Address Line 1 Address Line 2

City, State/Territory Zip code/Post code

#000111# #05500341B#

93502097666

Complete Care at Harrington LLC Vendor ID--Vendor Name Print As: Vendor Print As

Address Line 1 Address Line 2
City, State/Territory Zip code/Post code Congressional Bank Harrington Operating 9766 Date: 07/13/2022 Amount Paid/Applied

Date 10/05/2004 Net Amount:

Amount Due \$101.00

\$101.00

Page 1 of 1

Complete Care at Harrington LLC Vendor ID-Vendor Name

Print As: Vendor Print As

Address Line 1 Address Line 2 City, State/Territory Zip code/Post code Congressional Bank Harrington Operating 9766 Date: 07/13/2022

Date Reference Number Acci Dept ID Amount Entered Amount Paid 10/05/2004 1500-Equipment Net Amount: \$101.00 \$101.00 \$101.00

GUARANTY

THIS GUARANTY, dated as of July 14, 2022 ("Guaranty"), is made by Green Acres Rehab and Nursing LLC, an organization having its principal place of business at 1931 Lakewood Rd. Toms River, NJ 08755 ("Guarantor").

In order to induce LEAF Capital Funding, LLC ("LEAF") from time to time to enter into or extend certain financial accommodations with, or forebear from exercising rights and remedies against, Complete Care at Harrington Court LLC ("Customer"), Guarantor guarantees to LEAF the payment and performance of the Obligations, as defined below. Guarantor acknowledges that LEAF is relying upon this Guaranty in providing financial accommodations to Customer. If more than one entity executes this Guaranty, the liability of each such Guarantor hereunder shall be joint and several.

Section 1. <u>Guaranty of Payment and Performance</u>. Guarantor guarantees to LEAF the prompt payment and/or performance of all indebtedness, obligations and liabilities of Customer at any time owing to LEAF, whether now existing or hereafter arising, direct or indirect, matured or unmatured, primary or secondary, certain or contingent, or acquired by or otherwise created in favor of LEAF, including without limitation any and all rent, loan, purchase or other installment payments, principal balances, taxes, indemnities, liquidated damages, accelerated amounts, return deficiency charges, casualty value payments, all interest, late charges and fees, collection expenses, attorneys' fees for enforcement and other costs, which may at any time be payable to LEAF, together with all claims for damages arising from or in connection with the failure to punctually and completely pay or perform such obligations, whether or not such obligations are from time to time reduced or extinguished and thereafter increased or incurred (collectively the "Obligations"). This Guaranty is a guaranty of payment and performance, and not a guaranty of collection, and Guarantor hereby undertakes and agrees that if Customer does not or is unable to punctually and completely pay or perform any Obligations for any reason. Guarantor shall (i) punctually pay any such Obligations requiring the payment of money which Customer falls to pay promptly, as and when due, in each case, as an Obligation for payment due directly from Guarantor to LEAF and without any abatement, reduction, setoff, defense, counterclaim or recoupment, and (ii) punctually perform any and all Obligations not requiring the payment of money for the benefit of LEAF, as an Obligation for performance due directly from Guarantor to LEAF. Guarantor shall be deemed to be primarily liable for each Obligation and not merely as a surety thereof. This Guaranty is a continuing one and will be effective and binding upon Guarantor regardless of how long before or after the date hereof any Obligation may have arisen or will arise. The obligations of Guarantor hereunder shall be absolute and unconditional, irrespective of any circumstances which might constitute a legal or equitable defense or discharge of his or her obligations hereunder or which otherwise limit enforceability against the Guarantor by LEAF.

Section 2. Representations, Warranties and Covenants.

- 2.1 Guarantor represents and warrants to LEAF, knowing that LEAF is relying thereon, as follows:
- (a) Guarantor is an entity duly organized, validly existing and in good standing under the laws of the jurisdiction of its organization and has full power and authority to enter into and perform its obligations under this Guaranty.
- (b) The execution, delivery, and performance by Guarantor of this Guaranty have been duty authorized by all necessary action on the part of Guarantor, are not inconsistent with its organizational documents, do not and will not contravene any law or governmental rule, regulation or order applicable to Guarantor, and do not and will not contravene any provision of, or constitute a default under, any indenture, mortgage, contract or other instrument to which Guarantor is a party or by which it is bound. This Guaranty will constitute the legal, valid and binding agreement of Guarantor, enforceable in accordance with its terms.
- (c) There are no actions, suits or proceedings pending or, to the knowledge of Guarantor, threatened against or affecting Guarantor in any court or before any governmental commission, board or authority which, if adversely determined, will have a material adverse effect on the ability of Guarantor to perform its obligations under this Guaranty.
- (d) The balance sheet and statement of income of Guarantor heretofore delivered to LEAF have been prepared in accordance with

- generally accepted accounting principles and fairly present the financial position of Guarantor on and as of the date thereof and the results of its operations for the period or periods covered thereby. Since the date of such balance sheet, there has been no material adverse change in the financial condition of Guarantor.
- (e) As of the date hereof, and after giving effect to this Guaranty and the contingent obligations contained herein. Guarantor is solvent and has assets which, when fairly valued, exceed its liabilities. The performance of the obligations of Guarantor hereunder will not cause Guaranto to exceed its ability to pay its debts as they mature, and this Guaranty is made without any intent to hinder, delay or defraud either present or future creditors, purchasers or other interested persons.
- 2.2 Commencing on the date hereof and until all of the Obligations are satisfied in full, Guarantor shall furnish to LEAF: (i) within 120 days after the close of each fiscal year of Guarantor occurring after the date hereof, an audited balance sheet of Guarantor at and as of the end of such fiscal year, together with an audited statement of income of Guarantor for such fiscal year, all prepared in accordance with generally accepted accounting principles consistently applied, and (ii) from time to time, such other information as LEAF may reasonably request with respect to the financial or business condition of Guarantor.

Section 3. Waiver of Precondition, Suretyship Defenses, Guarantor hereby waives against LEAF as a precondition for payment hereunder each of the following: any demand for payment, filling of claims with any court, and proceedings to enforce any provisions of the Obligations or this Guaranty, any right to require a proceeding first against the Customer or any party whatsoever or to exhaust any security for the Obligations, and all protests, presentment, notice (including, without limitation, notice of acceptance of this Guaranty by LEAF) or demand whatsoever. Guarantor hereby covenants that by its agreement under this Guaranty it shall not be discharged from its obligations hereunder or with respect to the Obligations except by payment in full of all amounts due and to become due with respect to the Obligations and this Guaranty and performance and discharge of all the Obligations, and only to the extent of any such payment, performance and discharge. Without limiting the generality of the foregoing, the obligations of Guarantor hereunder and LEAF's rights to enforce same shall not be in any way affected by (i) any insolvency, bankruptcy, liquidation, reorganization, dissolution, winding up or other proceeding involving or affecting Customer, Guarantor or others; (ii) any change in the ownership of Customer; and (iii) any failure on the part of any other party whether or not without fault on its part to perform or comply with any of the terms of the Obligations or this Guaranty or any other instrument. Guarantor hereby walves any defenses which Guarantor may have or assert against the enforcement of this Guaranty or any obligation based upon suretyship principles or any impairment of collateral.

Section 4. Relation with Customer Release of Collateral. LEAF may, without notice to Guarantor, deal with the Customer in the same manner and as freely as if this Guaranty did not exist and shall be entitled among other things, without loss of right hereunder, to grant Customer such extensions of time to perform any act or acts as may seem advisable to LEAF at any time and from time to time without terminating, affecting or impairing the validity of Guarantor's obligations hereunder. No compromise, alteration, amendment, modification, extensions, renewal, release of collateral, failure to acquire or maintain a lien upon collateral or other change of or waiver, consent or any action or delay or admission or failure to act in respect of any liability or obligation under or in respect of the Obligations shall in any way after or affect the obligations of Guarantor hereunder.

Section 5. <u>Debt Subordination</u>. All debts and liabilities, present and future of the Customer to the Guarantor ("Subordinated Debt") are hereby subordinated to the payment and performance of the Obligations, and all monies received by the Guarantor or its representative, successors or assigns thereon, shall be received as trustee for LEAF and shall be paid over to LEAF, and the Guarantor further agrees, upon any liquidation or distribution of the assets of the Customer, to assign to LEAF upon its request all claims on account of the Subordinated Debt and all security therefore, to the end that LEAF shall receive all dividends and payments on such Subordinated Debt until payment and performance in full of all the Obligations has occurred. This Guaranty shall constitute an assignment of

the Subordinated Debt in the event the Guarantor shall fail or refuse to execute and deliver such other or further assignment of such claims and security as LEAF may request. Guarantor shall not demand or accept any payment of, or otherwise cancel, set-off or otherwise discharge any part of, the Subordinated Debt without the prior written consent of LEAF, provided, however, that for so long as there is no default hereunder or in connection with the Obligations or the Subordinated Debt, Guarantor may receive and Customer may pay (but not prepay, whether or not permitted or contemplated by the terms of the Subordinated Debt) principal and/or interest or other scheduled installment payments of Subordinated Debt from Customer. Upon the request of LEAF, Guarantor shall deliver to LEAF a certified statement of the outstanding Subordinated Debt, specifying in detail the time at which permitted payments of Subordinated Debt were made, if any, and such other information as LEAF may request.

Section 6. <u>Waiver of Subrogation</u>, Guarantor hereby irrevocably waives any and all rights it may have to enforce any of LEAF's rights or remedies or participate in any security now or hereafter held, and any and all such other rights of subrogation, reimbursement, contribution or indemnification against the Customer, or any other person having any manner of liability for Customer's obligations to LEAF, whether or not arising hereunder, by agreement, at law or in equity.

Section 7: Events of Default. Each of the following events shall constitute an Event of Default under this Guaranty; (i) if there exists any event or condition which, with notice and/or the passage of time, would constitute a default under any document, agreement or instrument evidencing an Obligation (including any default relating to Guarantor or this Guaranty); (II) Guarantor falls to perform or observe any covenant, term or condition or breaches any representation or warranty contained in this Guaranty and such failure shall continue unremedied for a period of fifteen days after written notice from LEAF to Guarantor stating the failure; or (iii) there is a liquidation, bankruptcy, assignment for the benefit of creditors or similar proceeding affecting the status, existence, assets or obligations of Customer or any Guarantor or other party liable to LEAF in respect of the Obligations, (each of the foregoing being hereinafter referred to as a "Default"), then the Obligations of Customer shall, at the sole option of LEAF, be deemed to be accelerated and become immediately due and payable by Guarantor for all purposes of this Guaranty, and Guarantor shall (Y) immediately pay directly to LEAF all such Obligations for the payment of money owing to LEAF by reason of acceleration or otherwise (including without limitation, any rent, liquidated damages, principal or interest payments or balances, fees, other installments or any other accrued or unaccrued amounts with respect to such Obligations), irrespective of whether a Default exists relating to Customer, and notwithstanding any stay, injunction or other prohibition preventing acceleration of any Obligations against Customer, and (Z) promptly perform all other Obligations. Guarantor shall be liable, as principal obligor and not as a surety or guarantor only, for all attorneys' fees and other costs and expenses incurred by LEAF in connection with LEAF's enforcement of this Guaranty, together with interest on all amounts recoverable under this Guaranty, compounded monthly in arrears, from the time such amounts become due and payable until the date of payment at the lesser of LEAF's then current late charge rate of interest or the highest rate permitted by applicable law. If LEAF is required to return any payment made to LEAF by or on behalf of Customer, whether as a result of Customer's bankruptcy, reorganization or otherwise, Guarantor acknowledges that this Guaranty covers all such amounts, notwithstanding that the original of this Guaranty may have been returned to Guarantor and/or otherwise canceled. No remedy provided for herein is intended to be exclusive but each shall be cumulative and in addition to any other remedy referred to above or otherwise available at law or in equity.

Section 8. Miscellaneous.

8.1 This Guaranty is In addition to and not exclusive of the guaranty of any other guarantor and of any and all prior guarantees by and of the Guarantor of the obligations of the Customer to LEAF. Guarantor waives all right to trial by jury in any litigation relating to this Guaranty or the transactions contemplated hereby.

8.2 Guarantor hereby irrevocably submits itself to jurisdiction in the Courts of the Commonwealth of Pennsylvania and to jurisdiction in the United States District Court for the Eastern District of Pennsylvania with respect to any matter, suit or proceeding arising out of this Guaranty or the transactions contemplated hereby. Guarantor agrees that service of process may be duly made upon it by registered or certified mail (return

receipt requested) at the address of Guarantor set forth herein or at such other address as Guarantor shall from time to time designate by notice to LEAF similarly given.

8.3 This Guaranty shall, with the exception of laws relating to choice of law, be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania, without regard to the principles regarding the choice of law. This Agreement shall be binding upon Guarantor and its successors and assigns, LEAF may, at any time and without the consent of, or notice to, Guarantor, assign all or any portion of its rights hereunder to any other party to which all or any portion of the Obligations are transferred, assigned or negotiated (an "Assignee"). Guarantor shall promptly execute and deliver to LEAF or its Assignee such additional documents, instruments and assurances as LEAF deems necessary in order to acknowledge and confirm, for the benefit of LEAF or its Assignee, all of the terms and conditions of all or any part of the Obligations or this Guaranty and LEAF's or Assignee's rights with respect thereto.

8.4 This Guaranty contains the entire agreement between Guarantor and LEAF relating to the subject matter hereof. A photocopy, printed electronic image or facsimile of this Guaranty that includes copies of the signature of Guarantor shall be legally admissible under the "best evidence" or other similar rule of evidence and shall be treated as an original document and proof of the agreement between the parties.

IN WITNESS WHEREOF, the undersigned has caused this Guaranty to be executed as of the date set forth above.

Y:	Genith	
RINT NAME:	Ari Genuth	
TLE: Dire	ctor of purchasing	



Service Agreement



complete care at harington court lic Date: 7/14/22 Company: Address: City, ST Zip: 59 harrington CT colchester CT 06415 Representative: SOL CITRONENBAUM 100 Park Ave 16th FL New York, NY Address: Phone: City, ST: Contact: 10017 Zip Delivery Address if other Phone: 212-300-3582 Address: Fax: 212-609-3752 646-675-6835 Cell: City, ST: e-mail Address: Model Number Description Qty. Per unit Total 1249,00 Kyocera 6004i copy print scan fax finisher stand \$ 249.00 kyocera m3655idn \$ 89.00 # 178,00 RENEW Old Units. Special Instructions: SERVICE AGREEMENT INCLUDES ALL SERVICE CALLS, PARTS, LABOR, AND UNLIMITED TONER. cost per copy billed at \$0.005 Sales Rep: SOL CITRONENBAUM **Customer:** Authorized Signature A. Gentil

Complete Care Management Facility Rental Disallowance September 30, 2023

Rehab	Portion	of Facility
ALC HILL	LUILIUII	U/ I HULLIN

Facility Square Feet	58,512	[b]	W/P D.01
Rented Space Square Feet	1,228	[b]	W/P D.01

Rental % to Total 2.10%

<u>Disallowance</u>	TB Linked	[a]
	<u>Total</u>	Rental
Repairs and Maintenance (Pg 22 line 6a)	68,330	(1,434)
Heat (Pg 22 line 6b)	107,219	(2,250)
Light & Power (Pg 22 line 6c)	135,396	(2,842)
Water (Pg 22 line 6d)	61,426	(1,289)
Equipment Lease (Pg 22 line 6e)	5,068	(106)
Other (Pg 22 line 6f):		
Maintenance Expense>Supplies	20,775	(436)
Maintenance Expense>Minor Equip	2,987	(63)
Maintenance Expense>Sanitation & Incineration	26,658	(559)
Maintenance Expense>Equip Rental	406	(9)
Maintenance Expense>Extermination	1,104	(23)
Maintenance Expense>Snow Removal	5,458	(115)
Maintenance Expense>Landscaping	17,455	(366)
Maintenance Expense>Landscaping>supplies	1,264	(27)
Maintenance Expense>Data Processing	1,381	(29)
Maintenance Expense>Contracted Service	35,319	(741)
Utility Expense>Contracted Service	7,307	(153)
Depreciation - Building (Pg 22 line 7b)	325	2:≥
Rent (Pg 22 line 9)	719,164	(15,093)
Real Estate Taxes (Pg 22 line 10b)	110,892	(2,327)
Property Insurance (Pg 27 line 14a)	31,591	(663)
		(28,525)

[[]a] Amount ties to page 29 without exception.

[[]b] Amounts provided by Client.

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

Name of Facility			License No.	0.		Report for Year Ended	nded		Page	Jo
Complete Care at Harrington Court, LLC				2462		9/30/2023			23	37
Property Item			Historical Cost Exclusive of Land	Cost of Less Salvage	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful	Depreciation for This Year	Totals
A. Land Improvements 1. Acquired prior to this report period			2	950	2.950			Various	197	
2. Disposals (attach schedule)							1			
3. Acquired during this report period (attach schedule)	schedule)									
A-4. Subtotal					TOWN THE					197
B. Building and Building Improvements			370 715	115	320 715	111 574	1/5	Various	21 081	
2. Disnosals (attach schedule)			757,		C11,125	17771	7.0	v di 1003	100017	一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一
3. Acquired during this report period (attach schedule)	schedule)			47.45						
1=	8		20	BENEFIT OF	The state of			The state of	W.S S.W.	21,981
ž,							Ė			
I. Acquired prior to this report period			96	96,825	96,825	61,056	S/L	Various	9,683	THE REAL PROPERTY.
2. Disposals (attach schedule)	Colindon		=	11 020	11 030		6.4	2	1 104	
Acquired during this report period (attach schedule) Acquired during this report period (attach schedule)	sciledule)		The second second	650	450,11	A STANSON OF THE PERSON OF THE	3/17	IO	1,104	10 787
				DINI THE REST				90		10,/0/
	Is a mileage logbook maintained?	Date of Acquis	Is a mileage logbook maintained? Date of Acquisition Historical Cost	Cost		Accumulated Depreciation to	Method of			
	Yes	Month Y	Exclusive of Vear Land	of Salvage	Cost to Be Depreciated	Beginning of Year's Operations	Computing Depreciation	Useful Life	Depreciation for This Year	Totals
D. Movable Equipment I. Motor Vehicles (Specify name, model and year of each vehicle)										
, a , D										
C										
2. Movable Equipment		- Aug		10 TO						
Acquired prior to this report period Disnosals (attach schedule)		-	940	940,736	940,736	853,578	S/L	Various	31,776	
Acquired during this report period									100	
c. Administrative		H	10	10,355	10,355		S/L	Various	1,699	
e. Specialized Resident										
Total Acquired during this report				10.255	10.255				1 600	
D-3 Subtotal		W A	OI STATE	255	10,500	BILLY OF THE PARTY OF	Mess ferm	10 mm	1,000	33.475
e e	000	The Carlo	THE WAY	THE REAL PROPERTY.	A STATE OF	The same of the same		The same of		

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
otal additions for Land Impro	vements	\$		\$ -
eletions:				
			11.11	Wood: IP
		New York And State of the Second		
				\$ -
otal deletions for Land Impro	vements	\$ -		9 .

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

	ents Acquired during this report period	192100	Useful	17 <u>2-</u> 2000-0000-0000-00
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
				The same
			# PER	
Total additions for Building Im	provements	Section 5		\$ -
Deletions:				
HINDER STORY			S ELSIE	I TOTAL X 60
			1 1	
	CHARLEST PARKING TO THE PARK OF THE PROPERTY OF THE PARK OF THE PA		8 0.9	
		CONTRACTOR SERVICES		The later of the later
	70. ALIV N. 1945.	\$ -		\$ -
Total deletions for Building Im	provements	3		3

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Dep	reciation
Additions:					
12/27/2022	Convection oven	\$ 11,039	10	S	1,104
Total additions for	Non-Movable Equipment	\$ 11,039	INTO L	\$	1,104
Deletions:		CANCEL CONTROL CONTROL			EIREI
	CAN THE STATE OF T				ATDAY
	A 150 (S. 15. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17				
Total deletions for	Non-Movable Equipment	\$		S	-

^{**}Ties to Page 23, Line A2

^{**}Ties to Page 23, Line B2

^{*}Ties to Page 23, Line C3
**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

A Matel D. L.	Description of Item	Pick One Moyable Category		Cost	Useful Life	Den	reciation
Acquisition Date Additions:	Description of item	Movable Category		Cost	Elic	Бер	cemuon
	nter/ Copier purchase from prior owner	Administrative	S	6,630	5	S	1,326
	teside Heated Dish Dispenser for 8/4 " to 9-1 / 8 " Plates , Double	Administrative	S	3,725	10	S	373
		PICK A CATEGORY				Sir-c	
ARRIVE		PICK A CATEGORY					
		PICK A CATEGORY				100	
		PICK A CATEGORY	10.			WIN	
Total additions for Mov	vable Equipment		S	10,355		\$	1,699
Deletions:							
			L.V.				
				18 0			
			2				
		E L ENE					
			6			6	
Total deletions for Mov	able Equipment		3			D	

Schedule of Leasehold Improvements Acquired during this report period

A Table There	Description of Item		Cost	Useful Life	Den	reciation
Acquisition Date Additions:	Description of item		0001	Line	Dop	
	1st installment Repairs to HVAC and Hot Water Systems	S	1,005	15	S	67
	Final installment Repairs to HVAC and Hot Water Systems	S	1,157	15	S	77
	Multiple heater/boiler/plumbing repairs	\$	8,764	15	\$	584
	Driveway repairs	\$	16,237	8	S	2,030
	Driveway repairs	S	8,117	8	\$	1,015
	Replaced actuator and linkage	S	4,682	15	\$	312
	HVAC Study	S	6,700	15	5	447
	Cabinets and Formica Countertop	S	1,974	15	5	132
	Cabinets and Kitchen Improvement Supplies	S	3,258	15	S	217
	Property signage	S	4,570	5	5	914
	Removed old convection ovens and installed new Southbend convection ovens	S	2,556	10	S	256
	Ice box repairs	S	691	15	\$	46
	Water line repairs	\$	4,806	15	\$	320
	Fridge/cooler repairs (multiple invoices)	S	4,428	15	S	295
	Repaired leak on service valve, replaced dual pressure control	S	2,767	15	S	184
	Installed Duplex receptacle behind to in dining room	S	5,742	15	\$	383
	Fire Alarm Repair	S	3,782	15	\$	252
	Fire Alarm Repair	S	4,021	15	\$	268
	Fire Alarm Repair	S	11,725	15	S	782
	Fire Alarm Repair	\$	3,413	15	S	228
	Job B4159 and Job G3946 Replacement of The 100 Wing Hot Water Coil	S	3,270	15	S	218
	Compressor replacement	S	6,385	15	S	426
Total additions for	Leasehold Improvement	S	110,050		S	9,453
Deletions:						
		1.7				-15_
				IV.		
100						811
					1	
		A. H.				
					100	1/0
Total deletions for	Leasehold Improvement	S			\$	

^{*}Ties to Page 23, Line D2c **Ties to Page 23, Line D2b

^{*}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.		Report for Year Ended	r Ended		Page	Jo
Complete Care at Harrington Court, LLC			2462	52	9/30/2023			24	37
					Accumulated				
	Date	e of			Amort. to				
	Acqu	Acquisition			Beginning of	Basis for			
			Length of	Cost to Be	Year's	Computing	Rate	Amortization	
Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A. Organization Expense									
1.									Note that the same
2,									
3.									
A-4. Subtotal	P			THE PERSON NAMED IN					
B. Mortgage Expense									
2.									
3.									
B-4. Subtotal							200		
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	Var.	Var.	Various	21,093	869	S/L	Vario	698	
2. Disposals (attach schedule)									
3. Acquired during this report period									
(attach schedule)	Var.	Var.	Various	110,050		S/L	Varior	9,453	
C-4. Subtotal		THE ST	AND THE REAL PROPERTY.				200		10,322
D. Total Amortization		100							10,322
* Other to the line of the call of the factor									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

Complete Care at Harrington Court, LLC FIXED ASSET / DEPRECIATION SCHEDULE

Asset Type	Description	Date In Service	Method	Life	Historical Cost	2022 Deprec.	2022 A/D	2023 Deprec.	2023 A/D	NBV
Land Improvements										
Land Imp	Additions Prior to 2022	Var	S/L	15	2,950	197	1,046	197	1,243	707.1
TOTAL LAND IMPROVEMENTS	VEMENTS			5.5	2,950	197	1,046	197	1,243	1,707
Building Improvements										
Build Imp	Additions Prior to 2022	Var	S/L	15	329,715	21,981	111,574	21,981	133,555	196,160
TOTAL BUILDING IMPROVEMENTS	IPROVEMENTS				329,715	21,981	111,574	21,981	133,555	196,160
Non Movable Equipment										
Non Movable	Additions Prior to 2022	Var	S/L	10	96,825	9,683	61,056	9,683	70,739	26,086
2023 Additions Non Movable	Convection oven	12/27/2022	S/L	10	11,039			1,104	1,104	9,935
TOTAL NON MOVABLE EQUIPMENT	LE EQUIPMENT				107,864	9,683	61,056	10,787	71,843	36,021
LEASHOLD IMPROVEMENTS	EMENTS									
2022 Additions LI	Repair and install heating coils (invoices Replace compressor and drier Boiler repair and replacement Fire Alarm Repair- Completed, Relocate Smoke	11/8/2021 11/26/2021 1/4/2022 8/19/2022	S.L. S.L. S.L.	15 15 15	4,773 4,398 5,998 5,924	292 244 300 33	292 244 300 33	292 244 300 33	584 488 600 66	4,189 3,910 5,398 5,858
2023 Additions U U U U U U	Ist mstallment Repairs to HVAC and Hot Water Final installment Repairs to HVAC and Hot Water Multiple heater/Boiler/plumbing repairs Driveway repairs	10/11/2022 10/11/2022 10/1/2022 11/8/2022 11/8/2022	S/L S/L S/L S/L	15 15 15 8	1,005 1,157 8,764 16,237 8,117			67 77 584 2,030 1,015	67 77 584 2,030	938 1,080 8,180 14,207 7,102

Complete Care at Harrington Court, LLC FIXED ASSET / DEPRECIATION SCHEDULE

					Historical	2022	2022	2023	2023	*
Asset Type	Description	Date In Service	Method	Life	Cost	Deprec.	A/D	Deprec.	A/D	NBV
II	Replaced actuator and linkage	12/12/2022	S/L	15	4,682			312	312	4,370
17	HVAC Study	12/22/2022	S/L	15	6,700			447	447	6,253
I	Cabinets and Formica Countertop	2/1/2023	S/L	15	1,974			132	132	1,842
ר	Cabinets and Kitchen Improvement Supplies	2/28/2023	S/L	15	3,258			217	217	3,041
፭	Property signage	2/24/2023	S/L	5	4,570			914	914	3,656
ב	Removed old convection ovens and installed new	2/1/2023	S/L	01	2,556			256	256	2,300
I	Ice box repairs	2/21/2023	S/L	15	691			46	46	645
I	Water line repairs	2/8/2023	S/L	15	4,806			320	320	4,486
I	Fridge/cooler repairs (multiple invoices)	5/28/2023	S/L	15	4,428			295	295	4,133
	Repaired leak on service valve, replaced dual	3/8/2023	S/L	15	2,767			184	184	2,583
77	Installed Duplex receptacle behind tv in dining room	6/30/2023	S/L	15	5,742			383	383	5,359
7	Fire Alarm Repair	7/28/2023	S/L	15	3,782			252	252	3,530
7	Fire Alarm Repair	8/14/2023	S/L	15	4,021			268	268	3,753
I	Fire Alarm Repair	8/28/2023	S/L	15	11,725			782	782	10,943
Π	Fire Alarm Repair	7/25/2023	S/L	15	3,413			228	228	3,185
1	Job B4159 and Job G3946 Replacement of The 100	8/15/2023	S/L	15	3,270			218	218	3,052
מ	Compressor replacement	9/7/2023	S/L	15	6,385			426	426	5,959
TOTAL LEASEHO	TOTAL LEASEHOLD IMPROVEMENTS			8	131,143	698	869	10,322	11,191	119,952
				J						
MOVABLE EQUIPMENT	MENT									
MME	Additions Prior to 2022	Var	S/L	45	848,781	169,756	835,290	13,491	848,781	0
2022 Additions MME	Ports, computers, laptops, hads	9/30/2021	S/L	v	80,506	16,101	16,101	16,101	32,202	48,304
MIME	Use tax on computer purchase	9/30/2021	S/L	'n	5,112	1,022	1,022	1,022	2,044	3,068
MME	Multiple laptops and supplies	10/31/2021	S/L	'n	6,337	1,162	1,162	1,162	2,324	4,013
2023 Additions		000011113	50	ų				700	208	206.3
MME	Printer/ Copier purchase from prior owner Lakeside Heated Dish Dispenser for 8/4 " to 9-1 / 8 "	4/27/2023	S/L	o 01	0,630			1,320	1,320	7,504
	Plates, Double				3,725			373	373	3,352
TOTAL MOVABLE EQUIPMENT	E EQUIPMENT				951,091	188,041	853,575	33,475	887,050	64,041
TOTAL ASSETS PE TOTAL ASSETS PE	TOTAL ASSETS PER CR SCHEDULE TOTAL ASSETS PER TRIAL BALANCE POLIMINAL				1,522,763 244,491	220,771 19,154	1,028,120 19,154	76,762 26,665	1,104,882 45,819	417,881 198,672
VARIANCE				•.	1,278,271	201,617	1,008,966	50,097	1,059,063	219,208

F/S vs C/R NBV - Page 31, Line B9 F/S vs C/R Depreciation - Page 36, Line F1

(219,208) (50,097)

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

Name of Facility License No.	Report for Year En	ded		Page of
Complete Care at Harrington Court, LI 2462	9/30/2023			25 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility	Yes	•	No	If "Yes," complete Part B.
or leased from a Related Party?*				If "No," complete Part C.
*If any owner or operator of this facility is related by family, mar				
business association to any person or organization from whom burelated party transaction.	moings are leased, then i	i is considered a		
Description	Total			THE REAL PROPERTY.
Date Land Purchased				
Date Structure Completed	06/09/05			
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure	09/01/21			
5. Total Licensed Bed Capacity	125			
6. Square Footage	58,512			
7. Acquisition Cost a. Land	489,703			
b. Building	4,407,327			
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing		RS, DAVID	New Control	
a. Type of Financing (e.g., fixed, variable)	Variable			
b. Date Mortgage Obtained	12/17/21			
c. Interest Rate for the Cost Year	Variable			
d. Term of Mortgage (number of years)	3 Years			
e. Amount of Principal Borrowed	8,864,280			
f. Principal balance outstanding as of 09/30/2023	8,864,280	And the second second		The second leave to the second second
Complete if Mortgage was Refinanced			St. 1088.8	
During Current Cost Year		Value of the little	1000	MICHERANO, CALLEY, AND SOCIETY
g. Type of Financing (e.g., fixed, variable) h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				· · · · · · · · · · · · · · · · · · ·
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property I	mprovements Only	/		
Name and Address of Lessor 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 Harrington Court, LI 2462		Report for Ye	ar Ended				Page 26	of 37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Interest A. Building, Land Improvement & Non-Movable Equipment I First Mortgage	\$							
Name of Lender	Rate	199					430	
Address of Lender								
2. Second Mortgage	S							
Name of Lender	Rate			AT LEAST TO	V LEX BOT			
Address of Lender	1							
3. Third Mortgage	\$							
Name of Lender	Rate	WI XIE			5 0x 2 6			SRIE N
Address of Lender				3. 4.				
Fourth Mortgage	S				Daniel Control			
Name of Lender	Rate		13.64				10000 120	Was aller
Address of Lender								
B. CHEFA Loan Information				L YES Y		Reit Street		N STATE STATE
Original Loan Amount	\$							III WATE
Loan Origination Date							THE PARTY NAMED IN	T. (E. 18.5)
3. Interest Rate %							The order	
4. Term								HE ST YES
CHEFA Interest Expense								
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$							

(Carry Subtotals forward to next page)

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

Name of Facility License	No. 1462		Report for Yea 9/30/2023	r Ended				Page 27	of I 37
Complete Care at Harrington Court	402		9/30/2023	CCNII /				27	3,
Item			Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	btotals Brou	ight Forward:							
12. C. Movable Equipment		di di							
Automotive Equipment A, Item	Rate	Amount					3 7 E A 2		E01/85
Lender									- N
Address of Lender									
2. Other (Specify)		s		D1 15 115					
A. Item	Rate	Amount					18. 80 h	S. Contractive	
Lender					X 7 8 5 1				FIRE
Address of Lender									
B. Item	Rate	Amount							- 349 49
Lender									
Address of Lender									W 3 1 4 4
 C. 3. Total Movable Equipment Inte Expense (C1 + 2) 	rest	s							
12. D. Other Interest Expense (Specify) Interest on LOC / Miscellaneous		\$	87,368	87,368	Grown A. Mar	4. V = 38	075-18-09		THE PARTY NAMED IN
13. Total All Interest Expense (12B7 + 1	2C3 + 12D) 5	87,368	87,368	M	VEZI III AL S	Edil N 3094N	100 TELES	THE UNE
14 Insurance				21 501	(662)				
a. Insurance on Property (buildings of b. Insurance on Automobiles	only)	\$	20,520	31,591	(663)				
c. Insurance other than Property (as	specified at								
 Umbrella (Blanket Coverage) 		\$							
Fire and Extended Coverage		\$							
Other (Specify) General Liability / EPLI		S	86,146	86,146					
14d. Total Insurance Expenditures (14a-	+ b + c)	S	117.074	117,737	(663)	The West			
15. Total All Expenditures (A-13 thru C	-14)	.5	13,262,376	14,186,160	(923, 784)				

F. Statement of Revenue

F. Statement of Re					
Name of Facility License No.		Report for Y	ear Ended		Page of 37
Complete Care at Harrington Court, LLC 2462	_	9/30/2023			30 37
			CCNH /		(0.10)
Item		Total	RHNS	(Specify)	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (CT only)	\$	7,667,122	7,667,122		
b. Medicaid Room and Board Contractual Allowance **	\$				
2. a. Medicaid (All other states)	.\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (all inclusive)	\$	2,755,957	2,755,957		
b. Medicare Room and Board Contractual Allowance **	\$	(47,659)	(47,659)		
4. a. Private-Pay Residents and Other	\$	3,168,163	3,168,163		
b. Private-Pay Room and Board Contractual Allowance **	\$	(3,708)	(3,708)		
II. Other Resident Revenue					
a. Prescription Drugs - Medicare	\$	57,744	57,744		
b. Prescription Drugs - Medicare Contractual Allowance **	\$	(57,744)	(57,744)		
c. Prescription Drugs - Non-Medicare	\$				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$	236,678	236,678		
b. Physical Therapy - Medicare Contractual Allowance **	\$	(115,398)	(115,398)		
c. Physical Therapy - Non-Medicare	\$	101,972	101,972		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$	(101,972)	(101,972)		
4. a. Speech Therapy - Medicare	\$	72,195	72,195		
b. Speech Therapy - Medicare Contractual Allowance **	\$	(48,482)	(48,482)		
c. Speech Therapy - Non-Medicare	\$	23,613	23,613		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$	(23,613)	(23,613)		
5. a. Occupational Therapy - Medicare	\$	538,226	538,226		
b. Occupational Therapy - Medicare Contractual Allowance **	\$	(150,081)	(150,081)		
c. Occupational Therapy - Non-Medicare	\$	46,471	46,471		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$	(46,471)	(46,471)		
6. a. Other (Specify) - Medicare	\$	2,484	2,484		
b. Other (Specify) - Non-Medicare	\$	45,053	45,053		
III. Total Resident Revenue (Section I. thru Section II.)	\$	14,120,550	14,120,550		
IV. Other Revenue*	Ť	14,120,330	14,120,550		
	\$	The same			
Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	-				
4. Rental of Television and Cable Services	\$	(45	CAE		
5. Interest Income (Specify)	\$	645	645		
6. Private Duty Nurses' Fees	\$				-
7. Barber, Coffee, Beauty and Gift shops	\$	60.105	70 10C		
8. Other (Specify)	\$	50,109	50,109		
V. Total Other Revenue (1 thru 8)	\$	50,754	50,754		
VI. Total All Revenue (III +V)	\$	14,171,304	14,171,304		

^{*} Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

^{**} Facility should report all contractual allowances and or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
Warmin.		0		
30 II6a	Radiology Rev>Medicare A	\$ 1,870		
30 II6a	Radiology Rev>Medicare A>C/A	\$ (1,870)	THE R. P. LEWIS	Land Mark
30 II6a	Lab Rev>Medicare A	\$ 8,250		
30 II6a	Lab Rev>Medicare A>C/A	\$ (8,250)		W 85-
30 II6a	Other Ancillary Rev>Medicare A	\$ 1,800		E 1. 1941
30 II6a	Other Ancillary Rev>Part B	\$ 3,300		
30 II6a	Other Ancillary Rev>Part B>Sequester	\$ (8,076)		
30 II6a	Vaccine Rev>Part B	\$ 3,666		
30 II6a	Vaccine Rev>Part B>COVID Vaccine	\$ 2,157		
30 II6a	Revenue Adjustments>Medicare A	\$ 278		
30 II6a	Revenue Adjustments>Part B	\$ (641)		
Total Oth	er Resident Revenue - Medicare	\$ 2,484	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
		0	857111	
30 II6b	Other Ancillary Rev>Private	\$ 3,831	W. 201	
30 II6b	Revenue Adjustments>Private	S 2	10000	PART I
30 116b	Revenue Adjustments>Medicare HMO	\$ 12,321		
30 II6b	Revenue Adjustments>Hospice	\$ 30		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
30 116b	Revenue Adjustments>Medicaid	\$ 28,875		
30 Пбъ	Revenue Adjustments>Vaccines	\$ (6)	N 20 H 0	W. S.
Total Oth	er Resident Revenue	\$ 45,053	\$ -	\$ -

Interest Income

		Account					
Page Ref	Account	Balance	CCNF	I/RHNS	(Specify))	(Specify)
				0			
30 IV5	Other Rev>Interest	N/A	S	645			
					Wall.		1000
Total Inte	rest Income		\$	645	\$ -	S	

Schedule of Other Revenue

Page Ref	Description	CCNH / F	RHNS	(Specify)	(:	Specify)
			0			
30 IV8	Gym Rental Revenue (Disallowed Expense on Page 16 m13)	S 14	,513			A
30 IV8	Other Rev>Part B>Medicare Cost Report	\$ 1	,490			- DA - 6
30 IV8	Other Revenue>Pharmacy Rebates*	\$ 13	3,324	N. Sel		
30 IV8	Other Rev>Vending Machines (Disallowed Expense on Page 16 Line m13)	S	90	JOS OF		
30 IV8	Other Revenue>Transportation	2	571		N.	3.0
30 IV8	Other Rev>Medical Records (Disallowed Expense on Page 16 Line m13)	\$	453	VIX I E.		
30 IV8	Other Revenue>Prior Year Adjustment(s)*	\$ 19	9,668			
		5 50	0.109	s -	S	
	er Revenue asc reported. Do not disallow	\$ 50	1.109	3 -	1.5	

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Pa	
Complete Care at Harrington Court,		9/30/2023	31	
A	Account			Amount
Assets A. Current Assets				
A. Current Assets1. Cash (on hand and in ban	les)		\$	(24,160
Resident Accounts Received.		for Rad Debts)	\$	2,787,228
3. Other Accounts Receivable			\$	2,707,1120
4 Inventories	ic (Excluding Owners t	or reduced runes)	\$	
5. Prepaid Expenses			\$	103,225
a. b.				
d. See Schedule		103,225		
6. Interest Receivable		,	\$	
7. Medicare Final Settlement	Receivable		\$	
8. Other Current Assets (item	nize)		\$	
			W. Torke	
See Schedule				
A-9. Total Current Assets (Lines	A1 thru 8)		\$	2,866,293
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	2,950	\$	1,707
	_Accum. Deprecia	tion 1,243 Net		
3. Buildings	*Historical Cost	329,715	\$	196,160
	Accum. Deprecia	tion 133,555 Net		
4. Leasehold Improvements	*Historical Cost	131,143	\$	119,952
	Accum. Deprecia	tion 11,191 Net		
Non-Movable Equipment	*Historical Cost	107,864	\$	36,021
	Accum. Deprecia	tion 71,843 Net		
6. Movable Equipment	*Historical Cost	951,091	\$	64,038
	Accum. Deprecia	tion 887,053 Net		
7. Motor Vehicles	*Historical Cost	-	\$	
	Accum. Deprecia	tion Net		
8. Minor Equipment-Not De	preciable		\$	
9. Other Fixed Assets (itemi.	ze)		\$	(219,031
F/S vs C/R NBV		(219,208)		
See Schedule		177		
B-10. Total Fixed Assets (Lines	s B1 thru 9)		\$	198,847

^{*} 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	Prepaid Expenses	\$ 26,409
31	A5	Prepaid Expenses Insurance	\$ 1.280
31		Prepaid Expenses Financing Costs	\$ 1,137
31		Prepaid Expenses>RE Taxes	\$ 1,137 \$ 27,790
		Prepaid Expenses>Insurance - General Linbility & Other	\$ 23,700
	A5	Prepaid Expenses Instruce - General Liability & Other Contra	5 (28,77)
	A5	Prepaid Expenses>Insurance + EPL1	\$ 6,739 \$ 18,412
*1		Prepaid Expenses>Insurance+Property	\$ 18,412
	AS	Prepaid Expenses Workers Comp	\$ 52,838
		Prepaid Expenses>Wirkers Comp>Contra	\$ (26,308
Tatal Prepa			\$ 103,225

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

Page Ref	Line Ref	Description	
Total Office	Current A	socis (Itemize)	5 -

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

31 39	Fixed Ameti>CIP	5	175
31 59	Rounding	5	2
JI. 100 210		1,200	CHAIN
Coral Clabor Cabon	Fixed Assets (Remitte)	2	177

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	1	
) de	
			-	
				W
Total Othe	Assets		\$	Dr.

Schedule of Notes Payable (Itemize) Page 33 Line A2

		-	-
Name of the last		WIE	
			\$

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

Page Ref	A12	Other Current Payables>401K	\$ 802
	A12	Other Current Psyables-Mose PR Deduction	\$ 13,220
	Alz	Other Current Payables > Union Dues W/H	\$ 4,218
	A12	Other Current Payables>Resident Funds	\$ 57.038
33	All	Accrued Expenses	\$ 331.081
	A12	Accrued Expense>Medicaid>Bed Tax	\$ 176,085
33	A12	Accrued Expenses>Management Fee	\$ 53,084
	A12	Due Tn/(From)>Vendor	\$ (6.374
	A12	Due To/(From)>Burber (formerly DTF NJ5)	\$ (83
Total Other	Curren	LiabBitles (Itemize)	\$ 612,631

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

34[B4	Due Tol/From>Amex Hamington	5 7,984
34 B4	Due To/(Fram) Medicare A) Sequester	\$ 3,496
34 B4	Due ToffFrom PCommercial HMO	\$ 15,118
34 134	Due To/(From) Hospice	5 17,559
34 B4	Due To/rFrom>Medicaid	\$ 68,022
14/84	Dig To/(From)>Social Security	\$ 27.293
	nt Liabilities (Itenize)	\$ 138.572

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Y	ear Ended	Page	e	of 37
Complete Care at Harrington Cou		9/30/2023		32		3 /
	Account	W . 17	1.77	,	Amount	(5 1 40
	1.10 D		ought Forward: \$)	3,0	65,140
C. Leasehold or like property re	ecorded for Equity Purp	ooses.		,		
1. Land	WITT-411 Cl4		\$)		
2. Land Improvements	*Historical Cost		—- _{Net}	,		
2 D 11.	Accum. Depreci *Historical Cost		Net \$)		
3. Buildings	Accum. Depreci		— _{Net}	2		
4 New Marshle Equipmen			1461 4			
4. Non-Movable Equipmen	Accum. Depreci		— _{Net}	2		
5. Movable Equipment	*Historical Cost		1101 4	,		
5. Movable Equipment	Accum. Depreci		— _{Net}	2		
6. Motor Vehicles	*Historical Cost		1101			
o. Wiotor verneres	Accum. Depreci		Net \	3		
7. Minor Equipment-Not I		ation	1101			
C-8 Total Leasehold or Like Pr			9			
D. Investment and Other Asset			4			
1. Deferred Deposits	J			S		
2. Escrow Deposits			9			
3. Organization Expense	*Historical Cost	22,2				
3. Organization Empanie	Accum. Depreci		74 Net \$	S		6,349
4. Goodwill (Purchased Or			\$			
5. Investments Related to I			\$	3		
						PES
3 						
6. Loans to Owners or Rela	ated Parties (itemize)		\$	5		27,726
Name and Addre	ss Amount	Loa	n Date			
Various	27	,726		434		
7. Other Assets (itemize)			\$	5	(1	74,393
Other Assets>Escrov	>Property Tax	(174,7				
Due To/(From)>Emp	loyee	3	22			
See Schedule					CALLY NO.	N STIVE
D-8. Total Investments and Oth		ru 7)				40,318
D-9. Total All Assets (Lines A9	+ B10 + C8 + D8)			5	2,9	24,822

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year I	Ended		Page	of	
Complete Ca	are at	Harrington Court, LLC	2462	9/30/2023			33	37
			Account				Amo	unt
Liabilities								
A.	Cu	rrent Liabilities						
	1.	Trade Accounts Payable				\$		360,925
	2.	Notes Payable (itemize)				\$		
						No. V		
		0 . 0 1 . 1.1.						
	2	See Schedule	ant (Cananarat is autilia)	(itomiza)		\$		
	3.	Loans Payable for Equipmon	Purpose	Amount	Date Due	Ψ	00 IUE 2	1.0.315
		Name of Lender	ruipose	Amount	Date Due	XIII		
						ar		
						er 3		
						180		
						100		
						5.5		
						250		
l						3/10		
						STEE STEE		
	4.	Accrued Payroll (Exclusive	e of Owners and/or	Stockholders only)		\$		294,781
	5.	Accrued Payroll (Owners of	and/or Stockholders	only)		\$		
	6.	Accrued Payroll Taxes Pay	able			\$		
	7.	Medicare Final Settlement	Payable			\$		
	8.	Medicare Current Financin	ig Payable			\$		
	9.	Mortgage Payable (Curren				\$		
	10.	Interest Payable (Exclusive	e of Owner and/or R	Related Parties)		\$		
	11.	Accrued Income Taxes*				\$		
	12.	Other Current Liabilities (itemize)			\$		612,631
						11/		
						3-07		
		U. Lagragion della	WALL TO MAKE	See Schedule	612,631	0	Z -41648	1.000.007
A-13	. To	tal Current Liabilities (Lin	es A1 thru 12)			\$		1,268,337

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	Ended	Page	of
Complete Care at Harrington Court, LLC	2462	9/30/2023		34	37
	Account	Total Dray	ght Forward:	F	1,268,337
T :- L::::4: (4:-d)		Total Blou	gin Forward.		1,200,557
Liabilities (cont'd) B. Long-Term Liabilities					
1. Loans Payable-Equipment	(itamiza)		,	\$	
Name of Lender	Purpose	Amount	Date Due	7 11 11 11 11 11 11	
Ivaine of Lender	Turpose	Atmount	Bate Bue		
			1 1		
2. Mortgages Payable				\$	
3. Loans from Owners or Rela	ated Parties (itemize)			\$	1,565,358
Name and Address of Lender	Amount	Loan I	Date		
10					
_					
Various	1,565,358				
		1			
			- 1		
4. Other Long-Term Liabilitie	os (itamiza)			\$	138,572
4. Other Long-Term Liabilitie	os (uemize)		h		150,572
					
See Schedule		138,572			1 702 626
B-5. Total Long-Term Liabilities (\$	1,703,930
C. Total All Liabilities (Lines A-	13 + B-5)			\$	2,972,267

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

	ne of Facility License No. Report for Year Ended	Pag	
Con	nplete Care at Harrington Court, LI 2462 9/30/2023	35	Amount 37
Α.	Reserves	+	Amount
2 3 4 5	Reserve for value of leased land	\$	
-		Ψ	
	2. Reserve for depreciation value of leased buildings and appurtenances	\$	
-	to be amortized	T D	
	3. Reserve for depreciation value of leased personal property (Equity)	\$	
	4. Reserve for leasehold real properties on which fair rental value is based	\$	
	5. Reserve for funds set aside as donor restricted	\$	
	6. Total Reserves	\$	
B.	Net Worth		
	1. Owner's Capital	\$	
	2. Capital Stock	\$	
	3. Paid-in Surplus	\$	
	4. Treasury Stock	\$	
	5. Cumulated Earnings	\$	(82,686)
	6. Gain or Loss for Period 10/1/2022 thru 9/30/2023	\$	35,241
	7. Total Net Worth	\$	(47,445)
C.	Total Reserves and Net Worth	\$	(47,445)
D.	Total Liabilities, Reserves, and Net Worth	\$	2,924,822

H. Changes in Total Net Worth

Name of Facility License No.	Report for Year E	nded	Page	of
Complete Care at Harrington Court, LLC 2462	9/30/2023		36	37
Account				mount
A. Balance at End of Prior Period as shown on Report of			<u> </u>	(181,557)
B. Total Revenue (From Statement of Revenue Page 30)			\$	14,171,304
C. Total Expenditures (From Statement of Expenditures .	Page 27)		\$	14,136,063
D. Net Income or Deficit			\$	35,241
E. Balance			5	(146,316)
F. Additions				
1. Additional Capital Contributed (itemize)	1.60			
Total Expenses per Page 27 \$14,186,				
F/S vs C/R Depreciation (50,	-			
Total Expenses per FS \$14,136,	063			
2. Other (itemize)				
Prior Period Adjustment(s)	98,871	1		
Thoi Tellou Adjustment(s)	70,071			
F-3. Total Additions			\$	98,871
G. Deductions				
1. Drawings of Owners/Operators/Partners (Specify)			\$	24,018
Name and Address (No., City, State, Zip)	Title	Amount		
	uity>Robert Hoc	24,018		
2. Other Withdrawings (Specify)			\$	
Purpose	Amour	nt		A TONING
3. Total Deductions			\$	
H. Balance at End of Period 09/30	/23		\$	(47,445)

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page of			
Complete Care at Harrington Court, LLC	2462	9/30/2023	37 37			
	Check appropriate category					
Chronic and Convalescent Nursing Home (CCNH) & RHNS Combined	☐ (Specify)	□ (Specify)				
	Preparer/Reviewer Certifica	ation				
I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.						
Signature of greparer	PRINCIPAL	Date Signed 2/14/2	4			
Printed Name of Preparer						
Matthew S. Bavolack						
Addres Address		Phone Number				
555 Long Wharf Drive, New Haven, CT 065	555 Long Wharf Drive, New Haven, CT 06511					
Contacted Person Regarding Additional Infor		Phone Number				
Peri Neumann		732-951-7099				
Contact Email Address						
PeriN@ltcally.com						

Complete Care Management Client: Medicaid - Complete Care at Harrington Court, LLC Engagement: Period Ending: 9/30/2023 Trial Ralance A.01 - TB-CCNH FINAL 1st PP-FINAL ADJ JE Ref# **RJE** Description Account 9/30/2023 9/30/2022 9/30/2023 (116,326.00) (1.153.00) 10-001-02 Cash>Clearing>Payroll (116,326,00) 16,445.00 12,086.00 10-010-30 Cash>Operating>Harrington 16,445,00 1,077.00 1.301.00 Cash>Petty Cash>Harrington 1.301.00 10-011-30 12,382.00 11,154.00 12,382,00 10-020-30 Cash>Payroll>Harringlon 0.00 0.00 1,708.00 10-040-30 Cash>Non Govt>Harrington 57,038.00 36,770.00 57,038.00 10-060-30 Cash>Resident Trust>Harrington 5,000.00 5,000.00 5,000.00 Cash>Care Cost>Harrington 10-061-30 Accounts Receivable>Miscellaneous 143,887.00 143,887.00 0.00 11-100-00 258,678.00 176,379.00 176.379.00 11-102-00 Accounts Receivable>Medicare A 159,576.00 159.576.00 85.347.00 11-103-00 Accounts Receivable>Part B 610,934.00 411.931.00 Accounts Receivable>Private 411.931.00 11-104-00 119,906.00 68,863.00 11-105-00 Accounts Receivable>Commercial HMO 119.906.00 393.783.00 393,783.00 320,628.00 11-106-00 Accounts Receivable>Medicare HMO 70,968.00 70,968.00 26,789.00 11-109-00 Accounts Receivable>Hospice 1,121,429.00 2,045,199.00 1,121,429.00 Accounts Receivable>Medicaid 11-111-00 66,837.00 5,830.00 66,837.00 Accounts Receivable>Income 11-112-00 101,356.00 101,356.00 (137, 222.00)Accounts Receivable>Allow for Doubtful Accts 11-120-00 (30.419.00) 21,176.00 21.176.00 11-122-00 Accounts Receivable>Medicare Colns Write Off 26.838.00 26,409.00 26.409.00 12-000-00 Prepaid Expenses 2,629,00 Prepaid Expenses>Insurance 1,280.00 1.280,00 12-124-00 1,137,00 1,790.00 Prepaid Expenses>Financing Costs 12-153-00 1,137,00 27,790.00 28.060.00 27,790,00 12-161-00 Prepaid Expenses>RE Taxes Prepaid Expenses>Insurance - General Liability & Other 23,700.00 23.700.00 63,583.00 12-162-00 (28,772,00) (52,496,00)(28,772,00) Prepaid Expenses>Insurance - General Liability & Other>Contra 12-162-01 Prepaid Expenses>Insurance - EPLI 6,739.00 10,858.00 6,739.00 12-163-00 18,412.00 18,412.00 13,179.00 12-165-00 Prepaid Expenses>Insurance - Property 52,838.00 52.838.00 0.00 12-881-00 Prepaid Expenses>Workers Comp 0.00 Prepaid Expenses>Workers Comp>Contra (26,308.00) (26.308.00) 12-881-01 95,310.00 (12.931-00) 13-127-00 Due From>Old Owner (12,931.00)5,692.00 62,345.00 13-127-10 Due From>Old Owner>AP Items 5.692.00 131,143.00 21,093.00 131.143.00 14-131-00 Fixed Assets>Leasehold Improvements 21,394.00 (11.039.00)10,355.00 0.00 14-132-00 Fixed Assets>Furniture, Fixtures and Equipment 91,954.00 91,954.00 Fixed Assets>Computer Hardware 91,954.00 14-134-00 175.00 175.00 9,122,00 Fixed Assets>CIP 14-136-00 15-100-00 Accum Depn>Miscellaneous (45,819,00) 2,938.00 (42,881,00) (18,285,00) 22,223.00 17-000-00 Other Assets>Deferred Financing Costs 22,223.00 22,223,00 (49.455.00) Other Assets>Escrow>Property Tax (174,715,00)(174.715.00) 17-283-91 (8,025.00)19-265-00 Accumulated Amortization>Deferred Financing Costs (15,874-00) (15,874,00) (360,925,00) (563,179.00) (360,925,00) 20-000-00 Accounts Payable (802.00) (447.00)(802,00)21-148-00 Other Current Payables>401K Other Current Payables>Misc, PR Deduction 3,220.00 3.220.00 1,387.00 21-149-00 Other Current Payables>Union Dues W/H (4,218.00)(4.218.00)(2.660.00)21-150-00 (57,038,00)(36,770,00)Other Current Payables>Resident Funds (57,038,00)21-350-00 0.00 0.00 16.557-00 21-354-00 Other Current Payables>DTF RFMS (84.260.00) 0.00 0.00 23-000-00 Accrued Wages & Related (19.062.00) Accrued Wages & Related>PR Taxes 0.00 0.00 23-156-00 (294.781.00) (279,893.00)Accrued Wages & Related>Benefit Time 23-157-00 (294,731,00) 10,406.00 Accrued Wages & Related>Benefit Time>Old Owner 0.00 0.00 23-157-10 (331,081.00) (331,081,00) (181,093,00) 24-000-00 Accrued Expenses (176,085.00) Accrued Expense>Medicaid>Bed Tax (176,085,00) 0.00 24-111-16 (53,084,00) (358,096.00)Accrued Expenses>Management Fee (53.084.00)24-279-00 (7,084.00) (8,163.00)Due To/(From)>Amex Harrington (7.084.00)27-000-41 6,374.00 6,374.00 8,718.00 27-000-80 Due To/(From)>Vendor Due To/(From)>Barber (formerly DTF NJ5) 83,00 83.00 83.00 27-000-95 118.00 Due To/(From)>Facility CC>Voorhees 0.00 0.00 27-100-61 (3.496.00) (4.460.00)27-102-14 Due To/(From)>Medicare A>Sequester (3.496.00)(15.118.00) (7,722.00)(15,118.00) 27-105-00 Due To/(From)>Commercial HMO (17.559.00) (17.559.00) 27-109-00 Due To/(From)>Hospice (68,022.00) (68₀₂₂₋₀₀) 0.00 27-111-00 Due To/(From)>Medicaid (27,293.00) (27,293,00) 0.00 Due To/(From)>Social Security 27-146-00 322.00 0.00 27-152-00 Due To/(From)>Employee 322.00 (164,194,00) (164,194.00) (67,080,00) 27-900-57 Due To/(From)>Interfacility>NJ14 27-901-43 Due To/(From)>Interfacility>IL3 and CT4 (6,060.00)(6,060.00)(6.060.00)27-901-48 Due To/(From)>Interfacility>WV/DE 5 and CT4 (45.00)(45.00)(45.00)105,752.00 (49.734.00) Due To/(From)>Interfacility>CT4 (266,480,00) (316.214.00) 27-901-49 (854,209,00) (2,342,689,00) 27-901-50 Due To/(From)>Interfacility>CT4 and NJ14 (854.209.00) (6.718,00) (6.718.00)(6,718.00)27-901-51 Due To/(From)>Interfacility>CT4 and GA (2.608.00) (2,608.00)(750.00)27-901-52 Due To/(From)>Interfacility>CT4 and PA4 (2,252.00) (2.599.00)(2.599.00)Due To/(From)>Interfacility>CT4 and NJ4 27-901-53 Due To/(From)>Interfacility>CT4 and NJ5 1,346.00 1,346.00 0.00 27-901-54 (1.867.00)(1,380.00)Due To/(From)>Interfacility>CT4 and NJ2 (1.867.00)27-901-55 13,324.00 13,324-00 0.00 Due To/(From)>Interfacility>CT4 and WI2 27-901-57

Account	Description	ADJ JE Ref#	RJE FINAL	1st PP-FINAL
		9/30/2023	9/30/2023	9/30/2022
27-901-61	Due To/(From)>Interfacility>CT4 and Barn Hill	(403.00)	(403,00)	0.00
27-901-95	Due To/(From)>Interfacility>Orange Park and CT4	7,364.00	7,364.00	3,658.00
27-902-11	Due To/(From)>Interfacility>CT4 and CT3	(117,283.00)	(79,059.00) (196,342.00) (1,168.00)	3,423.00 0.00
27-902-65	Due To/(From)>Interfacility>HMH10 and CT4 Retained Earnings	(1,168.00) 58,668.00	58,668.00	28.549.00
30-000-00 31 - 404-87	Partners' Equity>Robert Hoch>Draws	24,018.00	24,018.00	24,018.00
40-102-00	Room & Board Revenue>Medicare A	(2,762,770.00)	(2,762,770.00)	
40-102-09	Room & Board Revenue>Medicare A>Sales Adjustments	6,813.00	6,813.00	0.00
40-102-14	Room & Board Revenue>Medicare A>Sequester	47,659.00	47,659.00	17,096,00
40-104-00	Room & Board Revenue>Private	(1,638,647,00)	(1,638,647.00)	
40-104-09	Room & Board Revenue>Private>Sales Adjustments	(42,051,00)	(42,051.00)	0.00
40-105-00	Room & Board Revenue>Commercial HMO	(92,150.00)	(92,150.00) (34,355,00)	(25,389.00) 0.00
40-105-09 40-106-00	Room & Board Revenue>Commercial HMO>Sales Adjustments Room & Board Revenue>Medicare HMO	(34,355,00) (1,183,829,00)	(1,183,829.00)	
40-106-09	Room & Board Revenue>Medicare HMO>Sales Adjustments	(23,878.00)	(23,878.00)	0.00
40-106-14	Room & Board Revenue>Medicare HMO>Sequester	3,708.00	3,708.00	811.00
40-109-00	Room & Board Revenue>Hospice	(154,396.00)	(154,396.00)	(274,425.00)
40-109-09	Room & Board Revenue>Hospice>Sales Adjustments	1,143.00	1,143.00	0.00
40-111-00	Room & Board Revenue>Medicaid	(7,752,576.00)		(7,239,247.00)
40-111-09	Room & Board Revenue>Medicaid>Sales Adjustments	85,454.00 (57,744.00)	85,454.00 (57,744.00)	0.00 (79,351.00)
41-102-00	Pharmacy Rev>Medicare A	(57,744.00) 57,744.00	57,744.00	79,351.00
41-102-01 42-102-00	Pharmacy Rev>Medicare A>C/A PT Revenue>Medicare A	(115,398.00)	(115,398.00)	(95,593.00)
42-102-00	PT Revenue>Medicare A>C/A	115,398.00	115,398.00	95,593,00
42-103-00	PT Revenue>Part B	(121,280_00)	(121,280.00)	(59,357.00)
42-105-00	PT Revenue>Commercial HMO	(1,511.00)	(1,511.00)	(850.00)
42-105-01	PT Revenue>Commercial HMO>C/A	1,511.00	1,511.00	850.00
42-106-00	PT Revenue>Medicare HMO	(75,590.00)	(75,590.00)	(47,890.00)
42-106-01	PT Revenue>Medicare HMO>C/A	75,590.00	75,590.00 (24,871.00)	47,890.00 (9,793.00)
42-111-00	PT Revenue>Medicaid PT Revenue>Medicaid>C/A	(24,871.00) 24,871.00	24,871.00	9,793.00
42-111-01 43-102-00	OT Revenue>Medicare A	(150,081.00)	(150,081.00)	(198,914.00)
43-102-01	OT Revenue>Medicare A>C/A	150,081.00	150,081.00	198,914.00
43-103-00	OT Revenue>Part B	(388,145.00)	(388,145.00)	(149,345.00)
43-105-00	OT Revenue>Commercial HMO	(94.00)	(94.00)	(189.00)
43-105-01	OT Revenue>Commercial HMO>C/A	94.00	94.00	189.00
43-106-00	OT Revenue>Medicare HMO	(95,034.00)	(95,034.00) 95,034.00	(59,954.00) 59,954.00
43-106-01	OT Revenue>Medicare HMO OT Revenue>Medicaid	95,034.00 (46,377,00)	(46,377.00)	(34,772.00)
43-111-00 43-111-01	OT Revenue>Medicaid>C/A	46,377.00	46,377.00	34,772.00
44-102-00	ST Revenue>Medicare A	(48,482.00)	(48,482,00)	(27,443.00)
44-102-01	ST Revenue>Medicare A>C/A	48,482.00	48,482.00	27,443.00
44-103-00	ST Revenue>Part B	(23,713.00)	(23,713.00)	(28,512.00)
44-105-00	ST Revenue>Commercial HMO	(567.00)	(567.00)	(378.00)
44-105-01	ST Revenue>Commercial HMO>C/A	567.00	567.00 (18,705.00)	378.00 (6,634.00)
44-106-00	ST Revenue>Medicare HMO	(18,705.00) 18,705.00	18,705.00	6,634.00
44-106-01 44-111-00	ST Revenue>Medicare HMO>C/A ST Revenue>Medicaid	(4,341.00)	(4,341.0D)	(4,601.00)
44-111-01	ST Revenue>Medicaid>C/A	4,341.00	4,341.00	4,601.00
45-102-00	Radiology Rev>Medicare A	(1,870.00)	(1,870.00)	(2,108.00)
45-102-01	Radiology Rev>Medicare A>C/A	1,870.00	1,870.00	2,108.00
46-102-00	Lab Rev>Medicare A	(8,250.00)	(8,250.00)	(2,375.00)
46-102-01	Lab Rev>Medicare A>C/A	8,250.00	8,250.00	2,375.00
47-102-00	Other Ancillary Rev>Medicare A Other Ancillary Rev>Part B	(1.800.00) (3,300.00)	(1,800.00) (3,300.00)	(1,530.00) (1,110.00)
47-103-00 47-103-14	Other Ancillary Rev>Part B Other Ancillary Rev>Part B>Sequester	8,076.00	8,076.00	792.00
47-103-14	Other Ancillary Rev>Private	(3.831.00)	(3,831.00)	0.00
48-103-00	Vaccine Rev>Part B	(3,666,00)	(3,666,00)	(5,727.00)
48-103-74	Vaccine Rev>Part B>COVID Vaccine	(2.157.00)	(2,157.00)	(4,204.00)
51-100-00	Other Rev>Miscellaneous	(14.513.00)	(14,513.00)	(12,166.00)
51-103-01	Other Rev>Part B>Medicare Cost Report	(1,490.00)	(1,490.00)	0.00
51-111-00	Other Rev>Medicaid	0.00	0.00	(49,130,00) 0.00
51-145-00	Other Revenue>Pharmacy Rebates	(13,324.00) (645.00)	(13,324.00) (645.00)	(387.00)
51-160-00 51-179-00	Other Rev>Interest Other Rev>Barber & Beauty	0.00	0.00	(88.00)
51-181-00	Other Rev>Vending Machines	(90.00)	(90.00)	0.00
51-213-00	Other Revenue>Transportation	(571.00)	(571.00)	0.00
51-818-00	Other Rev>Medical Records	(453.00)	(453.00)	(143.00)
52-102-00	Revenue Adjustments>Medicare A	(278.00)	(278.00)	(16.00)
52-103-00	Revenue Adjustments>Part B	641.00	641.00	1,226.00
52-104-00	Revenue Adjustments>Private	(2.00)	(2.00) 0.00	0.00 1,619.00
52-105-00 52-106-00	Revenue Adjustments>Commercial HMO Revenue Adjustments>Medicare HMO	0.00 (12,321.00)	(12,321.00)	(2,540.00)
52-109-00	Revenue Adjustments>Medicare HMO	(30.00)	(30.00)	0.00
52-111-00	Revenue Adjustments>Medicaid	(28,875.00)	(28,875,00)	0.00
52-145-00	Revenue Adjustments>Vaccines	6.00	6.00	896.00

0.0000	Bacarintian	ADJ JE Ref#	RJE	FINAL	1st PP-FINAL
Account	Description	9/30/2023	170	9/30/2023	9/30/2022
		40,803.00	1.0	40,803.00	36,216.00
55-000-00 57-000-00	Nursing Rental Expense Oxygen Expense	3,640.00		3,640.00	4,899.00
58-000-00	Lab Expense	16,221.00		16,221.00	21,157.00
58-000-74	Lab Expense>COVID	0.00		0.00	57.00
59-000-00	Radiology Expense	3,350.00		3,350.00	8,439.00
60-183-00	Nursing Expense>Supplies-Disposable	24,820.00 32,00		24,820.00 32,00	21,412.00 2,446.00
60-183-07 60-183-74	Nursing Expense>Supplies>Bariatric Nursing Expense>Supplies>COVID	23,506.00		23,506.00	37,332,00
60-183-76	Nursing Expense>Supplies>PPD	98,524.00		98,524.00	89,268.00
60-184-00	Nursing Expense>Supplies-Non Disposable	22,904.00		22,904.00	23,002.00
60-185-00	Nursing Expense>Incontinence Supplies	56.00		56.00	377.00
60-204-00	Nursing Expense>Training & Education	6,139.00		6,139.00 795.00	12,718.00 1,652.00
60-205-00	Nursing Expense>Sanitation & Incineration	795.00 1,629.00		1,629.00	257.00
60-207-00 60-212-00	Nursing Expense>Repairs & Maint Nursing Expense>Clinical Services	17,130.00		17,130.00	12,225.00
60-213-00	Nursing Expense>Transportation	9,725.00		9,725.00	7,460.00
60-230-00	Nursing Expense>Data Processing	44,390.00		44,390.00	70,568.00
60-263-00	Nursing Expense>Consulting Fees	4,254.00	12,012.00	16,266.00	28,116.00
60-263-02	Nursing Expense>Consulting Fees>Add Back	19,620.00		19,620.00 0.00	4,275.00 40,088.00
60-700-06	Nursing Expense>Contracted Service>Other	0.00 2,537.00		2,537,00	101,588.00
60-700-18 60-700-19	Nursing Expense>Contracted Service>RN Nursing Expense>Contracted Service>LPN	200,459.00		200,459.00	255,771.00
60-700-19	Nursing Expense>Contracted Service>CNA	337,728.00		337,728.00	368,545.00
60-700-21	Nursing Expense>Contracted Service>RN Overtime	0.00		0.00	11,629.00
60-700-22	Nursing Expense>Contracted Service>LPN Overtime	13,351.00		13,351.00	31,882.00
60-700-23	Nursing Expense>Contracted Service>CNA Overtime	8,043.00		8,043.00 0.00	24,145.00 424.00
60-700-27	Nursing Expense>Contracted Service>MDS	0.00 0.00		0.00	1,176.00
60-700-29 60-700-38	Nursing Expense>Contracted Service>LPN COVID Nursing Expense>Contracted Service>Nursing Admin	2,876.00		2.876.00	28,594.00
60-700-38	Nursing Expense>Contracted Service>Nursing Admin>Overtime	0.00		0.00	3,825.00
60-801-80	Nursing Expense>CNA>Wages	919,566.00		919,566.00	800,879.00
60-801-81	Nursing Expense>CNA>Overtime	281,945.00		281,945.00	308,845.00
60-801-82	Nursing Expense>CNA>Shift Premium Pay	35,155.00		35,155.00	34,077.00 115,331.00
60-801-83	Nursing Expense>CNA>Shift Bonus Pay	41,980.00 8,251.00		41,980.00 8,251.00	1,313.00
60-801-84 60-801-87	Nursing Expense>CNA>Retro Pay/Adjustment Pay Nursing Expense>CNA>Training Pay	803.00		803.00	16,428.00
60-801-88	Nursing Expense>CNA>Other Pay	4,130.00		4,130.00	2,297.00
60-801-90	Nursing Expense>CNA>Sick/Vacation Pay	103,747.00		103,747.00	115,310.00
60-801-91	Nursing Expense>CNA>Holiday Pay	86,805.00		86,805.00	81,548.00
60-801-92	Nursing Expense>CNA>PTO Accrual	17,579.00 592,294.00		17,579.00 592,294.00	(268.00) 560,829.00
60-805-80 60-805 - 81	Nursing Expense>LPN>Wages Nursing Expense>LPN>Overtime	281,035.00		281,035.00	248,799.00
60-805-82	Nursing Expense>LPN>Shift Premium Pay	19,776.00		19,776.00	20,974.00
60-805-83	Nursing Expense>LPN>Shift Bonus Pay	21,862.00		21,862.00	63,821.00
60-805-84	Nursing Expense>LPN>Retro Pay/Adjustment Pay	13,464.00		13,464.00	546.00
60-805-87	Nursing Expense>LPN>Training Pay	496.00		496.00 1,172.00	257.00 869.00
60-805-88 60-805-90	Nursing Expense>LPN>Other Pay	1,172.00 79,521.00		79,521.00	81.264.00
60-805-91	Nursing Expense>LPN>Sick/Vacation Pay Nursing Expense>LPN>Holiday Pay	61,253.00		61,253.00	62,691.00
60-805-92	Nursing Expense>LPN>PTO Accrual	(6,325.00)		(6,325.00)	(378.00)
60-808-80	Nursing Expense>RN>Wages	85,847.00		85,847.00	75,121.00
60-808-81	Nursing Expense>RN>Overtime	12,185.00		12,185.00	6,559.00
60-808-82	Nursing Expense>RN>Shift Premium Pay	2,600.00 327.00		2,600,00 327.00	2,513.00 5,565.00
60-808-83 60-808-84	Nursing Expense>RN>Shift Bonus Pay Nursing Expense>RN>Retro Pay/Adjustment Pay	139.00		139.00	(263.00)
60-808-90	Nursing Expense>RN>Sick/Vacation Pay	8,367.00		8,367.00	9,847.00
60-808-91	Nursing Expense>RN>Holiday Pay	8,112.00		8,112.00	6,917.00
60-808-92	Nursing Expense>RN>PTO Accrual	(5,347,00)		(5,347,00)	(1,905.00)
60-809-80	Nursing Expense>RN Supervisor>Wages	630,190.00		630,190.00 46,946.00	382,683.00 25,514.00
60-809-81	Nursing Expense>RN Supervisor>Overtime	46,946.00 3,928.00		3,928.00	2,801.00
60-809-82 60-809-83	Nursing Expense>RN Supervisor>Shift Premium Pay Nursing Expense>RN Supervisor>Shift Bonus Pay	16,800.00		16,800.00	12,799.00
60-809-84	Nursing Expense>RN Supervisor>Retro Pay/Adjustment Pay	5,839.00		5,839.00	4,480.00
60-809-87	Nursing Expense>RN Supervisor>Training Pay	345.00		345.00	0.00
60-809-88	Nursing Expense>RN Supervisor>Other Pay	1,329.00		1,329.00	0.00
60-809-89	Nursing Expense>RN Supervisor>On Call Pay	950.00		950,00 31,711.00	300.00 10,129.00
60-809-90	Nursing Expense>RN Supervisor>Sick/Vacation Pay	31,711.00 18,582.00		18,582.00	7,685.00
60-809-91 60-809-92	Nursing Expense>RN Supervisor>Holiday Pay Nursing Expense>RN Supervisor>PTO Accrual	(728.00)		(728.00)	15,887.00
61-194-80	Nursing Admin Expense>Infection Control>Wages	4,789.00		4,789.00	106,351.00
61-194-82	Nursing Admin Expense>Infection Control>Shift Premium Pay	0.00		0.00	168.00
61-194-83	Nursing Admin Expense>Infection Control>Shift Bonus Pay	0,00		0.00	2,350.00
61-194-84	Nursing Admin Expense>Infection Control>Retro Pay/Adjustment Pay	0.00		0.00 1,437.00	2,092.00 0.00
61-194-88	Nursing Admin Expense>Infection Control>Other Pay Nursing Admin Expense>Infection Control>Sick/Vacation Pay	1,437.00 747.00		747.00	2,391.00
61-194-90 61-194-91	Nursing Admin Expense-Infection Control-Sick/Vacation Pay Nursing Admin Expense-Infection Control-Holiday Pay	0.00		0.00	800.00
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Account	Description	ADJ JE Ref#	RJE	FINAL	1st PP-FINAL
		9/30/2023		9/30/2023	9/30/2022
61-194-92	Nursing Admin Expense>Infection Control>PTO Accrual	(2,403.00)		(2,403.00)	2,403.00
61-750-00	Nursing Admin Expense>Medical Director	37,107.00	(6,627.00)	30,480.00 298,250.00	33,912.00 122,797.00
61-811-80 61-811-83	Nursing Admin Expense>Director (DON)>Wages Nursing Admin Expense>Director>Shift Bonus Pay	196,276.00 6,500.00	101,974.00	6,500.00	900.00
61-811-84	Nursing Admin Expense>Director>Retro Pay/Adjustment Pay	550.00		550.00	0.00
61-811-89	Nursing Admin Expense>Director>On Call Pay	0.00		0.00	500.00
61-811-90	Nursing Admin Expense>Director>Sick/Vacation Pay	7,916.00		7,916.00	2,404.00
61-811-91	Nursing Admin Expense>Director>Holiday Pay	1,992.00		1,992.00 873.00	1,442.00 (3,650.00)
61-811-92	Nursing Admin Expense>Director>PTO Accrual Nursing Admin Expense>Assistant Director (ADON)>Wages	873.00 69,142.00		69,142.00	85,439.00
61-812-80 61-812-83	Nursing Admin Expense-Assistant Director (ABON)-Wages Nursing Admin Expense-Assistant Director-Shift Bonus Pay	2,500.00		2,500.00	4,125.00
61-812-84	Nursing Admin Expense>Assistant Director>Retro Pay/Adjustment Pay	0.00		0.00	1,024.00
61-812-89	Nursing Admin Expense>Assistant Director>On Call Pay	400.00		400.00	5,500.00
61-812-90	Nursing Admin Expense>Assistant Director>Sick/Vacation Pay	4,293.00		4,293.00	384.00 1,250.00
61-812-91	Nursing Admin Expense>Assistant Director>Holiday Pay	1,402.00 0.00		1,402.00 0.00	(1,533.00)
61-812-92 61-814-80	Nursing Admin Expense>Assistant Director>PTO Accrual Nursing Admin Expense>Central Supply>Wages	3,735.00		3,735.00	0.00
61-814-81	Nursing Admin Expense>Central Supply>Overtime	80.00		80.00	0.00
61-814-82	Nursing Admin Expense>Central Supply>Shift Premium Pay	14.00		14.00	0.00
61-814-90	Nursing Admin Expense>Central Supply>Sick/Vacation Pay	1,867.00		1,867.00	0.00
61-814-91	Nursing Admin Expense>Central Supply>Holiday Pay	170.00	14 717 00	170.00 152,643.00	0,00 100,665.00
61-817-80	Nursing Admin Expense>MDS / RNAC>Wages	137,926.00 1,018.00	14,717.00	1,018.00	0.00
61-817-81 61-817-83	Nursing Admin Expense>MDS / RNAC>Overtime Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay	0.00		0.00	6,626.00
61-817-89	Nursing Admin Expense>MDS / RNAC>On Call Pay	200.00		200.00	0.00
61-817-90	Nursing Admin Expense>MDS / RNAC>Sick/Vacation Pay	1,161.00		1,161.00	0.00
61-817-91	Nursing Admin Expense>MDS / RNAC>Holiday Pay	1,554.00		1,554.00	1,134.00
61-817-92	Nursing Admin Expense>MDS / RNAC>PTO Accrual	0.00		0.00	(972.00) 25,807.00
61-818-80	Nursing Admin Expense>Medical Records>Wages	22,946.00 318.00		22,946.00 318.00	1,219.00
61-818-81	Nursing Admin Expense>Medical Records>Overtime Nursing Admin Expense>Medical Records>Shift Premium Pay	2.00		2.00	105.00
61-818-82 61-818-83	Nursing Admin Expense>Medical Records>Shift Femilian Fay Nursing Admin Expense>Medical Records>Shift Bonus Pay	293.00		293,00	586.00
61-818-84	Nursing Admin Expense>Medical Records>Retro Pay/Adjustment Pay	40.00		40.00	18.00
61-818-90	Nursing Admin Expense>Medical Records>Sick/Vacation Pay	3,841.00		3,841.00	5,685.00
61-818-91	Nursing Admin Expense>Medical Records>Holiday Pay	2,668.00		2,668.00	1,575.00
61-818-92	Nursing Admin Expense>Medical Records>PTO Accrual	1,062.00		1,062.00 31,729.00	(566.00) 38,974.00
61-821-80	Nursing Admin Expense>Nursing Secretary>Wages Nursing Admin Expense>Nursing Secretary>Overtime	31,729.00 673.00		673.00	3,341,00
61-821-81 61-821-82	Nursing Admin Expense>Nursing Secretary>Shift Premium Pay	188.00		188.00	178.00
61-821-83	Nursing Admin Expense>Nursing Secretary>Shift Bonus Pay	1,703.00		1,703.00	586.00
61-821-84	Nursing Admin Expense>Nursing Secretary>Retro Pay/Adjustment Pay	195.00		195.00	15.00
61-821-90	Nursing Admin Expense>Nursing Secretary>Sick/Vacation Pay	2,499.00		2,499.00	4,693.00
61-821-91	Nursing Admin Expense>Nursing Secretary>Holiday Pay	1,809.00		1,809.00 1,132.00	1,704.00 5,181.00
61-821-92	Nursing Admin Expense>Nursing Secretary>PTO Accrual Nursing Admin Expense>Staff Coordinator>Wages	1,132.00 30,502.00		30,502.00	28,887.00
61-823-80 61-823-81	Nursing Admin Expense>Staff Coordinator>Overtime	1,534.00		1,534.00	1,535.00
61-823-82	Nursing Admin Expense>Staff Coordinator>Shift Premium Pay	152.00		152.00	168.00
61-823-83	Nursing Admin Expense>Staff Coordinator>Shift Bonus Pay	1,086.00		1,086.00	1,086.00
61-823-84	Nursing Admin Expense>Staff Coordinator>Retro Pay/Adjustment Pay	0.00		0.00	(66.00)
61-823-88	Nursing Admin Expense>Staff Coordinator>Other Pay	176.00		176.00 5,032.00	0.00 5,162.00
61-823-90	Nursing Admin Expense>Staff Coordinator>Sick/Vacation Pay Nursing Admin Expense>Staff Coordinator>Holiday Pay	5,032.00 1,242.00		1,242.00	1,952.00
61-823-91 61-823-92	Nursing Admin Expense>Staff Coordinator>PTO Accrual	(717.00)		(717.00)	2,961.00
61-824-80	Nursing Admin Expense>Staff Devel Director>Wages	47,437.00		47,437.00	0.00
61-824-83	Nursing Admin Expense>Staff Devel Director>Shift Bonus Pay	1,300.00		1,300.00	0.00
61-824-84	Nursing Admin Expense>Staff Devel Director>Retro Pay/Adjustment Pay	3,162.00		3,162.00	0.00
61-824-89	Nursing Admin Expense>Staff Devel Director>On Call Pay	300.00		300.00	0.00 0.00
61-824-90	Nursing Admin Expense>Staff Devel Director>Sick/Vacation Pay	1,371.00 457.00		1,371.00 457.00	0.00
61-824-91 61-825-80	Nursing Admin Expense>Staff Devel Director>Holiday Pay Nursing Admin Expense> RN Unit Manager>Wages	108,922.00		108,922.00	10,581.00
61-825-81	Nursing Admin Expense>Unit Manager>Overtime	0.00		0.00	378.00
61-825-82	Nursing Admin Expense>Unit Manager>Shift Premium Pay	0.00		0.00	181.00
61-825-83	Nursing Admin Expense>Unit Manager>Shift Bonus Pay	4,000.00		4,000.00	0.00
61-825-84	Nursing Admin Expense>Unit Manager>Retro Pay/Adjustment Pay	179.00		179.00	70.00
61-825-89	Nursing Admin Expense>Unit Manager>On Call Pay	300.00		300.00 8,100.00	0.00 0.00
61-825-90	Nursing Admin Expense>Unit Manager>Sick/Vacation Pay Nursing Admin Expense>Unit Manager>Holiday Pay	8,100.00 2,806.00		2,806.00	0.00
61-825-91 61-825-92	Nursing Admin Expense>Unit Manager>PTO Accrual	1,558.00		1,558.00	(8,00)
62-000-00	Pharmacy Expense	0.00		0.00	34.00
62-102-00	Pharmacy Expense>Medicare A	69,711.00		69,711.00	99,047.00
62-104-00	Pharmacy Expense>Private	688.00		688.00	285.00
62-105-00	Pharmacy Expense>HMO	48,815.00		48,815.00 264.00	74,914.00 0.00
62-108-00	Pharmacy Expense>Veterans	264.00 6,407.00		6,407.00	9,473.00
62-111-00 62-145-00	Pharmacy Expense>Medicaid Pharmacy Expense>RX	5,645.00		5,645.00	3,825.00
62-145-32	Pharmacy Expense>RX>Vaccines	16,169.00		16,169.00	8,394.00
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Account	Description	ADJ JE Ref#	RJE	FINAL	1st PP-FINAL
		9/30/2023		9/30/2023	9/30/2022
62-145-74	Pharmacy Expense>Rx>COVID	0.00		0.00	2,280.00
62-222-00	Pharmacy Expense>OTC	843.00		843.00	617.00 22,471.00
62-700-00	Pharmacy Expense>Contracted Service	32,046.00 85,914.00		32,046.00 85,914.00	60,735.00
65-102-00	PT Expense>Medicare A	62,177.00		62,177.00	25,539.00
65-103-00 65-105-00	PT Expense>Med B PT Expense>HMO B	22,337.00		22,337.00	10,626.00
65-106-00	PT Expense>HMO A	53,910.00		53,910.00	45,954.00
65-111-00	PT Expense>Medicaid	13,219.00		13,219.00	7,015.00
66-101-01	OT Expense>Optum>Part B	59.00		59.00	0.00
66-102-00	OT Expense>Medicare A	114,617.00		114,617.00	132,007.00
66-103-00	OT Expense>Part B	206,507.00		206,507.00	74,973.00
66-104-00	OT Expense>Private	116.00		116.00 63,391.00	121.00 16,280.00
66-105-00	OT Expense>HMO B	63,391.00 69,942.00		69,942.00	52,622.00
66-106-00 66-111 - 00	OT Expense>HMO A OT Expense>Medicaid	23,625.00		23,625.00	17,777.00
67-102-00	ST Expense>Medicare A	16,843.00		16,843.00	12,530.00
67-103-00	ST Expense>Part B	11,016.00		11,016.00	11,923.00
67-105-00	ST Expense>HMO B	3,387.00		3,387.00	3,795.00
67-106-00	ST Expense>HMO A	9,150.00		9,150.00	13,203.00
67-111-00	ST Expense>Medicaid	1,577.00		1,577.00	1,445.00
67-700-00	ST Expense>Contracted Service	2,939.00 0.00		2,939.00 0.00	5,021.00 61.00
68-183-00 68-700-00	Therapy Expense>Supplies Therapy Expense>Contracted Service	(18,322.00)	18,322.00	0.00	0.00
68-827-00	Therapy Expense>Contracted Service Therapy Expense>Respiratory	15,550.00	10,022.00	15.550.00	72,815,00
69-811-80	Social Services Expense>Director>Wages	69,887.00		69,887.00	60,028.00
69-811-90	Social Services Expense>Director>Sick/Vacation Pay	2,958.00		2,958.00	4,294.00
69-811-91	Social Services Expense>Director>Holiday Pay	1,678.00		1,678.00	1,510.00
69-811-92	Social Services Expense>Director>PTO Accrual	(531,00)		(531.00)	3,264.00
69-830-80	Social Services Expense>Assistant>Wages	53,910.00		53,910.00	52,829.00
69-830-81	Social Services Expense>Assistant>Overtime	938.00		938.00	5,124.00
69-830-84	Social Services Expense>Assistant>Retro Pay/Adjustment Pay	220.00 1,926.00		220.00 1,926.00	0.00 3,291.00
69-830-90	Social Services Expense>Assistant>Sick/Vacation Pay Social Services Expense>Assistant>Holiday Pay	1,508.00		1,508.00	1,340.00
69-830-91 69-830-92	Social Services Expense>Assistant>PTO Accrual	156.00		156.00	1,443.00
70-177-00	Dietary Expense>Supplements	18,428.00		18,428.00	10,522.00
70-178-00	Dietary Expense>Food	267,503.00		267,503.00	283,348,00
70-183-00	Dietary Expense>Supplies	28,560.00		28,560.00	25,748.00
70-184-00	Dietary Expense>Minor Equip	1,591.00		1,591.00	0.00
70-191-00	Dietary Expense>Enteral Feeding Supplies	11,060.00		11,060.00	10,352.00 4,863.00
70-208-00	Dietary Expense>Equip-Rental	6,565.00 155,575.00		6,565,00 155,575.00	120,839.00
70-700-00 70-831-80	Dietary Expense>Contracted Service Dietary Expense>Aide>Wages	199,950.00		199,950.00	228,061.00
70-831-80	Dietary Expense>Aide>Overtime	35,346.00		35,346.00	34,013.00
70-831-82	Dietary Expense>Aide>Shift Premium Pay	5,994.00		5,994.00	12,267.00
70-831-83	Dietary Expense>Aide>Shift Bonus Pay	5,323.00		5,323.00	5,702.00
70-831-84	Dietary Expense>Aide>Retro Pay/Adjustment Pay	1,813.00		1,813.00	825.00
70-831-87	Dietary Expense>Aide>Training Pay	228.00		228.00	137.00
70-831-90	Dietary Expense>Aide>Sick/Vacation Pay	14,116.00		14,116.00	19,089.00
70-831-91	Dietary Expense Aide Holiday Pay	16,054.00		16,054.00 9,467.00	21,246.00 10,024.00
70-831-92	Dietary Expense>Aide>PTO Accrual	9,467.00 78,482.00		78,482.00	59,181.00
70-832-80 70-832-81	Dietary Expense>Cook>Wages Dietary Expense>Cook>Overtime	8,467.00		8,467.00	5,783.00
70-832-82	Dietary Expense>Cook>Shift Premium Pay	2,975.00		2,975.00	2,715.00
70-832-83	Dietary Expense>Cook>Shift Bonus Pay	3,551.00		3,551.00	740.00
70-832-84	Dietary Expense>Cook>Retro Pay/Adjustment Pay	0.00		0.00	858,00
70-832-88	Dietary Expense>Cook>Other Pay	124.00		124.00	0.00
70-832-90	Dietary Expense>Cook>Sick/Vacation Pay	6,002.00		6,002.00	11,710.00
70-832-91	Dietary Expense>Cook>Holiday Pay	6,611.00		6,611.00	5,706.00
70-832-92	Dietary Expense>Cook>PTO Accrual	(163,00)		(163.00) 41,231.00	3,869.00 36,100.00
70-833-00	Dietary Expense>Contracted Dietician	41,231.00 0.00		0.00	32.00
71-000-00 71-178-00	Activity Expense Activity Expense>Food	1,657.00		1,657.00	1,974.00
71-178-00	Activity Expense>Supplies	4,210.00		4,210.00	3,712.00
71-183-74	Activity Expense>Supplies>COVID	0.00		0.00	7.00
71-236-00	Activity Expense>Travel	0.00		0.00	77.00
71-700-00	Activity Expense>Contracted Service	2,745.00		2,745.00	1,605.00
71-811-80	Activity Expense>Director>Wages	51,813.00		51,813.00	48,963.00
71-811-83	Activity Expense>Director>Shift Bonus Pay	0.00		0.00	100.00
71-811-84	Activity Expense>Director>Retro Pay/Adjustment Pay	524.00 4,265.00		524.00 4,265.00	0.00 6,515.00
71-811-90	Activity Expense>Director>Sick/Vacation Pay Activity Expense>Director>Holiday Pay	4,265.00 1,585.00		1,585.00	1,312.00
71-811-91 71-811-92	Activity Expense>Director>PTO Accrual	(1.742.00)		(1,742.00)	1,478.00
71-831-80	Activity Expense>Aide>Wages	74,907.00		74,907.00	62,096.00
71-831-81	Activity Expense>Aide>Overtime	890.00		890.00	3,271.00
71-831-82	Activity Expense>Aide>Shift Premium Pay	679.00		679.00	838.00
71-831-83	Activity Expense>Aide>Shift Bonus Pay	678.00		678.00	815.00

		ADI IE Pof#	RJE	FINAL	1st PP-FINAL
Account	Description	ADJ JE Ref # 9/30/2023	KJE	9/30/2023	9/30/2022
74 004 04	Anti-ity Furganes Aides Dates Dou/Adjustment Pay	214.00	10.89 10.20	214.00	(121.00)
71-831-84 71-831-88	Activity Expense>Aide>Retro Pay/Adjustment Pay Activity Expense>Aide>Other Pay	0.00		0.00	426.00
71-831-90	Activity Expense>Aide>Sick/Vacation Pay	9,836.00		9,836.00	7,620.00
71-831-91	Activity Expense>Aide>Holiday Pay	7,330.00		7,330.00	6,066.00
71-831-92	Activity Expense>Aide>PTO Accrual	2,660.00		2,660.00 21,999.00	(3,257.00) 21,975.00
72-183-00 72 -7 00-00	Housekeeping Expense>Supplies Housekeeping Expense>Contracted Service	21,999.00 459,555.00		459,555.00	462,056.00
73-183-00	Laundry Expense>Supplies	13,723.00		13,723.00	14,530.00
73-700-00	Laundry Expense>Contracted Service	304,500.00		304,500.00	289,645.00
75-182-74	Maintenance Expense>Supplies>COVID	0.00		0.00	445.00
75-183-00	Maintenance Expense>Supplies	20,775.00		20,775.00 2,987.00	26,828.00 10,051.00
75-184-00	Maintenance Expense>Minor Equip Maintenance Expense>Sanitation & Incineration	2,987.00 26,658.00		26,658.00	24,060.00
75-205-00 75-207-00	Maintenance Expense>Samation & morieration Maintenance Expense>Repairs & Maint	68,330.00		68,330.00	95,877.00
75-208-00	Maintenance Expense>Equip Rental	406.00		406.00	0.00
75-217-00	Maintenance Expense>Extermination	1,104.00		1,104.00	1,393.00
75-218-00	Maintenance Expense>Snow Removal	5,458.00		5,458.00	8,396.00 12,938.00
75-219-00 75-219-83	Maintenance Expense>Landscaping Maintenance Expense>Landscaping>supplies	17,455.00 1,264.00		17,455.00 1,264.00	0.00
75-219-83	Maintenance Expense>Eandscaping>supplies Maintenance Expense>Fire Drill	0.00		0.00	1,053.00
75-230-00	Maintenance Expense>Data Processing	1,381.00		1,381.00	1,238.00
75-700-00	Maintenance Expense>Contracted Service	35,319.00		35,319.00	27,106.00
75-811-80	Maintenance Expense>Director>Wages	59,485.00		59,485.00	52,954.00
75-811-84	Maintenance Expense>Director>Retro Pay/Adjustment Pay	551,00 1,377,00		551.00 1,377.00	0,00 2,629.00
75-811-90 75-811-91	Maintenance Expense>Director>Sick/Vacation Pay Maintenance Expense>Director>Holiday Pay	1,075.00		1,075.00	1.032.00
75-811-92	Maintenance Expense>Director>PTO Accrual	615.00		615.00	1,342.00
75-829-80	Maintenance Expense>Staff>Wages	40,154.00		40,154.00	35,377.00
75-829-81	Maintenance Expense>Staff>Overtime	1,638.00		1,638.00	3,205.00
75-829-82	Maintenance Expense>Staff>Shift Premium Pay	187.00 1,765.00		187.00 1,765.00	268,00 0.00
75-829 - 83 75-829 - 87	Maintenance Expense>Staff>Shift Bonus Pay Maintenance Expense>Staff>Training Pay	0.00		0.00	160.00
75-829-89	Maintenance Expense>Staff>On Call Pay	270.00		270.00	80.00
75-829-90	Maintenance Expense>Staff>Sick/Vacation Pay	2,831.00		2,831.00	52.00
75-829-91	Maintenance Expense>Staff>Holiday Pay	2,109.00		2,109.00	2,204.00
75-829-92	Maintenance Expense>Staff>PTO Accrual	(203.00)		(203.00) 107,219.00	(1,729.00) 141,333.00
76-227-00 76-228-00	Utility Expense>Gas Utility Expense>Electric	107,219.00 135,396.00		135,396.00	124,393.00
76-229-00 76-229-00	Utility Expense>Water/Sewer	61,426.00		61,426.00	66,610.00
76-700-00	Utility Expense>Contracted Service	7,307.00		7,307.00	0.00
80-111-16	Admin Expense>Medicaid>Bed Tax	658,095.00		658,095.00	630,176.00
80-153-00	Admin Expense>Financing Costs	2,927.00		2,927.00 74,675.00	2,885.00 76,297.00
80-162-00 80-163-00	Admin Expense>Insurance - General Liability & Other Admin Expense>Insurance - EPLI	74,675.00 11,471.00		11,471.00	13,247.00
80-181-00	Admin Expense>Shredding	1,770.00		1,770.00	1,320.00
80-182-00	Admin Expense>Furnishing	7,873.00		7,873.00	5,663.00
80-183-00	Admin Expense>Supplies	6,150.00		6,150.00	7,413.00
80-183-09	Admin Expense>Supplies>Toner	5,868.00		5,868.00	2,054.00 3,448.00
80-183-78 80-184-00	Admin Expense>Supplies>Paper Admin Expense>Computer Hardware	2,521,00 3,920.00		2,521.00 3,920.00	4,961.00
80-202-00	Admin Expense>resident missing Items	0.00		0.00	255.00
80-208-00	Admin Expense>Equip-Rental	5,068.00		5,068.00	8,128.00
80-209-00	Admin Expense>Postage	3,271.00		3,271.00	2,209.00
80-210-00	Admin Expense>Internet	2,617.00		2,617.00	2,349.00
80-230-00	Admin Expense>Data Processing	70,184.00 6,438.00		70,184.00 6,438.00	80,144.00 6,548.00
80-231-00 80-232-00	Admin Expense>Telephone Admin Expense>Cable TV	17,951.00		17,951.00	22,920.00
80-234-00	Admin Expense>Licenses	1,314.00		1,314.00	981.00
80-235-00	Admin Expense>Dues & Subscriptions	10,099.00	(1,288.00)	8,811.00	5,341.00
80-236-00	Admin Expense>Travel	6,209.00		6,209.00	2,389.00
80-238-00	Admin Expense>Legal Fees	9,491.00	2,185.00	11,676.00 36,036.00	9,619.00 15,000.00
80-239-00	Admin Expense>Accounting Fees Admin Expense>Professional Fees	33,293.00 2,995.00	2,743.00 (995.00)	2,000.00	8,446.00
80-240-00 80-240-02	Admin Expense>Professional Fees>Add Back	198,205.00	15,430.00	213,635.00	210,007.00
80-241-00	Admin Expense>IT Fees	0.00		0.00	3,091.00
80-241-01	Admin Expense>IT Fees>Add Back	24,547.00		24,547.00	21,095.00
80-242-00	Admin Expense>Fines & Penalties	6,164.00		6,164.00	18.00
80-243-00	Admin Expense>Park Fees	0.00 22,873.00	156.00	0.00 23,029.00	1,839.00 12,192.00
80-244-00 80-245-00	Admin Expense>Bank Fees Admin Expense>Background Checks	297.00	150.00	297.00	390.00
80-245-06	Admin Expense>Background Checks Other (Fingerprinting)	5,105.00		5,105.00	4,041.00
80-249-00	Admin Expense>Recruiting	13,824.00		13,824.00	14,229.00
80-250-00	Admin Expense>Marketing & Advertising	21,468.00		21,468.00	37,542.00
80-250-74	Admin Expense>Marketing & Advertising>COVID	1,788.00		1,788.00 141,499.00	3,839.00 129,539.00
80-251-00 80-251-74	Admin Expense>Bad Debt Admin Expense>Bad Debt>Medicare Coinsurance	141,499,00 (35,285,00)		(35,285.00)	34,000.00
00-201-74	William Exherises pan Depts Medicale Collisionation	(55,250,50)		(,=00,00)	,

BA752-00	Account	Description	ÄDJ	RJE	FINAL	1st PP-FINAL
Bo-527600	Account				9/30/2023	9/30/2022
Bob 2000	80-252-00	Admin Expense>Startup Costs	30,185.00	(30,185.00)		
B0.70000			0.00			
80.795.02	80-279-00					
80-81-150						
Seal File Seal Programs Seal File Seal Fil			- ·			
80-811-90						
Bos 1-194						
80-83-80 Affinis Expenses-Directories/Pulgas 7,076.0.0 7,210.00 8.08-83-80 Affinis Expenses-Pocceptionies/Dulgas 7,076.0.0 7,210.00 8.08-83-81 Affinis Expenses-Pocceptionies/Dulgas 7,076.0.0 7,210.00 8.08-81 Affinis Expenses-Pocceptionies/Dulgas 7,076.0.0 8,08.00 8,08.00 8,08.00 8,08.00 8,09.0						
88.38.80 Admic Expense-Reciplorials-Divertime					1,925.00	7,210.00
8-83-88-1 Admin Expense-Reciplionist-Diritt Premium 888.00 8.08-30.0 8.05.00 8					70,706.00	
88.38-83 Admin Expense-Reciplosial-Stein Pay Medical Control (1997) (199			1,089.00			
80-83-84	80-838-82	Admin Expense>Receptionist>Shift Premium				
Seb-38-88 Admin Expense-Recipionists Sicul/Acation Pay					,	
September Sept						
September Sept						
88-38-92						
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September Sept						
Section Sect						
80-83-83-83 Admin Expense-Admissions-Shift Borus Pay 5,200.00 0.00 80-83-84-84 Admin Expense-Admissions-Chure Pay 1,588.00 308.00 80-83-86 Admin Expense-Admissions-Chure Pay 1,588.00 3,183.00 2,040.00 80-83-98-10 Admin Expense-Admissions-Sick/Avacalon Pay 1,582.00 1,182.00 1,485.00 80-83-98-11 Admin Expense-Admissions-Pic Accrual 73,183.00 1,485.00 3,183.00 1,485.00 80-840-81 Admin Expense-Admissions-Pic Accrual 73,183.00 1,785.00 1,485.00 80-840-82 Admin Expense-Business Office-Povertime 1,006.00 1,005.00 1,685.00 80-840-83 Admin Expense-Business Office-Povertime 1,006.00 1,690.00 1,690.00 80-840-83 Admin Expense-Business Office-Povertime 0,00 0,00 6,00 80-840-85 Admin Expense-Business Office-Povertime 1,006.00 1,00 6,00 80-840-87 Admin Expense-Pulsiness Office-Povertime 1,00 0,00 6,00 80-843-80 Admin Expense-Pulsiness Office-Povertime 1,00					76.00	65.00
8.6.839.84			5,200.00		5,200.00	0.00
8.8-38-9.8 Admin Expenses-Admissions-Other Pay 1,538.00 3,138.00 0,0.00 8.8-39-91 Admin Expenses-Admissions-Fisik/Vacation Pay 1,692.00 1,1952.00 1,1952.00 2,490.40 8.8-39-92 Admin Expenses-Padmissions-PirO Accrual 1,260.000 1,082.00 1,082.00 8.8-39-92 Admin Expenses-Padmissions-PirO Accrual 1,260.000 1,082.00 1,082.00 8.8-39-92 Admin Expenses-Pusiness Offices-Wages 73,183.00 73,183.00 81,827.70 8.8-39-92 Admin Expenses-Pusiness Offices-Wages 73,183.00 73,183.00 81,827.70 8.8-39-92 Admin Expenses-Pusiness Offices-Wages 73,183.00 73,183.00 81,827.70 8.8-39-92 Admin Expense-Pusiness Offices-Wages 74,182.00 1,000 6,000			2,694.00			
98-38-91 Admin Expenses-Marisstons-PTO-Accrual (1,26,000) (1,26,0		Admin Expense>Admissions>Other Pay	1,538.00			
1.485.00 1.485.00 1.485.00 1.485.00 1.485.00 1.485.00 1.485.00 1.485.00 1.485.00 1.485.00 1.485.00 1.086.00 1.086.00 1.086.00 1.086.00 1.086.00 1.086.00 1.086.00 1.086.00 1.086.00 1.086.00 1.086.00 1.086.00 1.086.00 1.086.00 1.086.00 1.088.00	80-839-90	Admin Expense>Admissions>Sick/Vacation Pay				
818-824-0-80 Admin Expenses Dusiness Office> Woges 73,183.00 1,066.00 2,209.00	80-839-91	Admin Expense>Admissions>Holiday Pay				
					, , ,	
Admin Expense Pusiness Office>Shift Prenium Pay			•			
30-340-82 Admin Expenses-Business Offices-Shift Borus Pay 0.00 0.00 6869.00 0.00						
March Martin Expenses Plusiness Offices Office Pay 5,762.00 5,762.0						
80-840-90 Admin Expense>Business Office>FlotNyacation Pay 2,503.00						
80-840-921 Admin Expense>Business Office>PTO Accrual 3,308,00 3,308,00 3,308,00 3,308,00 80-841-90 Admin Expense>Human Resources>Wages 70,604,00 70,604,00 3,308,60 6,78,00 80-841-91 Admin Expense>Human Resources>Wages 70,604,00 3,686,00 3,686,00 6,78,00 80-841-91 Admin Expense>Human Resources>Hold Pay 2,061,00 2,061,00 1,698,00 80-841-92 Admin Expense>Human Resources>Hold Pay 2,061,00 2,061,00 1,698,00 80-841-92 Admin Expense>Human Resources>Hold Pay 2,061,00 1,010,00 1,698,00 80-843-92 Admin Expense>Human Resources>Hold Pay 9,500 53,528,00 53,528,00 54,340,00 80-843-82 Admin Expense>Regional Marketing/CAD>Shift Premium Pay 5,500 5,500 6,500 0,000 80-843-82 Admin Expense>Regional Marketing/CAD>Shift Premium Pay 65,00 6,600						
September Sept			-			2,859.00
80-841-80 Admin Expense>Human Resources>Wages 70,604.00 3,686.00 679.00 80-841-91 Admin Expense>Human Resources>Holday Pay 2,051.00 1,698.00 3,686.00 679.00 80-841-91 Admin Expense>Human Resources>Holday Pay 2,051.00 1,698.00 1,101.00 1,110.00 1,101.00 2,2651.00 1,698.00 80-843-80 Admin Expense>Human Resources>Holday Pay 1,010 1,101.00 1,101.00 1,101.00 1,2664.00 80-843-80 Admin Expense>Regional Marketing/CAD>Wages 5,528.00 5,528.00 5,528.00 5,528.00 5,528.00 0,00 80-843-81 Admin Expense>Regional Marketing/CAD>Wages 5,528.00 5,528.00 5,00 0,00 80-843-80 Admin Expense>Regional Marketing/CAD>Wages 7,00 0,00 80-843-80 Admin Expense>Regional Marketing/CAD>Wages 7,00 0,00 80-843-90 Admin Expense>Regional Marketing/CAD>Wages 7,00 0,00 80-843-91 Admin Expense>Regional Marketing/CAD>Wages 7,00 0,00 80-843-91 Admin Expense>Regional Marketing/CAD>Wages 7,00 0,00 80-843-91 Admin Expense>Regional Marketing/CAD>Wages 7,00 0,00 8,00 0,00 0,00 0,00 0,00 0,00					3,308.00	(783.00)
80-841-90 Admin Expense>Human Resources>Folict/Acation Pay 2,051.00			70,604.00		70,604.00	
80-841-92 Admin Expense>Human Resources>PTO Accrual 1.101.00 2.884.00 80-843-80 Admin Expense>Human Resources>PTO Accrual 1.101.00 5.35.28.00 53.528.00 53.528.00 54.340.00 0.00 80-843-80 Admin Expense>Regional Marketing/CAD>Wages 53.528.00 55.00 0.00 0.00 80-843-80 Admin Expense>Regional Marketing/CAD>Shift Premium Pay 5.00 \$5.00 0.00 0.00 80-843-80 Admin Expense>Regional Marketing/CAD>Shift Premium Pay 879.00 879.00 0.00 80-843-80 Admin Expense>Regional Marketing/CAD>Sick/Avacation Pay 879.00 \$79.00 0.00 80-843-81 Admin Expense>Regional Marketing/CAD>Sick/Avacation Pay 879.00 \$79.00 0.00 80-843-81 Admin Expense>Regional Marketing/CAD>Sick/Avacation Pay 879.00 \$79.00 0.00 80-844-80 Admin Expense>Regional Marketing/CAD>Sick/Avacation Pay 879.00 \$79.00 0.00 80-844-80 Admin Expense>Regional Marketing/CAD>Sick/Avacation Pay 879.00 \$79.00 0.00 85-100-00 Employee Benefits Expense>Pharmacy-Vaccines 646.00 \$79.00 0.00 85-156-61 Employee Benefits Expense>Pharmacy-Vaccines 646.00 \$79.00 0.00 85-156-62 Employee Benefits Expense>Pharmacy-Vaccines 646.00 \$79.00 0.00 85-156-62 Employee Benefits Expense>Pharmacy-Vaccines 646.00 \$79.00 0.00 85-156-62 Employee Benefits Expense>Phar Taxes>FUI 8,847.00 \$95.00 32,219.00 \$79.00 0.00 85-156-62 Employee Benefits Expense>Phar Taxes>FUI 8,847.00 \$95.00 32,219.00 \$79.00 0.00 85-156-62 Employee Benefits Expense>Phar Taxes>FUI 1,896.00 \$79.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00			3,686.00			
80-843-80 Admin Expense>Regional Marketing/CAD>Naiges 53,528.00 53,528.00 54,340.00 80-843-82 Admin Expense>Regional Marketing/CAD-Shift Premium Pay 5.00	80-841-91	Admin Expense>Human Resources>Holiday Pay				
80-843-82 Admin Expense>Regional Marketing/CAD>Shift Premium Pay 80-843-84 Admin Expense>Regional Marketing/CAD>Shift Premium Pay 80-843-84 Admin Expense>Regional Marketing/CAD>Shift Premium Pay 80-843-89 Admin Expense>Regional Marketing/CAD>Shick/Vacation Pay 80-843-81 Admin Expense>Regional Marketing/CAD>Shick/Vacation Pay 80-844-80 Employee Benefits Expense>PR Taxes>Fill Region Pay 81-165-62 Employee Benefits Expense>PR Taxes>Fill Region Pay 81-165-62 Employee Benefits Expense>PR Taxes>Fill Region Pay 81-186-80 Employee Benefits Expense>PR Taxes>Fill Region Pay 81-186-80 Employee Benefits Expense>PR Taxes>Fill Region Pay 81-186-80 Employee Benefits Expense>Pension>Add Back (192.462.00) (2.961.00) (2.96.00)	80-841-92	Admin Expense>Human Resources>PTO Accrual				
80-843-94 Admin Expense-Regional Marketing/CAD>Retro Pay/Adjustment Pay 879.00 879.00 0.00 80-843-91 Admin Expense-Regional Marketing/CAD>Sick/Vacation Pay 879.00 879.00 0.00 80-843-91 Admin Expense-Regional Marketing/CAD>Holday Pay \$46.00 546.00 0.00 80-843-91 Admin Expense-Regional Marketing/CAD-Holday Pay \$46.00 546.00 0.00 80-844-80 Admin Expense-Recruiting→Wages 13,451.00 13,451.00 15,5604.00 85-100-00 85-1						
30-843-91 Admin Expense-Regional Marketing/CAD-Stck/Vacation Pay 879.00 5.00						
80-843-91 Admin Expense>Regional Marketing/CAD>Holiday Pay 546.00 546.00 13,451.00 15,604.00 80-844-80 Admin Expense>Recruiting>Wages 13,451.00 22,263.00 22,263.00 13,459.00 85-1045-32 Employee Benefits Expense>Pharmacy>Vaccines 646.00 56.10 56.00 85-145-32 Employee Benefits Expense>PR Taxes>Fica 387,417.00 11,425.00 398,842.00 385,028.00 85-156-81 Employee Benefits Expense>PR Taxes>Fica 387,417.00 582.00 9,429.00 7,320.00 85-156-82 Employee Benefits Expense>PR Taxes>FUI 8,847.00 582.00 9,429.00 7,320.00 85-156-83 Employee Benefits Expense>PR Taxes>FUI 8,847.00 582.00 9,429.00 7,320.00 85-156-80 Employee Benefits Expense>PR Taxes>FUI 8,847.00 582.00 9,429.00 7,320.00 85-156-80 Employee Benefits Expense>Prof Taxes>FUI 8,847.00 582.00 9,429.00 7,320.00 85-200-79 Employee Benefits Expense>Prof Taxes>FUI 8,847.00 582.00 9,429.00 7,320.00 85-200-79 Employee Benefits Expense>Prof Taxes>FUI 8,847.00 (2,951.00) 8,935.00 5,611.00 85-200-79 Employee Benefits Expense>Prof Taxes>FUI 8,847.00 (2,951.00) 8,935.00 16,145.00 Employee Benefits Expense>Prof Taxes>FUI 8,947.00 (2,950.00) 85-255-70 Employee Benefits Expense>Prof Taxes>Ful 8,047.00 (2,950.00) 85-255-70 Employee Benefits Expense>Prof Taxes FUI 8,047.00 (2,950.00) 85-255-70 Employee Benefits Expense>Prof Prof Reprof Re						
13,451.00						
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S5-145-32 Employee Benefits Expense>Pharmacy>Vaccines 646.00 85-156-61 Employee Benefits Expense>PR Taxes>Fica 387,417.00 11,425.00 398,842.00 385,028.00 85-156-63 Employee Benefits Expense>PR Taxes>FUI 8,847.00 580.00 9,429.00 7,320.00 85-156-63 Employee Benefits Expense>PR Taxes>FUI 8,847.00 580.00 9,429.00 7,320.00 85-156-63 Employee Benefits Expense>PR Taxes>FUI 8,847.00 580.00 9,429.00 7,320.00 85-200-79 Employee Benefits Expense>Prod 11,896.00 (2,961.00) 8,935.00 5,611.00 85-204-00 Employee Benefits Expense>Praining & Education 0.00 0.00 (209.00) (209.00) (209.00) (209.00) (209.00) (209.00) (200.00) (
S5-156-61					646.00	0.00
85-156-62 Employee Benefits Expense>PR Taxes>SUI 32,124.00 95.00 32,219.00 61,610.00 85-156-63 Employee Benefits Expense>PR Taxes>FUI 8,847.00 582.00 9,429.00 7,320.00 85-200-79 Employee Benefits Expense>Food 11,896.00 (2,961.00) 8,935.00 5,611.00 85-204-00 Employee Benefits Expense>Fraining & Education 0.00 0.00 0.00 (209.00) 85-255-00 Employee Benefits Expense>Pension>Add Back (192,462.00) 476,170.00 0.00 85-255-79 Employee Benefits Expense>Pension>Union 476,170.00 476,170.00 0.00 85-257-90 Employee Benefits Expense>Pension>Union 476,170.00 476,170.00 0.00 85-881-00 Employee Benefits Expense>Pension>Workers Comp 88,551.00 88,551.00 88,551.00 9,687.00 19,170.00 85-882-00 Employee Benefits Expense>Health Insurance 9,687.00 755,595.00 755,595.00 756,4501.00 480.00 85-884-00 Employee Benefits Expense>Health Insurance 1,199.00 1,628.00 480.00 480.00			387,417.00	11,425.00	398,842.00	385,028.00
### 1,896.00 \$8,935.00 \$6,611.00 \$8,935.00 \$6,611.00 \$8,935.00 \$6,611.00 \$8,200-79 \$1,000 \$2,000 \$1,209.00 \$1,145.00 \$1,45.00 \$1,0			32,124.00			
S5-200-79 Employee Benefits Expense>Union>Misc 31,209.00 31,209.00 16,145.00	85-156-63	Employee Benefits Expense>PR Taxes>FUI				
85-204-00 Employee Benefits Expense>Praining & Education 0.00 (192,462.00) (192,462.00) (209,00) (85-255-00 Employee Benefits Expense>Pension>Add Back (192,462.00) (192,462.00) (266,544.00 (192,462.00) (266,544.00 (192,462.00) (266,544.00 (192,462.00) (192,462.00) (266,544.00 (192,462.00) (192,462.00) (209,	85-178-00			(2,961.00)		
Employee Benefits Expense>Pension>Add Back (192,462.00) (192,462.00) (266,544.00) (366						
85-255-79 Employee Benefits Expense>Pension>Union 476,170.00 476,170.00 0.00 85-257-00 Employee Benefits Expense>Employee Physicals 421.00 421.00 0.00 85-881-00 Employee Benefits Expense>Workers Comp 88,551.00 88,551.00 55,190.00 85-882-01 Employee Benefits Expense>Health Insurance 9,687.00 9,687.00 19,170.00 85-882-01 Employee Benefits Expense>Health Insurance 9,687.00 755,595.00 764,601.00 85-884-00 Employee Benefits>Dental/Nision Insurance (832.00) (832.00) 480.00 85-885-00 Employee Benefits>Dental/Nision Insurance (1,199.00 1,199.00 1,628.00 91-121-00 Property Expense>Rent 719,164.00 719,164.00 577,331.00 91-125-00 Property Expense>Personal Property Taxes 16,794.00 16,794.00 16,794.00 91-165-00 Property Expense>Personal Property 31,591.00 31,591.00 22,438.00 93-265-00 Amortization Expense 26,665.00 (5,304.00) 21,361.00 18,285.00 98-999-99						
85-257-00 Employee Benefits Expense>Employee Physicals 421.00 0.00 85-881-00 Employee Benefits Expense>Workers Comp 88,551.00 9,687.00 55,190.00 85-882-00 Employee Benefits Expense>Health Insurance 9,687.00 9,687.00 19,170.00 85-882-01 Employee Benefits Expense>Health Insurance>Union 755,595.00 755,595.00 764,601.00 85-884-00 Employee Benefits>Dental/Vision Insurance (832.00) (832.00) 480.00 85-885-00 Employee Benefits>Life Insurance 1,199.00 1,199.00 1,628.00 91-121-00 Property Expense>Rent 719,164.00 719,164.00 577,331.00 91-125-00 Property Expense>Personal Property Taxes 16,794.00 16,794.00 19,027.00 91-165-00 Property Expense>Re Taxes 110,892.00 110,892.00 116,458.00 91-165-00 Property Expense>Insurance - Property 31,591.00 31,591.00 22,438.00 92-000-00 Depreciation Expense 26,665.00 (5,304.00) 21,361.00 18,285.00 93-265-00 Amortization Expense>F						
## 85-881-00 Employee Benefits Expense>Workers Comp						
85-882-00 Employee Benefits Expense>Health Insurance 9,687.00 9,687.00 19,170.00 85-882-01 Employee Benefits Expense>Health Insurance 755,595.00 755,595.00 764,601.00 85-884-00 Employee Benefits>Dental/Nision Insurance (832.00) (832.00) 480.00 85-885-00 Employee Benefits>Life Insurance 1,199.00 1,199.00 1,628.00 91-121-00 Property Expense>Rent 719,164.00 719,164.00 577,331.00 91-125-00 Property Expense>Personal Property Taxes 16,794.00 16,794.00 110,892.00 91-161-00 Property Expense>RE Taxes 110,892.00 110,892.00 110,892.00 91-165-00 Property Expense>Insurance - Property 31,591.00 31,591.00 22,438.00 92-000-00 Depreciation Expense 26,665.00 (5,304.00) 21,361.00 18,285.00 93-265-00 Amortization Expense>Financing Costs 7,849.00 7,849.00 7,490.00 94-000-00 Interest Expense 87,368.00 87,368.00 55,530.00 98-999-90 Prior Period Expense>Le						
85-882-01 Employee Benefits Expense>Health Insurance>Union 755,595.00 764,601.00 85-884-00 Employee Benefits>Dental/Vision Insurance (832.00) (832.00) 480.00 85-885-00 Employee Benefits>Dental/Vision Insurance (199.00 1,199.00					9,687.00	19,170.00
85-884-00 Employee Benefits>Dental/Vision Insurance (832.00) 480.00 85-885-00 Employee Benefits>Life Insurance 1,199.00 1,199.00 1,628.00 91-121-00 Property Expense>Rent 719,164.00 719,164.00 577,331.00 91-125-00 Property Expense>Personal Property Taxes 16,794.00 16,794.00 19,027.00 91-165-00 Property Expense>RE Taxes 110,892.00 110,892.00 110,892.00 116,458.00 91-165-00 Property Expense>Insurance - Property 31,591.00 31,591.00 22,438.00 92-000-00 Depreciation Expense 26,665.00 (5,304.00) 18,285.00 93-265-00 Amortization Expense>Financing Costs 7,849.00 7,849.00 7,408.00 94-000-00 Interest Expense 87,368.00 87,368.00 55,530.00 98-999-99 Prior Period Expense 0.00 (4,121.00) (869.00) Marcum 101 Accum Depreciation > Leasehold Improvements 0.00 4,121.00 869.00 Marcum 102 Dentist 0.00 6,627.00 6,627.00 <td></td> <td></td> <td>755,595.00</td> <td></td> <td>755,595.00</td> <td>764,601.00</td>			755,595.00		755,595.00	764,601.00
85-885-00 Employee Benefits>Life Insurance 1,199.00 1,199.00 1,628.00 91-121-00 Property Expense>Rent 719,164.00 719,164.00 577,331.00 91-125-00 Property Expense>Personal Property Taxes 16,794.00 16,794.00 110,892.00 110,892.00 110,892.00 116,458.00 91-165-00 Property Expense>Re Taxes 110,892.00 110,892.00 110,892.00 116,458.00 91-165-00 Property Expense>Insurance - Property 31,591.00 31,591.00 22,438.00 92-000-00 Depreciation Expense 26,665.00 (5,304.00) 21,361.00 18,285.00 93-265-00 Amortization Expense>Financing Costs 7,849.00 7,408.00 7,408.00 94-000-00 Interest Expense 87,368.00 87,368.00 55,530.00 98-999-99 Prior Period Expense 0.00 (4,121.00) (4,121.00) (869.00) Marcum 101 Accum Depreciation>Leasehold Improvements 0.00 4,121.00 (4,121.00) 869.00 Marcum 102 Dentist 0.00 6,627.00			(832.00)			
11-125-00 Property Expense>Personal Property Taxes 15,794.00 110,892.00 110,892.00 110,892.00 110,892.00 110,892.00 110,892.00 110,892.00 110,892.00 110,892.00 116,458.00 91-165-00 Property Expense>Insurance - Property 31,591.00 31,591.00 22,438.00 92-000-00 Depreciation Expense 26,665.00 (5,304.00) 21,361.00 18,285.00 93-265-00 Amortization Expense>Financing Costs 87,368.00 87,368.00 7,484.00 7,408.00 94-000-00 Interest Expense 87,368.00 87,368.00 55,530.00 98-999-99 Prior Period Expense 0.00 (4,121.00) (4,121.00) (869.00) Marcum 101 Accum Depreciation>Leasehold Improvements 0.00 4,121.00 4,121.00 869.00 Marcum 103 Dentist 0.00 6,627.00 6,627.00 6,627.00 14,706.00 Marcum 105 Subscriptions 0.00 760.00 760.00 660.00 660.00 Marcum 105 Chamber Dues 0.00 660		Employee Benefits>Life Insurance	1,199.00			
1161-00 Property Expense>RE Taxes 110,892.00 31,591.00 22,438.00 92-000-00 Depreciation Expense 26,665.00 (5,304.00) 21,361.00 18,285.00 93-265-00 Amortization Expense>Financing Costs 7,849.00 7,849.00 7,849.00 7,408.00 93-999-99 Prior Period Expense 0.00	91-121-00	Property Expense>Rent				
Property Expense Flancing Costs 1,591.00 22,438.00 21,361.00 18,285.00 22,438.00 21,361.00 18,285.00 21,361.00 22,438.00 21,361.00 22,438.00 21,361.00 22,438.00 21,361.00 21,36	91-125-00					
92-000-00 Depreciation Expense 26,665.00 (5,304.00) 21,361.00 18,285.00 93-265-00 Amortization Expense Financing Costs 7,849.00 7,408.00 7,408.00 94-000-00 Interest Expense 87,368.00 87,368.00 87,368.00 55,530.00 98-999-99 Prior Period Expense 0.00 (4,121.00) (4,121.00) (869.00) Marcum 101 Accum Depreciation>Leasehold Improvements 0.00 (4,121.00) (4,121.00) (4,121.00) (869.00) (4,121.00) (4,						
93-265-00 Amortization Expense>Financing Costs 7,849.00 7,849.00 7,408.00 94-000-00 Interest Expense 87,368.00 87,368.00 55,530.00 98-999-99 Prior Period Expense 0.00 (4,121.00) (4,121.00) (869.00) Marcum 101 Accum Depreciation>Leasehold Improvements 0.00 4,121.00 4,121.00 869.00 Marcum 103 Depreciation Expense>Leasehold Improvements 0.00 6,627.00 6,627.00 14,706.00 Marcum 103 Dentist 0.00 528.00 528.00 266.00 Marcum 104 Subscriptions 0.00 760.00 760.00 660.00 Marcum 105 Chamber Dues 0.00 760.00 760.00 760.00				(5.304.00)	,	
94-000-00 98-999-99 Interest Expense 87,368.00 0.00 87,368.00 0.00 55,530.00 0.00 Marcum 101 Accum Depreciation>Leasehold Improvements 0.00 0.00 0.00 (4,121.00) 0.00 (89.00) 0.00 Marcum 102 Depreciation Expense>Leasehold Improvements 0.00 0.00 0.00 4,121.00 0.00 4,121.00 0.00 4,121.00 0.00 4,121.00 0.00 4,121.00 0.00 14,706.00 14,706.00 14,706.00 14,706.00 266.00 14,706.00 266.00 14,706.00 660.00 14,706.00 660.00 14,706.00 660.00 14,706.00 14,70				(0,304,00)		
98-999-99 Prior Period Expense 0.00 0.00 0.00 Marcum 101 Accum Depreciation>Leasehold Improvements 0.00 (4.121.00) (4.121.00) (869.00) Marcum 102 Depreciation Expense>Leasehold Improvements 0.00 4.121.00 4.121.00 869.00 Marcum 103 Dentist 0.00 6.627.00 6.627.00 14,706.00 Marcum 104 Subscriptions 0.00 528.00 528.00 266.00 Marcum 105 Chamber Dues 0.00 760.00 760.00 660.00						
Marcum 101 Accum Depreciation>Leasehold Improvements 0.00 (4,121.00) (4,121.00) (869.00) Marcum 102 Depreciation Expense>Leasehold Improvements 0.00 4,121.00 4,121.00 869.00 Marcum 103 Dentist 0.00 6,627.00 6,627.00 14,706.00 Marcum 104 Subscriptions 0.00 528.00 528.00 266.00 Marcum 105 Chamber Dues 0.00 760.00 760.00 660.00						
Marcum 102 Depreciation Expense>Leasehold Improvements 0.00 4,121.00 4,21.00 869.00 Marcum 103 Dentist 0.00 6,627.00 14,706.00 Marcum 104 Subscriptions 0.00 528.00 528.00 266.00 Marcum 105 Chamber Dues 0.00 760.00 760.00 660.00				(4,121.00)		
Marcum 103 Dentist 0.00 6,627.00 6,627.00 14,706.00 Marcum 104 Subscriptions 0.00 528.00 528.00 266.00 Marcum 105 Chamber Dues 0.00 760.00 760.00 660.00						869.00
Marcum 104 Subscriptions 0.00 528.00 528.00 266.00 Marcum 105 Chamber Dues 0.00 760.00 760.00 660.00						
Marcum 105 Chamber Dues 0.00 760.00 760.00 660.00						
Marcum 106 Sales Tax 0.00 0.00 100.00	Marcum 105	Chamber Dues		760.00		
	Marcum 106	Sales Tax	0.00		0.00	100.00

Account	Description	ADJ JE Re	f# RJE	FINAL	1st PP-FINAL
		9/30/2023		9/30/2023	9/30/2022
Marcum 107	Leased Equipment	0.00		0.00	1,386.00
Marcum 108	Other Revenue>Prior Year Adjustment(s)	0.00	(19,668,00)	(19,668.00)	0.00
Marcum 109	Holiday Party	0.00	2,961.00	2,961.00	0.00
Marcum 110	Fixed Assets>Non Movable Equipment	0.00	11,039.00	11,039.00	0.00
Marcum 111	Accum Depn>Non Movable	0.00	1,183.00	1,183.00	0.00
Marcum 112	Depreciation Expense>Non Movable	0.00	1,183.00	1,183.00	0.00
Total		, 0,00	0.00	0,00	0.00
	Net (Income) Loss	152,434.00	0,00	152,434.00	196,334.00

Client Engagement

Subtotal [12A]

Complete Care Management Medicald - Complete Care at Harrington Court, LLC

Period Ending: 9/30/2023 A 01 - TR-CCNH

Trial Balance A 03 - Grouping Report Workpaper: ADJ 9/30/2023 1st PP-FINAL JE Ref# RIF FINAL Account 9/30/2023 9/30/2023 9/30/2022 Salaries and Wages Group ! [10-A] Subgroup : [2] 80-811-80 80-811-83 Administrators 131,896,00 144,006,00 Admin Expense>Director>Wages Admin Expense>Director>Shift Bonus Pay 144,006,00 0,00 0,00 5,457,00 0.00 0.00 2,500,00 0.00 5,457.00 3,381.00 4,138,00 3,106,00 80-811-90 Admin Expense>Director>Sick/Vacation Pay 80-811-91 80-811-92 Admin Expense>Director>Holiday Pay
Admin Expense>Director>PTO Accrua 3,381.00 0.00 1,925,00 154,769.00 0.00 1.925.00 7,210.00 154,769.00 148,850.00 Subtotal [2] Administrators Other Administrative Salaries Subgroup : [4] 70,706,00 0.00 70.706.00 68.867.00 Admin Expense>Receptionist>Wages 80-838-80 4,547_00 366.00 Admin Expense>Receptionist>Overtime
Admin Expense>Receptionist>Shift Premium
Admin Expense>Receptionist>Shift Bonus Pay 0.00 1,089,00 80-838-81 1,089,00 80-838-82 896.00 0.00 896,00 1,801.00 668.00 0.00 1,801_00 851,00 80-838-63 n.00 668.00 543.00 361.00 80-838-84 Admin Expense>Receptionist>Retro Pay/Adjustment Pay 0,00 80-838-88 Admin Expense>Receptionist>Other Pay
Admin Expense>Receptionist>Sick/Vacation Pay 543.00 0,00 10,314.00 4,944.00 6.195.00 0.00 10.314.00 80-838-90 4,944.00 3,275.00 5,076,00 3,829.00 80-838-91 Admin Expense>Receptionist>Holiday Pay 80-838-92 80-840-80 Admin Expense>Receptionist>PTO Accrual
Admin Expense>Business Office>Wages 3,275,00 0.00 73,183,00 0.00 73,183,00 81,827.00 0.00 1,006.00 1,006.00 2,209,00 80-840-81 Admin Expense>Business Office>Overtime 146,00 Admin Expense>Business Office>Shift Premium Pay Admin Expense>Business Office>Shift Bonus Pay Admin: Expense>Business Office>Other Pay 80-840-82 57,00 1,462,00 80-840-83 1,462,00 0.00 0,00 0.00 0.00 669.00 80-840-88 5,762,00 5,372.00 0.00 Admin Expense>Business Office>Sick/Vacation Pay Admin Expense>Business Office>Holiday Pay Admin Expense>Business Office>PTO Accrua 80-840-90 2,859.00 2.503.00 0.00 2,503,00 3,308,00 70,604,00 0.00 3 308 00 (783.00) 80-840-92 0.00 70,604,00 73,113,00 679.00 80-841-80 Admin Expense>Human Resources>Wages 80-841-90 80-841-91 Admin Expense>Human Resources>Sick/Vacation Pay Admin Expense>Human Resources>Holiday Pay 3,686,00 0.00 3,686.00 2,051.00 1,101.00 1,698,00 0.00 2.051.00 ,101_00 2,864.00 15,604.00 Admin Expense>Human Resources>PTO Accruai 80-841-92 80-844-80 Admin Expense>Recruiting>Wages
Other Administrative Salaries 13.451.00 0,00 13,451.00 272,410.00 0,00 272,410.00 277.958.00 Subtotal [4] Subgroup : [5C] 70-831-80 Dietary Workers
Dietary Expense>Aide>Wages 228,061,00 199 950.00 0.00 199,950.00 0.00 35,346,00 5,994,00 34.013.00 70-831-81 Dietary Expense>Aide>Overtime 12,267,00 5,702.00 Dietary Expense>Aide>Shift Premium Pay
Dietary Expense>Aide>Shift Bonus Pay
Dietary Expense>Aide>Retro Pay/Adjustment Pay 70-831-82 5,994,00 70-831-83 5,323.00 0.00 5,323,00 0.00 1,813,00 1,813,00 825.00 70-831-84 228 00 14,116 00 137.00 Dietary Expense>Aide>Training Pay
Dietary Expense>Aide>Sick/Vacation Pay
Dietary Expense>Aide>Holiday Pay 228,00 70-831-87 19,089.00 70-831-90 70-831-91 14.116.00 0.00 16,054,00 9,467,00 0.00 16.054.00 21.246.00 9,467.00 78,482.00 10 024 60 Dietary Expense>Aide>PTO Accrual Dietary Expense>Cook>Wages Dietary Expense>Cook>Overtime 7D-831-92 59,181,00 70-832-80 70-832-81 78,482,00 0,00 8,467.00 D.DD B.467.00 5,783,00 2,975,00 2,975.00 3,551.00 2,715,00 70-832-82 Dietary Expense>Cook>Shift Premium Pay 70-832-83 70-832-84 Dietary Expense>Cook>Shift Bonus Pay
Dietary Expense>Cook>Retro Pay/Adjustment Pay 3,551,00 0.00 858,00 0.00 0.00 0.00 124,00 0.00 124.00 0.00 70-832-88 Dietary Expense>Cook>Other Pay 11,710 00 5,706 00 Dietary Expense>Cook>Sick/Vacation Pay Dietary Expense>Cook>Holiday Pay Dietary Expense>Cook>PTO Accrual 70-832-90 6,002,00 0.00 70-832-91 6 611.00 0.00 6,611.00 (163.00) 394,340.00 (153.90) 0.00 3 869.00 70-832-92 Subtotal [5C] Dietary Workers 394,340.00 Engineer or Chief of Maintenance Subgroup: [7A] 52,954.00 0.00 59,485,00 0.00 59,485,00 75-811-80 Maintenance Expense>Director>Wages 75-811-84 75-811-90 Maintenance Expense>Director>Retro Pay/Adjustment Pay Maintenance Expense>Director>Sick/Vacation Pay 551.00 0_00 551.00 2,629,00 1,377.00 0.00 1.377.00 1,075,00 1,032,00 75-811-91 Maintenance Expense>Director>Holiday Pay 75-811-92 Subtotal [7A] 615,00 Maintenance Expense>Director>PTO Accrual 615.00 0.00 1,342.00 Engineer or Chief of Maintenance 0,00 63,103,00 57,957,00 63,103,00 Subgroup : [7B] 75-829-80 Other Maintenance Workers 35,377.00 40 154.00 0.00 40,154.00 Maintenance Expense>Staff>Wages 1,638.00 0.00 1,638,00 187,00 3,205,00 75-829-81 Maintenance Expense>Staff>Overtime 268,00 75-829-82 Maintenance Expense>Staff>Shift Premium Pay 187.00 1,765,00 0,00 270,00 75-8**29-**83 Maintenance Expense>Staff>Shift Bonus Pay Maintenance Expense>Staff>Training Pay 0.00 1,765.00 0.00 0.00 0.00 160.DD 75-829-87 270.00 80.00 0.00 75-829-89 Maintenance Expense>Staff>On Call Pay Maintenance Expense>Staff>Sick/Vacation Pay Maintenance Expense>Staff>Holiday Pay 52 00 75-829-90 2 831.00 0.00 2.831.00 2,109,00 0.00 2 109.00 2.204.00 75-829-91 75-829-92 Maintenance Expense>Staff>PTO Accrual (203, D0)0.00 48,751.00 Subtotal [7B] Other Maintenance Workers 0.00 48,751.00 39,617.00 Director of Nurses/Assistant Director Subgroup : [12A] 61-811-80 61-811-83 Nursing Admin Expense>Director (DON)>Wages Nursing Admin Expense>Director>Shift Bonus Pay 101,974,00 298,250,00 122,797,00 196 276.00 6,500.00 550.00 6,500.00 550.00 0.00 900.00 0.00 0.00 Nursing Admin Expense>Director>Retro Pay/Adjustment Pay 61-811-84 500.00 61-811-89 61-811-90 Nursing Admin Expense>Director>On Call Pay Nursing Admin Expense>Director>Sick/Vacation Pay 0.00 0.00 7,916,00 1,992,00 0.00 7.916.00 2,404.00 1,992.00 873.00 1.442.00 61-811-91 Nursing Admin Expense>Director>Holiday Pay (3,650.00) 61-811-92 61-812-80 Nursing Admin Expense>Director>PTO Accrual
Nursing Admin Expense>Assistant Director (ADON)>Wages 873.00 0.00 69,142,00 2,500,00 0.00 69,142,00 85,439,00 0.00 2,500 00 4.125.00 Nursing Admin Expense>Assistant Director>Shift Bonus Pay 61-812-83 1,024.00 Nursing Admin Expense>Assistant Director>Refro Pay/Adjustment Pay Nursing Admin Expense>Assistant Director>On Call Pay Nursing Admin Expense>Assistant Director>On Call Pay Nursing Admin Expense>Assistant Director>SickVvacation Pay 61-812-84 0.00 61-812-89 400.00 0.00 400.00 5,500.00 4,293.00 1,402.00 4,293.00 0.00 384:00 61-812-90 1,250,00 61-812-91 Nursing Admin Expense>Assistant Director>Holiday Pay 1,402,00 0.00 Nursing Admin Expense>Assistant Director>PTO Accrual Director of Nurses/Assistant Director 0,00 0,00 0.00 (1,533,00)

101,974.00

393,818.00

220,582.00

Subgroup : [12B1]	RNs - Direct Care	ac n 17 00	0.00	85,847.00	75 171 00
60-808-80	Nursing Expense>RN>Wages	85,847,00 12,185,00	0,00 0.00	12,185.00	75,121,00 6,559,00
60-808-81	Nursing Expense>RN>Overtime	2,600,00	0,00	2,500.00	2,513,00
60-808-82 60-808-83	Nursing Expense>RN>Shift Premium Pay Nursing Expense>RN>Shift Bonus Pay	327_00	0.00	327.00	5,565.00
60-808-84	Nursing Expense>RN>Retro Pay/Adjustment Pay	139.00	D DD	139,00	(263,00)
60-808-90	Nursing Expense>RN>Sick/Vacation Pay	8,367,60	0.00	8,367,00	9,847,00
60-808-91	Nursing Expense>RN>Holiday Pay	8,112,00	0,00	8,112.00	6,917,00
60-808-92	Nursing Expense>RN>PTO Accrual	(5,347,00)	0.00	(5,347,00)	(1,905.00)
60-809-80	Nursing Expense>RN Supervisor>Wages	630,190,00	0,00	630,190,00	382,683,00
60-809-81	Nursing Expense>RN Supervisor>Overtime	46,946 00	0.00	46,946,00	25,514,00
60-809-82	Nursing Expense>RN Supervisor>Shift Premium Pay	3,928_00	0,00	3,928,00	2,801.00 12.799.00
60-809-83	Nursing Expense>RN Supervisor>Shift Bonus Pay	16,800,00	0,00	16,800,00 5,839,00	4,480,00
60-809-84	Nursing Expense>RN Supervisor>Retro Pay/Adjustment Pay	5,839.00 345.00	0,00	345 00	0.00
60-809-87	Nursing Expense>RN Supervisor>Training Pay	1,329,00	0,00	1,329 00	0,00
60-809-88 60-809-89	Nursing Expense>RN Supervisor>Other Pay Nursing Expense>RN Supervisor>On Call Pay	950.00	0.00	950.00	300.00
60-809-90	Nursing Expense>RN Supervisor>Sick/Vacation Pay	31,711,00	0.00	31,711.00	10,129,00
60-809-91	Nursing Expense>RN Supervisor>Holiday Pay	18,582,00	0,00	18,582,00	7,685.00
60-809-92	Nursing Expense>RN Supervisor>PTO Accrual	(728.00)	0.00	(728.00)	15,887.00
Subtotal [12B1]	RNs - Direct Care	868,122.00	0.00	868,122,00	566,632.0D
Subgroup : [12B2]	RNs - Administrative			4.700.00	405 354 00
61-194-80	Nursing Admin Expense>Infection Control>Wages	4,789,00	0.00	4,789.00 0.00	106,351.00 168.00
61-194-82	Nursing Admin Expense>Infection Control>Shift Premium Pay	0,00 0,00	0.00	0,00	2,350.00
61-194-83	Nursing Admin Expense>Infection Control>Shift Bonus Pay Nursing Admin Expense>Infection Control>Retro Pay/Adjustment Pay	0.00	0,00	0,00	2,092,00
61-194-84 61-194-88	Nursing Admin Expense Infection Control Other Pay	1,437,00	0.00	1,437,00	0.00
61-194-00	Nursing Admin Expense Infection Control > Sick/Vacation Pay	747,00	0.00	747.00	2,391.00
61-194-91	Nursing Admin Expense>Infection Control>Holiday Pay	0.00	0.00	0.00	800,00
61-194-92	Nursing Admin Expense>Infection Control>PTO Accrual	(2,403,00)	0,00	(2,403,00)	2,403.00
61-814-80	Nursing Admin Expense>Central Supply>Wages	3,735.00	0.00	3,735,00	0.00
61-814-81	Nursing Admin Expense>Central Supply>Overtime	80,00	0,00	80,00	0.00
61-814-82	Nursing Admin Expense>Central Supply>Shift Premium Pay	14,00	0.00	14.00	0,00
61-814-90	Nursing Admin Expense>Central Supply>Sick/Vacation Pay	1,867,00	0,00	1,857.00	0.00
61-814-91	Nursing Admin Expense>Central Supply>Holiday Pay	170,00	0,00	170.00	0,00
61-817-80	Nursing Admin Expense>MDS / RNAC>Wages	137,926,00	14,717,00	152,643.00	100,665,00
61-817-81	Nursing Admin Expense>MDS / RNAC>Overtime	1,018,00	0.00	1,018.00 0,00	6,626,00
61-817-83	Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay	0.00 200.00	0,00	200,00	0.00
61-817-89 61-817-90	Nursing Admin Expense>MDS / RNAC>On Call Pay Nursing Admin Expense>MDS / RNAC>Sick/Vacation Pay	1,161,00	0.00	1.161.00	0.00
61-817-90	Nursing Admin Expense>MDS / RNAC>5:EN Vacation Pay	1,554.00	0.00	1,554.00	1,134,00
61-817-92	Nursing Admin Expense>MDS / RNAC>PTO Accrual	0.00	0,00	0.00	(972.00)
61-821-80	Nursing Admin Expense>Nursing Secretary>Wages	31,729.00	0.00	31,729.00	38,974,00
61-821-81	Nursing Admin Expense>Nursing Secretary>Overtime	673,00	0,00	673.00	3,341.00
61-821-82	Nursing Admin Expense>Nursing Secretary>Shift Premium Pay	188.00	0,00	188.00	178.00
61-821-83	Nursing Admin Expense>Nursing Secretary>Shift Bonus Pay	1,703,00	0,00	1,703.00	586,0D
61-821-84	Nursing Admin Expense>Nursing Secretary>Retro Pay/Adjustment Pay	195.00	0,00	195,00	15.00
61-821-90	Nursing Admin Expense>Nursing Secretary>Sick/Vacation Pay	2,499.00	0,00	2,499,00	4,693 00
61-821-91	Nursing Admin Expense>Nursing Secretary>Holiday Pay	1,809.00	0.00	1,809,00	1,704,00 5,181,00
61-821-92	Nursing Admin Expense>Nursing Secretary>PTO Accrual	1,132,00	D.DD D.DD	1,132,00 30,502,00	28,887,00
61-823-80	Nursing Admin Expense>Staff Coordinator>Wages	30,502.00	0,00	1,534.00	1,535.00
61-823-81	Nursing Admin Expense>Staff Coordinator>Overtime Nursing Admin Expense>Staff Coordinator>Shift Premium Pay	1,534.00 152,00	0.00	152.00	168.00
61-823-82 61-823-83	Nursing Admin Expense>Staff Coordinator>Shift Bonus Pay	1,086,00	0.00	1,086.00	1,086,00
61-823-84	Nursing Admin Expense>Staff Coordinator>Retro Pay/Adjustment Pay	0.00	0.00	0.00	(66,00)
61-823-88	Nursing Admin Expense>Staff Coordinator>Other Pay	176.00	0,00	176,00	0,00
61-823-90	Nursing Admin Expense>Staff Coordinator>Sick/Vacation Pay	5,032,00	0.00	5,032 00	5,162.00
61-823-91	Nursing Admin Expense>Staff Coordinator>Holiday Pay	1,242,00	0.00	1,242,00	1,952,00
61-823-92	Nursing Admin Expense>Staff Coordinator>PTO Accrual	(717,00)	D _e DD	(717,00)	2,961.00
61-824-80	Nursing Admin Expense>Staff Devel Director>Wages	47,437.00	0,00	47,437.00	0,00
61-824-83	Nursing Admin Expense>Staff Devel Director>Shift Bonus Pay	1,300,00	0,00	1,300,00	0,00
61-824-84	Nursing Admin Expense>Staff Devel Director>Retro Pay/Adjustment Pay	3,162,00	0.00	3,152.00	0.00
61-824-89	Nursing Admin Expense>Staff Devel Director>On Call Pay	300,00	0.00	300,00 1,371,00	0.00
61-824-90	Nursing Admin Expense>Staff Devel Director>Sick/Vacation Pay	1,371,00 457,00	0.00	457.00	0.00
61-824-91 61-825-80	Nursing Admin Expense>Staff Devel Director>Holiday Pay Nursing Admin Expense> RN Unit Manager>Wages	108,922,00	0.00	108,922.00	10,581,00
61-825-80	Nursing Admin Expense > KN Unit Manager > Vvages Nursing Admin Expense > Unit Manager > Overtime	0.00	0.00	0.00	378.00
61-825-82	Nursing Admin Expense>Unit Manager>Shift Premium Pay	0.00	0,00	0,00	181,00
61-825-83	Nursing Admin Expense>Unit Manager>Shift Bonus Pay	4,000.00	0.00	4,000.00	0.00
61-825-84	Nursing Admin Expense>Unit Manager>Retro Pay/Adjustment Pay	179.00	0.00	179 00	70,00
61-825-89	Nursing Admin Expense>Unit Manager>On Call Pay	300,00	0,00	300.00	0,00
61-825-90	Nursing Admin Expense>Unit Manager>Sick/Vacation Pay	8,100.00	0.00	8,100,00	0.00
61-825-91	Nursing Admin Expense>Unit Manager>Holiday Pay	2,806,00	D _a DD	2,806,00	0,00
61-825-92	Nursing Admin Expense>Unit Manager>PTO Accrual	1,558.00	0.00	1,558.00	(8.00)
Subtotal [12B2]	RNs - Administrative	411,122.00	14,717.00	425,839.00	331,567,00
	I DILL DISCOSTO DE CONTROL DE CON				
Subgroup : [12C1] 60-805-80	LPNs - Direct Care Nursing Expense>LPN>Wages	592.294.00	0,00	592,294.00	560,829,00
60-805-81	Nursing Expense>LPN>Overtime	281,035,00	0.00	281,035.00	248,799.00
60-805-82	Nursing Expense>LPN>Shift Premium Pay	19,776.00	0.00	19,775.00	20,974,00
60-805-83	Nursing Expense>LPN>Shift Bonus Pay	21,862,00	0.00	21,852,00	63,821,00
60-805-84	Nursing Expense>LPN>Retro Pay/Adjustment Pay	13,464.00	0.00	13,464.00	546 00
60-805-87	Nursing Expense>LPN>Training Pay	496,00	0,00	495.00	257,00
60-805-8B	Nursing Expense>LPN>Other Pay	1_172,00	0.00	1 172 00	869,00
60-805-90	Nursing Expense>LPN>Sick/Vacation Pay	79,521.00	0,00	79,521.00	81,264,00
60-805-91	Nursing Expense>LPN>Holiday Pay	61,253,00	0,00	61,253.00	62,691,00
60-805-92	Nursing Expense>LPN>PTO Accrual	(6,325.00)	0,00	(6,325.00)	(378.00) 1,039,672.00
Subtotal [12C1]	LPNs - Direct Care	1,064,548.00	0.00	1,064,548.00	1,019,072.40
Bb	William and Westdoor				
Subgroup : [12D]	Aldes and Attendants Nursing Expense>CNA>Wages	919,566.00	0.00	919,566,00	800,879.00
60-801-80 60-801-81	Nursing Expense>CNA>Overtime	281,945.00	0.00	281,945,00	308,845,00
60-801-82	Nursing Expense>CNA>Shift Premium Pay	35,155,00	0,00	35,155,00	34,077,00
60-801-83	Nursing Expense>CNA>Shift Bonus Pay	41,980,00	0.00	41,980,00	115,331,00
60-801-84	Nursing Expense>CNA>Retro Pay/Adjustment Pay	8,251.00	0.00	8,251,00	1,313,00
60-801-87	Nursing Expense>CNA>Training Pay	803,00	0,00	803.00	16,428.00
60-801-88	Nursing Expense>CNA>Other Pay	4,130,00	0.00	4,130,00	2,297,00

60-801-90	Nursing Expense>CNA>Sick/Vacation Pay	103,747_00	0,00	103,747,00	115,310.00
60-801-91	Nursing Expense>CNA>Holiday Pay	86,805,00	0,00	86,805.00	81,548,00
60-801-92	Nursing Expense>CNA>PTO Accrual	17,579.00	0.00	17,579.00	(268,00)
Subtotal [120]	Aldes and Attendants	1,499,951.00	0.00	1,499,961.00	1,475,760,00
Subgroup : [12H]	Recreation Workers	51,813,00	0.00	51,813,00	48,963,00
71-811-80 71-811-83	Activity Expense>Director>Wages Activity Expense>Director>Shift Bonus Pay	0.00	D.00	0.00	100.00
71-811-84	Activity Expense Director Retro Pay/Adjustment Pay	524 00	D.00	524.00	0,00
71-811-90	Activity Expense>Director>Sick/Vacation Pay	4,265.00	0.00	4,265.00	6,515.00
71-811-91	Activity Expense>Director>Holiday Pay	1,585_00	0.00	1,585.00	1,312.00
71-811-92	Activity Expense>Director>PTO Accrual	(1,742,00)	0.00	(1,742,00)	1,478,00
71-831-80	Activity Expense>Aide>Wages	74,907.00	0.00	74,907.00	62,096,00
71-831-81	Activity Expense>Aide>Overtime	890.00	0.00	890.00	3,271.00
71-831-82	Activity Expense>Aide>Shift Premium Pay	679,00	0.00	679.00	838.00
71-831-83	Activity Expense>Aide>Shift Bonus Pay	678.00	0.00	678,00 214,00	815,00 (121,00)
71-831-84	Activity Expense>Aide>Retro Pay/Adjustment Pay	214,00 0,00	0.00	0.00	426.00
71-831-88	Activity Expense>Aide>Other Pay	9.836.00	0.00	9,836,00	7,620,00
71-831-90	Activity Expense>Aide>Sick/Vacation Pay	7,330 00	0.00	7,330,00	6,066.00
71-831-91 71-831-92	Activity Expense>Aide>Holiday Pay Activity Expense>Aide>PTO Accrual	2,660.00	0.00	2,660.00	(3,257.00)
Subtotal [12H]	Recreation Workers	153,639.00	0.00	153,639.00	136,122.00
oubtotal [1211]	1304) cardolf frankers				
Subgroup : [12M]	Social Workers/Case Management				
69-811-80	Social Services Expense>Director>Wages	69,887.0U	0,00	69,887,00	60,028.00
69-811-90	Social Services Expense>Director>Sick/Vacation Pay	2,958,00	0.00	2,956.00	4,294.00
69-811-91	Social Services Expense>Director>Holiday Pay	1,678,00	0.00	1,678,00	1,510.00
69-811-92	Social Services Expense>Director>PTO Accrual	(531,00)	0.00	(531,00)	3,264,00
69-830-80	Social Services Expense>Assistant>Wages	53,910,00	0.00	53,910,00	52,829.00
69-830-81	Social Services Expense>Assistant>Overtime	938,00	0.00	938_00	5,124,00 0.00
69-830-84	Social Services Expense>Assistant>Retro Pay/Adjustment Pay	220,00	0,00	220,00	
69-830-90	Social Services Expense>Assistant>Sick/Vacation Pay	1,926,00	0.00	1,926,00 1,508,00	3,291.00 1,340.00
69-830-91	Social Services Expense>Assistant>Holiday Pay	1,508.00	0_00 0_00	1,508,00	1,443,00
69-830-92	Social Services Expense>Assistant>PTO Accrual	156,00	0,00	132,650.00	133,123.00
Subtotal [12M]	Social Workers/Case Management	132,650,00	0,00	132,630.00	180,123,00
Subgroup : [12N]	Marketing				
80-843-80	Admin Expense>Regional Marketing/CAD>Wages	53,528.00	0.00	53,528,00	54,340.00
80-843-82	Admin Expense>Regional Marketing/CAD>Shift Premium Pay	5.00	0,00	5,00	0.00
80-843-84	Admin Expense>Regional Marketing/CAD>Retro Pay/Adjustment Pay	463,00	0.00	463_00	0,00
80-843-90	Admin Expense>Regional Marketing/CAD>Sick/Vacation Pay	879,00	0.00	879.00	0.00
80-843-91	Admin Expense>Regional Marketing/CAD>Holiday Pay	546,00	0.00	546.00	0.00
Subtotal [12N]	Marketing	55,421.00	0.00	55,421.00	54,340.00
Subgroup : [120]	Other	BB 040 00	0.00	22,946.00	25,807.00
61-818-80	Nursing Admin Expense>Medical Records>Wages	22,846,00	0.00 0.00	318,00	1,219.00
61-816-81	Nursing Admin Expense>Medical Records>Overtime	318,00 2,00	0.00	2.00	105.00
61-818-82	Nursing Admin Expense>Medical Records>Shift Premium Pay	293,00	0.00	293.00	586.00
61-818-83	Nursing Admin Expense>Medical Records>Shift Bonus Pay	40.00	0.00	40.00	18.00
61-818-84	Nursing Admin Expense>Medical Records>Retro Pay/Adjustment Pay	3,841,00	0.00	3,841,00	5,685,00
61-818-90	Nursing Admin Expense>Medical Records>Sick/Vacation Pay	2,668,00	0.00	2,568.00	1,575.00
61-818-91	Nursing Admin Expense>Medical Records>Holiday Pay Nursing Admin Expense>Medical Records>PTO Accrual	1,062,00	0,00	1,062.00	(566,00)
61-818-92 80-839-80	Admin Expense>Admissions>Wages	74,986.00	0.00	74,986.00	73,780 00
80-839-81	Admin Expense>Admissions>Overtime	776,00	0.00	776.00	1,290,00
80-839-82	Admin Expense>Admissions>Shift Premium Pay	76,00	0.00	76.00	65,00
80-839-83	Admin Expense>Admissions>Shift Bonus Pay	5,200,00	0.00	5,200.00	0,00
80-839-84	Admin Expense>Admissions>Retro Pay/Adjustment Pay	2,694,00	0.00	2,694.00	308.00
80-839-88	Admin Expense>Admissions>Other Pay	1,538,00	0 00	1,538.00	0.00
80-838-90	Admin Expense>Admissions>Sick/Vecation Pay	3,138,00	0.00	3,138.00	2,043.00
80-839-91	Admin Expense>Admissions>Holiday Pay	1,692,00	0.00	1,692.00	2,804.00
80-839-92	Admin Expense>Admissions>PTO Accrual	(1,260.00)	0.00	(1,260,00)	1,495,00
Subtotal [120]	Other	120,010.00	0.00	120,010.00	116,214.00
		5,530,690,00	119,691,00	5,647,381.00	5,020,320,00
Total [10-A]	Salaries and Wages	0,530,630.00	112,001,00	0,041,001,00	9,029,020,00
Group : [13-B]	Professional Fees				
Subgroup : [1]	Dieddan				
70-833-00	Dietary Expense>Contracted Distician	41,231,00	0.00	41,231.00	36,100.00
Subtotal [1]	Dietitlan	41,231.00	0.00	41,231.00	36,100.00
Subgroup : [2]	Dentist		C C27 00	6 537 00	14 706 00
Marcum 103	Dentist	0,00	6,627.00 6,627.00	6,627.00	14,706,00
Subtotal [2]	Dentist	0.00	6,627.00	0,027,00	14,100,00
Subgroup : [3]	Pharmacist				
62-700-00	Pharmacy Expense>Contracted Service	32,046.00	0.00	32,046.00	22,471,00
Subtotal [3]	Pharmacist	32,046,00	0.00	32,046,00	22,471.00
Capromi (e)	, many manual				
Subgroup : [5A]	PT - Resident Care				
65-102-00	PT Expense>Medicare A	85,914,00	0.00	85,914.00	60,735.00
65-103-00	PT Expense>Med B	62 177 00	0.00	62,177.00	25,539,00
65-105-00	PT Expense>HMO B	22,337,00	0.00	22,337.00	10,626,00
65-106-00	PT Expense>HMO A	53,910.00	0.00	53,910.00	45,954.00
65-111-00	PT Expense>Medicaid	13,219,00	0.00	13,219,00	7,015,00
Subtotal [5A]	PT - Resident Care	237,557.00	0.00	237,557.00	149,869.00
	M. H. abbles.				
Subgroup : [8A] 61-750-00	Medical Director Nursing Admin Expense>Medical Director	37,107,00	(6,627,00)	30,480.00	33,912.00
Subtotal [8A]	Medical Director	37,107.00	(6,627,00)	30,480,00	33,912.00
Suprotal [6A]	meaned pricesor	41,121,00	- 32311311	- Colonidation	,
Subgroup : [9A]	ST - Resident Care				
67-102-00	ST Expense>Medicare A	16,843,00	0,00	16,843.00	12,530,00
67-103-00	ST Expense>Part B	11,016.00	0.00	11,016,00	11,923.00
67-105-00	ST Expense>HMO B	3,387.00	0.00	3,387,00	3,795,00
	ST Expense>HMO A	9,150,00	0.00	9,150,00	13,203.00
67-106-00					
67-106-00 67-111-00	ST Expense>Medicald	1,577.00	0.00	1,577,00	1,445.00
	ST Expense>Medicald ST Expense>Contracted Service	2,939.00	0.00	2,939.00	5,021.00
67-111-00	ST Expense>Medicald				

Subgroup : [10A]	OT - Resident Care	44 4 C 4 7 DD	0,00	114,617,00	132,007.00
66-102-00 66-103-00	OT Expense>Medicare A OT Expense>Part B	114,617,00 206,507,00	0,00	206,507,00	74,973.00
66-104-00	OT Expense>Private	116_00	0,00	116 00	121,00
66-105-00	OT Expense>HMO B	63,391_00	0,00 0,00	63,391.00 69,942.00	16,280,00 52,622,00
66-106-00	OT Expense>HMO A OT Expense>Medicaid	69,942,00 23,625,00	0,00	23,625.00	17,777.00
66-111-00 Subtotal [10A]	OT - Resident Care	478,198.0D	0,00	475,198.00	293,780,00
Subgroup : [11A1]	RN's - Direct Care	2,537_00	0,00	2,537,00	101,588.00
60-700-18 60-700-21	Nursing Expense>Contracted Service>RN Nursing Expense>Contracted Service>RN Overtime	0.00	0.00	0.00	11,629.00
Subtotal [11A1]	RN's - Direct Care	2,537.00	0.00	2,537.00	113,217.00
Subgroup: [11B1]	LPN's - Direct Care	200,459,00	0,00	200,459,00	255,771,00
60-700-19 60-700-22	Nursing Expense>Contracted Service>LPN Nursing Expense>Contracted Service>LPN Overtime	13,351.00	0,00	13,351.00	31,882.00
60-700-29	Nursing Expense>Contracted Service>LPN COVID	0_00	0.00	0.00	1,176.00
Subtotal [11B1]	LPN's - Direct Care	213,810.00	0.00	213,810.00	288,829.00
Subgroup : [11C]	Aldes Nursing Expense>Contracted Service>CNA	337,726,00	0,00	337,728.00	368,545_00
60-700-20 60-700-23	Nursing Expense>Contracted Service>CNA Overtime	8,043,00	0.00	8,043.00	24,145.00
Subtotal [11C]	Aldes	345,771.00	0.00	345,771.00	392,690.00
Subgroup : [12]	Other	4,254.00	12,012,00	16,255,00	28,115,00
60-263-00 60-263-02	Nursing Expense>Consulting Fees Nursing Expense>Consulting Fees>Add Back	19,620.00	0.00	19,620.00	4,275,00
60-700-06	Nursing Expense>Contracted Service>Other	0,00	0,00	0.00	40,088 00
60-700-27	Nursing Expense>Contracted Service>MDS	0.00	0.00	0.00	424.00
60-700-38	Nursing Expense>Contracted Service>Nursing Admin	2,876,00	0,00	2,876.00 0.00	28,594,00 3,825,00
60-700-39	Nursing Expense>Contracted Service>Nursing Admin>Overtime Therapy Expense>Contracted Service	0,00 (18,322,00)	0,00 18,322,00	0.00	0.00
68-700-00 68-827-00	Therapy Expense>Contracted Service Therapy Expense>Respiratory	15,550.00	0.00	15,550.00	72,815.00
Subtotal [12]	Other	23,978.00	30,334,00	54,312.00	178,137,00
		240.100		1 107 101 00	4 574 688 88
Total [13-B]	Professional Fees	1,457,147.00	30,334.00	1,487,481.00	1,571,628.00
	Furna dibuna Other than Caladas				
Group : [15] Subgroup : [1A1]	Expenditures Other than Salaries Workmen's Compensation				
85-881-00	Employee Benefits Expense>Workers Comp	88,551,00	0.00	88,551.00	55,190,00
Subtotal [1A1]	Workmen's Compensation	88,551.00	0.00	88,551.00	55,190.00
Subgroup : [1A3] 85-156-62	Unemployment Insurance Employee Benefits Expense>PR Taxes>SUI	32,124.00	95,00	32,219,00	61,610,00
85-156-63	Employee Benefits Expense>PR Taxes>FUI	8,847.00	582.00	9,429.00	7,320.00
Subtotal [1A3]	Unemployment Insurance	40,971.00	677,00	41,648.00	68,930.00
Subgroup : [1A4]	Social Security (FICA)	387,417.00	11,425,00	398,842,00	385,028,00
85-156-61 Subtotal [1A4]	Employee Benefits Expense>PR Taxes>Fica Social Security (FICA)	387,417.00	11,425.00	398,842.00	385,028.00
Subtoral [1A4]	Social Security (110A)				
Subgroup : [1A5]	Health Insurance				40.470.00
85-882-00	Employee Benefits Expense>Health Insurance	9,687.00	0,00	9,687.00 755,595.00	19,170,00 754,601,00
85-882-01	Employee Benefits Expense>Health Insurance>Union	755,595_00 (832,00)	0.00 0.00	(832.00)	480.00
85-884-00 Subtotal [1A5]	Employee Benefits>Dental/Vision Insurance Health Insurance	764,450.00	0.00	764,450.00	784,251.00
Subtoral [185]	Hemit Hammer			7	
Subgroup : [1A6]	Life insurance			970.00	4 500 00
85-885-00	Employee Benefits>Life Insurance	1,199,00	0.00	1,199.00	1,628.00
Subtotal [1A6]	Life insurance	1,199,00		1,123.00	1,020.00
Subgroup : [1A7]	Pensions				
85-255-00	Employee Benefits Expense>Pension>Add Back	(192,462,00)	0.00	(192,462.00)	266,544.00
85-255-79	Employee Benefits Expense>Pension>Union	476,170.00	0.00	476,170.00	266,544.00
Subtotal [1A7]	Pensions	283,708.00	0.00	283,708.00	200,344,00
Subgroup : [1A9]	Other				
85-100-00	Employee Benefits Expense>Miscellaneous	22,926_00	0.00	22,926,00	13,469,00
85-145-32	Employee Benefits Expense>Pharmacy>Vaccines	646,00	0,00	645,00	0.00 5,611.00
85-178-00	Employee Benefits Expense>Food	11,896,00 31,209.00	(2,961,00) 0,00	8,935,00 31,209,00	16,145,00
85-200-79 85-204-00	Employee Benefits Expense>Union>Misc Employee Benefits Expense>Training & Education	0.00	0.00	0.00	(209.00)
85-257-00	Employee Benefits Expense>Employee Physicals	421,00	0.00	421.00	0.00
Subtotal [1A9]	Other	67,098.00	(2,961.00)	64,127.00	35,016.00
Subgroup : [1C]	Bad Debts Admin Expense>Bad Debt	141,499.00	0.00	141,499,00	129,539,00
80-251-00 80-251-74	Admin Expense>Bad Debt>Medicare Coinsurance	(35,285.00)	0,00	(35,285,00)	34,000,00
Subtotal [1C]	Bad Debts	106,214.00	0.00	106,214.00	163,539.00
Subgroup : [1D]	Accounting and Auditing	33,293.00	2,743,00	36,036.00	15,000.00
80-239-00	Admin Expense>Accounting Fees Accounting and Auditing	33,293.00	2,743,00	36,036.00	15,000.00
Subtotal [1D]	Accounting and Additing	00,200.00			
Subgroup : [1E]	Legal				
80-238-00	Admin Expense>Legal Fees	9,491.00	2,185,00	11,676.00	9,619 00
Subtotal [1E]	Legal	9,491.00	2,185,00	11,676,00	9,619.00
Subgroup : [1G]	Office Supplies				
80-182-00	Admin Expense>Furnishing	7,873,00	0.00	7,873.00	5,663,00
80-183-00	Admin Expense>Supplies	6,150,00	0.00	6,150.00	7,413,00
80-183-09	Admin Expense>Supplies>Toner	5,868.00	0,00	5,868.00	2,054.00 3,448.00
80-183-78	Admin Expense>Supplies>Paper	2,521,00 3,920,00	0,00 0,00	2,521 00 3,920 00	4,961.00
80-184-00 Subtotal [1G]	Admin Expense>Computer Hardware	26,332,00	0,00	26,332,00	23,539.00
					20,000,00
	Office Supplies	20,002,00		-	20,000,000
Subgroup : [1H1]	Telephone and Telegraph	Soldowing	(22,03330

80-210-00 80-231-00 Subtotal [1H1]	Admin Expense>Internet Admin Expense>Telephono Telephone and Telegraph	2,617,00 6,438,00 9,055,00	0.00 0.00 0.00	2,617,00 6,438,00 9,055,00	2,349,00 6,548,00 8,897,00
Subgroup : [1K2] Marcum 106 Subtotal [1K2]	Other Sales Tax Other	0,00	0.00	0,00	100,00
Subgroup : [1K3] 80-111-16 Subtotal [1K3]	Resident Day User Fee Admin Expense>Medicaid>Bed Tax Resident Day User Fee	658,095.0D 658,095.0D	0,00	658,095.00 658,095.00	630,176.00 630,176.00
Total [15]	Expenditures Other than Salaries	2,475,874.00	14,069.00	2,489,943.00	2,447,457.00
Group : [16] Subgroup : [2] Marcum 109 Subtotal [2]	Expenditures Other than Salarles (cont'd) - Admin. and General Holiday Parties for Staff Holiday Party Holiday Party Holiday Partys for Staff	0.00	2,961.00 2,951.00	2,961,00 2,961.00	0,00
Subgroup : [4] 80-236-00 Subtotal [4]	Employee Travel Admin Expense>Travel Employee Travel	5,208.00 6,209.00	0,00	6,209,00 5,209,00	2,389.00 2,389.00
Subgroup : [M1] 80-249-00 Subtotal [M1]	Advertising Help Wanted Admin Expense-Recruiting Advertising Help Wanted	13,824.00 13,824.00	0.00	13,824,00 13,824,00	14,229.00
Subgroup : [M3] 80-250-00 80-250-74 Subtotal [M3]	Advertising Other Admin Expense>Marketing & Advertising Admin Expense>Marketing & Advertising>COVID Advertising Other	21,468,00 1,788,00 23,266.00	0,00 0,00 0,00	21,468,00 1,788,00 23,256.00	37,542.00 3,839.00 41,381.00
Subgroup : [M7] 80-209-00 Subtotal [M7]	Postage Admin Expense>Postage Postage	3,271.00 3,271.00	0.00	3,271_00 3,271.00	2,209.00 2,209.00
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	10,099.00	(1,288.00) (1,288.00)	8,811,00 8,811.00	5,341.00 5,341.00
Subgroup : [M8A] Marcum 105 Subtotal [M8A]	Dues to Chamber of Commerce Chamber Dues Dues to Chamber of Commerce	0.00	760.00 760.00	760.00 760.00	660,00 660,00
Subgroup : [M9] Marcum 104 Subtotal [M9]	Subscriptions Subscriptions Subscriptions	0,00	528.00 \$28.00	528.00 528.00	266.00 266.00
Subgroup : [M11] 80-181-00 80-230-00	Services Provided by Contract Admin Expense-Shredding Admin Expense-Data Processing	1,770.00 70,184.00	0.00 0.00	1,770,00 70,184,00	1,320.00 80,144,00
80-240-00	Admin Expense>Professional Fees	2,885.00 198,205.00	(995.00) 15,430.00	2,000.00 213,635.00	8,446,00 210,007,00
80-240-02 80-241 - 00	Admin Expense>Professional Fees>Add Back Admin Expense>IT Fees	0.00	0.00	0.00	3,091,00 21,095,00
80-241-01 80-700-00	Admin Expense>IT Fees>Add Back Admin Expense>Contracted Service	24,547.00 19,251.00	0.00 0.00	24,547,00 19,251,00	887,00
80-700-02	Admin Expense>Contracted Service>Add Back	12,000.00	0.00	12,000.00	12,000,00 336,990.00
Subtotal [M11]	Services Provided by Contract	328,952.00	14,435.00	343,387.00	330,880.00
Subgroup : [M12]	Administrative Management Services Admin Expense>Management Fee	707,506.00	0,00	707,506 00	327,689 00
80-279-00 Subtotal [M12]	Administrative Management Services	707,506,00	0.00	707,506.00	327,689.00
Subgroup : [M13]	Other		2.00	2,927.00	2,885.00
80-153-00 80-202-00	Admin Expense>Financing Costs Admin Expense>resident missing Items	2,927,00 0.00	0.00 0.00	0,00	255 00
80-234-00	Admin Expense>Licenses	1,314,00	0.00	1,314,00 6,164,00	981_00 18.00
80-242-00 80-243-00	Admin Expense>Fines & Penalties Admin Expense>Late Fees	6,164,00 0,00	0.00	0.00	1,839.00
80-244-00	Admin Expense>Bank Fees	22,873.00 297,00	156,00 0.00	23,029.00 297.00	12,192,00 390.00
80-245-00 80-245-06	Admin Expense>Background Checks Admin Expense>Background Checks Other (Fingerprinting)	5,105.00	0.00	5,105,00	4,041,00
80-252-00	Admin Expense>Startup Costs Admin Expense>Startup Costs>Agency	30,185.00	(30,185,00)	0.00	6,977,00 1,00
80-255-00 Subtotal [M13]	Other	68,865.00	(30,029.00)	38,836.00	29,579.00
Total (16)	Expenditures Other than Salaries (cont'd) - Admin. and General	1,161,962.00	(12,633,00)	1,149,349.00	760,733.00
Group : [18] Subgroup : [2A1]	Dietary Basis for Allocation of Costs Raw Food		4.00	40.470.00	10,522,00
70-177-00 70-178-00	Dietary Expense>Supplements Dietary Expense>Food	18,428,00 267,503,00	0,00 0,00	18,428.00 267,503.00	283,348.00
71-178-00	Activity Expense>Food	1,657.00	0.00	1,657,00 287,588,00	1,974,00 295,844.00
Subtotal [2A1]	Raw Food	287,588,00	0,00	287,588,00	253,644.00
Subgroup : [2A2]	Non-Food Supplies	28,560,00	0.00	28,560.00	25,748,00
70-183-00 70-191-00 Subtotal (2A2)	Dietary Expense>Supplies Dietary Expense>Enteral Feeding Supplies Non-Food Supplies	11,060.00	0.00	11,060.00 39,620,00	10,362,00 36,110.00
Subgroup : [2B] 70-700-00 Subtotal [2B]	Purchased Services Dietary Expense>Contracted Service Purchased Services	155,575,00 155,575,00	0.00	155,575.00 155,575.00	120,839.00 120,839.00
Subgroup : [20]	Other Dietary Expense>Minor Equip	1,591,00	0.00	1,591.00	0.00
70-184-00 70-208-00 Subtotal [2C]	Dietary Expense>Minor Equip Dietary Expense>Equip-Rental Other	6,565,00 8,156,00	0.00 0.00	6,565.00 8,156.00	4,863.00 4,863.00

Total [18]	Dietary Basis for Allocation of Costs	490,939,00	0.00	400,939.00	457,656,00
Group : [19]	Laundry-Basis for Allocation of Costs				
Subgroup : [JB] 73-700-00	Purchased Services Laundry Expense>Contracted Service	304,500,00	0,00	304,500,00	289,645,00
Subtotal [3B]	Purchased Services	304,500,00	0,00	304,500.00	289,645,00
Subgroup : [3C]	Other				
73-183-00	Laundry Expense>Supplies	13,723.00	0,00	13,723,00	14,530.00
Subtotal [3C]	Other	13,723,00	0.00		
Total [19]	Laundry-Basis for Alfocation of Costs	318,223.00	0.00	318,223,00	304,175.00
Group : [20]	Housekeeping and Resident Care Basis for Alfocation of Costs				
Subgroup : [4A1] 72-183-00	in-House Care Supplies	21,999.00	0.00	21,999.00	21,975.00
72-183-00 Subtotal [4A1]	Housekeeping Expense>Supplies In-House Care Supplies	21,899.00	0.00	21,899.00	21,975.00
Subgroup : [4B]	Purchased Services				
72-700-00	Housekeeping Expense>Contracted Service	459,555,00	0.00	459,555.00	462,056.00
Subtotal [4B]	Purchased Services	459,555.00	0,00	459,555.00	462,056.00
Subgroup : [5A2]	Purchased from	0.00	0.00	0,00	34,00
62-000-00 62-102-00	Pharmacy Expense Pharmacy Expense>Medicare A	0 00 69,711,00	0.00	69,711.00	99,047_00
62-104-00	Pharmacy Expense>Private	688,00	0.00	688.00	285,00 74,914,00
62-105-00	Pharmacy Expense>HMO	48,815,00 264.00	0.00 0.00	48,815,00 264.00	0.00
62-108-00 62-111-00	Pharmacy Expense>Veterans Pharmacy Expense>Medicaid	6,407,00	0.00	6,407.00	9,473,00
82-145-00	Pharmacy Expense>RX	5,645,00	0.00	5,645.00	3,825.00
52-145-32	Pharmacy Expense>RX>Vaccines Pharmacy Expense>Rx>COVID	16,169,00	0.00 0,00	15,169.00 0.00	8,384.00 2,280.00
62-145-74 Subtotal [5A2]	Purchased from	147,699.00	0,00	147,699.00	198,252,00
		:=			
Subgroup : [5B] 62-222-00	Medicine Cabinet Drugs Pharmacy Expense>OTC	843.00	0,00	843.00	617,00
Subtotal [5B]	Medicine Cabinet Drugs	843.00	0.00	843.00	617.00
Subgroup : [5C]	Medical and Therapeutic Supplies				
60-183-00	Nursing Expense>Supplies-Disposable	24,820.00	0.00	24,820.00 98,524.00	21,412.00 89,268.00
60-183-76 60-184-00	Nursing Expense>Supplies>PPD Nursing Expense>Supplies-Non Disposable	98,524,00 22,904,00	0,00 0.00	22,904.00	23,002.00
60-185-00	Nursing Expense-Incontinence Supplies	56.00	0,00	56,00	377,00
68-183-00	Therapy Expense>Supplies	146,304,00	0.00	146,304.00	134,120.00
Subtotal [5C]	Medical and Therapeutic Supplies	146,304.00	0.00	140,304.00	104,120100
Subgroup : [6D]	Ambulance/Limousine	9,725,00	0,00	8,725.00	7,460,00
60-213-00 Subtotal [5D]	Nursing Expense>Transportation Ambulance/Limousine	9,725,00	0,00	9,725.00	7,460,00
,,,	•				
Subgroup : [5E2]	Oxygen - Other	3.640.00	0.00	3,640.00	4,899.00
Subgroup : [5E2] 57-000-00 Subtotal [5E2]	Oxygen - Other Oxygen Expense Oxygen - Other	3,640.00 3,640.00	0.00	3,640.00 3,640.00	4,899.00 4,899.00
57-000-00 Subtotal [5E2]	Oxygen Expense Oxygen - Other		0,00	3,640.00	4,899.00
57-000-00 Subtotal [5E2] Subgroup : [5F] 59-000-00	Oxygen Expense Oxygen - Other X-Rays and related radiological Radiology Expense	3,640.00	0.00	3,540.00	4,899.00 8,439,00
57-000-00 Subtotal [5E2] Subgroup : [5F]	Oxygen Expense Oxygen - Other X-Rays and related radiological	3,640.00	0,00	3,640.00	4,899.00
57-000-00 Subtotal [5E2] Subgroup : [5F] 59-000-00 Subtotal [5F] Subgroup : [5H]	Oxygen Expense Oxygen - Other X-Rays and related radiological Radiology Expense X-Rays and related radiological Laboratory	3,350.00 3,350.00	0.00 0.00 0.00	3,350.00 3,350.00	4,899.00 8,439.00 8,439.00
57-000-00 Subtotal [5E2] Subgroup : [5F] 59-000-00 Subtotal [5F] Subgroup : [5H] 58-000-00	Oxygen Expense Oxygen - Other X-Rays and related radiological Radiology Expense X-Rays and related radiological Laboratory Lab Expense	3,540.00 3,350.00 3,350.00	0.00 0.00 0.00	3,540.00	4,899.00 8,439,00
57-000-00 Subtotal [5E2] Subgroup : [5F] 59-000-00 Subtotal [5F] Subgroup : [5H]	Oxygen Expense Oxygen - Other X-Rays and related radiological Radiology Expense X-Rays and related radiological Laboratory	3,350.00 3,350.00	0.00 0.00 0.00	3,540.00 3,350.00 3,350.00	8,439,00 8,439,00 8,439,00
57-000-00 Subtotal [5E2] Subgroup : [5F] 59-000-00 Subtotal [6F] Subgroup : [5H] 58-000-00 58-000-74 Subtotal [5H]	Oxygen Expense Oxygen - Other X-Rays and related radiological Radiology Expense X-Rays and related radiological Laboratory Lab Expense Lab Expense Lab Expense Lab Expense Laboratory	3,350.00 3,350.00 16,221.00 0.00	0.00 0.00 0.00	3,350.00 3,350.00 3,350.00 16,221.00 0.00	4,899.00 8,439.00 8,439.00 21,157.00 57.00
57-090-00 Subtotal [5E2] Subgroup : [5F] 59-000-00 Subtotal [5F] Subgroup : [5H] 58-000-74 Subtotal [5H] Subgroup : [6f] 71-000-00	Oxygen Expense Oxygen - Other X-Rays and related radiological Radiology Expense X-Rays and related radiological Laboratory Lab Expense Lab Expense>COVID Laboratory Activity Expense	3,540.00 3,350.00 3,350.00 16,221.00 0.00 16,221.00	0.00 0.00 0.00 0.00 0.00 0.00	3,350.00 3,350.00 3,350.00 16,221.00 0.00 16,221.00	4,899.00 6,439.00 8,439.00 21,157.00 57.00 21,214.09
57-00-00 Subtotal [5E2] Subgroup : [5F] 59-000-00 Subtotal [5F] Subgroup : [5H] 58-000-00 58-000-74 Subtotal [5H] Subgroup : [6I] 71-000-00 71-183-00	Oxygen - Other X-Rays and related radiological Radiology Expense X-Rays and related radiological Laboratory Lab Expense Lab Expense-COVID Laboratory Recreation Activity Expense Activity Expense Activity Expense-Supplies	3,540.00 3,350.00 3,350.00 16,221.00 0.00 16,221.00	0.00 0.00 0.00 0.00 0.00 0.00	3,540.00 3,350.00 3,350.00 16,221.00 0.00 16,221.00 0,00 4,210.00	4,899.00 8,439.00 8,439.00 21,157.00 57.00 21,214.00 32.00 3,712.00
57-00-00 Subtotal [5E2] Subgroup : [5F] 59-00-00 Subtotal [5F] Subgroup : [5H] 58-000-04 Subtotal [5H] Subgroup : [6I] 71-000-00 71-183-00 71-183-74	Oxygen Expense Oxygen - Other X-Rays and related radiological Radiology Expense X-Rays and related radiological Laboratory Lab Expense Lab Expense Lab Expense>COVID Laboratory Recreation Activity Expense Activity Expense>Supplies Activity Expense>Supplies Activity Expense>Supplies	3,540.00 3,350.00 3,350.00 16,221.00 0.00 16,221.00 0.00 4,210.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00	3,350.00 3,350.00 3,350.00 16,221.00 0.00 16,221.00	4,899.00 6,439.00 8,439.00 21,157.00 57.00 21,214.09
57-00-00 Subtotal [5E2] Subgroup : [5F] 59-000-00 Subtotal [5F] Subgroup : [5H] 58-000-00 58-000-74 Subtotal [5H] Subgroup : [6I] 71-000-00 71-183-00	Oxygen - Other X-Rays and related radiological Radiology Expense X-Rays and related radiological Laboratory Lab Expense Lab Expense-COVID Laboratory Recreation Activity Expense Activity Expense Activity Expense-Supplies	3,540.00 3,350.00 3,350.00 16,221.00 0.00 16,221.00 0.00 4,210.00 0.00 0.00 2,745.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	3,540.00 3,350.00 3,350.00 16,221.00 0.00 16,221.00 0.00 4,210.00 0.00 0.00 2,745.00	4,899.00 6,439.00 21,157.00 57.00 21,214.00 32.00 3,712.00 7.00 77.00
57-000-00 Subtotal [5E2] Subgroup : [5F] 59-000-00 Subtotal [5F] Subgroup : [5H] 58-000-74 Subtotal [5H] Subgroup : [6f] 71-000-00 71-183-00 71-183-74 71-236-00	Oxygen - Other X-Rays and related radiological Radiology Expense X-Rays and related radiological Laboratory Lab Expense Laboratory Recreation Activity Expense Activity Expense Supplies Activity Expense-Supplies Activity Expense-Supplies Activity Expense-Supplies Activity Expense-Supplies Activity Expense-Supplies	3,540.00 3,350.00 3,350.00 16,221.00 0.00 15,221.00 0.00 4,210.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	3,550.00 3,350.00 3,350.00 16,221.00 0.00 16,221.00 0.00 4,210.00 0.00	4,899.00 8,439.00 21,157.00 57.00 21,214.00 32.00 3,712.00 7.00 77.00
57-00-00 Subtotal [5E2] Subgroup: [5F] 59-000-00 Subtotal [5F] Subgroup: [5H] 58-000-00 58-000-74 Subtotal [5H] Subgroup: [6f] 71-000-00 71-183-74 71-236-00 71-700-00	Oxygen Expense Oxygen - Other X-Rays and related radiological Radiology Expense X-Rays and related radiological Laboratory Lab Expense Lab Expense Lab Expense>COVID Laboratory Recreation Activity Expense - Supplies Activity Expense>Supplies Activity Expense>Supplies>COVID Activity Expense>Travel Activity Expense>Contracted Service Recreation Cable Television	3,540.00 3,350.00 3,350.00 16,221.00 0.00 16,221.00 4,210.00 0.00 0.00 2,745.00 6,955.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	3,540.00 3,350.00 3,350.00 16,221.00 0,00 16,221.00 0,00 4,21.00 0,00 0,00 2,745.00 5,955.00	4,899.00 8,439.00 21,157.00 57.00 21,214.00 77.00 7,505 5,433.00
57-00-00 Subtotal [5E2] Subgroup: [5F] 59-000-00 Subtotal [5F] Subgroup: [5H] 58-000-00 S-000-74 Subtotal [5H] Subgroup: [6I] 71-100-00 71-183-74 71-236-00 71-700-00 Subtotal [5I] Subgroup: [5L] 80-232-00	Oxygen - Other X-Rays and related radiological Radiology Expense X-Rays and related radiological Laboratory Lab Expense Lab Expense Lab Expense Lab Expense Lab Expense Activity Expense Activity Expense Activity Expense Activity Expense>Supplies Activity Expense>Supplies Activity Expense>Cortracted Service Recreation Activity Expense>Contracted Service Recreation Admin Expense>Contracted Service Recreation Admin Expense>Cable TV	3,540.00 3,350.00 3,350.00 16,221.00 0.00 4,210.00 0.00 2,745.00 6,955.00 17,951.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	3,540.00 3,350.00 3,350.00 16,221.00 0,00 16,221.00 0,00 4,210.00 0,00 2,745.00 6,955.00	4,899.00 8,439.00 8,439.00 21,157.00 57.00 21,214.00 32.00 3,712.00 7.00 1,605.00 5,433.00 22,920.00
57-00-00 Subtotal [5E2] Subgroup: [5F] 59-00-00 Subtotal [5F] Subgroup: [5H] 58-000-00 58-000-74 Subtotal [5H] Subgroup: [6I] 71-000-00 71-183-74 71-236-00 71-700-00 Subtotal [5I] Subgroup: [5L]	Oxygen Expense Oxygen - Other X-Rays and related radiological Radiology Expense X-Rays and related radiological Laboratory Lab Expense Lab Expense Lab Expense>COVID Laboratory Recreation Activity Expense - Supplies Activity Expense>Supplies Activity Expense>Supplies>COVID Activity Expense>Travel Activity Expense>Contracted Service Recreation Cable Television	3,540.00 3,350.00 3,350.00 16,221.00 0.00 16,221.00 4,210.00 0.00 0.00 2,745.00 6,955.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	3,540.00 3,350.00 3,350.00 16,221.00 0,00 16,221.00 0,00 4,21.00 0,00 0,00 2,745.00 6,955.00	4,899.00 8,439.00 21,157.00 57.00 21,214.00 77.00 7,505 5,433.00
57-00-00 Subtotal [5E2] Subgroup: [5F] 59-000-00 Subtotal [5F] Subgroup: [5H] 58-000-00 58-000-74 Subtotal [5H] Subgroup: [6I] 71-000-00 71-183-74 71-238-00 71-700-00 Subtotal [5I] Subgroup: [5L] 80-232-00 Subtotal [5L] Subgroup: [5L] Subgroup: [5L] Subgroup: [5L] Subgroup: [5L] Subgroup: [5L]	Oxygen - Other X-Rays and related radiological Radiology Expense X-Rays and related radiological Laboratory Lab Expense Lab Expense-CVID Laboratory Recreation Activity Expense Activity Expense-Supplies Activity Expense-Supplies Activity Expense-Supplies Activity Expense-Supplies Cativity Expense-Supplies Covid Expense-Cvid Activity Expense-Covid Activity Expense-Covid Cativity Expense-Cativity Cativity Cativi	3,540.00 3,350.00 3,350.00 16,221.00 0.00 16,221.00 0.00 4,210.00 0.00 2,745.00 6,955.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	3,540.00 3,350.00 3,350.00 16,221.00 0.00 15,221.00 0,00 4,210.00 0,00 2,745.00 5,955.00 17,951.00 17,851.00	4,899.00 8,439.00 8,439.00 21,157,00 57.00 21,214.00 32.00 3,712.00 7.00 1,665,00 5,433.00 22,920.00
57-00-00 Subtotal [5E2] Subgroup: [5F] 59-000-00 Subtotal [5F] Subgroup: [5H] 58-000-00 58-000-74 Subtotal [5H] Subgroup: [6I] 71-000-00 71-183-74 71-236-00 71-700-00 Subtotal [5I] Subgroup: [5L] 80-232-00 Subtotal [5L] Subgroup: [5L] 80-232-00 Subtotal [5L] Subgroup: [5M] S5-000-00	Oxygen Expense Oxygen - Other X-Rays and related radiological Radiology Expense X-Rays and related radiological Laboratory Lab Expense Lab Expense Lab Expense CoVID Laboratory Recreation Activity Expense Activity Expense Activity Expense Supplies Activity Expense>CoVID CovID Co	3,540.00 3,350.00 3,350.00 16,221.00 0.00 16,221.00 0.00 4,210.00 0.00 0.00 2,745.00 6,955.00 17,951.00 17,951.00 40,803.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	3,540.00 3,350.00 3,350.00 16,221.00 0,00 16,221.00 0,00 4,21.00 0,00 2,745.00 17,951.00 17,951.00	4,899.00 6,439.00 21,157,00 57.00 21,214.00 32.00 3,712.00 77.00 1,805.00 5,433.00 22,920.00 22,920.00 36,216.00
57-00-00 Subtotal [5E2] Subgroup: [5F] 59-000-00 Subtotal [5F] Subgroup: [5H] 58-000-00 S-000-74 Subtotal [5H] Subgroup: [6I] 71-00-00 71-183-74 71-236-00 71-700-00 Subtotal [5I] Subgroup: [5L] 80-232-00 Subtotal [5L] Subgroup: [5M] 55-000-00 60-183-07	Oxygen - Other X-Rays and related radiological Radiology Expense X-Rays and related radiological Laboratory Lab Expense Lab Expense-COVID Laboratory Recreation Activity Expense-Supplies Activity Expense-Supplies Activity Expense-Supplies Activity Expense-Supplies Activity Expense-Supplies Covid Expense-Covid Activity Expense-Supplies Covid Expense-Covid Activity Expense-Travel Activity Expense-Travel Activity Expense-Travel Activity Expense-Covid Experimental Expense Cable Television Cable Television Other Nursing Rental Expense Nursing Expense-Supplies-Bariatric	3,540.00 3,350.00 3,350.00 16,221.00 0.00 16,221.00 0.00 4,210.00 0.00 2,745.00 6,955.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	3,540.00 3,350.00 3,350.00 16,221.00 0,00 16,221.00 0,00 4,210.00 0,00 2,745.00 17,951.00 17,951.00 40,803.00 32.00 23,500.50	4,899.00 8,439.00 21,157.00 57.00 21,214.00 7.00 7.00 1,605.00 22,920.00 22,920.00 36,216.00 2,446.00 37,332.00
57-00-00 Subtotal [5E2] Subgroup: [5F] 59-000-00 Subtotal [5F] Subgroup: [5H] 58-000-00 58-000-74 Subtotal [5H] Subgroup: [6I] 71-000-00 71-183-74 71-236-00 71-700-00 Subtotal [5I] Subgroup: [5L] 80-232-00 Subtotal [5L] Subgroup: [5L] 80-232-00 Subtotal [5L] Subgroup: [5M] S5-000-00	Oxygen - Other X-Rays and related radiological Radiology Expense X-Rays and related radiological Radiology Expense X-Rays and related radiological Laboratory Lab Expense Lab Expense-COVID Laboratory Recreation Activity Expense-Supplies Covided Expense-Covided Activity Expense-Covided Activity Expense-Covided Activity Expense-Cable TV Cable Television Other Nursing Rental Expense Nursing Expense-Supplies-Bariatric Nursing Expense-Supplies-COVID	3,540.00 3,350.00 16,221.00 0.00 16,221.00 0.00 4,210.00 0.00 0.00 2,745.00 6,955.00 17,951.00 17,951.00 40,803.00 32,00 23,506.00 6,139.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	3,540.00 3,350.00 3,350.00 16,221.00 0,00 4,21.00 0,00 2,745.00 17,951.00 17,951.00 46,803.00 32.00 32.00 23,505.00 5,132.00	4,899.00 6,439.00 21,157,00 57.00 21,214.00 7,00 77.00 1,565,00 22,920.00 22,920.00 2,446.00 37,332.00 12,748.00
57-00-00 Subtotal [5E2] Subgroup: [5F] 59-00-00 Subtotal [5F] Subgroup: [5H] 58-000-00 S-000-74 Subtotal [5H] Subgroup: [6I] 71-000-00 71-183-74 71-236-00 71-183-74 71-236-00 Subtotal [5I] Subgroup: [5L] 80-232-00 Subtotal [5L] Subgroup: [5M] 55-000-00 60-183-74 60-204-00 60-183-74 60-204-00 60-205-00	Oxygen - Other X-Rays and related radiological Radiology Expense X-Rays and related radiological Laboratory Lab Expense Lab Expense Lab Expense Lab Expense Lab Expense Lab Expense Laboratory Recreation Activity Expense Activity Expense Activity Expense Activity Expense>Supplies Activity Expense>Travel Activity Expense>Travel Activity Expense>Contracted Service Recreation Cable Television Cable Television Other Nursing Rental Expense Nursing Rental Expense Nursing Expense>Supplies>COVID Nursing Expense>Supplies>COVID Nursing Expense>Supplies>COVID Nursing Expense>Supplies>COVID Nursing Expense>Supplies>COVID Nursing Expense>Supplies>COVID Nursing Expense>Fariatric Nursing Expense>Fariatric Nursing Expense>Santalon & Incineration	3,540.00 3,350.00 3,350.00 16,221.00 0.00 16,221.00 0.00 4,210.00 0.00 2,745.00 6,955.00 17,951.00 17,951.00 40,803.00 32,00 23,506.00 6,139.00 795.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	3,540.00 3,350.00 3,350.00 16,221.00 0.00 4,210.00 0.00 2,745.00 17,951.00 17,951.00 17,951.00 23,506.00 6,132.00 796.00 7765.00	4,899.00 8,439.00 21,157.00 57.00 32.00 3,712.00 7.00 7.00 1,605.00 22,920.00 22,920.00 36,216.00 2,446.00 3,732.00 37,332.00 12,718.00 1,652.00 1,652.00
57-00-00 Subtotal [5E2] Subgroup: [5F] 59-000-00 Subtotal [5F] Subgroup: [5H] 58-000-00 S-000-74 Subtotal [5H] Subgroup: [5I] 71-000-00 71-183-74 71-728-00 71-700-00 Subtotal [5I] Subgroup: [5L] 80-232-00 Subtotal [5L] Subgroup: [5M] 55-000-00 60-183-07 60-183-07 60-204-00 60-205-00 60-205-00 60-205-00	Oxygen - Other X-Rays and related radiological Radiology Expense X-Rays and related radiological Laboratory Lab Expense Lab Expense Lab Expense Lab Expense Activity Expense Activity Expense Activity Expense Activity Expense Activity Expense Supplies COVID Activity Expense>Corbracted Service Recreation Cable Television Admin Expense>Corbracted Service Recreation Cable Television Other Nursing Expense Supplies-Bariatric Nursing Expense Supplies-Bariatric Nursing Expense Supplies-Bariatric Nursing Expense Supplies-COVID Nursing Expense Supplies-COVID Nursing Expense>Training & Education Nursing Expense>Supplies-COVID Nursing Expense>Training & Education Nursing Expense>Supplies-COVID Nursing Expense>Repairs & Maint	3,540.00 3,350.00 3,350.00 16,221.00 0.00 16,221.00 0.00 4,210.00 0.00 2,745.00 17,951.00 17,951.00 40,803.00 32.00 23,506.00 6,139.00 795.00 1,629.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	3,540.00 3,350.00 3,350.00 16,221.00 0,00 4,21.00 0,00 2,745.00 17,951.00 17,951.00 46,803.00 32.00 32.00 23,505.00 5,132.00	4,899.00 6,439.00 21,157,00 57.00 21,214.00 7,00 77.00 1,565,00 22,920.00 22,920.00 2,446.00 37,332.00 12,748.00
57-00-00 Subtotal [5E2] Subgroup: [5F] 59-000-00 Subtotal [5F] Subgroup: [5H] 58-000-00 S-000-74 Subtotal [5H] Subgroup: [5I] 71-000-00 71-183-74 71-236-00 71-700-00 Subtotal [5I] Subgroup: [5L] 80-232-00 Subtotal [5L] Subgroup: [5M] 55-000-00 60-183-74 60-204-00 60-205-00 60-207-00 60-207-00 60-212-00	Oxygen - Other X-Rays and related radiological Radiology Expense X-Rays and related radiological Laboratory Lab Expense Lab Expense-COVID Laboratory Recreation Activity Expense-Supplies Activity Expense-Travel Activity Expense-Travel Activity Expense-Travel Activity Expense-Travel Activity Expense-Travel Activity Expense-Travel Activity Expense-Supplies-Bariatric Nursing Expense-Supplies-Bariatric Nursing Expense-Supplies-Bariatric Nursing Expense-Supplies-COVID Nursing Expense-Supplies-COVID Nursing Expense-Supplies-Saliation & Incineration Nursing Expense-Saliation & Incineration	3,540.00 3,350.00 3,350.00 16,221.00 0.00 16,221.00 0.00 4,210.00 0.00 2,745.00 6,955.00 17,951.00 17,951.00 40,803.00 32,00 23,506.00 6,139.00 795.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	3,540.00 3,350.00 3,350.00 16,221.00 0,00 16,221.00 0,00 4,210.00 0,00 2,745.00 17,951.00 17,951.00 40,803.00 32.00 23,500.50 5,130.00 795.00 1,523.00 1,523.00 1,523.00 14,390.00 44,390.00	4,899.00 8,439.00 21,157,00 57,00 21,214.00 32.00 3,712.00 7.00 7.00 1,605,00 22,920.00 22,920.00 12,718.00 1,652.00 12,257.00 12,250.00 7,000 1,652.00 1,752.00 1,752.00 1,752.00 1,752.00 1,752.00 1,752.00 1,752.00 1,755.00
57-00-00 Subtotal [5E2] Subgroup: [5F] 59-000-00 Subtotal [6F] Subgroup: [5H] 58-000-00 S-000-74 Subtotal [6H] Subgroup: [6I] 71-000-00 71-183-74 71-236-00 71-700-00 Subtotal [5I] Subgroup: [5L] 80-232-00 Subtotal [5L] Subgroup: [5M] 55-000-00 60-183-74 60-204-00 60-205-00 60-212-00 60-212-00 60-212-00 60-212-00 60-212-00 60-210-00 66-101-01	Oxygen - Other X-Rays and related radiological Radiology Expense X-Rays and related radiological Radiology Expense X-Rays and related radiological Laboratory Lab Expense-COVID Laboratory Recreation Activity Expense-Supplies Activity Expense-Supplies Activity Expense-Supplies Activity Expense-Supplies-COVID Activity Expense-Traviel Activity Expense-Traviel Activity Expense-Traviel Activity Expense-Traviel Activity Expense-Cable TV Cable Television Admin Expense-Cable TV Cable Television Other Nursing Rental Expense Nursing Expense-Supplies-Bariatric Nursing Expense-Supplies-COVID Nursing Expense-Supplies-COVID Nursing Expense-Salination & Incineration Nursing Expense-Salination & Incineration Nursing Expense-Repairs & Maint Nursing Expense-Colinical Services Nursing Expense-Colplum-Part 8	3,540.00 3,350.00 3,350.00 16,221.00 0.00 16,221.00 0.00 4,210.00 0.00 2,745.00 6,955.00 17,951.00 17,951.00 23,506.00 6,139.00 795.00 16,220.00 17,130.00 44,390.00 59.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	3,540.00 3,350.00 3,350.00 16,221.00 0,00 4,210.00 0,00 2,745.00 17,951.00 17,951.00 17,950.00 17,100.00 4,100.00 2,100.00 2,100.00 17,950.00 17,100.00 17,100.00 17,100.00 17,100.00 17,100.00 18,000.00 59.00	4,899.00 6,439.00 21,157,00 57.00 21,214.00 7,00 7,00 1,565,00 22,920.00 22,920.00 2,446.00 37,332.00 1,565.00 1,565.00 1,565.00 1,565.00 1,565.00 1,565.00 1,565.00 1,565.00 1,565.00 1,565.00 1,565.00 1,565.00 1,565.00 1,565.00 1,565.00 1,565.00
57-00-00 Subtotal [5E2] Subgroup: [5F] 59-000-00 Subtotal [5F] Subgroup: [5H] 58-000-00 Subtotal [5F] Subgroup: [5H] 58-000-00 58-000-74 Subtotal [5H] Subgroup: [6H] 71-000-00 71-183-74 71-236-00 71-183-74 71-236-00 Subtotal [5H] Subgroup: [5L] 80-232-00 Subtotal [5L] Subgroup: [5M] 55-000-00 60-183-07 60-183-07 60-204-00 60-205-00 60-207-00 60-212-00 60-212-00 60-230-00	Oxygen - Other X-Rays and related radiological Radiology Expense X-Rays and related radiological Laboratory Lab Expense Lab Expense Lab Expense Lab Expense Activity Expense Supplies Cavity Expense Supplies Cavity Expense Supplies Cavity Expense Contracted Service Recreation Cable Television Admin Expense Cable TV Cable Television Other Nursing Rental Expense Nursing Expense Supplies Dariatric Nursing Expense Supplies Supplies CoVID Nursing Expense Supplies CoVID Nursing Expense Supplies Supplies CoVID Nursing Expense Sapplies A Maint Nursing Expense Solate Norcessing	3,540.00 3,350.00 3,350.00 16,221.00 0.00 16,221.00 0.00 4,210.00 0.00 2,745.00 17,951.00 17,951.00 40,803.00 32.00 32.00 23,506.00 6,139.00 17,39.00 17,130.00 44,390.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	3,540.00 3,350.00 3,350.00 16,221.00 0,00 16,221.00 0,00 4,21.00 0,00 2,745.00 17,951.00 17,951.00 17,851.00 795.00 1,732.00 23,505.00 17,150.00 17,150.00 14,390.00 35.00 134,483.00	4,899.00 8,439.00 8,439.00 21,157.00 57.00 21,214.00 7.00 7.00 1,505.00 5,433.00 22,920.00 22,920.00 2,446.00 37,332.00 12,718.00 1,555.00 12,725.00 70,568.00 0.00 173,414.00
57-00-00 Subtotal [5E2] Subgroup: [5F] 59-000-00 Subtotal [6F] Subgroup: [5H] 58-000-00 S-000-74 Subtotal [6H] Subgroup: [6I] 71-000-00 71-183-74 71-236-00 71-700-00 Subtotal [5I] Subgroup: [5L] 80-232-00 Subtotal [5L] Subgroup: [5M] 55-000-00 60-183-74 60-204-00 60-205-00 60-212-00 60-212-00 60-212-00 60-212-00 60-212-00 60-210-00 66-101-01	Oxygen - Other X-Rays and related radiological Radiology Expense X-Rays and related radiological Radiology Expense X-Rays and related radiological Laboratory Lab Expense-COVID Laboratory Recreation Activity Expense-Supplies Activity Expense-Supplies Activity Expense-Supplies Activity Expense-Supplies-COVID Activity Expense-Traviel Activity Expense-Traviel Activity Expense-Traviel Activity Expense-Traviel Activity Expense-Cable TV Cable Television Admin Expense-Cable TV Cable Television Other Nursing Rental Expense Nursing Expense-Supplies-Bariatric Nursing Expense-Supplies-COVID Nursing Expense-Supplies-COVID Nursing Expense-Salination & Incineration Nursing Expense-Salination & Incineration Nursing Expense-Repairs & Maint Nursing Expense-Colinical Services Nursing Expense-Colplum-Part 8	3,540.00 3,350.00 3,350.00 16,221.00 0.00 16,221.00 0.00 4,210.00 0.00 2,745.00 6,955.00 17,951.00 17,951.00 23,506.00 6,139.00 795.00 16,220.00 17,130.00 44,390.00 59.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	3,540.00 3,350.00 3,350.00 16,221.00 0,00 4,210.00 0,00 2,745.00 17,951.00 17,951.00 17,950.00 17,100.00 4,100.00 2,100.00 2,100.00 17,950.00 17,100.00 17,100.00 17,100.00 17,100.00 17,100.00 18,000.00 59.00	4,899.00 6,439.00 21,157,00 57.00 21,214.00 7,00 7,00 1,565,00 22,920.00 22,920.00 2,446.00 37,332.00 1,565.00 1,565.00 1,565.00 1,565.00 1,565.00 1,565.00 1,565.00 1,565.00 1,565.00 1,565.00 1,565.00 1,565.00 1,565.00 1,565.00 1,565.00 1,565.00
57-00-00 Subtotal [5E2] Subgroup: [5F] 59-000-00 Subtotal [5F] Subgroup: [5H] 58-000-00 Subtotal [5F] Subgroup: [5H] 58-000-00 Subtotal [5H] Subgroup: [6H] 71-000-00 71-183-74 71-236-00 71-183-74 71-236-00 Subtotal [5H] Subgroup: [5L] 80-232-00 Subtotal [5L] Subgroup: [5M] 55-000-00 60-183-07 60-204-00 60-205-00 60-207-00 60-212-00 60-212-00 66-101-01 Subtotal [5M] Total [20]	Oxygen - Other X-Rays and related radiological Radiology Expense X-Rays and related radiological Radiology Expense X-Rays and related radiological Laboratory Lab Expense Lab Expense-COVID Laboratory Recreation Activity Expense-Supplies Activity Expense-Supplies Activity Expense-Supplies Activity Expense-Supplies-COVID Activity Expense-Travel Activity Expense-Supplies-Dovid Nursing Expense-Supplies-Dariatric Nursing Expense-Supplies-Dariatric Nursing Expense-Supplies-Dariatric Nursing Expense-Supplies-Dariatric Nursing Expense-Saniation & Incineration Nursing Expense-Saniation & Incineration Nursing Expense-Captina & Education Nursing Expense-Captina & Admin Nursing Expense-Captina & Education	3,540.00 3,350.00 3,350.00 16,221.00 0.00 16,221.00 0.00 4,210.00 0.00 2,745.00 17,951.00 17,951.00 40,803.00 32.00 23,506.00 6,139.00 795.00 17,130.00 44,380.00 59.00 134,483.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	3,540.00 3,350.00 3,350.00 16,221.00 0,00 16,221.00 0,00 4,21.00 0,00 2,745.00 17,951.00 17,951.00 17,851.00 795.00 1,732.00 23,505.00 17,150.00 17,150.00 14,390.00 35.00 134,483.00	4,899.00 8,439.00 8,439.00 21,157.00 57.00 21,214.00 7.00 7.00 1,505.00 5,433.00 22,920.00 22,920.00 2,446.00 37,332.00 12,718.00 1,555.00 12,725.00 70,568.00 0.00 173,414.00
57-00-00 Subtotal [5E2] Subgroup: [5F] 59-000-00 Subtotal [5F] Subgroup: [5H] 58-000-00 Subtotal [5F] Subgroup: [5H] 58-000-00 Subtotal [5H] Subgroup: [6I] 71-000-00 71-183-74 71-236-00 71-183-74 71-236-00 Subtotal [5I] Subgroup: [5L] 80-232-00 Subtotal [5L] Subgroup: [5M] 55-000-00 60-183-74 60-204-00 60-205-00 60-207-00 60-212-00 60-210-00 60-101-01 Subtotal [5M] Total [20] Group: [22] Subgroup: [6A]	Oxygen - Other X-Rays and related radiological Radiology Expense X-Rays and related radiological Laboratory Lab Expense Lab Expense Lab Expense Lab Expense Lab Expense Laboratory Recreation Activity Expense-Supplies Activity Expense-Supplies Activity Expense-Supplies Activity Expense-Supplies Activity Expense-Travel Activity Expense-Supplies-DoVID Addrin Expense-Cable TV Cable Television Other Nursing Rental Expense Nursing Expense-Supplies-Bariatric Nursing Expense-Supplies-COVID Nursing Expense-Supplies-DoVID Nursing Expense-Sensing A Incineration Nursing Expense-Chinical Services Nursing Expense-Chinical Services Nursing Expense-Chinical Services Nursing Expense-Optum-Part B Other Housekeeping and Resident Care Basis for Allocation of Costs Maintenance and Property Repairs and Maintenance	3,540.00 3,350.00 3,350.00 16,221.00 0.00 16,221.00 0.00 4,210.00 0.00 2,745.00 17,951.00 17,951.00 40,803.00 32,00 23,506.00 6,139.00 795.00 16,229.00 17,130.00 44,390.00 59.00 134,483.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	3,540.00 3,350.00 3,350.00 16,221.00 0,00 16,221.00 1,00 4,210.00 0,00 2,745.00 17,951.00 17,951.00 32.00 3,500.00 6,132.00 1,623.00 1,623.00 1,623.00 1,130.00 5,130.00 1,14,483.00 5,483.00 134,483.00	4,899.00 8,439,00 8,439,00 21,157,00 57,00 32,00 3,712,00 7,00 7,00 1,605,00 22,920.00 22,920.00 22,920.00 12,748.00 12,748.00 12,758.00 12,758.00 12,758.00 12,758.00 12,758.00 12,758.00 17,3414.00 11,060,799,00
57-00-00 Subtotal [5E2] Subgroup: [5F] 59-000-00 Subtotal [5F] Subgroup: [5H] 58-000-00 Subtotal [5F] Subgroup: [5H] 58-000-00 74-183-74 71-128-00 71-183-74 71-238-00 71-700-00 Subtotal [5I] Subgroup: [5L] 80-232-00 Subtotal [5I] Subgroup: [5L] 80-232-00 60-183-07 6	Oxygen - Other X-Rays and related radiological Radiology Expense X-Rays and related radiological Radiology Expense X-Rays and related radiological Laboratory Lab Expense Lab Expense-COVID Laboratory Recreation Recreation Recreation Recreation Activity Expense-Supplies Activity Expense-Supplies Activity Expense-Supplies Activity Expense-Supplies Recreation Admin Expense-Covinated Service Recreation Admin Expense-Cable TV Cable Television Admin Expense-Supplies-Dovin Nursing Expense-Supplies-Bariatric Nursing Expense-Supplies-Bariatric Nursing Expense-Supplies-Dovin Nursing Expense-Supplies-Dovin Nursing Expense-Supplies-Dovin Nursing Expense-Supplies-Covin Nursing Expense-Saliation & Incineration Nursing Expense-Paira & Admin Nursing Expense-Paira & Admin Nursing Expense-Paira & Admin Nursing Expense-Paira & Maint Nursing Expense-Poltum-Part B Other Housekeeping and Resident Care Basis for Allocation of Costs Maintenance and Property Repairs and Maintenance Maintenance (Expense-Papirs & Maint	3,540.00 3,350.00 3,350.00 16,221.00 0.00 16,221.00 0.00 4,210.00 0.00 2,745.00 6,955.00 17,951.00 17,951.00 17,951.00 17,951.00 13,00 23,506.00 6,139.00 795.00 1,629.00 17,130.00 44,390.00 59.00 134,483.00 968,725.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	3,540.00 3,350.00 3,350.00 16,221.00 0,00 16,221.00 0,00 4,21.00 0,00 2,745.00 17,951.00 17,951.00 17,851.00 795.00 1,732.00 23,505.00 17,150.00 17,150.00 14,390.00 35.00 134,483.00	4,899.00 8,439.00 8,439.00 21,157.00 57.00 21,214.00 7.00 7.00 1,505.00 5,433.00 22,920.00 22,920.00 2,446.00 37,332.00 12,718.00 1,555.00 12,725.00 70,568.00 0.00 173,414.00
57-00-00 Subtotal [5E2] Subgroup: [5F] 59-000-00 Subtotal [5F] Subgroup: [5H] 58-000-00 Subtotal [5F] Subgroup: [5H] 58-000-00 Subtotal [5H] Subgroup: [6I] 71-000-00 71-183-74 71-236-00 71-183-74 71-236-00 Subtotal [5I] Subgroup: [5L] 80-232-00 Subtotal [5L] Subgroup: [5M] 55-000-00 60-183-74 60-204-00 60-205-00 60-207-00 60-212-00 60-210-00 60-101-01 Subtotal [5M] Total [20] Group: [22] Subgroup: [6A]	Oxygen - Other X-Rays and related radiological Radiology Expense X-Rays and related radiological Laboratory Lab Expense Lab Expense Lab Expense Lab Expense Lab Expense Laboratory Recreation Activity Expense-Supplies Activity Expense-Supplies Activity Expense-Supplies Activity Expense-Supplies Activity Expense-Travel Activity Expense-Supplies-DoVID Addrin Expense-Cable TV Cable Television Other Nursing Rental Expense Nursing Expense-Supplies-Bariatric Nursing Expense-Supplies-COVID Nursing Expense-Supplies-DoVID Nursing Expense-Sensing A Incineration Nursing Expense-Chinical Services Nursing Expense-Chinical Services Nursing Expense-Chinical Services Nursing Expense-Optum-Part B Other Housekeeping and Resident Care Basis for Allocation of Costs Maintenance and Property Repairs and Maintenance	3,540.00 3,350.00 3,350.00 16,221.00 0.00 16,221.00 0.00 4,210.00 0.00 2,745.00 17,951.00 17,951.00 40,803.00 32,00 23,506.00 6,139.00 795.00 16,229.00 17,130.00 44,390.00 59.00 134,483.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	3,840.00 3,350.00 3,350.00 16,221.00 0,00 16,221.00 0,00 4,21.00 0,00 2,745.00 17,951.00 17,951.00 17,951.00 17,951.00 17,950.00 1,329.00 23,509.00 1,529.00	4,899.00 8,439.00 8,439.00 21,157.00 57.00 21,214.00 7.00 1,200 7.00 1,255.00 22,920.00 22,920.00 37,332.00 12,748.00 1,655.00 12,758.00 13,758.00 13,758.00 25,700 10,000 173,414.00
57-00-00 Subtotal [5E2] Subgroup: [5F] 59-000-00 Subtotal [5F] Subgroup: [5H] 59-000-00 Subtotal [5F] Subgroup: [5H] 58-000-00 Subtotal [5H] Subgroup: [6I] 71-00-00 71-183-74 71-236-00 71-700-00 Subtotal [5I] Subgroup: [5L] 80-232-00 Subtotal [5L] Subgroup: [5M] 55-000-00 60-183-74 60-204-00 60-205-00 60-207-00 60-207-00 60-200-00 60-101-01 Subtotal [5M] Total [20] Group: [22] Subgroup: [6A] 75-207-00 Subtotal [6A] Subgroup: [6B]	Oxygen - Other X-Rays and related radiological Radiology Expense X-Rays and related radiological Laboratory Lab Expense Lab Expense-COVID Laboratory Recreation Activity Expense-Supplies Activity Expense-Supplies-EOVID Activity Expense-Covitanted Service Recreation Cable Television Cable Television Cable Television Other Nursing Expense-Supplies-Bariatric Nursing Expense-Supplies-Bariatric Nursing Expense-Supplies-COVID Nursing Expense-Supplies-COVID Nursing Expense-Supplies-COVID Nursing Expense-Colinical Services Nursing Expense-Colinical Services Nursing Expense-Colinical Services Nursing Expense-Optum-Part 8 Other Housekeeping and Resident Care Basis for Allocation of Costs Maintenance Expense-Repairs & Maint Repairs and Maintenance Heat	3,540.00 3,350.00 3,350.00 16,221.00 0.00 16,221.00 0.00 4,210.00 0.00 2,745.00 6,955.00 17,951.00 17,951.00 17,951.00 17,951.00 17,951.00 17,951.00 17,951.00 17,951.00 17,130.00 40,803.00 32,00 23,506.00 6,139.00 795.00 17,130.00 44,390.00 59.00 134,483.00 968,725.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	3,840.00 3,350.00 3,350.00 16,221.00 0,00 16,221.00 0,00 4,21.00 0,00 2,745.00 17,951.00 17,951.00 17,951.00 17,951.00 17,950.00 1,329.00 23,509.00 1,529.00	4,899.00 8,439.00 8,439.00 21,157.00 57.00 21,214.00 7.00 1,200 7.00 1,255.00 22,920.00 22,920.00 37,332.00 12,748.00 1,655.00 12,758.00 13,758.00 25,700 10,000 11,060,799.00
57-00-00 Subtotal [5E2] Subgroup: [5F] 59-000-00 Subtotal [5F] Subgroup: [5H] 58-000-00 Subtotal [5F] Subgroup: [5I] 71-000-00 71-183-74 71-236-00 71-183-74 71-236-00 71-700-00 Subtotal [5I] Subgroup: [5L] 80-232-00 Subtotal [5I] Subgroup: [5M] 55-000-00 60-183-07 60-204-00 60-205-00 60-207-00 60-212-00 60-212-00 60-212-00 60-212-00 60-101-01 Subtotal [5M] Total [20] Group: [22] Subgroup: [6A] 75-207-00 Subtotal [6A]	Oxygen - Other X-Rays and related radiological Radiology Expense X-Rays and related radiological Laboratory Lab Expense Lab Expense Lab Expense Lab Expense Lab Expense-CVID Laboratory Recreation Activity Expense-Supplies Activity Expense-Supplies Activity Expense-Supplies Activity Expense-Travel Activity Expense-Travel Activity Expense-Travel Activity Expense-Onlyacted Service Recreation Cable Television Admin Expense-Cable TV Cable Television Other Nursing Rental Expense Nursing Expense-Supplies-Bariatric Nursing Expense-Supplies-Bariatric Nursing Expense-Supplies-Bariatric Nursing Expense-Supplies-Bariatric Nursing Expense-Spanits & Maint Nursing Expense-Senitris & Incineration Nursing Expense-Senitris & Incineration Nursing Expense-Plate Processing OT Expense-Optum-Part B Other Housekeeping and Resident Care Basis for Allocation of Costs Maintenance and Property Repairs and Maintenance Maintenance Expense-Repairs & Maint Repairs and Maintenance	3,540.00 3,350.00 3,350.00 16,221.00 0.00 16,221.00 0.00 4,210.00 0.00 2,745.00 6,955.00 17,951.00 17,951.00 17,951.00 17,951.00 13,00 23,506.00 6,139.00 795.00 1,629.00 17,130.00 44,390.00 59.00 134,483.00 968,725.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	3,540.00 3,350.00 3,350.00 16,221.00 0,00 16,221.00 0,00 4,21.00 0,00 2,745.00 17,951.00 17,951.00 17,951.00 17,951.00 17,950.00 1,525.00 17,150.00 14,390.00 32,00 23,505.00 15,24,483.00 988,725.00 88,330.00 88,330.00	4,899.00 8,439.00 8,439.00 21,157,00 57.00 21,214.00 77.00 1,212.00 77.00 1,505,00 22,920.00 22,920.00 22,920.00 1,505,00 1,505,00 1,505,00 1,505,00 1,718.00 1,552.00 12,718.00 1,552.00 173,414.00 1,060,799.00
57-00-00 Subtotal [5E2] Subgroup: [5F] 59-000-00 Subtotal [5F] Subgroup: [5H] 58-000-00 Subtotal [5F] Subgroup: [5H] 58-000-00 Subtotal [5H] Subgroup: [6H] 71-000-00 71-183-74 71-236-00 71-183-74 71-236-00 Subtotal [5H] Subgroup: [5L] Subgroup: [5L] Subgroup: [5L] Subgroup: [5M] 55-000-00 60-183-74 60-204-00 60-183-74 60-204-00 60-212-00 60-212-00 60-210-00 60-101-01 Subtotal [5M] Total [20] Group: [22] Subgroup: [6A] 75-207-00 Subtotal [6A] Subgroup: [6B] 76-227-00	Oxygen - Other X-Rays and related radiological Radiology Expense X-Rays and related radiological Laboratory Lab Expense Lab Expense Lab Expense Lab Expense Lab Expense Laboratory Recreation Activity Expense Activity Expense Activity Expense-Supplies Activity Expense-Supplies Activity Expense-Supplies Activity Expense-Supplies Activity Expense-Supplies Cable Television Cable Television Cable Television Other Nursing Rental Expense Nursing Expense-Supplies>COVID Nursing Expense-Supplies>COVID Nursing Expense-Supplies>COVID Nursing Expense-Supplies>Bariatric Nursing Expense-Supplies>COVID Nursing Expense-Supplies>Bariatric Nursing Expense>Supplies>Bariatric Nursing Expense>Supplies>Bariatric Nursing Expense>Datal Processing OT Expense>Optum>Part 8 Other Housekeeping and Resident Care Basis for Allocation of Costs Maintenance and Property Repairs and Maintenance Maintenance Expense>Repairs & Maint Repairs and Maintenance Maintenance Maintenance Expense>Repairs & Maint Repairs and Maintenance Maintenance Maintenance Expense>Repairs & Maint Repairs and Maintenance Maintenance Expense>Repairs & Maint Repairs and Maintenance Maintenance Maintenance Expense>Repairs & Maint Repairs and Maintenance Maintenance Maintenance Maintenance Utility Expense>Gas	3,540.00 3,350.00 3,350.00 16,221.00 0.00 16,221.00 0.00 4,210.00 0.00 2,745.00 17,951.00 17,951.00 17,951.00 17,130.00 44,390.00 59.00 134,483.00 968,725.00 68,330.00 68,330.00 68,330.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	3,540.00 3,350.00 3,350.00 16,221.00 0,00 16,221.00 1,00 4,210.00 2,745.00 17,951.00 17,951.00 17,951.00 17,951.00 17,451.00 17,451.00 40,803.00 3,200.00 1,17,951.00 1,17,951.00 1,17,951.00 1,17,951.00 1,17,951.00 1,17,951.00 1,17,951.00 1,17,951.00 1,17,951.00 1,17,951.00 1,17,951.00 1,17,951.00 1,17,951.00 1,17,951.00 1,17,951.00 1,17,951.00 1,17,951.00 1,17,951.00 1,17,951.00	4,899.00 8,439.00 8,439.00 21,157.00 57.00 32.00 3,712.00 7.00 7.00 1,605.00 22,920.00 22,920.00 22,920.00 12,718.00 1,652.00 12,758.00 17,3414.00 1,060,799.00 95,677.00 95,677.00

	76-228-00 Subtotal [6C]	Ublity Expense>Electric Light & Power	135,396,00 135,396,00	0.00	135,396,00 135,396.00	124,393,00 124,393.00
	76-229-00	Utility Expense>Water/Sewer				
	80-208-00 Marcum 107	Admin Expense>Equip-Rental Leased Equipment	0,00	0,00	0.00	1,386.00
	Subgroup : [6F] 75-182-74	Other Maintenance Expense>Supplies>COVID	0,00 20,775,00	0.00	20,775 00	26,828,00
1.00 1.00			406,00	0.00	406.00	
			17,455,00	0.00	17,455,00	
			1,381,00	0,00	1,381,00	1,238.00
Part						
Duman 12 Dupracisiant Episters-Period New York 1,100						
Depression Experies 20,000 1,000	Marcum 112	Depreciation Expense>Non Movable				
Depression Experies 20,000 1,000	Subgroup : [7D]	Movable Equipment				
Depreciation Depr	92-000-00	Depreciation Expense				
2-25-0-0 Annotation Ejernes-Prinancing Coals 7,646.00 0.00 746.00 7,465.00 7,466.00	Marcum 102	Depreciation Expense>Leasehold Improvements				
Property Expenses/Rest Property Expenses/Rest Property Pro	93-265-00	Amortization Expense>Financing Costs				
Description Property Express=RE Tares 110,822.00 0.00 110,922.00 110,825.00 110,82	91-121-00	Property Expense>Rent				
1-12-00 Prigonary Expanses-Personal Property Taxes 15,794.00 0.00 14,794.00 19,027.00	91-161-00	Property Expense>RE Taxes				
Interest and insurance Section Computer Compute	R1-125-00	Property Expense>Personal Property Taxes				
Subgroup: [142] Other Interest Expense 87,368.00 0.00 87,388.00 55,530.00	Total [22]	Maintenance and Property	1,378,917,00	0.00	1,378,917.00	1,290,613,00
Subgroup [4.23] Insurance or Property 31,991.00 0.00 31,591.00 22,438.00	Subgroup : [12D] 94-000-00	Other Interest Expense Interest Expense				
80-152-00 Admin Expense>Insurance - General Liability & Other 74,675.00 0.00 74,675.00 76,297.00 80-153-00 Admin Expense>Insurance - EPLI 11,471.00 0.00 11,471.00 12,347.00 3.13,470.00	91-165-00	Property Expense>Insurance - Property				
Total ZT	80-162-00 80-163-00	Admin Expense>Insurance - General Liability & Other Admin Expense>Insurance - EPLI	11,471,00	0.00	11,471.00	13,247.00
Statement of Revolue Subgroup: [1A] Medicard Residents (CT only) (7,52,576.00) (7,52						
Subgroup: [1A] Medicald Residents (CT only) (7,23,247.00) 0.00 (7,752,576.00) 0.00 (7,752,576.00) 0.00			100,100,00			
No. No.	Subgroup : [1A] 40-111-00 40-111-09	Medicald Residents (CT only) Room & Board Revenue Medicaid Room & Board Revenue Medicaid-Sales Adjustments	85,454,00	0,00	85,454.00	0.00
Subgroup: [3B] Medicare room and board contractual allowance 47,659.00 0.00 47,659.00 17,096.09 Subtotal [3B] Medicare room and board contractual allowance 47,659.00 0.00 47,659.00 17,096.09 Subgroup: [4A] Private-pay residents and other 0.00 (1,638,647.00) 0.00 (1,638,647.00) 0.00 (1,638,647.00) 0.00 (42,051.00) 0.00 40-104-00 Room & Board Revenue>Private-Sales Adjustments (42,051.00) 0.00 (42,051.00) 0.00 40-105-00 Room & Board Revenue>Commercial HMO (92,150.00) 0.00 (25,389.00) 0.00 (43,555.00) 0.00 40-106-00 Room & Board Revenue>Medicare HMO (1,183,829.00) 0.00 (1,183,629.00) (1,335,237.00) 40-106-00 Room & Board Revenue>Medicare HMO>Sales Adjustments (23,878.00) 0.00 (154,386.00) (27,472.50) 40-109-00 Room & Board Revenue>Medicare HMO>Sales Adjustments (23,878.00) 0.00 (154,386.00) 0.00 40-109-00 Room & Board Revenue>Medicare HMO>Sales Adjustments (134,395.00) 0.00 </td <td>40-102-00 40-102-09</td> <td>Room & Board Revenue>Medicare A Room & Board Revenue>Medicare A>Sales Adjustments</td> <td>6,813,00</td> <td>0,00</td> <td>6,813,00</td> <td>0.00</td>	40-102-00 40-102-09	Room & Board Revenue>Medicare A Room & Board Revenue>Medicare A>Sales Adjustments	6,813,00	0,00	6,813,00	0.00
April Apr			(No. 2000 - 174)			Giri -
40-104-00 Room & Board Revenue>Private (1,638,647.00) 0.00 (1,638,647.00) (1,377,581.00) 40-104-09 Room & Board Revenue>Commercial HMO (2,051.00) 0.00 (42,051.00) 0.00 40-105-00 Room & Board Revenue>Commercial HMO (2,150.00) 0.00 (21,150.00) 0.00 40-105-00 Room & Board Revenue>Commercial HMO (3,435.00) 0.00 (3,435.00) 0.00 40-106-00 Room & Board Revenue>Medicare HMO (1,163,829.00) 0.00 (1,163,829.00) (1,335,237.00) 40-106-00 Room & Board Revenue>Medicare HMO (3,435.00) 0.00 (23,678.00) 0.00 40-109-00 Room & Board Revenue>Hospice (154,395.00) 0.00 (154,366.00) (274,425.00) 40-109-00 Room & Board Revenue>Hospice (1,143.00 0.00 0.00 0.00 0.00 0.00 40-109-00 Room & Board Revenue>Hospice (1,143.00 0.00 0.00 0.00 0.00 0.00 0.00 40-109-00 Room & Board Revenue>Hospice (1,143.00 0.00 0.00 0.00 0.00 0.00 0.00 40-109-00 Room & Board Revenue>Hospice (1,143.00 0.00 0.00 0.00 0.00 0.00 0.00 40-109-00 Room & Board Revenue>Hospice (1,143.00 0.00 0.00 0.00 0.00 0.00 0.00 40-109-00 Room & Board Revenue>Hospice (1,143.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 40-109-00 Room & Board Revenue>Hospice (1,143.00 0.00	40-102-14	Room & Board Revenue>Medicare A>Sequester				
40-104-09 Room & Board Revenue>Frivate>Sales Adjustments			/4 Ann A.17 An	0.00	(4 638 647 00)	/1 377 584 001
A0-105-00 Room & Board Revenue≻Gommercial HMO (92,150.00) (92,150.00) (0.00 (25,389.00) (40-105-00 Room & Board Revenue≻Gommercial HMO-Sales Adjustments (34,355.00) (0.00 (34,355.00) (0.00 (1,33,52.30.00) (0.00 (1,33,62.0						
Norm & Board Revenue-Medicare HMO	40-105-00	Room & Board Revenue>Commercial HMO	(92,150.00)			
40-106-09 Room & Board Revenue>Medicare HMO>Sales Adjustments (23,878.00) 0.00 (23,878.00) 0.00 (40-109.00) (40						(1,335,237,00)
40-109-09 Room & Board Revenue+Hospice>Sales Adjustments 1,143.00 0.00 1,143.00 0.00 0.01 0.01 53.00 0.00 0.01 1,043.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	40-106-09	Room & Board Revenue>Medicare HMO>Sales Adjustments	(23,878.00)	0.00	(23,878.00)	
(3.459.457.00)					1,143-00	0.00
				0.00	(3,168,163,00)	[3,012,632.00]

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	3,708.00 3,708.00	0.00	3,708,00 3,708.00	811.00 811.00
Subgroup : [5A] 41-102-00 Subtotal [5A]	Prescription Drugs - Medicare Pharmacy Rev>Medicare A Prescription Drugs - Medicare	(57,744,00) (57,744.00)	0.00	(57,744,00) (57,744,00)	(79,351_00) (79,351,00)
Subgroup : [5B] 41-102-01 Subtotal [5B]	Prescription Drugs - Medicare Contractual Allowance Pharmacy Rev>Medicare A>C/A Prescription Drugs - Medicare Contractual Allowance	57,744.00 57,744.0D	0.00	57,744.00 57,744,00	79,351,00 79,351.00
Subgroup : [7A] 42-102-00 42-103-00 Subtotal [7A]	Physical Therapy - Medicare PT Revenue-Medicare A PT Revenue-Part B Physical Therapy - Medicare	(115,398,00) (121,250,00) (236,678,00)	0,00	(115,398,00) (121,280,00) (236,478,00)	(95,593,00) (59,357,00) (154,950,00)
Subgroup : [7B] 42-102-01 Subtotal [7B]	Physical Therapy - Medicare Contractual Allowance PT Revenus-Medicare A>C/A Physical Therapy - Medicare Contractual Allowance	115,398.00 115,398.00	0.00	115,398.00 115,398.00	95,593.00 95,593.00
Subgroup : [7C] 42-105-00 42-106-00 42-111-00 Subtotal [7C]	Physical Therapy - Non-medicare PT Revenue>Commercial HMO PT Revenue>Medicare HMO PT Revenue>Medicale HMO PT Revenue>Medicale Physical Therapy - Non-medicare	(1,511,00) (75,590,00) (24,871,00) (101,972,00)	0.00 0.00 0.00 0.00	(1,511,00) (75,590,00) (24,871.00) (101,872.00)	(850.00) (47,890.00) (9,793.00) (58,533.00)
Subgroup : [7D] 42-105-01 42-106-01 42-111-01 Subtotal [7D]	Physical Therapy - Non-medicare Contractual Allowance PT Revenue>Commercial HMC>C/A PT Revenue>Medicare HMC>C/A PT Revenue>Medicare HMC>C/A Physical Therapy - Non-medicare Contractual Allowance	1,511,00 75,590,00 24,871.00 101,872.00	0,00 0.00 0.00 0.00	1,511,00 75,590.00 24,871.00 101,972.00	850,00 47,890,00 9,793,00 58,533,00
Subgroup : [8A] 44-102-00 44-103-00 Subtotal [8A]	Speech Therapy - Medicare ST Revenue>Medicare A ST Revenue>Part B Speech Therapy - Medicare	(48,482.00) (23,713.00) (72,195.00)	0,00 0,00 0.00	(48,482,00) (23,713,66) (72,186,00)	(27,443,00) (28,512,00) (55,955,00)
Subgroup : [8B] 44-102-01 Subtotal [8B]	Speech Therapy - Medicare Contractual Allowance ST Revenue>Medicare A>C/A Speech Therapy - Medicare Contractual Allowance	48,482.00 48,482.00	0,00	48,482.00 48,482.00	27,443.00 27,443.00
Subgroup : [8C] 44-105-00 44-106-00 44-111-00 Subtotal [8C]	Speech Therapy - Non-medicare ST Revenue>Commercial HMO ST Revenue>Medicare HMO ST Revenue>Medicaid Speech Therapy - Non-medicare	(567.00) (18,705.00) (4,341.00) (23,613.00)	0,00 0,00 0,00 0,00	(567.00) (18,705.00) (4,341.00) (23,613.00)	(378.00) (6,634.00) (4,601,60) (11,613.00)
Subgroup : [8D] 44-105-01 44-106-01 44-111-01 Subtotal [8D]	Speech Therapy - Non-medicare Contractual Allowance ST Revenue>Commercial HMO>C/A ST Revenue>Medicare HMO>C/A ST Revenue>Medicare HMO>C/A ST Revenue>Medicare CA Speech Therapy - Non-medicare Contractual Allowance	567.00 18,705.00 4,341.00 23,613.00	0,00 0,00 0,00 0,00	567.00 18,705.00 4,341.00 23,513.00	378,00 6,634,00 4,601,00 11,613,00
Subgroup : [9A] 43-102-00 43-103-00 Subtotel [9A]	Occupational Therapy - Medicare OT Revenue-Medicare A OT Revenue-Part B Occupational Therapy - Medicare	(150,081,00) (388,145,00) (538,226,00)	0,00 0,00 0,00	(150,081.00) (388,145.00) (538,226.00)	(188,814.00) (149,345,00) (348,259.00)
Subgroup : [98] 43-102-01 Subtotal [98]	Occupational Therapy - Medicare Contractual Allowance OT Revenue>Medicare A>C/A Occupational Therapy - Medicare Contractual Allowance	150,081.00 150,081.00	0.00	150,081.00 150,081.00	198,914.00 198,914.00
Subgroup : [8C] 43-105-00 43-106-00 43-106-01 43-111-00 Subtotal [9C]	Occupational Therapy - Non-medicare OT Revenue>Commercial HMO OT Revenue>Medicare HMO OT Revenue>Medicare HMO OT Revenue>Medicare HMO OT Revenue>Medicare HMO OT Revenue>Medicaid	(84.00) (85,034.00) 85,034.00 (46,377.00) (46,471.00)	0.00 0.00 0.00 0.00 0.00	(94,00) (95,034,00) 95,034,00 (45,377,00) (46,471,90)	(189,00) (59,954,00) 59,954,00 (34,772,00) (34,991,00)
Subgroup : [9D] 43-105-01 43-111-01 Subtotal [9D]	Occupational Therapy - Non-medicare Contractual Allowance OT Revenue-Commercial HMO>C/A OT Revenue-Medicaid>C/A Occupational Therapy - Non-medicare Contractual Allowance	94,00 46,377.00 46,471.00	0.00 0.00 0.00	94,00 46,377.00 46,471.00	189.00 34,772.00 34,961.00
Subgroup: [10A] 45-102-00 45-102-01 46-102-01 46-102-01 47-102-00 47-103-00 47-103-10 48-103-74 52-102-00 Subtotal [10A]	Other - Medicare Radiology Rev>Medicare A Radiology Rev>Medicare A Lab Rev>Medicare A Lab Rev>Medicare A Lab Rev>Medicare A Other Ancillary Rev>Part B Other Ancillary Rev>Part B Other Ancillary Rev>Part B Sequester Vaccine Rev>Part B Vaccine Rev>Part B Rev=Part B Rev=Part B Other Ancillary Rev>Part B>Sequester Vaccine Rev=Part B Other Ancillary Rev>Part B>DOUID Vaccine Rev=Part B Other Ancillary Rev=Part B Other Ancillary Rev=Part B Other Ancillary Rev=Part B Other Ancillary Rev=Part B Other - Medicare	(1,870.00) 1,870.00 (8,250.00) 8,250.00 (1,800.00) (3,300.00) 8,076.00 (3,666.00) (2,157.00) (276.00) (4,464.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(1,870.00) 1,870.00 (8,250.00) (1,250.00) (1,300.00) (3,300.00) (3,656.00) (2,157.00) (278.00) 641.00	(2,108.00) 2,108.00 (2,375.00) 2,375.00 (1,530.00) (1,110.00) 792.00 (5,727.00) (4,204.00) (16.00) 1,226.00
Subgroup: [108] 47-104-00 51-111-00 52-104-00 52-105-00 52-106-00 52-109-00 52-111-00 52-145-00	Other - Non-medicare Other Ancillary Rev>Private Other Rev>Medicaid Revenue Adjustments>Private Revenue Adjustments>Pormericial HMO Revenue Adjustments>Medicare HMO Revenue Adjustments>Medicare HMO Revenue Adjustments>Hospice Revenue Adjustments>Hospice Revenue Adjustments>Vaccines	(3,831.00) 0.00 (2.00) 0.00 (12,321.00) (30.00) (28,875.00) 5.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(3,831.00) 0.00 (2.00) 0.00 (12,321.00) (30.00) (28,875.00) 6.00	0.00 (49,130.00) 0.00 1,619.00 (2,540.00) 0.00 0.00 896.00

Subtotal [10B]	Other - Non-medicare	(45,053.00)	0.00	(45,053_00)	(49,155.00)
Subgroup : [15] 51-160-00	Interest Income Other Rev>Interest	(645,00)	0.00	(645_00)	(387,00)
Subtotal [15]	Interest Income	(645.00)	0.00	(645.00)	(387.00)
Subgroup : [17] 51-179-00	Barber, Coffee, Beauty & Gift Shops Other Rev>Barber & Beauty	0,00	0.00	0,00	(88,00)
Subtotal [17]	Barber, Coffee, Beauty & Gift Shops	0.00	0.00	0.00	(88.00)
Subgroup : [18] 51-100-00	Other Revenue Other Rev>Miscellaneous	(14,513.00)	0.00	(14,513.00)	(12,166,00)
51-103-01	Other Rev>Part B>Medicare Cost Report	(1,490,00)	0,00	(1,490,00)	0,00
51-145-00 51-181-00	Other Revenue>Pharmacy Rebates Other Rev>Vending Machines	(13,324.00) (90,00)	0.00 0.00	(13,324,00) (90,00)	0.00
51-213-00	Other Revenue>Transportation	(571,00)	0.00	(571,00)	0,00
51-818-00	Other Rev>Medical Records Other Revenue>Prior Year Adjustment(s)	(453,00)	0.00 (10,668.00)	(453,00) (19,668,00)	(143,00) 0.00
Marcum 108 Sublotal [18]	Other Revenue	(30,441.00)	(19,668,00)	(50,109,00)	(12,309.00)
Total [30]	Statement of Revenue	(14,151,636.00)	(19,668.00)	(14,171,304.00)	(12,951,906.00)
Group : [31-32]	Assets				
Subgroup : [A1] 10-001-02	Cash Cash>Clearing>Payroll	(116,326,00)	0.00	(116,326,00)	(1,153.00)
10-010-30	Cash>Operating>Harrington	16,445,00	0,00	16,445.00	12,086,00
10-011-30	Cash>Patty Cash>Harrington	1,301,00 12,382.00	0 DD 0 DD	1,301.00 12,382.00	1,077.00 11,154,00
10-020-30 10-040-30	Cash>Payroll>Harrington Cash>Non Govt>Harrington	0,00	0.00	0.00	1,708,00
10-060-30	Cash>Resident Trust>Harrington	57,038.00	0.00	57,038.00	36,770,00
10-061-30	Cash>Care Cost>Harrington	5,000.00	0.00	5,000.00 (24,160.00)	5,000.00
Subtotal [A1]	Cash	Trationwest.		- Carlotte Control	- International Property
Subgroup : [A2]	Resident Accounts Receivable	143,887.00	0.00	143,887.00	0.00
11-100-00 11-102-00	Accounts Receivable>Miscellaneous Accounts Receivable>Medicare A	176,379.00	0.00	176,379.00	258,678,00
11-103-00	Accounts Receivable>Part B	159,576,00	0,00	159,576.00	85,347.00
11-104-00	Accounts Receivable>Private	411,831,00 118,805,00	0.00	411,931,00 119,906,00	610,934,00 68,863,00
11-105-00 11-106-00	Accounts Receivable>Commercial HMO Accounts Receivable>Medicare HMO	393,783,00	0.00	393,783,00	320,628.00
11-109-00	Accounts Recaivable>Hospics	70,968.00	0.00	70,968,00	26,789.00
11-111-00	Accounts Receivable>Medicald	1,121,429,00	0.00	1,121,429,00 66,837,00	2,045,199,00 5,830,00
11-112-00 11-120-00	Accounts Receivable>Income Accounts Receivable>Allow for Doubtful Accts	66,837,00 101,356,00	0.00	101,356,00	(137,222,00)
11-122-00	Accounts Receivable>Medicare Coins Write Off	21,176,00	0,00	21,176,00	(30,419,00)
Subtotal [A2]	Resident Accounts Receivable	2,787,228.00	0.00	2,787,228.00	3,254,627,00
Subgroup : [A5]	Prepaid Expenses				
12-000-00	Prepaid Expenses	26,409,00	0,00 0,00	26,409.00 1,280.00	26,838,00 2,629,00
12-124-00 12-153-00	Prepaid Expenses>Insurance Prepaid Expenses>Financing Costs	1,280,00 1,137,00	0.00	1,137.00	1,790.00
12-151-00	Prepaid Expenses>RE Taxes	27,790,00	0.00	27,780.00	28,060,00
12-162-00	Prepaid Expenses>Insurance - General Liability & Other	23,700.00	0,00	23,700.00	63,583.00
12-152-01	Prepaid Expenses-Insurance - General Liability & Other>Contra Prepaid Expenses-Insurance - EPLI	(28,772,00) 6,739,00	0,00 0,00	(28,772.00) 6,739.00	(52,496.00) 10,858.00
12-163-00 12-165-00	Prepaid Expenses>Insurance - Property	18,412,00	0.00	18,412,00	13,179.00
12-881-00	Prepaid Expenses>Workers Comp	52,838,00	0.00	52,838.00	0.00
12-881-01 Subtotal [A5]	Prepaid Expenses>Workers Comp>Contra Prepaid Expenses	(26,308,00)	0.00	(25,358,00) 103,225,00	94,441.00
Suprotes [45]		- Indiana in the second			
Subgroup : [B4] 14-131-00	Leasehold Improvements Fixed Assets>Leasehold Improvements	131,143,00	0,00	131,143.00	21,093.00
Marcum 101	Accum Depreciation>Leasehold Improvements	0,00	(4,121.00)	(4,121,00)	(869.00)
Subtotal [B4]	Leasehold Improvements	131,143.00	(4,121.00)	127,022.00	20,224.00
Subgroup : [B6]	Movable Equipment	21,394,00	(11,039.00)	10,355.00	0.00
14-132-00 14-134-00	Fixed Assets>Furniture, Fixtures and Equipment Fixed Assets>Computer Hardware	91,954,00	0.00	91,954.00	91,954,00
15-100-00	Accum Depn>Miscellaneous	(45,819,00)	2,938,00	(42,881_00)	(18,285.00)
Subtotal [B6]	Movable Equipment	57,529.00	(8,101.00)	59,428.00	73,668.00
Subgroup : [B9]	Other Fixed Assets				B
14-136-00	Fixed Assets>CIP	175,00	0.00	175.00 175.00	9,122.00
Subtotal [B9]	Other Fixed Assets	175,00	0.00	110.00	
Subgroup : [C4]	Non-Movable Equipment		44.020.00	44.030.00	0.00
Marcum 110	Fixed Assets>Non Movable Equipment Accum Depn>Non Movable	0,00	11,039.00 1,183.00	11,039.00	0.00
Marcum 111 Subtotal [C4]	Non-Movable Equipment	0.00	12,222.00	12,222.00	0,00
	Control of the Contro				
Subgroup : [D3] 17-000-00	Organization Expense Other Assets>Deferred Financing Costs	22,223.00	0.00	22,223 00	22,223.00
19-265-00	Accumulated Amortization>Deferred Financing Costs	(15,674.00)	0,00	(15,874.00)	(8,025.00)
Subtotal [D3]	Organization Expense	6,349.00	0,00	6,349.00	14,198.00
Subgroup : [D6]	Loans to Owners or Related Parties			£ 200.50	62,345.00
13-127-10	Due From>Old Owner>AP Items Due To/(From)>Interfacility>CT4 and NJ5	5,692,00 1,346,00	0,00 0,00	5,692.00 1,346.00	0,00
27-901-54 27-901-57	Due To/(From)>Interfacility>C14 and NJ3 Due To/(From)>Interfacility>CT4 and WI2	13,324,00	0.00	13,324.00	0.00
27-901-95	Due To/(From)>Interfacility>Orange Park and CT4	7,364,00	0,00	7,364.00	3,658.00
Subtotal [D6]	Loans to Owners or Related Parties	27,726.00	0.00	27,726.00	56,003,50
Subgroup : [D7]	Other Assets			/-= : ==# ac*	140 JEF 201
17-283-91	Other Assets>Escrow>Property Tax	(174,715,00) 322,00	0.00 0.00	(174,715.00) 322.00	(49,455.00) 0.00
27-152-00 Subtotal [D7]	Due To/(From)>Employee Other Assets	(174,393.00)	0,00	(174,393.00)	(49,455,00)
	Other Assets				
Total [31-32]	Assets	2,924,822.00	0,00	2,924,822.00	3,549,471.00

Group : [33-34]	Liabilitles				
Subgroup : [A1]	Trade Accounts Payable				
20-000-00	Accounts Payable	(360,925.00)	0.00	(360,925,00)	(563,179.00)
Subtotal [A1]	Trade Accounts Payable	(360,925,00)	0,00	(360,925.00)	(563,179.00)
Cuban-up (f A A)	Accrued Payroll				
Subgroup : [A4] 23-000-00	Accrued Wages & Related	0,00	0.00	0.00	(84,260_00)
23-157-00	Accrued Wages & Related>Benefit Time	(294,781,00)	0.00	(294,781,00)	(279,893.00)
23-157-10	Accrued Wages & Related>Benefit Time>Old Owner	0,00	0.00	0,00	10,406_00
Subtotal [A4]	Accrued Payroll	(254,781.00)	0.00	(294,781.00)	(353,747.00)
Subgroup : [A6]	Accrued Payroll Taxes Payable		0.00	0.00	(19,062.00)
23-156-00	Accrued Wages & Related>PR Taxes	0.00	0.00	0.00	(19,062.00)
Subtotal [A6]	Accrued Payroll Taxes Payable	0.00			(rejection)
Subgroup : [A12]	Other Current Liabilities				
21-148-00	Other Current Payables>401K	(802.00)	0.00	(802,00)	(447.00)
21-149-00	Other Current Payables>Misc. PR Deduction	3,220,00	0.00	3,220,00	1,387,00
21-150-00	Other Current Payables>Union Dues W/H	(4,218,00)	0,00	(4,218,00)	(2,660,00)
21-350-00	Other Current Payables>Resident Funds	(57,038.00)	0,00	(57,038,00)	(36,770.00)
21-354-00	Other Current Payables>DTF RFMS	0,00	0.00	0,00	16,557,00
24-000-00	Accrued Expenses	(331,081,00)	0,00	(331,081_00)	(181,093,00)
24-111-16	Accrued Expense>Medicaid>Bed Tax	(176,085.00)	0,00	(176,085,00)	0.00
24-279-00	Accrued Expenses>Management Fee	(53,084,00)	0,00	(53,084.00)	(358,096,00) 8,718,00
27-000-80	Due Ta/(From)>Vendor	6,374.00	0,00	6,374,00 83,00	83.00
27-000-95	Due To/(From)>Barber (formerly DTF NJ5)	83.00	0,00	(612,631,00)	(652,321.00)
Subtotal [A12]	Other Current Liabilities	(612,631,00)	0,00	[012,031,00]	(032,021.00)
Subgroup : [B3]	Loans from Owners or Related Parties				
13-127-00	Due From>Old Owner	(12,931,00)	0,00	(12,931.00)	95,310.00
27-900-57	Due To/(From)>Interfecility>NJ14	(164,194,00)	0,00	(164,194.00)	(67,080.00)
27-901-43	Due To/(From)>Interfacility>IL3 and CT4	(6,060.00)	0.00	(6,060,00)	(6,060,00)
27-901-48	Due To/(From)>Interfacility>WV/DE 5 and CT4	(45 00)	0,00	(45,00)	(45,00)
27-901-49	Due To/(From)>Interfacility>CT4	(266,480.00)	(49,734.00)	(316,214,00)	105,752.00
27-901-50	Due To/(From)>Interfacility>CT4 and NJ14	(854,209,00)	0,00	(854,209,00)	(2,342,589,00)
27-901-51	Due To/(From)>Interfacility>CT4 and GA	(6,718.00)	0,00	(6,718.00)	(6,718_00)
27-901-52	Due To/(From)>Interfacility>CT4 and PA4	(2,608.00)	0.00	(2,608,00)	(750,00)
27-901-53	Due To/(From)>Interfacility>CT4 and NJ4	(2,599,00)	0,00	(2,599,00)	(2,252 00)
27-901-55	Due To/(From)>Interfacility>CT4 and NJ2	(1,867.00)	0.00	(1,867.00)	(1,380,00)
27-901-61	Due Tol(From)>Interfacility>CT4 and Barn Hill	(403,00)	0,00	(403,00)	0,00
27-902-11	Due To/(From)>Interfacility>CT4 and CT3	(117,283.00)	(79,059,00)	(196,342.00) (1,168.00)	3,423.00 0,00
27-902-65	Due To/(From)>Interfacility>HMH10 and CT4	(1,168.00)	(128,793.00)	(1,565,358.00)	(2,222,489.00)
Subtotal [B3]	Loans from Owners or Related Parties	(1,436,565.00)	[120,793,00]	(1,000,000,00)	12,222,400,001
Subgroup : [84]	Other Long-Term Liabilities				
27-000-41	Due To/(From)>Amex Harrington	(7,084,00)	0,00	(7,084.00)	(8,163.00)
27-100-61	Due To/(From)>Facility CC>Voorhees	0.00	0.00	0.00	118,00
27-102-14	Due To/(From)>Medicare A>Sequester	(3,496,00)	0,00	(3,496.00)	(4,460.00)
27-105-00	Due To/(From)>Commercial HMO	(15,118.00)	0.00	(15,118.00)	(7,722.00)
27-109-00	Due To/(From)>Hospice	(17,559.00)	0.00	(17,559.00)	0.00
27-111-00	Due To/(From)>Medicaid	(68,022,00)	0,00	(68,022.00)	0_00
27-146-00	Due To/(From)>Social Security	(27,293.00)	0.00	(27,293,00)	0.00
Subtotal [B4]	Other Long-Term Liabilities	(138,572.00)	0.00	(138,572.00)	(20,227,00)
Total [33-34]	Liabilities	(2,843,474.00)	(128,793.00)	(2,972,267.00)	(3,731,025,00)
Group : [35]	Equity				
Subgroup : [B5]	Cumulated Earnings	58,668,00	0.00	58,668,00	28,549,00
30-000-00	Retained Earnings	24,018.00	0.00	24,018.00	24,018.00
31-404-87 Subtotal (B.E.)	Partners' Equity>Robert Hoch>Draws Cumulated Earnings	82,686.00	0.00	82,686,00	52,567.00
Subtotal [B5]	Communico Carmings				
Total [35]	Equity	82,686.00	0,00	82,686.00	52,567.00
			* * *	452 424 00	196,334.00
	NET (INCOME) LOSS	152,434.00	0,00	152,434.00	130,334,00
	0	0.00	0.00	0.00	0,00
	Sum of Account Groups	0.00	0.00	0.00	5.50

Complete Care Management Engagement: Medicaid - Complete Care at Harrington Court, LLC Period Ending: 9/30/2023 Trial Balance: A.01 - TR-CCNH H.01 - Combined Journal Entries Report Workpaper: Debit Credit W/P Ref Account Reclassifying Journal Entries K,02 Reclassifying Journal Entries JE #1 To reclass Depreciation and accum depreciation to correct lines of cost report 4,121,00 15-100-00 Accum Depn>Miscellaneous 4,121,00 Marcum 102 Depreciation Expense>Leasehold Improvements 4.121.00 Depreciation Expense 92-000-00 Accum Depreciation>Leasehold Improvements 4.121,00 Marcum 101 8,242,00 8,242.00 D.01a Reclassifying Journal Entries JE#2
To reclass contract dentist into correct line of cost report 6.627.00 Marcum 103 Dentist 6,627,00 61-750-00 Nursing Admin Expense>Medical Director 6,627.00 6,627.00 Total Reclassifying Journal Entries JE#3 E.02 to reclass subscriptions, chamber dues and sales tax to correct lines of cost report 528,00 Marcum 104 Subscriptions Marcum 105 Chamber Dues 1.268.00 Admin Expense>Dues & Subscriptions 80-235-00 Marcum 106 Sales Tax 1,288.00 1,288.00 Total A.02 Reclassifying Journal Entries JE # 4 To record AJE PBC 27-901-49 Due To/(From)>Interfacility>CT4 58-000-00 60-230-00 Nursing Expense>Data Processing Nursing Expense>Consulting Fees>Add Back 60-263-02 Nursing Expense>Consulting Fees>Add Back 60-263-02 60-700-06 Nursing Expense>Contracted Service>Other 60-700-19 Nursing Expense>Contracted Service>LPN Nursing Expense>Contracted Service>CNA 60-700-20 Nursing Expense>Contracted Service>RN Overtime 60-700-21 Nursing Expense>Contracted Service>LPN Overtime 60-700-22 75-207-00 Maintenance Expense>Repairs & Maint Maintenance Expense>Repairs & Maint 75-207-00 Utility Expense>Water/Sewer 76-229-00 Admin Expense>Supplies 80-183-00 80-208-00 Admin Expense>Equip-Rental 80-209-00 Admin Expense>Postage 80-230-00 Admin Expense>Data Processing Admin Expense>Data Processing 80-230-00 Admin Expense>Telephone 80-231-00 80-235-00 Admin Expense>Dues & Subscriptions 80-235-00 Admin Expense>Dues & Subscriptions 80-238-00 Admin Expense>Legal Fees Admin Expense>Professional Fees>Add Back 80-240-02 80-241-00 Admin Expense>IT Fees 80-250-00 Admin Expense>Marketing & Advertising 80-250-00 Admin Expense>Marketing & Advertising Admin Expense>Marketing & Advertising 80-250-00 Admin Expense>Startup Costs 80-252-00 80-252-00 Admin Expense>Startup Costs 80-252-00 Admin Expense>Startup Costs 80-255-00 Admin Expense>Startup Costs>Agency Admin Expense>Startup Costs>Agency 80-255-00 80-255-00 Admin Expense>Startup Costs>Agency 80-279-00 Admin Expense>Management Fee 85-885-00 Employee Benefits>Life Insurance 98-999-99 Prior Period Expense 0.00 0.00 Total Reclassifying Journal Entries JE # 5 N_01a To reclass leased equipment to correct line of the cost report Admin Expense>Equip-Rental 80-208-00 Marcum 107 Leased Equipment 0.00 0.00 A.02a Reclassifying Journal Entries JE # 6 To record additional AJE PBC 27-901-49 Due To/(From)>Interfacility>CT4 Nursing Expense>CNA>Training Pay 60-801-87

Client:

80-279-00

Admin Expense>Management Fee

85-200-79	Employee Benefits Expense>Union>Misc			
Total			0,90	0.00
Reclassifying Journa		D,01 Tab J & l		
To reclass true up cre-	dits out of expense accounts			
68-700-00	Therapy Expense>Contracted Service		18,322.00	
80-238-00	Admin Expense>Legal Fees		1,346.00	4.040.00
Marcum 108	Other Revenue>Prior Year Adjustment(s)			1,346.00
Marcum 108	Other Revenue>Prior Year Adjustment(s)		19,668,00	18,322.00
Total			19,000,00	19,000,00
ReclassifyIng Journa		E.01 80-240-00		
	_egal fees out of Professional Fee		839.00	
80-238-00	Admin Expense>Legal Fees		156.00	
80-244-00	Admin Expense>Bank Fees		136.00	995.00
80-240-00	Admin Expense>Professional Fees		995.00	995,00
Total			993.00	383,50
		E 04 80 340 03		
Reclassifying Journa		E.01 80-240-02		
	8 Consulting Fees out of Professional Fee		12,012,00	
60-263-00	Nursing Expense>Consulting Fees		2,743.00	
80-239-00	Admin Expense>Accounting Fees		2,740.00	14,755.00
80-240-02	Admin Expense>Professional Fees>Add Back		14,755.00	14,755,00
Total			14,700.00	- 101
	4 = . 1	D.01 Tab N		
Reclassifying Journa	al Entries JE # 10 hty out of Employee Benefits	D.UI IAB N		
			2,961,00	
Marcum 109	Holiday Party		2,501,00	2,961,00
85-178-00 T-4-1	Employee Benefits Expense>Food		2,961.00	2,961.00
Total			2,50 1100	2,001100
		K.02		
Reclassifying Journa	al Entries JE # 11 ble addition out of Movable	N,02		
			11,039.00	
Marcum 110	Fixed Assets>Non Movable Equipment		1,183.00	
Marcum 111	Accum Depn>Non Movable		1,183.00	
Marcum 112	Depreciation Expense>Non Movable Fixed Assets>Furniture, Fixtures and Equipment		1,700.00	11,039.00
14-132-00 15-100-00	Accum Depn>Miscellaneous			1,183.00
92-000-00	Depreciation Expense			1,183.00
	Depledation Expense		13,405.00	13,405.00
Total			10,100,00	
	al Entelog IE #42	N 01a	10,10010	
Reclassifying Journa		N.03a		
Reclassifying Journa To reclass LTC Ally to	ogether	N.03a		
ReclassifyIng Journa To reclass LTC Ally to 80-240-02	ogether Admin Expense>Professional Fees>Add Back	N.03a	30,185,00	30,185,00
ReclassifyIng Journs To reclass LTC Ally to 80-240-02 80-252-00	ogether	N.03a	30,185,00	30,185,00 30,185,00
ReclassifyIng Journa To reclass LTC Ally to 80-240-02	ogether Admin Expense>Professional Fees>Add Back	N.03a		
Reclassifying Journa To reclass LTC Ally to 80-240-02 80-252-00 Total	gether Admin Expense>Professional Fees>Add Back Admin Expense>Startup Costs		30,185,00	
Reclassifying Journa To reclass LTC Ally to 80-240-02 80-252-00 Total	gether Admin Expense>Professional Fees>Add Back Admin Expense>Startup Costs al Entries JE # 13	N.03a H.02	30,185,00	
Reclassifying Journa To reclass LTC Ally to 80-240-02 80-252-00 Total Reclassifying Journa To perform CT04 clies	gether Admin Expense>Professional Fees>Add Back Admin Expense>Startup Costs al Entries JE # 13 nt JEs		30,185,00	
Reclassifyling Journa To reclass LTC Ally id 80-240-02 80-252-00 Total Reclassifyling Journa To perform CTO4 clief 61-811-80	gether Admin Expense>Professional Fees>Add Back Admin Expense>Startup Costs al Entries JE # 13 nt JEs Nursing Admin Expense>Director (DON)>Wages		30,185,00 30,185,00	
Reclassifying Journa To reclass LTC Ally to 80-240-02 80-252-00 Total Reclassifying Journa To perform CT04 cliet 61-811-80	gether Admin Expense>Professional Fees>Add Back Admin Expense>Startup Costs al Entries JE # 13 nt JEs Nursing Admin Expense>Director (DON)>Wages Nursing Admin Expense>Director (DON)>Wages		30,185,00 30,185,00 15,684,00	
Reclassifying Journs To reclass LTC Ally to 80-240-02 80-252-00 Total Reclassifying Journs To perform CT04 clies 61-811-80 61-811-80	gether Admin Expense>Professional Fees>Add Back Admin Expense>Startup Costs al Entries JE # 13 nt JEs Nursing Admin Expense>Director (DON)>Wages Nursing Admin Expense>Director (DON)>Wages Nursing Admin Expense>Director (DON)>Wages Nursing Admin Expense>Director (DON)>Wages		30,185,00 30,185.00 15,684,00 15,684,00	
Reclassifying Journa To reclass LTC Ally to 80-240-02 80-252-00 Total Reclassifying Journa To perform CT04 cliet 61-811-80	gether Admin Expense>Professional Fees>Add Back Admin Expense>Startup Costs al Entries JE # 13 nt JEs Nursing Admin Expense>Director (DON)>Wages Nursing Admin Expense>Director (DON)>Wages		30,185,00 30,185,00 15,684,00 15,684,00 15,684,00	
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Reclassifyling Journ. To reclass LTC Ally Id 80-240-02 80-252-00 Total Reclassifyling Journ. To perform CT04 clief 61-811-80 61-811-80 61-811-80 61-811-80 61-811-80	gether Admin Expense>Professional Fees>Add Back Admin Expense>Startup Costs al Entries JE # 13 nt JEs Nursing Admin Expense>Director (DON)>Wages		30,185,00 30,185,00 15,684,00 15,684,00 15,684,00 15,684,00 15,684,00 7,670,00	
Reclassifying Journ: To reclass LTC Ally to 80-240-02 80-252-00 Total Reclassifying Journ: To perform CT04 clies 61-811-80 61-811-80 61-811-80 61-811-80 61-811-80 61-811-80	gether Admin Expense>Professional Fees>Add Back Admin Expense>Startup Costs al Entries JE # 13 Int JEs Nursing Admin Expense>Director (DON)>Wages		30,185,00 30,185,00 15,684,00 15,684,00 15,684,00 15,684,00 7,684,00 7,870,00 33,150,00	
Reclassifying Journs To reclass LTC Ally to 80-240-02 80-252-00 Total Reclassifying Journs To perform CT04 clien 61-811-80 61-811-80 61-811-80 61-811-80 61-811-80 61-811-80	gether Admin Expense>Professional Fees>Add Back Admin Expense>Professional Fees>Add Back Admin Expense>Startup Costs al Entries JE # 13 nt JEs Nursing Admin Expense>Director (DON)>Wages		30,185,00 30,185,00 15,684,00 15,684,00 15,684,00 15,684,00 7,670,00 33,150,00 510,00	
Reclassifyling Journa To reclass LTC Ally lo 80-240-02 80-252-00 Total Reclassifyling Journa To perform CT04 clier 61-811-80 61-811-80 61-811-80 61-811-80 61-811-80 61-811-80 61-811-80	gether Admin Expense>Professional Fees>Add Back Admin Expense>Startup Costs al Entries JE # 13 nt JEs Nursing Admin Expense>Director (DON)>Wages		30,185,00 30,185,00 15,684,00 15,684,00 15,684,00 15,684,00 7,870,00 33,150,00 9,348,00	
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Reclassifying Journs To reclass LTC Ally to 80-240-02 80-252-00 Total Reclassifying Journs To perform CT04 clies 61-811-80 61-811-80 61-811-80 61-811-80 61-811-80 61-811-80 61-811-80 61-811-80 61-811-80 85-156-61	gether Admin Expense>Professional Fees>Add Back Admin Expense>Startup Costs al Entries JE # 13 nt JEs Nursing Admin Expense>Director (DON)>Wages Nursing Admin Expense>MDS / RNAC>Wages Nursing Admin Expense>MDS / RNAC>Wages Employee Benefits Expense>PR Taxes>Fica Employee Benefits Expense>PR Taxes>Fica Employee Benefits Expense>PR Taxes>Fica		30,185,00 30,185,00 15,684,00 15,684,00 15,684,00 15,684,00 7,870,00 33,150,00 510,00 9,348,00 2,077,00 84,00	
Reclassifying Journs To reclass LTC Ally to 80-240-02 80-252-00 Total Reclassifying Journs To perform CT04 clief 61-811-80 61-811-80 61-811-80 61-811-80 61-811-80 61-811-80 61-815-61	gether Admin Expense>Professional Fees>Add Back Admin Expense>Startup Costs al Entries JE # 13 nt JEs Nursing Admin Expense>Director (DON)>Wages Nursing Admin Expense>PR Taxes>Fica Employee Benefits Expense>PR Taxes>Fica Employee Benefits Expense>PR Taxes>Fica Employee Benefits Expense>PR Taxes>SUI Employee Benefits Expense>PR Taxes>SUI		30,185,00 30,185,00 15,684,00 15,684,00 15,684,00 7,870,00 33,150,00 510,00 9,348,00 2,077,00 84,00 11,00	
Reclassifyling Journs To reclass LTC Ally lo 80-240-02 80-252-00 Total Reclassifyling Journs To perform CT04 clier 61-811-80 61-811-80 61-811-80 61-811-80 61-811-80 61-811-80 61-811-80 61-811-80 61-815-61 85-156-61 85-156-61	gether Admin Expense>Professional Fees>Add Back Admin Expense>Startup Costs al Entries JE # 13 nt JEs Nursing Admin Expense>Director (DON)>Wages Employee Benefits Expense>PR Taxes>Fica Employee Benefits Expense>PR Taxes>SUI Employee Benefits Expense>PR Taxes>SUI Employee Benefits Expense>PR Taxes>SUI Employee Benefits Expense>PR Taxes>FUI Employee Benefits Expense>PR Taxes>SUI Employee Benefits Expense>PR Taxes>FUI		30,185,00 30,185,00 15,684,00 15,684,00 15,684,00 15,684,00 7,870,00 33,150,00 9,348,00 2,077,00 84,00 11,00 497,00	
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Reclassifying Journs To reclass LTC Ally to 80-240-02 80-252-00 Total Reclassifying Journs To perform CT04 clies 61-811-80 61-811-80 61-811-80 61-811-80 61-811-80 61-815-80 61-815-80 61-815-80 61-815-80 85-156-61	gether Admin Expense>Professional Fees>Add Back Admin Expense>Startup Costs al Entries JE # 13 nt JEs Nursing Admin Expense>Director (DON)>Wages Employee Benefits Expense>PR Taxes>Fica Employee Benefits Expense>PR Taxes>SUI Employee Benefits Expense>PR Taxes>SUI Employee Benefits Expense>PR Taxes>SUI Employee Benefits Expense>PR Taxes>FUI Employee Benefits Expense>PR Taxes>SUI Employee Benefits Expense>PR Taxes>FUI		30,185,00 30,185,00 15,684,00 15,684,00 15,684,00 15,684,00 7,870,00 33,150,00 9,348,00 2,077,00 84,00 11,00 497,00	30,185.00 15,684.00
Reclassifying Journs To reclass LTC Ally to 80-240-02 80-252-00 Total Reclassifying Journs To perform CT04 clief 61-811-80 61-811-80 61-811-80 61-811-80 61-811-80 61-811-80 61-815-61 85-156-61 85-156-61 85-156-62 85-156-63 85-156-63 85-156-63 87-901-49 27-901-49	gether Admin Expense>Professional Fees>Add Back Admin Expense>Professional Fees>Add Back Admin Expense>Startup Costs al Entries JE # 13 nt UEs Nursing Admin Expense>Director (DON)>Wages Nursing Admin Expense>PR Taxes>Fica Employee Benefits Expense>PR Taxes>Fica Employee Benefits Expense>PR Taxes>SUI Employee Benefits Expense>PR Taxes>FUI Employee Benefits Expense>PR Taxes>FUI Employee Benefits Expense>PR Taxes>FUI Due To(From)>Interfacility>CT4 Due To(From)>Interfacility>CT4		30,185,00 30,185,00 15,684,00 15,684,00 15,684,00 15,684,00 7,870,00 33,150,00 9,348,00 2,077,00 84,00 11,00 497,00	15,684.00 15,684.00
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Reclassifying Journs To reclass LTC Ally to 80-240-02 80-252-00 Total Reclassifying Journs To perform CT04 clie 61-811-80 61-811-80 61-811-80 61-811-80 61-811-80 61-815-80 61-815-60 61-815-60 85-156-61 85-156-62 85-156-63 85-156-63 27-901-49 27-901-49 27-901-49 27-901-49	gether Admin Expense>Professional Fees>Add Back Admin Expense>Startup Costs al Entries JE # 13 nt JEs Nursing Admin Expense>Director (DON)>Wages Nursing Admin Expense>MDS / RNAC>Wages Nursing Admin Expense>MDS / RNAC>Wages Employee Benefits Expense>PR Taxes>Fica Employee Benefits Expense>PR Taxes>Fica Employee Benefits Expense>PR Taxes>Fica Employee Benefits Expense>PR Taxes>Fill Employee Benefits Expense>PR Taxes>Fill Employee Benefits Expense>PR Taxes>Fill Employee Benefits Expense>PR Taxes>Fill Due To/(From)>Interfacitity>CT4 Due To/(From)>Interfacitity>CT4 Due To/(From)>Interfacitity>CT4 Due To/(From)>Interfacitity>CT4 Due To/(From)>Interfacitity>CT4 Due To/(From)>Interfacitity>CT4		30,185,00 30,185,00 15,684,00 15,684,00 15,684,00 15,684,00 7,870,00 33,150,00 9,348,00 2,077,00 84,00 11,00 497,00	15,684.00 15,684.00 15,684.00 2,172.00
Reclassifying Journa To reclass LTC Ally to 80-240-02 80-252-00 Total Reclassifying Journa To perform CT04 clief 61-811-80 61-811-80 61-811-80 61-811-80 61-811-80 61-811-80 61-815-61 85-156-61 85-156-62 85-156-62 85-156-63 85-156-63 27-901-49 27-901-49 27-901-49 27-901-49 27-901-49	gether Admin Expense>Professional Fees>Add Back Admin Expense>Startup Costs al Entries JE # 13 nt JEs Nursing Admin Expense>Director (DON)>Wages Nursing Admin Expense>MDS / RNAC>Wages Nursing Admin Expense>MDS / RNAC>Wages Nursing Admin Expense>MDS / RNAC>Wages Employee Benefits Expense>PR Taxes>Fica Employee Benefits Expense>PR Taxes>Full Employee Benefits Expense>PR Taxes>Full Employee Benefits Expense>PR Taxes>Full Employee Benefits Expense>PR Taxes>Full Due To/(From)>Interfacility>CT4		30,185,00 30,185,00 15,684,00 15,684,00 15,684,00 15,684,00 7,870,00 33,150,00 9,348,00 2,077,00 84,00 11,00 497,00	15,684.00 15,684.00 15,684.00 2,172.00 510.00
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Reclassifying Journs To reclass LTC Ally to 80-240-02 80-252-00 Total Reclassifying Journs To perform CT04 clies 61-811-80 61	Admin Expense>Professional Fees>Add Back Admin Expense>Startup Costs al Entries JE # 13 nt JEs Nursing Admin Expense>Director (DON)>Wages Nursing Admin Expense>MDS / RNAC>Wages Nursing Admin Expense>MDS / RNAC>Wages Employee Benefits Expense>PR Taxes>Fica Employee Benefits Expense>PR Taxes>Fica Employee Benefits Expense>PR Taxes>FUI Employee Benefits Expense>PR Taxes>FUI Employee Benefits Expense>PR Taxes>FUI Due To/(From)>Interfacility>CT4		30,185,00 30,185,00 15,684,00 15,684,00 15,684,00 15,684,00 7,870,00 33,150,00 9,348,00 2,077,00 84,00 11,00 497,00	15,684.00 15,684.00 15,684.00 2,172.00 510.00 15,684.00 15,684.00 15,684.00
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Workpaper Index:

400.2

Prepared By:

Reviewed By:

Workpaper Date: Run Date:

2/14/2024

Provider Name:

Complete Care at Harrington, LLC

Provider Number: Period Ended:

2462

9/30/23

Name of Workpaper:

VHCL CKLST

VEHICLE COMPLIANCE CHECKLIST

PURPOSE:

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

		Yes	No	Support Filed at?	Finding Issued?
1	Are all vehicles registered and insured in the facility's name? 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: