State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2023

Zip Code)			
50			
□ (£	Specify)		(Specify)
R	Report for Year Ending		
	9/30/2023		
CCNH / RHNS 2463	(Specify)	(Specify)	Medicare Provider 07-5192
CC	CNH / RHNS	(Specify)	(Specify)
000008995			
	CCNH / RHNS 2463	CCNH / RHNS CCNH / RHNS CCNH / RHNS CCNH / RHNS	Report for Year Ending 9/30/2023 CCNH / RHNS (Specify) CCNH / RHNS (Specify) (Specify)

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Complete Care at Meriden, LLC	2463	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 Meriden, 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

l e				
Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Carmelina Hillard			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)

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State of Connecticut **Department of Social Services**

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	tm	ent		Page 1A	of 37
Name of Facility	_	Period Cove	ered:	From	То
Complete Care at Meriden, LLC				10/1/2022	9/30/2023
Address of Facility 845 Paddock Ave Meriden CT 06450					
Report Prepared By		Phone Num		Date	
Marcum LLP		203-781-96	00	2/14/2024	
Item		Total	CCNH / RHNS	(Specify)	(Specify)
Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$				
5. All other wages paid	\$				
6. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire Type of Facility - Organization Structure

			ne No. of Facility -238-2645		Report for Year 9/30/2023	r Endec	Page 2		of 37
N. SP. He (as desemble lines)		203	Address (No. & S	tuaat		2)			31
Name of Facility (as shown on license)			845 Paddock Ave			,			
Complete Care at Meriden, LLC	CCNH / RHNS		(Specify)	IVICI	(Specify)		Medicare F	rović	ler No
License Numbers:	2463		(Specify)		(Specify)		07-5192	TOVIC	101 140.
Type of Facility (Check appropriate box(es))								
Chronic and Convalescent					_				
☑ Nursing Home (CCNH) &		(Spe	ecify)			(Specify	")		
RHNS Combined									
Type of Ownership (Check appropriate box)								
O Proprietorship O LLC O	Partnership	0	Profit Corp.	0	Non-Profit Corp	р. О	Government	0	Trust
				Date	Opened	Date Cl	osed		
If this facility opened or closed during report	t year provide:								
Has there been any change in ownership									
or operation during this report year?		0	Yes	0	No	If "Yes,	" explain full	у	
(#)									
Administrator									_
Name of Administrator		_			Nursing I	Iome			
Carmelina Hillard					Administr		2067		
					License	- 1	2007		
Other Operators/Owners who are assistant	administrators (fu	Il or	part time) of this fa	acilit		7110			
Name		01	puis (iiii) 02 iiii	•	License	No.:			
N/A									
1721									
			<u> </u>						

General Information and Questionnaire Partners/Members

Name of Facility		License No.	Report for Y	ear Ended	Page of
Complete Care at Meriden, LL	C	2463	9/30/2023		3 37
				State(s) and/o	or Town(s) in
Legal Name of Part	nership/LLC	Business A	Address		egistered
Complete Care at Meriden, LL		845 Paddock Av	e Meriden	CT	
		CT 06450			
Name of Partners/Members	Business Ac	ddress		Title	% Owned
Shalom Stein	760 Albert Ave, Lakew	vood NJ 08701	Managing N	l ember	1
_					
					l

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year End	ded	Page	of
Complete Care at Meriden, LLC	2463	9/30/2023		3A	37
If this facility is owned or operated as a corpor	ration, provide the	following informatio	n:		
Legal Name of Corporation	Busines	s Address	State(s) in Whi	ch Incorp	orated
N/A					
Name of Directors, Officers	Busines	s Address	Title	No. Sh Held by	
N/A					
					_
Names of Stockholders Owning at Least 10% of Shares					
N/A					

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General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Complete Care at Meriden, LLC	2463	9/30/2023	3B	37
If this facility is owned or operated as an individual	proprietorship, pro	vide the following information	1:	
Ow	ner(s) of Facility			
N/A				
10/1				

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General Information and Questionnaire Related Parties*

Name of Facility Complete Care at Meriden, LLC	m, LLC	License No. 24	No. 2463	Report for Year Ended 9/30/2023		Page 4	of 37
Are any individuals receimarriage, ability to contra	Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?	lity relate s associat		O Yes © No	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.	: Name/Addı ation on Pag	ess and e 11 of the report.
Are any individuals or co including the rental of pr- related through family as association to any of the	Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?	services, this facility, ontrol, or bus this facility?	ity, business ity?	⊙ Yes O No	If "Yes," provide the following information:	following ii	nformation:
		Alse	Also Provides Goods/Services to		Indicate Where Costs are Included		
Name of Related	Business	Non-R	Non-Related Parties	Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No %**	Provided	Page # / Line #	Reported	Related Party
Complete Care Management, LLC	1730 NJ-37, Toms River, NJ 08757	0	•	Management Company	Page 16/Line m12	969,164	969,164
Complete Care Management, LLC	1730 NJ-37, Toms River, NJ 08757	0	0	Rent	Page 22 / Line 9	605,598	N/A***
Intercompany Liabilities	N/A	0	•	Due to/from Intercompany	Page 34 / Line B3		
		0	•				
		0	0				
		0	•				
		0	•				
		0	•				
		0	•				
* Use additional sheets if necessary	if necessary						

Use additional sheets if necessary.
** Provide the percentage amount of revenue received from non-related parties.
*** Replaced by Fair Rent.

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No.		Report for Year Ended	Page	of	
Complete Care at Meriden, LLC	2463		9/30/2023	5	37	
If the facility is licensed as CDH and/or RCH or p	provides AID	S or TBI se	ervices with special Medicaid ra	tes, 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 b	y EACH		
Nursing			lassification, i.e., Director (or Cl			
		Registered	Nurses, Licensed Practical Nurs	es, Aides ar	ıd	
		Attendants				
Direct Resident Care Consultants		Number of	hours of resident care provided	by EACH		
		specialist (See listing page 13)		_	
Maintenance and operation of plant		Square feet				
Property costs (depreciation)		Square feet				
Employee health and welfare		Gross salaries				
Management services	Appropriate cost center involved					
All other General Administrative expenses						
The preparer of this report must answer the following questions applicable to the cost information provided.						
1. In the appropriate of this Deposit, were all						
costs allocated as required? • Yes O No made.						
N/A						
2. Explain the allocation of related company exp	enses and att	ach copy o	f appropriate supporting data.			
N/A						
3. Did the Facility appropriately allocate and self	f-disallow dir	ect and ind	irect costs to non-nursing home	cost centers	?	
(e.g., Assisted Living, Home Health, Outpaties						
			If "No," explain fully why such	allocation v	was not	
	Yes	O No	made.			
N/A						
11/14						

General Information and Questionnaire Other Lines of Business

Name of Facility		License No.		Report for Year Ended	Page	of			
Complete Care at	Meriden, LLC	2463		9/30/2023	6	37			
Square footage of	fentire facility.	68,000							
Outpatient Ther	apy								
Does the Facility	provide outpatient t	herapy services? No							
Hans plages con	plete the following:								
If yes, pieuse com	Square footage of t								
	oquare roomge v	петару зрасс.							
Meals on Wheels	_								
		77 -1-0 No							
Does the facility	provide Meals on W	Vheels? No)						
If yes, please com	plete the following:								
	Square footage of k								
	Number of meals s								
No	No Are meals included in meals served on page 18 of the Annual Report?								
No									
	If yes, please state where costs are reported.								
No Are drivers for the program included in the facility's payroll? If yes, please complete the following:									
	If yes, please comp	7							
		Amount Reported Annual Report pag							
	Dleace state the sal	ary amounts of specif		or dietary aides					
				reported in the Annual R	eport				
	I Tougo State	ine cooks and or com-	ary areas are	application and sales a					
Anartments Ind	lependent Living, A	esisted Living							
		dependent living, and	Vor No						
assisted living?	паче аранинень, по	rependent nying, and	l/or No						
	plete the following:			1					
TO THE PERSON TO THE PROPERTY OF									
	Square footage of a	ipartments							
	Square footage of i	ndependent living							
	Square footage of a	assisted living							
	Please identify the	services provided:							

General Information and Questionnaire Other Lines of Business (Continued)

Name of Facility License No.	Report for Year Ended 9/30/2023	Page of 7 37
Complete Care at Mer 2463	9/30/2023	1 1 31
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 of	care.	
Nature of services provided:		
Adult Day Care		
Does the Facility provide Adult Day Care? No		
If yes, please complete the following:		
Square footage of adult day care space.		
Please state where it is located in relation to the	facility.	
Average number of daily participants.		
Number of meals per day provided to adult day of	care.	
Nature of services provided:		

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Schedule of Resident Statistics

Name of Facility			License No.	٠			Report for	Report for Year Ended			Page	Jo
Complete Care at Meriden, LLC			24	2463			9/30/2023				8	37
						Period 10	Period 10/1 Thru 6/30	0		Period 7/1	1 Thru 9/30	
		Total CCNH /										
	Total All	RHNS	F	Total	E	CCNH/	(3.	(9:0)	F	CCNH /	(3:	(9:3)
	reveis	Level	I Otal	(Specify)	1 Otal	KHINS	(Specify)	(Specify)	1 otal	KHINS	(Specify)	(Specily)
Certified Bed Capacity On last day of PREVIOUS report period	115	115			11.5	115						
B. On last day of THIS report period	115	115							115	115		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	107	107			107	107						
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	2,921			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			Licer	ise No.				Report f	for Year E	nded		Page of		
Complete Car	e at Meri	den, LLC		2	463					9/30/202	3		9	37	
	-	0	certified bed capa	city d	uring the	е геро	rt year	?		0	Yes	0	No		
11 1123	, provide	Place of C				hann	e in Be	de		Г	apacity After	Change			
	CCNH	Place of C	nange	-		Jiang	C III DC	us			apacity Aitci	Change	ł		
	/														
Date of	RHNS	(Specify)	(Specify)		Lost			Gaine	ed		ľ				
CI.										CCNH /					
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	RHNS	(Specify)	(Specify)	Reason fo	or Change	
				_				_							
				Щ.											
1			fied bed capacity s following the cl			port y	ear (as	report	ed in iter	m 4 above) provide the	number of			
			Change in Resid	ent Da	ays					CCNI	I / RHNS	(Specify)	(Spe	cify)	
1st chang															
2nd chan															
3rd chan				_				_							
4th chan 6. Number		into and Date	s on September 3	n of C	ost Ven	r	_								
o. ivalitoei	or reside	ans and Nate.	Medicare	0 01 0	Medi			r -		Se	elf-Pay		Other Star	te Assisted	
			177047044					İ							
				CC	CNH /			C	CNH /						
	Item		CCNH / RHNS		HNS	(Sp)	ecify)		HNS	(Sr	ecify)	(Specify)	R.C.H.	ICF-MR	
No. of R			6		71				28						
Per Dien	No. of Residents Per Diem Rate a. One bed rm. Various				- 47	35,1	HULLS	NO.	1000 Upi			2 100 100 1		(E)_80E_0	
a. One b	Per Diem Rate				262,0B				502.90						
b. Two l	oed rms.		Various	<u> </u>	248.46			_	448,82						
c. Three															
bed r	ms.			L-				_					!		
7 Total Nu	mber of I	Ohygical Ther	apy Treatments					l _{To}	OTAL	CCNF	I / RHNS	(Specify)	Outpatient	(Specify)	
		re - Part B	apy rreadments						1,899	00.11	1,899	(оргалу)		\-\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
		d (Exclusive	of Part B)					177	Reliat		We like				
	1. Main	tenance Treat	ments						717		717				
		orative Treatr	nents												
	Other								6,263		6,263				
			py Treatments					The state of the s	8,879	Name and the same	8,879	, Way a series August	J. A. M. S.	National All	
		speech Thera e - Part B	py Treatments					Name of Street	262		262	I I I I I I I I I I I I I I I I I I I			
B B	Medicai	d (Exclusive	of Part B)							1 5 To 1 Co	P 45 87 7	2 2 2 1		BERNE NA	
		tenance Treat							69		69				
		rative Treatn													
	Other								1,097		1,097			1	
			y Treatments						1,428		1,428		11	W	
			Therapy Treatme	nts					311 321		2.224	- AND THE RE		10 M = 30 M	
		e - Part B d (Exclusive	of Dart D\		_			7.5	3,234	-	3,234	8,010,, 1, 1, 10	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	BUG STORE	
В.		d (Exclusive tenance Treat						-	1,232		1,232			War and Mary and A	
		rative Treatn									1,000				
C.	Other								9,299		9,299				
		ccupational	Therapy Treatme	nts					13,765		13,765				

Annual Report of Long-Term Care Facility

CSP-10 Rev. 3/2023

Report of Expenditures - Salaries & Wages

	Report of E	expenditui	res - San						
Name of Facility	License No			Report for Yea	r Ended			Page	of
Complete Care at Meriden, LLC	2463			9/30/2023				10	37
Are time records maintained by all individuals receiving co	mpensation?		0	Yes		0	No		
				Total (Cost and Hours				
				(4 .4 .			(7 - 16)		
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours
A Salaries and Wages* 1. Operators/Owners (Complete also Sec. I		CONTRACTOR DE					SW SUN		
of Schedule A1)									
2 Administrator(s) (Complete also Sec. III							and Spring		37 -32
of Schedule A1)	140,666		2,080		ļ				
3. Assistant Administrator (Complete also Sec. IV	Mary Control					1,08,0	SUPPLY TREE		
of Schedule A1)									
4. Other Administrative Salaries (telephone	206.067		7.026	E SON HARE	STATE SECTION		hine and		
operator, clerks, receptionists, etc.)	206,967		7,036	Commerce State		10000000	Brown F	Strain Santa	C. C.
Dietary Service a. Head Dietitian						ACTION AND ADDRESS.	A 1900 C 1910 C 1	NAME OF TAXABLE PARTY.	
b. Food Service Supervisor									
c. Dietary Workers	458,066		21,896						
6. Housekeeping Service		ALL VISIT MAYOR			No. of Contrast		Shipping the	TO THE REAL PROPERTY.	
a. Head Housekeeper b. Other Housekeeping Workers					 	-		-	
7 Repairs & Maintenance Services					(C C C C C C C C C C	ALTERNATION AND ADDRESS OF THE PARTY NAMED IN	JU 37 SALL 28	SUBSTREE	C=1,72
a Engineer or Chief of Maintenance	96,870		2,080			ALCO AND DE			
b. Other Maintenance Workers	32,989		1,494						
8. Laundry Service	EARL ASSOCIATION	10H 20H 2	- 100		THE PERSON	THOM		100 100/110	M St
a. Supervisor					ļ				
b. Other Laundry Workers 9. Barber and Beautician Services								,	
10. Protective Services									
11. Accounting Services			95 835		N - TA	E V.D.B	RATE OF THE PARTY	SECURE OF SECURE	. FE, E.
a. Head Accountant									
b. Other Accountants				7					
12. Professional Care of Residents	200.002		4.011		The Real Property lies			Service of	
a. Directors and Assistant Director of Nurses b. RN	289,902	D-0000000	4,011	Towns or an in-	No.				
Niv Niv Direct Care	805,742		14,769		The same of				
2. Administrative**	444,722		8,948						
c. LPN	MAN THE TIME		CRE 102		W sin	77.10		10 10 SEE	
Direct Care	1,139,035		30,952						
2. Administrative** d. Aides and Attendants	1,675,264		78,067						
e. Physical Therapists	1,075,204		70,007						
f. Speech Therapists									
g. Occupational Therapists									
h, Recreation Workers	158,153		6,317				THE RESERVE	No. of the last of	
i Physicians 1. Medical Director		S HOULE	F 24 E)))]		See Selling	100 July 100			-
Utilization Review		, N.							
3. Resident Care***									
4. Other (Specify)		S A I S		The state of the s				57 POT	ECON HER
j Dentists									
k Pharmacists									
l Podiatrists									
m. Social Workers/Case Management	105,107		2,928						
n. Marketing	63,462	(63,462)	561						
o. Other (Specify)	100,609		2,739				0 W. W. CO.	100	
See Attached Schedule A-13 Total Salary Expenditures	5,717.554	(63,462)	183,878						

^{*} 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				LUISING			ALL PRINCES	
Medical Records	\$ 10,293		27	>32	EX.				
Admissions	S 90,316	NEW DY AN	2,712		AVE VERIL				
								_	
									_
					1 100	- 17 17 18			
		TERES W	M 8 V		en i de l'				
	J SHI X			DUCK		gerveva			I Dec
		/							1 7 E.U.
			J. A		211 919				
		36 1137	W 271						
		8 - 1				141 6 1		-	
					- 2				
		5.1							
Total	\$ 100,609	2	2,739	s -	s -	127	s -	s -	emuly Va

Schedule of Other Fees (Page 13)

		CCNH / RHNS			(Specify)			(Specify)	
Service	S	Adjustment	Hours	S	Adjustment	Hours	S	Adjustment	Hours
	0								
Nursing Consulting Fees	\$ 35,931		Contracted	3150					
Respiratory Therapy	\$ 1,641	\$ (1,641)	3				H	100000000	
							1		
					P	THE STATE	XX		18 36 1
								-	1000
									regal
						-1-2			
			100	-1		7 1 2			
					Market 1	THE PARTY	7,100		18 44.1
			III SUSTE						
Total .	\$ 37,572	\$ (1,641)	3	. 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*

10						 	 	 	
	Jo	37		Compensation Received					
	Page	11		Total Hours Worked					
4				Name and Address of All Other Employment**					
a Farties	Report for Year Ended			Line Where Claimed on Page 10					
Kelate	Report for	9/30/2023		Total Hours Worked					
Assistant Administrators and Other Related Parties*				Full Description of Services Rendered					
Administrat	License No.	2463		Fringe Benefits and/or Other Payments (describe fully)					
SSIStant				(Specify)					
¥			Salary Paid	(Specify)					
				CCNH /					
	Name of Facility	Complete Care at Meriden, LLC		Name	Section I - Operators/Owners		Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).		

^{*} 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*

		7 7	morranic	raillillian	Assistant raining and calc related a nes	Ivelated	I alues			
Name of Facility (as licensed)				License No.		Report for Year Ended	ear Ended		Page	of
Complete Care at Meriden, LLC				2463		9/30/2023			12	37
		Salary Paid								
	/ HNJJ			Fringe Benefits and/or Other	Evil Deconistion of	Total	Line Where	Name and Address of All	Total	Compensation
Мате	RHNS	(Specify)	(Specify)	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
Section III - Administrators***										
Carmelina Hilliard	140,666			Non Discriminatory		2,080	A2			
										# [1
Section IV - Assistant Administrators										
I II solucios not concernal a city	1	1.3 1	3 11 3	1 T T T T T T T T T T T T T T T T T T T	1172. 1.1. 1.1. 1.1.	-				

^{*}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

	B. Report	of Expen	ditures -	Professio	nal Fees				
Name of Facility	License No.			Report for Y	ear Ended			Page	of
Complete Care at Meriden, LLC		2463		9/30/2023				13	37
The State of the S				Tota	Cost and Ho	urs			
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours
*B. Direct care consultants paid on a fee	KING	Trajasarient	Tiodis	(B)CCITY)	Trajustanient	Troub and the			112,000
for service basis in lieu of salary	H1300	STORES N	Stevens.	STATE OF THE PARTY	The Assertion			108 S 1	
(For all such services complete Schedule B1)	Televisión			T SISTE	1 3 5 5 6				
1 Dietitian	51,551		1.095						
2. Dentist									
3. Pharmacist	32,807		Contracted						
4. Podiatrist									
Physical Therapy	37-12/02/0	FEET TO 100	BALLER		ALEXAV.	102-5-14 L		COLUMN LS	9.73
a. Resident Care	195,490		2,722						
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians			The state of the s	DESTRUCTION OF THE PARTY		SSIB			17000
a. Medical Director (entire facility)	33,000		214						
b. Utilization Review	Shaney Visit	ESCENIES I	8 7 7 7 7	I SEVERILL	100000000000000000000000000000000000000	a di w			778
(Title 18 and 19 only) monthly meeting									
c. Resident Care**									
d. Administrative Services facility	THE STATE OF	9-1020		CONTRACTOR DE L'ANS	E CONTRACTOR	11 8 210		E West N	DEVE -
1 Infection Control Committee									
(Quarterly meetings)								_	
Pharmaceutical Committee (Quarterly meetings)									
3 Staff Development Committee	-								
(Once annually)	1								
e. Other (Specify)			S Water	SI MODE		No or or or		الماكات العارا	
Speech Therapist	CIII (ESHIONE)		DATE OF	S 11/13 ES		CHANGS.			SEDE
a Resident Care	62,033		946						
b. Other									
10. Occupational Therapist				-80	281,7 ===3				13 To 100
a. Resident Care	299,747		7,576						
b. Other									
 Nurses and aides and attendants 							THE TRUE	10-11	
a RN			11.53	1 20 3 3	10, 22, 110	STATE OF THE PARTY		CONTRACTOR	
Direct Care									
2. Administrative***									O Control
b. LPN	ISSSI HE	IN ENGR	WIND WELL	THE SAME		1 1 5 2	ALC: NO	100m Table 1	THE REAL PROPERTY.
1. Direct Care									
2. Administrative***									
c. Aides									
d. Other									
12. Other (Specify)		DA A WAX	Par Billing		10 mg// 0 10 mg	A ISSUE	Page Mile	(Istemate	SEE III
See Attached Schedule	37,572	(1,641)	3						
B-13 Total Fees Paid in Lieu of Salaries	712,200	(1,641)	12,556						

^{*} 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.			Year Ended	Page	of 1 27
Complete Care at Meriden, LLC	2463	T	9/30/2023	·	14	37
Name & Address - CI - dividual	Full Explanation of Service		* to Owners, rs, Officers	Evnla	nation of Rela	itionship
Name & Address of Individual	run explanation of Service	Yes	No No	Explai	intion of ICE	monomp
Medical Nutrition Therapy, 1105 East County Line Rd Suite 212 Lakewood NJ 08701	Dietician	0	0	N/A		
Guardian Consulting Services, 3333 New Hyde Park Road New Hyde Park NY 11042	Pharmacist	0	0	N/A		
Integra, 160 Airport Road Lakewood NJ 08701	Pharmacist	0	0	N/A		
Reliant Rehab, 6860 Dallas Pkwy Suite 550 Plano TX 75024	Contract PT, OT & ST	0	0	N/A		
Tender Touch, 400 NJ-70, Lakewood, NJ 08701	Contract PT, OT & ST	0	0	N/A		
Swallowing Diagnostics, 21 Waterville Road Avon CT 06001	Contract ST	0	0	N/A		
Claim LLC, 76 Batterson Park Rd Suite 106 Farmington CT 06032	Medical Director	0	0	N/A		
Celtic Consulting, 339 Main Street, Torrington, CT 06790	Consulting Fees	0	0	N/A		
Quality Management Solutions, 1225 NJ-70, Lakewood, NJ 08701	Consulting Fees	0	0	N/A		
Compliance Consulting Group, LLC 2623 Hooper Ave, Brick Township, NJ 08723	Consulting Fees	0	0	N/A		
Acute Care Gases, 23 Nutmeg Valley Rd, Wolcott CT 06710	Respiratory Therapist	0	0	N/A		
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			1===
		0	•			

^{*} Use additional sheets if necessary.

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

C. Expenditures Other Than Salaries - Administrative and General

Traine of Lucinity	icense No. 2463	Report for Y 9/30/2023	ear Ended				Page 15	of 37
Complete Care at Meriden, LLC	2403	9/30/2023					13	
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Administrative and General		SVEW DIE						
a. Employee Health & Welfare Benefits				A STATE OF	W. C. C.	Let I ha	111 22 10	380 (87K))
1 Workmen's Compensation	\$	96,955	96,955					
Disability Insurance	\$							
Unemployment Insurance	\$	49,619	50,175	(556)				
4. Social Security (F.I.C.A.)	\$	415,222	419,858	(4,636)				
5. Health Insurance	\$	161,268	161,268					
Life Insurance (employees only)						September 1		
(not-owners and not-operators)	\$	7,491	7,491					
7. Pensions (Non-Discriminatory)	\$	179,029	179,029					
(not-owners and not-operators)			31.		BISELLE	SVA IE	HILVEN S	W I SO IN
8. Uniform Allowance	\$							
9. Other (Specify)	S	20,618	68,184	(47,566)				
See Attached Schedule			- 1.5V/II	1 8V 1	E DMLSON		PAN TO D	S-100 W
b. Personal Retirement Plans, Pensions, and	\$							
Profit Sharing Plans for Owners and				PART DE				
Operators (Discriminatory)*								
c. Bad Debts*	\$		110,966	(110,966)				
d. Accounting and Auditing	\$	36,036	36,036					
e. Legal (Services should be fully described of	n Page 15b) \$	9,518	15,320	(5,802)				
f. Insurance on Lives of Owners and	\$							
Operators (Specify)*			No XX	1 8 8 / SAT				1000
g. Office Supplies	\$	26,895	26,895					
h. Telephone and Cellular Phones			270, 300				SECSION	NGE TO SE
Telephone & Pagers	\$	9,545	9,545					
2. Cellular Phones	\$							
i. Appraisal (Specify purpose and	\$							
attach copy)*				16 (1. 21.65 10.)				ni at
				3000		10/23/20/10 B		085 20100
j. Corporation Business Taxes (franchise tax								
k. Other Taxes (Not related to property - See	Page 22)	1500000	S				S District	2 01 14 16
1. Income*	\$							
2 Other (Specify)	\$							
See Attached Schedule			TO STATE OF	N DATE	7.07			
3 Resident Day User Fee	S		690,359					
Subtotal	5	1,702,555	1,872,081	(169,526)				

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

(Carry Subtotals forward to next page)

Schedule of Other Employee Benefits

Description	CCN	H/RHNS	A	djustment	(Specify)	Adjustment	(Specify)	Adjustment
		0						
Employee Benefits Expense>Miscellaneous	\$	28,030	\$	(28,030)	Market III	THE THE	38 T. T. T.	
Employee Benefits Expense>Pharmacy>Vaccines	\$	910					50 W M =0	
Employee Benefits Expense>Food	\$	19,536	\$	(19,536)			17 11 5 5 5	100
Union Training Fund	\$	18,113						
Employee Benefits Expense>Employee Physicals	S	1,595					1 17 1	
	LONG DE	Leu I				I a librariose		(Lucal)
THE RESERVE THE PROPERTY OF THE PARTY OF THE	S U DIV							
	16.5			(C , II ('-I	(d = 1 = 1)			
							I DECEMBER	
		TeD.						
					100000			1000
				17 218				LIEXIE III
	the 's .	Ti-Sira		(L X2 B	10 '30 8"			
	0 118 0	22.25		NIO X				***********
Total	S	68,184	\$	(47,566)	S -	s -	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	0					
					112	
		NW SILE				dia an art
Total	s -	s -	\$ -	\$ -	\$ -	\$ -

Annual Report of Long-Term Care Facility

CSP-15b Rev. 3/2023

General Information and Questionnaire Accounting Basis

Name of Facility License No.	Report for Year Ended		Page	OI
Complete Care at Meriden, LLC 2463	9/30/2023		15b	37
The records of this facility for the period covered by this rep	ort were maintained on the following basis:			
Accrual O Cash O Modified Cash				
Is the accounting basis for this	70107 11 11 1			
period the same as for the • Yes	If "No," explain.			
previous period? O No				
N/A				
Independent Accounting Firm	1411 OX 0.0: + C': C: C (1)			
Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)			
1 Brand Sonnenshine LLP	1641 East 16th St- 4th floor Brooklyn NY			
2 Marcum LLP	One Hovchild Blvd, 4000 Rt. 66 Ste 323,	,		
3 4				
Services Provided by This Firm (describe fully)				
1 General accounting services		\$	19,400	
2 Reimbursement advisory services		\$	13,893	
3		\$		
4		\$		
		Charge for	Services Pr	ovided
		\$	33,293	
Are These Charges Reflected in the Expenditure Portion of This Report?	If Yes, Specify Expense Classification and Line No.			
O Yes O No Pg. 15, Line 1d				
Legal Services Information				
Name of Legal Firm or Independent Attorney		Telephone		
1 CSC		866-636-54		
2 Cogency Global		973-533-0		
3 Genova Burns		212-986-89		
4 Waller Lansden Dortch & Davis, LLP		212-682-40		
5 See Attached		See Attach	ed	
Address (No. & Street, City, State, Zip Code)				
1 PO Box 7410023, Chicago IL 60674				
2 494 Broad Street Newark, NJ 07102				
3 630 3rd Ave #1801, New York, NY 10017				
4 675 3rd Ave 8th Floor, New York, NY 10017				
5 See Attached				
		\$	1,161	
5 See Attached Services Provided by This Firm (describe fully)		\$	1,161 2,318	
5 See Attached Services Provided by This Firm (describe fully) 1 Delaware Renewals				
5 See Attached Services Provided by This Firm (describe fully) 1 Delaware Renewals 2 Labor Relations		\$	2,318	
5 See Attached Services Provided by This Firm (describe fully) 1 Delaware Renewals 2 Labor Relations 3 Review CHRO rebuttal		\$ \$	2,318 5,200	
5 See Attached Services Provided by This Firm (describe fully) 1 Delaware Renewals 2 Labor Relations 3 Review CHRO rebuttal 4 OTA Ammendment/Bank counsel (Disallowed)		\$ \$ \$ \$	2,318 5,200 5,649	ovided
5 See Attached Services Provided by This Firm (describe fully) 1 Delaware Renewals 2 Labor Relations 3 Review CHRO rebuttal 4 OTA Ammendment/Bank counsel (Disallowed) 5 See Attached		\$ \$ \$ \$	2,318 5,200 5,649 992	ovided
5 See Attached Services Provided by This Firm (describe fully) 1 Delaware Renewals 2 Labor Relations 3 Review CHRO rebuttal 4 OTA Ammendment/Bank counsel (Disallowed)	If Yes, Specify Expense Classification and Line No.	\$ \$ \$ \$ Charge for	2,318 5,200 5,649 992 Services Pr	ovided

State of Connecticut

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

General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page	of
Complete Care at Meriden, LLC	2463	9/30/2023		15c	37
Legal Services Information					
Name of Legal Firm or Independen	nt Attorney		Telephone Nun	nber	
5 Platinum Filings			718-705-9886		
6 Murtha Cullina LLP			203-772-7700		
Address (No. & Street, City, Star	te, Zip Code)				
5 3023 Avenue J, Brooklyn, N	Y 11210				
5 265 Church St, New Haven,	CT 06510				
Services Provided by This Firm (a	lescribe fully)				
5 Cerified Copies (Disallowed)			\$	153	
6 General legal services			\$	839	
		·	Charge for Serv	vices Provi	ded
			5	992	

Complete Care at Meriden, LLC September 30, 2023 Benefits Disallowance

Marketing Benefits Disallowance

Marketing Salary	63,462 Page 10
Total Salaries	5,717,554 TB Linked
Percent to Total Salaries	1.11%

Percent to Total Allocation		Amount	Percentage	Dis	allowed
Unemployment Insurance	\$	50,175	11%	\$	557
Social Security (F.I.C.A)	-	419,858	89%		4,660
Total Benefits (Pg 15, Line 1a3 - 1a6)	\$	470,033	100%	\$	5,217

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

Name of Facility	License No.	Report for Ye	ar Ended				Page	of	
Complete Care at Meriden, LLC	2463	9/30/2023					16	37	
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustmen	
	Subtotals Brought Forward:	1,702,555	1,872,081	(169,526)				10 00 00 00 00	
Travel and Entertainment Resident Travel and Entertainment	\$		800 X II	M2-19	N-1-01	1.345.15			
2. Holiday Parties for Staff	\$	1,788	1,788						
3. Gifts to Staff and Residents	\$								
4. Employee Travel	S	5,237	5,237						
 Education Expenses Related to Seminar 	s and Conventions \$	8,977	8,977						
6. Automobile Expense (not purchase or a	depreciation) \$								
7. Other (Specify) See Attached Schedule	\$	Selection .	8 7 8 7	7.00 E					
m. Other Administrative and General Expenses			S OR I	THE RESERVE	U =21501	STOR X		DESIGNATION OF	
 Advertising Help Wanted (all such expense) 	enses) \$	7,677	7,677						
2. Advertising Telephone Directory (all su	sch expenses)*** \$								
 Advertising Other (Specify)*** 	\$	1,788	24,137	(22,349)					
See Attached Schedule			To the same					A STATE OF THE PARTY OF	
4. Fund-Raising***	S								
Medical Records	\$								
 Barber and Beauty Supplies (if this serv directly and not by contract or fee for se 		U.S.S.S.		III Oppose o	_ E 204110_		8101111	J. Spiller	
7. Postage	\$	2,668	2,668						
* 8. Dues and Membership Fees to Profession Associations (Specify) See Attached Schedule	onal \$	9,567	9,567						
8a. Dues to Chamber of Commerce & Other	r Non-Allowable Org.*** \$		468	(468)					
9 Subscriptions	\$	1,134	1,134						
10. Contributions*** See Attached Schedule	S	ilb Viio-om						III CONTEN	
11. Services Provided by Contract (Specify Schedule C-2, Page 21 for each firm or		351,860	351,860	00 (1:0. 3E	III 117/21039			(Tox or	
12. Administrative Management Services**		611,498	969,164	(357,666)					
13. Other (Specify) See Attached Schedule		15,676	35,298	(19,622)	742			0.3.2	
C-14 Total Administrative & General Expenditu	res \$	2,720,425	3,290,056	(569,631)					

^{*} Do not include Subscriptions, which should go in item 9.

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

*** Facility should self-disallow the expensein the Adjustment column.

Schedule of Other Travel and Entertainment

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	0					
			in the second	THE WILLIAM	3	
	in in a				58 I	
		- 1	LIE SWITTE		100 114	
Total Other Travel and Entertainment	\$	S -	S -	\$ -	S	\$ -

Schedule of Other Advertising

Description	CCNH / RHNS		Adjustment	(Specify)		Adjustment		(Specify)		Adjustment	
		0									
Admin Expense>Marketing & Advertising	\$ 22,34	9 3	(22,349)								8
Admin Expense>Marketing & Advertising>COVID	\$ 1,78	8	- 9 // -	The state				1	10		
Total Other Advertising	\$ 24,13	7 5	(22,349)	S	1	\$	1	\$		S	20

Schedule of Dues

Description	CCNH / F	HNS	Adjustment	(Specify)	Adjust	ment	(Specify)	Adjustment
30 N O C 2 N O		0					1000	
CAHCF	\$ 9	257						A COLUMN TO A STATE OF THE STAT
ACHCA	\$	310						
		-						
		W.						
	A LINE OF THE PARTY OF THE PART					75.00		
								W. ID
Total Dues	\$ 9	567	s -	s -	S		\$ -	s -

Schedule of Contributions

Description	 CCNI	I / RHNS	Adjust	ment	(Sp	ecify)	Adjt	stment	(Sp	ecify)	Adjı	ustment
		0								1885		
			WZ W		maki		Town:		11/		10.0	501
		TAILS!	STA O	mora	To the	WING GO		F 83	11000		100	Cite.
Total Contributions	S	1.5	\$	- 2	\$		S	141	S	11.0%	S	

Schedule of Other Administrative and General

Description	CCN	H / RHNS	Ad	justment	(Specify)	Adjustment	(Specify)	Adjustment
		0						
Admin Expense>Financing Costs	S	2,904	\$	(2,904)				
Admin Expense>resident missing Items	S	6,854	\$	(6,854)				
Admin Expense>Licenses	\$	960						
Admin Expense>Bank Fees	S	17,651	5	(9,739)	DATE IN			
Admin Expense>Background Checks	S	335		58				1.7
Admin Expense>Background Checks Other (Fingerprinting)	2	6,594	0.52		Dr. Land	E K PC.		U
Other Rev>Medical Records			\$	(125)				
Total Other Administrative and General	S	35,298	S	(19,622)	S -	s -	S -	

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

Descrption	Amount			
	0.60 #.64			
Management fees Charged (Pg. 16 / Line m12)	969,164			
Management fees Charged (Pg. 20 / Line 5j)	0			
Management fees Charged (Pg. 20 / Line 5k)	0			
Total Management fees Charged	969,164	TB Linked		
Detient Davis	28 605	Page 8 of C/	D	
Patient Days			K	
Imputed Days - 90% Occupancy		Calculation		
Amount Per Patient Day (Greater of 90% or Actua	ıl Days)	\$	25.0462	
PPD Allowance Per Rate Agreement			7.00	
2023 CPI Increase of 1.0541%			1.0541	J.04a
PPD Allowance 9/30/2022			7.38	_
Amount over (Under)		\$	17.6675	
Total Days			38,695	Greater of Actual or 90%
Disallowed Management Fee		\$	683,644	
				-

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Complete Care at Meriden, LLC	2463	9/30/2023	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Complete Care Management, LLC	969,164	Management Fees	Page 16 / Line M12

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

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

Name of Facility	202 CHI	Licens		Report for Ye	ar Ended		7.	Page	of 37
Complete Care at	Meriden, LLC		2463	9/30/2023				18	3/
	Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustmen
	Preparation & Service			Tive of					
	v Food			232,618					
	-Food Supplies		37,026	37,026					
3. Oth	er (Specify)	- 8	T WE'D			E STORY E			
	d Services (by contract other ough Management Services)	5	126,545	126,545					
	te Schedule C-2 att. Page 21)			10000000					N
c. Other (Sp.		5	12,279	12,279					
Min	or Equip. / Repairs & Maint. / Equ	ip. Rental			Who will be	Eta Ma			
2D. Total Dietar	ry Expenditures (2a + b + c + d)	5	408,468	408,468					
	eals: Total no. of meals served per		Total		/ RHNS	(Spe	cify)	(Sp	ecify)
 G Is cost of em 	ployee meals included in 2D?	O Yes	Θ	No					
H. Did you rece	eive revenue from employees?	O Yes	0	No		If yes, specify amt.			
L Where is the	revenue received reported in the (Cost Report?	(Page/Line Ite	em)					
	eals provided to persons other than or residents (i.e., Board Members, uded in 2D?	⊙ Yes	0	No		If yes, specify cost.		941	
K Is any reven	ue collected from these people?	O Yes	0	No		If yes, specify amt.			
L. Where is the	revenue received reported in the C	Cost Report?	(Page/Line Ite	em)				16 M3	
M. at monthly s	od (other than meals, e.g., snacks taff meetings, board meetings) employees included in 2D?	⊙ Yes	0	No		If yes, specify cost.		19,536	
N. Is any reveni	ue collected from employees?	O Yes	0	No		If yes, specify amt.			
) Where is the	revenue received reported in the C	Cost Report?	(Page/Line Ite	em)				15 1a9	

^{*} Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.

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

Name of Facility	License		Report for Yea 9/30/2023	r Ended			Page 19	of 37
Complete Care at Meriden, LLC	<u> </u>	2463	9/30/2023		· · · · · ·		19	31
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)	\$	221,627	221,627					
c. Other (Specify)	\$	13,721	13,721					
Laundry Supplies	0	205.040	205.740				The street of	E CONTRACTOR OF THE PARTY OF TH
3D. Total Laundry Expenditures (3a + b + c)	\$	235,348	235,348		1			
Laundry Questionnaire Is cost of employee laundry included in 3D? O	Yes	0	No		If yes, specify cost.			
G. Did you receive revenue from employees?	Yes	0	No		If yes, specify amt.			
H. Where is the revenue received reported in the Cost !	Report?		(Page/Line Ite	em)				
I. 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 l	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 of Facility	License No.	Repo	rt for Year Er	ided				Page	of
Complete Care at Meriden, LLC	2463		9/30/2023					20	37
Item			Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
4. Housekeeping	Sq. Ft Serviced								
a. In-House Care	by Personnel								
 Supplies - Cleaning (Mops, pails, brooms, etc.) 	Amt	\$	22,029	22,029					
b. Purchased Services (by contract other	r Sq. Ft. Serviced								l'
than through Management Services	by Personnel								
(Complete Schedule C-2 att. Page 21)	Amı	\$	416,961	416,961					
C. Other (Specify)		\$							
D. Total Housekeeping Expenditures (4a	+ h + c \	S	438,990	438,990	10 - 12 E			,,, W	
5. Resident Care (Supplies)**	5 0		12.00			The same of	- 27	DESTRUCTION OF	274765
a. Prescription Drugs***		- 1	Electric Tells		Y RIBARE			WW SITE	
Own Pharmacy		S							
Purchased from		8		135,975	(135,975)				
GeriScripts / Medline		-		Name of Street	Wall Control	Salling		Water State of	To 200 200
b. Medicine Cabinet Drugs		S	788	788					
c. Medical and Therapeutic Supplies		S	149,106	149,106					
d. Ambulance/Limousine***		S	145,100	14,902	(14,902)				
e. Oxygen		_	50 5 SV66			AND DESCRIPTIONS	Se 5 7 5	5 - 7 N	W W III E
For Emergency Use		8							
2. Other***		5		2,595	(2,595)				
f. X-rays and Related Radiological		S		7,501	(7,501)				
Procedures***		_	(1000)	7,501		0 505/015	ELECTION I	TOUR SERVE	NECTORIES
g. Dental (Not dentists who should be i	ncluded under	S						No. of Contract	To William
h. Laboratory***		S		60,475	(60,475)				
i. Recreation		\$	9,261	9,261					
j Direct Management Services*		S	- '						
k. Indirect Management Services*		S							
l. Cable TV		\$	7,200	17,789	(10,589)				
m. Other (Specify)****		S	117,997	125,349	(7,352)				
See Attached Schedule				TIPSO ST	THE STREET	R - 400 h	N N N N N	(Table 18)	11772
n. Physical Therapy Expense		S	3,741	3,741					
o. Speech Therapy Expense		S	1,182	1,182					
P. Total Resident Care Expenditures (5a	- 50)	S	289,275	528,664	(239,389)				

^{*} 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	ji risasi y				
Nursing Rental Expense	\$ 20,689	\$ (7,352)			0	110,
Nursing Expense>Supplies>COVID	S 27,934		DESCRIPTION OF			
Nursing Expense>Forms & Printing	\$ 120		V 1148,771	3 X U		
Nursing Expense>Sanitation & Incineration	\$ 720	DENLMEN			Metro II -S	
Nursing Expense>Clinical Services	\$ 14,723			N I S I S I		
Nursing Expense>Data Processing	\$ 46,308		III W			10-00-00
OT Expense>Optum>Part B	\$ 14,855	[page 1 page 1 page 2 p	313777			MEDICE MA
	XIII SENIO			16.5		A MISSEL
			TE NI S			
		A Section			W. 145	
						75 X 1819
	Marine Marine		- FAD(5			
					N - V	
			Albertan.		DISIDE ST.	
			20 N OUT	Modern Early	3.7	
		* * * * * * * * * * * * * * * * * * *			MILO EILEN	
				1000 1000	CE IN THE	E/ C 28
			We Dis 10		7-11-12-X11	
				Jan S	to the series	
					102	
Total Other Resident Care	\$ 125,349	\$ (7,352)	S -	\$ -	5 .	s -

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

Total Cable TV Expense acct # 80-232-00	\$ <u>A</u>	mount 17,789 TB Linked
Monthly Allowable amount Months in Cost Report Year Total Allowable Cost Full Year Cost Report (365 out of 365 Days) Revised Allowable Cost	\$ \$	600 12 7,200 100% 7,200
Disallowed Cable TV	\$	10,589

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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 Meriden, LLC	TC			License No. 2463	Report for Year Ended 9/30/2023	ų.			Page of 21 37
		Related ** to Owners,	o Owners,						
		Operators, Officers	Officers		-		Total Cost/Page Ref.***	ige Ref.**	
Name of Individual or				Explanation of	Full Explanation of	CCNH/			
Company	Address	Yes	ν°	Relationship	Service Provided*	RHINS	(Specify)	(Specify)	Pg Line
Healthcare Services Group	P.O Box 829677 Philadelphia, PA 19182	0	0	N/A	Dietary	126,414			18 2b
Healthcare Services Group	P.O Box 829677 Philadelphia, PA 19182	0	0	N/A	Housekeeping	416,961			20 4b
Healthcare Services Group	P.O Box 829677 Philadelphia, PA 19182	0	0	N/A	Laundry	221,627			19 36
Northwest Environmental	2001 Windsor Ave Baltimore, MD 21217	0	•	N/A	Sanitation	30,278			22 6f
K's Lawn Service LLC	15 Robin Lane Northford CT 06472	0	0	N/A	Snow Removal	17,441			22 6f
Jacovino's Lawn Care	92 Cheshire Rd Suite 2 Prospect CT 06712	0	0	N/A	Landscaping	53,490			22 6f
Complete Care Management	1730 NJ-37, Toms River, NJ 08757	0	0	N/A	Corporate Payroll Fees	12,000			16 m11
Senior Planning Services	Americas, Lakewood, NJ 08701	0	•	N/A	Consulting Fees	20,000			16 m11
LTC Ally	Americas, Lakewood, NJ 08701	0	0	N/A	Back Office Accounting	217,335			16 m11
		0	•						
		0	•						
		0	•						
		0	•						
		0	•						

^{*} 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	icense No.	Report for Year	Ended				Page	of
Complete Care at Meriden, LLC	2463	9/30/2023					22	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
6 Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$	52,453	52,453					
b, Heat	\$	57,505	57,505					
c. Light & Power	\$	150,240	150,240					
d. Water	\$	32,935	32,935					
e. Equipment Lease (Provide detail on page	(22b) \$							
f. Other (itemize)	\$	157,905	157,905					
See Attached Schedule		3 11 11-3 11		-0.50		A STATE OF		ALL SALES
6g. Total Maint. & Operating Expense (6a - 6f) \$	451,038	451,038					
7. Depreciation (complete schedule page 23*) a. Land Improvements	\$							
b. Building & Building Improvements	\$	5,254	5,254					
c. Non-Movable Equipment	\$	873	873					
d. Movable Equipment	\$	19,241	19,241					
*7e. Total Depreciation Costs (7a + b + c + d)	\$	25,368	25,368					
Amortization (Complete att. Schedule Page 2 a. Organization Expense	\$							
b. Mortgage Expense	\$							
c. Leasehold Improvements	\$		40,047					
d. Other (Specify)	\$		7,849					
*8e. Total Amortization Costs (8a + b + c + d)	\$	47,896	47,896					
Rental payments on leased real property less real estate taxes included in item 10b	\$	605,598	605,598					
10. Property Taxes								
a. Real estate taxes paid by owner	\$							
b. Real estate taxes paid by lessor	\$		64,185					
c. Personal property taxes	\$		18,358					
11 Total Property Expenses (7e + 8e + 9 + 10)	\$	761,405	761,405					

^{*} 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					- 1 N
Maintenance Expense>Supplies	\$ 19,304					
Maintenance Expense>Minor Equip	S 167	LIE IN EIX		III.		
Maintenance Expense>Sanitation & Incineration	\$ 30,277					N. C. C.
Maintenance Expense>Extermination	\$ 2,201					
Maintenance Expense>Snow Removal	\$ 17,441			11 - 11 - 11 - 11		
Maintenance Expense>Landscaping	\$ 53,490	1 1 1 X 4 1 E		1025		
Maintenance Expense>Landscaping>supplies	\$ 745					
Maintenance Expense>Fire Drill	\$ 851					
Maintenance Expense>Data Processing	\$ 1,278		I L		CV DX IRSX	
Maintenance Expense>Contracted Service	\$ 22,121			TO A UR.		
Utility Expense>Contracted Service	\$ 10,030					110111
Total Other Repairs and Maintenance	\$ 157,905	s -	s -	s -	s -	s -

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General Information and Questionnaire Leases (Excluding Real Property)

Operating Leases - Include all long-term leases for motor vehicles and equipment that have not been capitalized. Short-term leases or as needed rentals

should not be included in these amounts.

Name of Facility			License No.	Report for Year Ended	ear Ended		Page of
Complete Care at Meriden, LLC			2463	9/30/2023			22b 37
	Related	1 * to					
	Owners,	ers,					
	Operators,	tors,				Annual	
	Officers	sers		Date of	Term of	Amount	Amount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	ofLease	Claimed
N/A	0	•					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
Is a Mileage Log Book Maintained for All Leased Vehicles?	eased Vel	hicles?	O Yes	0	o No	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.

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

dule	
Sche	
ition	
reci	
Del	

				20100	Chicagon Schodal	anna					
Name of Facility Complete Care at Meriden, LLC				License No. 2463	8		Report for Year Ended 9/30/2023	nded		Page 23	of 37
Property Item				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	1										
5. Acquired during this report period (attach schedule	schedule)			100000000000000000000000000000000000000	No. of Column St.	The state of the s		Division of the last of the la	The state of the s		
				1000	S CONTRACTOR S						DE SECTION AND ADDRESS OF THE PARTY OF THE P
Acquired prior to this report period				78,812		78,812	15,000	S/L	Various	5,254	
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule	schedule)										The second second
B-4. Subtotal				STORES OF THE	The state of the s	THE PARTY	· · · · · · · · · · · · · · · · · · ·	STATE OF THE PARTY	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		5,254
C. Non-Movable Equipment											Software Services
 Acquired prior to this report period 				4,790		4,790	856	S/L	Various	479	1 No. 2 11 20
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule	schedule)			2,758		2,758		S/L	7	394	
C-4. Subtotal					Spring Care	The state of	THE PERSON OF TH	TO STATE OF THE ST	100 S	San San San	873
	Is a mileage logbook maintained?	Date of A	cquisition	Is a mileage logbook maintained? Date of Acquisition Historical Cost	Less		Accumulated Depreciation to	Method of			
	Yes No	Month	Year	Exclusive of Land	Salvage Value	Cost to Be Depreciated	Beginning of Year's Operations	Computing Depreciation	U seful Life	Depreciation for This Year	Totals
D. Movable Equipment 1. Motor Vehicles (Specify name, model and year of each vehicle)											
a, b,											
ပ											
d.											C. T. C.
Movable Equipment Acquired prior to this report period		Var.	Var	836,372	P	836,372	750,590	S/L	Varions	18.151	
b. Disposals (attach schedule)											
Acquired during this report period (attach schedule):											
c. Administrative	N. N	Apr	2023	2,642				S/L	7	377	
d. Standard Resident		Jul	2023	4,990				S/L	7	713	
e. Specialized Resident											
Total Acquired during this report				7 632						1 000	
D-3. Subtotal			38	200,1	No. of Persons	S INVESTMENT		Mary State of		200,1	19,241
E. Total Depreciation						W -11			100000000000000000000000000000000000000		25,368

Schedule of Land Improvements Acquired during this report period

chedule of Cand Improvemen	ts Acquired during this report period		Useful	
equisition Date	Description of Item	Cost	Life	Depreciation
dditions:	**************************************			
C-VE 11/0 1 1 1 1 2 1 1 2			700	
	7 S X X X 3 S X X S S S S S S S S S S S S		THE WAY	
				iliusa
otal additions for Land Impr	ovements	S		S -
eletions:				
			M	
		THE STATE OF THE S		
		TO TAKE THE PARTY OF THE PARTY	W_0.	
otal deletions for Land Impro	Warnande	\$ -		s -
otal defections for Land Impre) TCINEIRS			

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

nents Acquired during this report period		Useful		
Description of Item	Cost	Life	Deprecia	ation
	March Coy 1			V-10
		TIVE STATE		
		70. 7.74		
		872 111		
				all.
			1/2	
provements	\$ -	TITIX.,	S	=47,
				n En
		10.00		.3
			91.5	
provements	2		S	
	Description of Item provements	Description of Item Cost	Description of Item Cost Life In the second of Item Description of Item Useful Life In the second of Item In	Description of Item Cost Life Depreciation provements S - S S

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

Selledote of from his value 24a.	pinesit required during this report period		Useful		
Acquisition Date	Description of Item	Cost	Life	Depr	eciation
Additions:					
5/25/2023 Walk in free:	zer	\$ 2,	758	7 \$	394
				-	
					- IV
				1	
Total additions for Non-Movabl	le Equipment	\$ 2,	758	\$	394
Deletions:					
		TOTAL TRANSPORT OF THE OWNER.			
Total deletions for Non-Movable	e Equipment	\$		S	

^{*}Ties to Page 23, Line C3

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

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

^{**}Tics to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

		Pick One	1		Useful		
Acquisition Date	Description of Item	Movable Category		Cost	Life	Dep	eciation
Additions:							
4/30/2023 Replac	ced bad motor on oven top	Administrative	\$	2,642	7	\$	377
7/17/2023 Ice &	Water Dispenser, IcePro Series Water Filtration System	Standard Resident	\$	4,990	7	S	713
		PICK A CATEGORY				T M	
		PICK A CATEGORY	W			TV V	397
		PICK A CATEGORY					
		PICK A CATEGORY				1887	
Total additions for Moval	ole Equipment	أحيال والمستجم أرقاع	\$	7,632		\$	1,090
Deletions:							
						181	
						100	193
						00,0	
						MAC .	
						NB L	
Total deletions for Movab	le Equipment		S	*		\$	•

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item		Cost	Useful Life	Dep	reciation
Additions:						
10/1/2022	Job D4023 HVAC/hot water system	\$	14,811	15	S	987
10/1/2022	Roof Repairs	\$	472,607	15	\$	31,507
11/8/2022	Driveway	S	25,750	8	\$	3,219
12/23/2022	Fire sprinkler repair	S	4,262	25	\$	170
1/27/2023	Fire sprinkler repair	S	2,685	25	\$	107
1/27/2023	Exhaust fan replacement	2	3,385	15	\$	226
4/30/2023	Supply and Install Doors	S	7,646	10	\$	765
7/28/2023	RTU # 5 repairs	S	3,029	15	\$	202
7/12/2023	new Trane gas / electric 10 - ton unit including an economizer	S	24,344	15	\$	1,623
	Replacement of Walk In Freezer Condensing Unit With New Trenton	S	13,997	15	S	933
	Leasehold Improvement	\$	572,516	E1 114	S	39,739
Deletions:			excusing a			
						ii i jy
Total deletions for	Leasehold Improvement	Ŝ		NAME OF STREET	\$	V.Y.Z.

^{*}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	. Ended		Page	Jo
Complete Care at Meriden, LLC		2463		9/30/2023			24	37
				Accumulated				
	Date of			Amort, to				
	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								元. 机 · 后 · 题
1.								
2.								A
3.								
A-4. Subtotal								
B. Mortgage Expense								
1.						'		
2.								
3,								
B-4. Subtotal		B S TOTAL SUIT						
C. Leasehold Improvements and Other								
 Acquired prior to this report period 	Variou	Variou 15 Years	25,894	308	S/L	Variou	308	
2. Disposals (attach schedule)								
3. Acquired during this report period			E INCHESION S	150 608 505 E		0.50		
(attach schedule)	Various Vario	Variou Various	572,516		S/L	Variou	39,739	
C-4. Subtotal			The state of the		A STATE OF THE PARTY OF THE PAR			40,047
D. Total Amortization					一种 一种			40,047
L								

* 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 Meriden, LLC FIXED ASSET / DEPRECIATION SCHEDULE

Asset Type	Description	Date In Service	Method	Lie	Historical	2022 Denrec.	2022 A/D	2023 Deprec.	2023 A/D	NBV
Building Improvements										
Build Imp	Additions Prior to 2022	Var	S/L	15	78,812	5,254	15,000	5,254	20,254	58,558
TOTAL BUILDING IMPROVEMENTS	PROVEMENTS			A: U	78,812	5,254	15,000	5,254	20,254	58,558
Non Movable Equipment										
Non Movable	Additions Prior to 2022	Var	S/L	01	4,790	479	958	479	1,437	3,353
2023 Additions FF&E	Walk in freezer	5/25/2023	S/L	7	2,758			394	394	2,364
TOTAL NON MOVABLE EQUIPMENT	je equipment				7,548	479	958	873	1,831	5,717
LEASHOLD IMPROVENENTS	ENENTS									
2022 Additions LI	Rooms converterted into office (invoices 9724, 9763)	11/1/2021	S/L	2	2.948	180	180	180	360	2.588
בר	Fire alarm repair - CHOW	8/19/2022	S/L	15	3,456	19	61	6 5	38	3,418
ī 5	Devoide and Install Tile	9/8/2022	S/L	2 51	7,335	27	41	41	92	7,253
Π	Provide and Install Tile	9/1/2022	S/L	15	7,335	41	41	4	82	7,253
2023 Additions Ll	Job D4023 HVAC/hot water system	10/1/2022	S/L	15	14,811			284	786	13,824
5:	Roof Repairs	10/1/2022	S/L	15	472,607			31,507	31,507	441,100
3 3	Driveway Fire sprinkler repair	12/23/2022	S. S.	25	4 262			5,219	5,219	4 092
II	Fire sprinkler repair	1/27/2023	S/L	25	2,685			107	107	2,578
י ב	Exhaust fan replacement	1/27/2023	S/L	15	3,385			226	226	3,159
5 5	Supply and Install Doors	4/30/2023	Z/S	10	7,646			765	765	6,881
i	new Trane gas / electric 10 - ton unit including an economizer	7/12/2023	S/L	15	24,344			1.623	1.623	22.721
ב	Replacement of Walk In Freezer Condensing Unit With New	9/12/2023	S/L	15	13,997			933	933	13,064
TOTAL LEASEHOLD IMPROVEMENTS	IMPROVEMENTS				598,410	308	308	40,047	40,355	558,055

Complete Care at Meriden, 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
MOVABLE EQUIPMENT	NT									()
MME	Additions Prior to 2022	Var	S/L	δ.	732,439	93,022	732,439	Ř	732,439	ĸ
2022 Additions										
FF&E	Walk in freezer	12/9/2021	S/L	-	3,380	402	402	402	804	2,576
FF&E	Scanner with printer	3/26/2022	S/L	7	7,801	557	557	557	1,114	6,687
FF&E	Refrigerator	5/5/2022	S/L	7	3,357	200	200	200	400	2,957
FF&E	Installation and replacement of new pressure reducing valve to	5/20/2022	S/L	7						
	the dishwasher				5,821	277	277	277	554	5,267
Computer Hardware	Ports, computers, laptops, ipads & Use Tax	9/30/2021	S/L	vs.	83,574	16,715	16,715	16,715	33,430	50,144
2023 Additions										
FF&E	Replaced bad motor on oven top	4/30/2023	S/L	7	2.642			377	377	2,265
FF&E	Ice & Water Dispenser, IcePro Series Water Filtration System	7/17/2023	S/L	7	20					
					4,990			713	713	4,277
TOTAL MOVABLE EQUIPMENT	DUIPMENT			108 1	844,004	111,173	750,590	19,241	769,831	74,173
TOTAL ASSETS PER CR SCHEDULE	CR SCHEDULE				1,528,774	117,214	766,856	65,416	832,272	696,502
TOTAL ASSETS PER TRIAL BALANCE ROUNDING	TRIAL BALANCE				712,733	18,459	18,459	56,974	75,433	637,300
VARIANCE				•	816,041	98,755	748,397	8,442	756,839	59,203

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

(59,203) (8,442)

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

Name of Facility	License No.		Leport for Year Ended		Page of	
Complete Care at Meriden, LLC	2463	9/30/2023			25	37
11. Property Questionnaire						
Part A						
Is the property either owned by the	e Facility	Yes	•	No	If "Yes," complet	e Part B.
or leased from a Related Party?*	O	1 03	Ũ	110	If "No," complete	Part C.
*If any owner or operator of this fac						
business association to any person o	r organization from whom b	uildings are leased, then i	t is considered a			
related party transaction. Description		Total		CONTRACTOR OF THE PARTY OF THE	(1000)	ASI CHAIR
Date Land Purchased		10	William Mark			2 10 11 11
Date Structure Completed		05/21/05	· 高州教司 :			
3. If NOT Original Owner, Dat	e of Purchase					
4. Date of Initial Licensure		09/01/21				
Total Licensed Bed Capacity		115				ile ile
6. Square Footage		68,000				WE THE
Acquisition Cost						Wall Ed !
a. Land		509,291				EVESIA
b. Building		4,583,620		0.134	41.26	
Part B - Owner and Related Pa	rties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortg	age
1. Financing	. 1 . 11.	17 1-11.				
a. Type of Financing (e.g., f	ixed, variable)	Variable 12/17/21				
b. Date Mortgage Obtained c. Interest Rate for the Cost	Venr	Variable				
d. Term of Mortgage (numb		3 Years				
e. Amount of Principal Borr		9,218,851				
f. Principal balance outstand		9,218,851				
Complete if Mortgage was		WWW.75.4.853	8 3 9 Landley	WE WE DANK	d in the state of	
During Current Cost Ye						
g. Type of Financing (e.g., f						
h. Date of Refinancing						
i. New Interest Rate						
j. Term of Mortgage (numb						
k. Amount of Principal Borr						
I. Principal Outstanding on		1.0.1				
Part C - Arms-Length Leas				Term of Lease	Annual Amount	of Loose
Name and Address of Lesso	or Pro	perty Leased	Date of Lease	Term of Lease	Annual Amount	UI 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 Meriden, LLC	License No. 2463		Report for Ye 9/30/2023	ear Ended				Page 26	of 37
Iter	n		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
 Interest A. Building, Land Improve Equipment First Mortgage 	ement & Non-Movable	\$							
Name of Lender	R	late			STAN EL PAR			12 - 10 -	The state of
Address of Lender									
2. Second Mortgage		S						***	A STATE OF THE PARTY OF THE PAR
Name of Lender	R	Rate	1600 11. 33						O TOTAL
Address of Lender	11	-							
3. Third Mortgage		S							
Name of Lender	R	Rate		Witness .		W. W. J.		A SAMPLE	
Address of Lender								Park S	
4. Fourth Mortgage		\$							
Name of Lender	R	Rate	A 87 10				D Wist X	The state of the s	I Liza
Address of Lender								3-77-0	
B. CHEFA Loan Informat	ion			100	n salasin				
Original Loan Amor		\$							let B. His
2. Loan Origination D						SV ST SV			1/80 - 374
3. Interest Rate %							W. N. N.		100
4. Term									Bull of
5. CHEFA Interest Ex	pense								
12 B7. Total Building Interest Ex		\$							

(Carry Subtotals forward to next page)

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

Name of Facility Complete Care at Meriden, LLC	License No. 2463		Report for Yes	ar Ended				Page 27	of 37
	em		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	Subtotals Brou	ght Forward:							
12. C. Movable Equipment									
Automotive Equipme	ent	S							
A. Item	Rate	Amount						0 1 1 10 0	\$ 17g
Lender					1000		THE THE REAL PROPERTY.		
Address of Lender									
2. Other (Specify)									
A. Item	Rate	Amount	10000		1 1 1 1 1 1 1			E TOP I	
Lender									
Address of Lender							STV#12 B		
B. Item	Rate	Amount					Pie Will		
Lender									
Address of Lender									
12. C. 3. Total Movable Equip Expense (C1 + 2)	ment Interest	s							
12. D. Other Interest Expense (Specify)	\$	87,368	87,368					
LOC / Misc. Interest Ex			list/Itan						
13. Total All Interest Expense (12B7 + 12C3 + 12D)	- 5	87,368	87,368					
Insurance a. Insurance on Property (b)	mildings only)	5	27,367	27,367					
b. Insurance on Automobil		5		21,501					
c. Insurance other than Pro									
Umbrella (Blanket C.		\$							
Fire and Extended Co		\$							
3. Other (Specify)		5	88,045	88,045					
Liability / EPLI									
14d. Total Insurance Expenditus	pac(Ida + h + c)	S	115.412	115,412	SC. VANDE S				
15. Total All Expenditures (A-1		S		12,746,503	(874,123)				

Annual Report of Long-Term Care Facility

CSP-30 Rev. 3/2023

F Statement of Revenue

	F. Statement of Re					In.	
Name of Facility	License No.		Report for Y 9/30/2023	ear Ended		Page 30	of 37
Complete Care at Meriden, LLC	2463	-	9/30/2023			30 j	37
				CCNH/	(7 (6)	(2)	10.
-	Item		Total	RHNS	(Specify)	(Spe	cify)
I. Resident Room, Board & Routing			e vest	SE VANDO	T.		
1. a. Medicaid Residents (CT onl		\$	6,919,047	6,919,047			
b. Medicaid Room and Board (Contractual Allowance **	\$					
2. a. Medicaid (All other states)		\$					
b. Other States Room and Boar		\$					
3. a. Medicare Residents (all inci		\$	1,999,021	1,999,021			
b. Medicare Room and Board (\$					
4. a. Private-Pay Residents and C		\$	3,421,092	3,421,092			
b. Private-Pay Room and Boar	d Contractual Allowance **	\$			- Aug 1	100000000000000000000000000000000000000	-
II. Other Resident Revenue							
1. a. Prescription Drugs - Medica	re	\$	59,132	59,132			
b. Prescription Drugs - Medica	re Contractual Allowance **	\$	(59,132)	(59,132)			
c. Prescription Drugs - Non-M	edicare	\$					
d. Prescription Drugs - Non-M	edicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicar	e	\$					
b. Medical Supplies - Medicare	e Contractual Allowance **	\$,		
c. Medical Supplies - Non-Me	dicare	\$					
d. Medical Supplies - Non-Me	dicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare		\$	141,894	141,894			
b. Physical Therapy - Medicare	Contractual Allowance **	\$	(68,487)	(68,487)			
c. Physical Therapy - Non-Med	dicare dicare	\$	152,625	152,625			
d. Physical Therapy - Non-Med	dicare Contractual Allowance **	\$	(153,145)	(153,145)			
4. a. Speech Therapy - Medicare		\$	83,178	83,178			
b. Speech Therapy - Medicare	Contractual Allowance **	\$	(48,179)	(48,179)			
c. Speech Therapy - Non-Medi	care	\$	31,402	31,402			
d. Speech Therapy - Non-Medi	care Contractual Allowance **	\$	(31,402)	(31,402)			
5. a. Occupational Therapy - Me	dicare	\$	218,150	218,150			
b. Occupational Therapy - Me	dicare Contractual Allowance **	\$	(91,102)	(91,102)			
c. Occupational Therapy - Nor	n-Medicare	\$	49,879	49,879			
d. Occupational Therapy - Nor	n-Medicare Contractual Allowance **	\$	(49,879)	(49,879)			
6. a. Other (Specify) - Medicare		\$	16,751	16,751			
b. Other (Specify) - Non-Medi	care	\$	261,841	261,841			
III. Total Resident Revenue (Section	I. thru Section II.)	\$	12,852,686	12,852,686			
IV. Other Revenue*							
1. Meals sold to guests, employee	s & others	\$					
2. Rental of rooms to non-resident		\$					
3. Telephone		\$					
4. Rental of Television and Cable	Services	\$					
5. Interest Income (Specify)		\$	2,077	2,077			
6. Private Duty Nurses' Fees		\$					
7. Barber, Coffee, Beauty and Gif	t shops	\$					
8. Other (Specify)	* ***	\$	25,497	25,497			
V. Total Other Revenue (1 thru 8)		\$	27,574	27,574			
		\$					
VI. Total All Revenue (III +V)		Ψ	12,880,260	12,880,260			

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
		0.		
30 II6a	Radiology Rev>Medicare A	\$ 2,660		
30 II6a	Radiology Rev>Medicare A>C/A	\$ (2,660)		NET TE
30 JI6a	Lab Rev>Medicare A	\$ 19,218		
30 II6a	Lab Rev>Medicare A>C/A	\$ (19,218)	L S IN S	L DALE M
30 II6a	Other Ancillary Rev>Part B	\$ 8,325	الملاجر والمرا	
30 II6a	Other Ancillary Rev>Part B>Sequester	\$ (2,249)		MAN THE
30 II6a	Vaccine Rev>Part B	\$ 896		
30 116a	Vaccine Rev>Part B>COVID Vaccine	\$ 2,040		
30 Il6a	Revenue Adjustments>Medicare A	\$ (171)		
30 II6a	Revenue Adjustments>Part B	\$ 7,114	- Vert	
30 lī6a	Other Rev>Part B>Medicare Cost Report	\$ 796		(giexeerii
Total Oth	er Resident Revenue - Medicare	\$ 16,751	\$	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
		- 0		
30 116b	Other Ancillary Rev>Private	\$ 885		
30 II6b	Other Ancillary Rev>Medicare HMO>Capitated Payments	\$ 246,000	N	C V = 1 T
30 H6b	Other Ancillary Rev>Supplements	\$ 980		
30 II6b	Other Ancillary Rev>PICC Insertion	\$ 575		
30 II6b	Revenue Adjustments>Private	S 1		
30 116b	Revenue Adjustments>Medicare HMO	\$ 3,915		3100
30 ПбЬ	Revenue Adjustments>Medicaid	\$ 10,631		I SV N
30 Пбь	Revenue Adjustments>Vaccines	\$ (1,146)		
Total Oth	er Resident Revenue	\$ 261,841	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	/ RHNS	(Specif	y)	(Spec	cify)
				0	2 ()			
30 TV5	Interest Revenue from Late Cash Receipt	N/A	S	2,077				
Total Inte	erest Income		S	2.077	\$		S	1

Schedule of Other Revenue

Page Ref	Description	CCN	H / RHNS	(Spec	ify)	(Spec	cify)
			0				
30 IV8	Other Revenue>Pharmacy Rebates	2	11,070			7/1	158
30 IV8	Other Rev>Medical Records (Disallowed Expense on Page 16 Line m13)	\$	125				33
30 IV8	Other Revenue>Prior Period Adjustment(s)*	S	14,302				
							-
						T VI	-
							П
Fotal Othe	er Revenue	S	25,497	\$	-	\$	

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	
Complete Care at Meriden, LLC	2463	9/30/2023	31	37
	Account			Amount
Assets				
A. Current Assets				(0.0.110)
1. Cash (on hand and in bo			\$	(28,113)
2. Resident Accounts Rece			\$	1,803,919
3. Other Accounts Receiva	ble (Excluding Owners	or Related Parties)	\$	
4 Inventories			\$	
Prepaid Expenses			\$	67,585
a				
b		The state of the s	WE WILL	
c				
d. See Schedule		67,585		
Interest Receivable			\$	
7. Medicare Final Settleme			\$	
8. Other Current Assets (it	emize)		\$	
See Schedule				
A-9. Total Current Assets (Line	s A1 thru 8)	10)	\$	1,843,391
B. Fixed Assets			1.	
1. Land			\$	
Land Improvements	*Historical Cost		\$	
	Accum. Deprecia			
Buildings	*Historical Cost	78,812	\$	58,558
	Accum. Deprecia			
 Leasehold Improvement 		598,410	\$	558,055
	Accum. Deprecia			
Non-Movable Equipment	t *Historical Cost	7,548	\$	5,717
	Accum. Deprecia	tion 1,831 Net		
Movable Equipment	*Historical Cost	844,004	\$	74,173
	Accum. Deprecia	tion 769,831 Net		
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Deprecia	tion Net		
8. Minor Equipment-Not D	epreciable		\$	
9. Other Fixed Assets (iten	nize)		\$	(43,922)
F/S vs C/R NBV		(59,203)		
See Schedule		15,281		
B-10. Total Fixed Assets (Lin	es B1 thru 9)		\$	652,581

^{*} 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

31 A5	Prepaid Expenses	\$ 17,000
31 A5	Prepaid Expenses Instrance	\$ 1,405 \$ 1,074
31 A5	Prepaid Expenses Financing Costs	\$ 1,074
31 //5	Prepaid Expenses-Instrunce - General Liability & Other	\$ 24,647
31 A5	Prepard Expenses-Insurance - General Liability & Other>Contra	\$ 727,182
31 AS	Prepaid Expenses-Insurance + EPLI	\$ 5,487
31 A5	Prepaid Expenses>Insurance - Property	\$ 15,079
31 A3	Prepaid Expenses>Workers Comp	\$ 59,927
31 AS	Prepaid Expenses>Workers Comp>Contra	\$ 129,854
l Prepaid Exp		\$ 67,585

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

Page Ref	Line Ref	Description		
	7/4			
Total Other	Ourwart A	ssets (Bernize)	5	

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

31	B9	Fried Asset PCIP	S	15,281
-				
				420

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description		
		Other Assuts Escrow Property Tax	5	1,275,474
		Due To/rFromp-Vendor	5	4,548
32	137	Due Ta/(From)-Part B>Sequester	5	174
	100		150	
	ALC: U			
1				
Total Other	Assets		5	1,280,026

Schedule of Notes Payable (Itemize) Page 33 Line A2

		-	
		HELIVE	
			_
Total Notes Payable		-	_

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

Page Ref	Line Ref	Description	
33	A12:	Other Current Payables-401K	\$ 4,773
		Other Current Payables>Miac. PR Deduction	\$ (17,942
- 33	A12	Other Correst Payables Vinion Dacs W/H	\$ 957
		Other Current Payables>Resident Funds	\$ 52,786
	A12	Other Current Payables-DTF RFMS	\$ (90
		Acurard Expenses	\$ 220,352
	A12	Accrited Expense Medicard Bed Tox	\$ 180,772
	A12	Accrued Expenser>Management Fee.	\$ 149,067
		iabilities (Itemize)	\$ 590,675

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

34IB4	Due To//Fromp-Amex CT Glendale	\$ 6,147
34 B4	Due To/(From)>Ames Menden	\$ 11,072
34 B4	Dur To//Fromp-Molicare A>Sumester	\$ 3,596
3 4 B4	Due To/(Frum)>Commercial 104O	\$ 26,431
34 B4	Due To/(From)>Hospice	\$ 9,407
34B4	Due To/(Fram)>Medicaid	\$ 121,106
34JB4	Due To/(From)>Social Security	5 21,110
	st Liabilities (Itemize)	\$ 198,869

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended		Page		of
Complete Care at Meriden, LLC	2463	9/30/2023	_	32		37
	Account		_	<u>Aı</u>	mount	
		Total Brought Forward	1: \$		2,49	5,972
C. Leasehold or like property re	ecorded for Equity Purpose	S.				
1. Land			\$			
2. Land Improvements	*Historical Cost					
	Accum. Depreciatio	n Net	\$			
3. Buildings	*Historical Cost					
	Accum. Depreciatio	n Net	\$			
4. Non-Movable Equipmen	t *Historical Cost					
	Accum. Depreciation	n Net	\$			
Movable Equipment	*Historical Cost					
	Accum. Depreciation	n Net	\$			
6. Motor Vehicles	*Historical Cost	o=				
	Accum. Depreciation	n Net	\$			
7. Minor Equipment-Not D	epreciable		\$			
C-8 Total Leasehold or Like Pro	operties (C1 thru 7)		\$			
D. Investment and Other Assets	3					
1. Deferred Deposits			\$			
2. Escrow Deposits			\$			
3. Organization Expense	*Historical Cost	22,223				
	Accum. Depreciatio	n 15,874 Net	\$			6,349
4. Goodwill (Purchased On	ly)		\$			
5. Investments Related to F	Resident Care (itemize)		\$			
			100			
(T + 0 P 1	4 1D- 4: ('4 ' ')		\$		0	0.057
6. Loans to Owners or Rela		Law Data	D		0	9,057
Name and Addre	ss Amount	Loan Date				
			150			
Various	89,057	/	d)	15 D. M.	1.00	0.026
7. Other Assets (<i>itemize</i>)			\$		1,28	0,026
			200			
See Schedule		1,280,026				
D-8. Total Investments and Other)	\$			5,432
D-9. Total All Assets (Lines A9	+ R10 + C8 + D8)		\$		<u>3,87</u>	1,404

^{*} 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 Yea	ar Ended	Pag		
Complete Care at Meriden, LLC		2463	9/30/2023		33	37	
	Account						Amount
Liabilities							
A.	Cu	rrent Liabilities					
	1.	Trade Accounts Payable				\$	556,914
	2.	Notes Payable (itemize)				\$	
		See Schedule					
	3.	Loans Payable for Equipn	ant (Carrant naution	(itamiza)		\$	
	3.	Name of Lender	Purpose	Amount	Date Due	₩ # #	STATE OF THE STATE
		Name of Lender	Turpose	Antount	Bute Bue		
	4.	Accrued Payroll (Exclusive	ve of Owners and/or	Stockholders only		\$	257,516
	5.	Accrued Payroll (Owners	and/or Stockholders	only)		\$	
	6.	Accrued Payroll Taxes Pa	yable			\$	19,700
	7.	Medicare Final Settlemen	t Payable			\$	
	8.	Medicare Current Financi	ng Payable			\$	
	9.	Mortgage Payable (Curre	nt Portion)			\$	
	10	. Interest Payable (Exclusion	ve of Owner and/or I	Related Parties)		\$	
		. Accrued Income Taxes*				\$	15.500
	12	. Other Current Liabilities	(itemize)			\$	590,675
				See Schedule	590,675	A	1 10 1 00 7
A-13	3. To	tal Current Liabilities (Li	nes Al thru 12)			\$	1,424,805

^{*} 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 Meriden, LLC	2463	9/30/2023		34	37	
	Account	Total Duare	ht Formand		Amount 1,424,805	
T 1.1 914 (413)	Total Brought Forward:					
Liabilities (cont'd) B. Long-Term Liabilities			1			
	(itamiza)			5		
Loans Payable-Equipment Name of Lender	Purpose	Amount	Date Due		THE REPORT OF	
Name of Lender	rutpose	Aillouit	Date Duc			
			1 1			
			1 1			
			1 1			
			1 1			
				THE STREET		
Mortgages Payable				\$		
Loans from Owners or Relation	nted Parties (itemize)			\$	2,183,961	
Name and Address of Lender	Amount	Loan D	Date			
Due To/From Interfacility	2,183,961					
Due 10/110m menacmey	2,103,701					
			- 1			
				LICH VI		
4. Other Long-Term Liabilitie	s (itemize)			\$	198,869	
<u> </u>						
See Schedule		198,869				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)			\$	2,382,830	
C. Total All Liabilities (Lines A-	13 + B-5)			\$	3,807,635	

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

	ne of Facility	License No.		eport for Y	ear Ended	Page	of
Con	nplete Care at Meriden, LLC	2463	9/	/30/2023		 35	37
	Account				Amo	ount	
A.	Reserves						
	1. Reserve for value of leased	and				\$	<u> </u>
	2. Reserve for depreciation val	ue of leased buildi	ngs ar	ıd appurten	ances		
	to be amortized					\$	
	3. Reserve for depreciation val	ue of leased person	nal pro	operty (<i>Equ</i>	ity)	\$	
	Reserve for leasehold real process.	roperties on which	fair re	ental value	is based	\$	
	5. Reserve for funds set aside a	as donor restricted				\$	
	6. Total Reserves					\$	
В.	Net Worth						
Б.	Owner's Capital					\$	
	2. Capital Stock					\$	
	3. Paid-in Surplus					\$	
	4. Treasury Stock					\$	
	5. Cumulated Earnings					\$	(78,429)
	6. Gain or Loss for Period	10/1/2	022	thru	9/30/2023	\$ 	142,198
	7. Total Net Worth					\$	63,769
C.	Total Reserves and Net Worth					\$	63,769
D.	Total Liabilities, Reserves, and	Net Worth				\$	3,871,404

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year E	nded	Page	of
Complete Care at Meriden, LLC	2463	9/30/2023		36	37
		Amount			
A. Balance at End of Prior Period as		9/30/2022		\$	(167,432)
B. Total Revenue (From Statement of	f Revenue Page 30)			\$	12,880,260
C. Total Expenditures (From Stateme	ent of Expenditures Pa	ige 27)		\$	12,738,062
D. Net Income or Deficit				\$	142,198
E. Balance				\$	(25,234)
F. Additions				A SIGNA	
Additional Capital Contributed	d (itemize)				
Total Expenses per Page 2	27 \$12,746,503				PROPERTY AND ADDRESS.
F/S vs C/R Depreciation	(8,442)				
Rounding	1				
Total Expense Per FS	\$12,738,062				
2. Other (itemize)				I UNIO CO	
Prior Period Adjustment(s))	89,003			
				Dept of the same	
F-3. Total Additions				\$	89,003
G. Deductions					
Drawings of Owners/Operator	s/Partners (Specify)			\$	24,018
Name and Address (No., City	, State, Zip)	Title	Amount		WE SELFE STORY
		quity>Roberts H	24,018	-100	
				\$ 100 mg	
2. Other Withdrawings (Specify)				\$	
Purpose Amount				Militar Files	
				THE REAL PROPERTY.	
3. Total Deductions		4		\$	
H. Balance at End of Period	09/30/2	3		\$	63,769
11. Buttitee at Esta of 1 citou	07/30/2			17	,

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page of				
Complete Care at Meriden, LLC	2463	9/30/2023	37 37				
	Check appropriate category						
Chronic and Convalescent Nursing Home (CCNH) & RHNS Combined	□ (Specify)	☐ (Specify)					
Pr	eparer/Reviewer Certifica	tion					
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 Preparer	Title	Date Signed					
Matthew S. Bavolack	Principal	2/15/24					
Printed Name of Preparer	· ·						
Matthew S. Bavolack							
Addres Address		Phone Number	Phone Number				
555 Long Wharf Drive, New Haven, CT 06511	203-781-9680	203-781-9680					
Contacted Person Regarding Additional Informa	Phone Number						
Peri Neumann 732-951-7099							
Contact Email Address							
eriN@ltcally.com							

Client: Complete Care Management
Engagement: Medicald - Complete Care at Meriden, LLC
Period Ending: 9/30/2023

Period Ending:					
Trial Balance:	A.01 - TB-CCNH		IE Daf#	D.IE	FINAL
Account	Description	ADJ	JE Ref#	RJE	FINAL
		9/30/2023			9/30/2023
10-001-00	Cash>Clearing	0_00			0.00
10-001-02	Cash>Clearing>Payroll	(134,797,00)			(134,797,00)
10-010-31	Cash>Operating>Meriden	19,998.00			19,998.00
10-011-31	Cash>Petty Cash>Meriden	(153,00)			(153.00)
10-020-31	Cash>Payroll>Meriden	29,053.00			29,053.00
10-030-31	Cash>Govt>Meriden	0.00			0.00
10-040-31	Cash>Non Govt>Meriden	0.00			0.00
10-060-31	Cash>Resident Trust>Meriden	52,786.00			52,786,00
10-061-31	Cash>Care Cost>Meriden	5,000.00			5,000.00
11-100-00	Accounts Receivable>Miscellaneous	158,224.00			158,224.00
11-102-00	Accounts Receivable>Medicare A	179,851.00			179,851.00
11-103-00	Accounts Receivable>Part B	81,670,00			81,670.00 314,903.00
11-104-00	Accounts Receivable>Private	314,903.00 54,104.00			54,104.00
11-105-00	Accounts Receivable>Commercial HMO	211,990.00			211,990.00
11-106-00	Accounts Receivable>Medicare HMO Accounts Receivable>Hospice	92,588.00			92,588.00
11-109-00 11-111-00	Accounts Receivable>Medicaid	970,398.00			970,398.00
11-111-00	Accounts Receivable>Income	47,302.00			47,302.00
11-1120-00	Accounts Receivable>Allow for Doubtful Accts	(308,184,00)			(308,184.00)
11-122-00	Accounts Receivable>Medicare Colns Write Off	1,073.00			1,073,00
12-000-00	Prepaid Expenses	17,002.00			17,002.00
12-124-00	Prepaid Expenses>Insurance	1,409.00			1,409.00
12-125-00	Prepaid Expenses>Personal Property Taxes	0.00			0.00
12-153-00	Prepaid Expenses>Financing Costs	1,074.00			1,074.00
12-161-00	Prepaid Expenses>RE Taxes	0.00			0.00
12-162-00	Prepaid Expenses>Insurance - General Liability & Other	24,647.00			24,647.00
12-162-01	Prepaid Expenses>Insurance - General Liability & Other>Contra	(27,182.00)			(27,182.00)
12-163-00	Prepaid Expenses>Insurance - EPLI	5,483.00			5,483.00
12-165-00	Prepaid Expenses>Insurance - Property	15,079.00			15,079.00
12-881-00	Prepaid Expenses>Workers Comp	59,927.00			59,927.00
12-881-01	Prepaid Expenses>Workers Comp>Contra	(29,854.00)			(29,854,00) 6,342,00
13-127-00	Due From>Old Owner Due From>Old Owner>AP Items	6,342.00 10,841.00			10,841.00
13-127-10 14-131-00	Fixed Assets>Leasehold Improvements	598,410.00			598,410.00
14-131-00	Fixed Assets>Eeaseroid improvements Fixed Assets>Furniture, Fixtures and Equipment	30,749.00		(2,758.00)	27,991.00
14-132-00	Tixed Asserts Fulfillate, Fixtures and Equipment	23,7 1373	RJE - 9	(2,758.00)	
14-134-00	Fixed Assets>Computer Hardware	83,574,00			83,574.00
14-136-00	Fixed Assets>CIP	15,281.00			15,281.00
15-100-00	Accum Depn>Miscellaneous	(75,433.00)		32,001.00	(43,432,00)
			RJE - 1	32,100.00	
			RJE ~ 9	(99.00)	
17-000-00	Other Assets>Deferred Financing Costs	22,223.00			22,223.00
17-283-91	Other Assets>Escrow>Property Tax	1,275,474.00			1,275,474.00
19-265-00	Accumulated Amortization>Deferred Financing Costs	(15,874.00)			(15,874,00)
20-000-00	Accounts Payable	(556,914.00)			(556,914.00)
21-148-00	Other Current Payables>401K	(4,773.00)			(4,773.00)
21-149-00	Other Current Payables>Misc. PR Deduction	17,942.00			17,942.00
21-150-00	Other Current Payables>Union Dues W/H	(957.00)			(957,00) 0.00
21-151-00	Other Current Payables>Garnishments W/H	0.00 0.00			0.00
21-273-00	Other Current Payables>Fica Payable	0.00			0.00
21-274-00	Other Current Payables>SUI Payable Other Current Payables>FWT Payable	0.00			0.00
21-275-00	Other Current Payables>SWT Payable	0.00			0.00
21-276-00 21-278-00	Other Current Payables>SDI Payable	0.00			0.00
21-280-00	Other Current Payables>FUI Payable	0.00			0.00
21-350-00	Other Current Payables>Resident Funds	(52,786.00)			(52,786.00)
21-353-00	Other Current Payables>Resident Refunds	0.00			0.00
21-354-00	Other Current Payables>DTF RFMS	90.00			90.00
22-000-15	Note Payable>LOC NJ14 Congressional	0.00			0.00
23-000-00	Accrued Wages & Related	0.00			0.00
23-156-00	Accrued Wages & Related>PR Taxes	(19,700.00)			(19,700.00)
23-157-00	Accrued Wages & Related>Benefit Time	(257,516.00)			(257,516,00)
23-157-10	Accrued Wages & Related>Benefit Time>Old Owner	000			0.00
24-000-00	Accrued Expenses	(220,352.00)			(220,352.00)

Account	Description	ADJ	JE Ref#	RJE	FINAL
A COURT		9/30/2023			9/30/2023
24-111-16	Accrued Expense>Medicaid>Bed Tax	(180,772,00)		(40.700.00)	(180,772.00)
24-279-00	Accrued Expenses>Management Fee	(138,338,00)	RJE - 10	(10,729,00) (8,689,00)	(149,067.00)
			RJE - 10	(2,040.00)	
27-000-39	Due To/(From)>Amex CT Glendale	(6,147.00)			(6,147.00)
27-000-42	Due To/(From)>Amex Meriden	(11,072,00)			(11,072.00) 4,548.00
27-000-80 27-102-14	Due To/(From)>Vendor Due To/(From)>Medicare A>Sequester	4 ,548.00 (3,596.00)			(3,596.00)
27-102-14	Due To/(From)>Part B>Sequester	4.00			4.00
27-105-00	Due To/(From)>Commercial HMO	(26,431.00)			(26,431.00)
27-109-00	Due To/(From)>Hospice	(9,407.00)			(9,407.00)
27-111-00 27 - 146-00	Due To/(From)>Medicaid Due To/(From)>Social Security	(121,106.00) (21,110.00)			(121,106.00) (21,110.00)
27-172-00	Due To/(From)>Member	0.00			0.00
27-900-57	Due To/(From)>Interfacility>NJ14	(164,194.00)			(164,194.00)
27-901-48	Due To/(From)>Interfacility>WV/DE 5 and CT4	985.00		02 724 00	985.00
27-901-49	Due To/(From)>Interfacility>CT4	279,335.00	RJE - 4	23,731.00 0.00	303,066.00
			RJE - 10	15,684.00	
			RJE - 10	6,517.00	
			RJE - 10	1,530.00	(0.000.540.00)
27-901-50	Due To/(From)>Interfacility>CT4 and NJ14	(2,006,512.00) (6,434.00)			(2,006,512.00) (6,434.00)
27-901-51 27-901-52	Due To/(From)>Interfacility>CT4 and GA Due To/(From)>Interfacility>CT4 and PA4	(472.00)			(472.00)
27-901-53	Due To/(From)>Interfacility>CT4 and NJ4	(768,00)			(768.00)
27-901-55	Due To/(From)>Interfacility>CT4 and NJ2	(1,268.00)			(1,268.00)
27-901-56	Due To/(From)>Interfacility>CT4 and NJWW	48,408.00			48,408.00
27-901 - 57 27-901-61	Due To/(From)>Interfacility>CT4 and WI2 Due To/(From)>Interfacility>CT4 and Barn Hill	11,070.00 (403.00)			11,070.00 (403.00)
27-901-61 27-901-62	Due To/(From)>Interfacility>CT4 and Chestnut	(110.00)			(110.00)
27-901-95	Due To/(From)>Interfacility>Orange Park and CT4	12,942.00			12,942.00
27-902-11	Due To/(From)>Interfacility>CT4 and CT3	35,590.00	DIE 10	(340,187.00)	(304,597.00)
			RJE - 10 RJE - 11	(14,207.00) (325,980.00)	
27-902-37	Due To/(From)>Interfacility>CT4 and IL3	(2,632.00)	7.0	(,,	(2,632,00)
27-902-65	Due To/(From)>Interfacility>HMH10 and CT4	(1,168.00)			(1,168.00)
30-000-00	Retained Earnings	54,411.00			54,411.00 24,018.00
31-404-87 40-102-00	Partners' Equity>Robert Hoch>Draws Room & Board Revenue>Medicare A	24,018.00 (2,033,727.00)			(2,033,727.00)
40-102-00	Room & Board Revenue>Medicare A>Sales Adjustments	(278.00)			(278.00)
40-102-14	Room & Board Revenue>Medicare A>Sequester	34,984.00			34,984.00
40-104-00	Room & Board Revenue>Private	(1,526,807.00)			(1,526,807.00) (115,279.00)
40-104-09 40-105-00	Room & Board Revenue>Private>Sales Adjustments Room & Board Revenue>Commercial HMO	(115,279.00) (153,244.00)			(153,244.00)
40-105-00	Room & Board Revenue>Medicare HMO	(1,217,696.00)			(1,217,696.00)
40-106-09	Room & Board Revenue>Medicare HMO>Sales Adjustments	(67,099.00)			(67,099.00)
40-106-14	Room & Board Revenue>Medicare HMO>Sequester	3,031.00			3,031.00 (466.204.00)
40-109-00 40-109-09	Room & Board Revenue>Hospice Room & Board Revenue>Hospice>Sales Adjustments	(466,204.00) 122,206.00			122,206.00
40-111-00	Room & Board Revenue>Medicaid	(6,903,158.00)			(6,903,158.00)
40-111-09	Room & Board Revenue>Medicaid>Sales Adjustments	(15,889.00)			(15,889.00)
41-102-00	Pharmacy Rev>Medicare A	(59,132,00)			(59,132.00)
41-102-01	Pharmacy Rev>Medicare A>C/A PT Revenue>Medicare A	59,132.00 (68,487.00)			59,132.00 (68,487.00)
42-102-00 42-102-01	PT Revenue>Medicare A>C/A	68,487.00			68,487.00
42-103-00	PT Revenue>Part B	(73,407.00)			(73,407.00)
42-105-00	PT Revenue>Commercial HMO	(94.00)			(94.00)
42-105-01	PT Revenue>Commercial HMO>C/A	94.00 (121,428.00)			94.00 (121,428.00)
42-106-00 42-106-01	PT Revenue>Medicare HMO PT Revenue>Medicare HMO>C/A	121,948.00			121,948.00
42-111-00	PT Revenue>Medicaid	(31,103.00)			(31,103.00)
42-111-01	PT Revenue>Medicaid>C/A	31,103.00			31,103.00
43-102-00	OT Revenue>Medicare A	(91,102.00) 91,102.00			(91,102.00) 91,102.00
43-102-01 43-103-00	OT Revenue>Medicare A>C/A OT Revenue>Part B	(127,048.00)			(127.048.00)
43-105-00	OT Revenue>Commercial HMO	(94.00)			(94.00)
43-105-01	OT Revenue>Commercial HMO>C/A	94.00			94.00
43-106-00	OT Revenue>Medicare HMO	(178,291.00)			(178,291,00)

Account	Description	ADJ JE Ref#	RJE FINAL
ACCOUNT	E E E E E E E E E E E E E E E E E E E	9/30/2023	9/30/2023
43-106-01	OT Revenue>Medicare HMO	178,291.00	178,291.00
43-111-00	OT Revenue>Medicaid	(49,785.00)	(49,785.00)
43-111-01	OT Revenue>Medicaid>C/A	49,785.00	49,785.00
44-102-00	ST Revenue>Medicare A	(48,179,00)	(48,179.00)
44-102-01	ST Revenue>Medicare A>C/A	48,179.00	48,179.00
44-103-00	ST Revenue>Part B	(34,999.00) (25,282.00)	(34,999.00) (25,282.00)
44-106-00 44-106-01	ST Revenue>Medicare HMO ST Revenue>Medicare HMO>C/A	25,282.00	25,282.00
44-111-00	ST Revenue>Medicaid	(6,120.00)	(6,120.00)
44-111-01	ST Revenue>Medicaid>C/A	6,120.00	6,120.00
45-102-00	Radiology Rev>Medicare A	(2,660.00)	(2,660.00)
45-102-01	Radiology Rev>Medicare A>C/A	2,660.00	2,660.00
46-102-00	Lab Rev>Medicare A	(19,218,00)	(19,218.00) 19,218.00
46-102-01 47-103-00	Lab Rev>Medicare A>C/A Other Ancillary Rev>Part B	19,218.00 (8,325.00)	(8,325.00)
47-103-00	Other Ancillary Rev>Part B>Sequester	2,249.00	2,249.00
47-104-00	Other Ancillary Rev>Private	(885.00)	(885.00)
47-106-24	Other Ancillary Rev>Medicare HMO>Capitated Payments	(246,000.00)	(246,000.00)
47-114-00	Other Ancillary Rev>Other Payor	0.00	0.00
47-177-00	Other Ancillary Rev>Supplements	(980.00)	(980.00)
47-260-00	Other Ancillary Rev>PICC Insertion	(575.00)	(575.00) (896.00)
48-103-00 48-103-74	Vaccine Rev>Part B Vaccine Rev>Part B>COVID Vaccine	(896.00) (2,040.00)	(2,040.00)
51-100-00	Other Rev>Miscellaneous	0.00	0.00
51-103-00	Other Rev>Part B>Medicare Cost Report	(796.00)	(796.00)
51-111-00	Other Rev>Medicaid	0.00	0.00
51-145-00	Other Revenue>Pharmacy Rebates	(11,070.00)	(11,070.00)
51-160-00	Other Rev>Interest	(2,077.00)	(2,077.00)
51-818-00	Other Rev>Medical Records	(125.00)	(125.00) 171.00
52-102-00	Revenue Adjustments>Medicare A	171.00 (7,114.00)	(7,114.00)
52-103-00 52-104-00	Revenue Adjustments>Part B Revenue Adjustments>Private	(1.00)	(1.00)
52-105-00	Revenue Adjustments>Commercial HMO	0.00	0.00
52-106-00	Revenue Adjustments>Medicare HMO	(3,915.00)	(3,915.00)
52-111-00	Revenue Adjustments>Medicaid	(10,631.00)	(10,631.00)
52-145-00	Revenue Adjustments>Vaccines	1,146.00	1,146.00
55-000-00	Nursing Rental Expense	20,689.00	20,689.00 2,595.00
57-000-00	Oxygen Expense	2,595.00 60,372.00	60,372.00
58-000-00 58-000-74	Lab Expense Lab Expense>COVID	103.00	103.00
59-000-00	Radiology Expense	7,446.00	7,446.00
59-000-74	Radiology Expense>COVID	55.00	55.00
60-183-00	Nursing Expense>Supplies-Disposable	19,504.00	19,504.00
60-183-07	Nursing Expense>Supplies>Bariatric	0.00	0.00
60-183-74	Nursing Expense>Supplies>COVID	27,934.00	27,934.00 101,085.00
60-183-76	Nursing Expense>Supplies>PPD	101,085.00 28,517.00	28,517.00
60-184-00 60-185-00	Nursing Expense>Supplies-Non Disposable Nursing Expense>Incontinence Supplies	0.00	0.00
60-201-00	Nursing Expense>Forms & Printing	120.00	120.00
60-204-00	Nursing Expense>Training & Education	8,977.00	8,977.00
60-205-00	Nursing Expense>Sanitation & Incineration	720.00	720.00
60-212-00	Nursing Expense>Clinical Services	14,723.00	14,723.00
60-213-00	Nursing Expense>Transportation	14,902.00	14,902.00
60-230-00	Nursing Expense>Data Processing	46,308.00 0.00	46,308.00 0.00
60-236-00 60-263-00	Nursing Expense>Travel Nursing Expense>Consulting Fees	4,299.00	12,012.00 16,311.00
		RJE - 8	12,012.00
60-263-02	Nursing Expense>Consulting Fees>Add Back Nursing Expense>Contracted Service>Other	19,620.00 0.00	19,620.00 0.00
60-700-06 60-700-18	Nursing Expense>Contracted Service>Other Nursing Expense>Contracted Service>RN	0.00	0.00
60-700-18	Nursing Expense>Contracted Service>IN	0.00	0.00
00 100 10		RJE - 4 RJE - 4	0.00 0.00
60-700 - 20	Nursing Expense>Contracted Service>CNA	(812,00)	812.00 0.00
		RJE - 4	0.00
		RJE - 4	0.00
00 700 01	Nursing Evapores Contracted Continue DAI Overtices	RJE - 5 0.00	812.00 0.00
60-700-21	Nursing Expense>Contracted Service>RN Overtime	0.00	3.00

Account	Description	ADJ	JE Ref#	RJE	FINAL
Account		9/30/2023			9/30/2023
60-700-22	Nursing Expense>Contracted Service>LPN Overtime	0.00	1.0		0.00
			RJE - 4	0.00	
60-700-23	Nursing Expense>Contracted Service>CNA Overtime	0.00	DIE 4	0.00	0.00
60-700-38	Nursing Expense>Contracted Service>Nursing Admin	0.00	RJE - 4	0.00	0.00
00-700-00	reasing Expenses Continued Controls (Valoring Value)	-	RJE - 4	0.00	
60-801-80	Nursing Expense>CNA>Wages	1,088,271.00			1,088,271.00
60-801-81	Nursing Expense>CNA>Overtime	369,262.00			369,262.00 30,059.00
60-801-82 60-801-83	Nursing Expense>CNA>Shift Premium Pay Nursing Expense>CNA>Shift Bonus Pay	30,059.00 7,117.00			7,117.00
60-801-84	Nursing Expense>CNA>Retro Pay/Adjustment Pay	2,925.00			2,925.00
60-801-87	Nursing Expense>CNA>Training Pay	144.00			144.00
60-801-88	Nursing Expense>CNA>Other Pay	2,904.00			2,904.00
60-801-90	Nursing Expense>CNA>Sick/Vacation Pay	122,298.00			122,298.00
60-801-91	Nursing Expense>CNA>Holiday Pay	76,097.00			76,097.00 (23,813.00)
60-801-92	Nursing Expense>CNA>PTO Accrual Nursing Expense>LPN>Wages	(23,813.00) 861,090.00			861,090.00
60-805-80 60-805-81	Nursing Expense>LPN>Overtime	139,003.00			139,003.00
60-805-82	Nursing Expense>LPN>Shift Premium Pay	22,740.00			22,740.00
60-805-83	Nursing Expense>LPN>Shift Bonus Pay	4,749.00			4,749.00
60-805-84	Nursing Expense>LPN>Retro Pay/Adjustment Pay	1,689.00			1,689.00
60-805-87	Nursing Expense>LPN>Training Pay	0.00			0.00
60-805-88	Nursing Expense>LPN>Other Pay	1,180.00 3,464.00			1,180.00 3,464.00
60-805-89 60-805-90	Nursing Expense>LPN>On Call Pay Nursing Expense>LPN>Sick/Vacation Pay	60,685.00			60,685.00
60-805-91	Nursing Expense>LPN>Holiday Pay	43,424.00			43,424.00
60-805-92	Nursing Expense>LPN>PTO Accrual	1,011.00			1,011.00
60-808-80	Nursing Expense>RN>Wages	271,664.00			271,664.00
60-808-81	Nursing Expense>RN>Overtime	41,523.00			41,523.00
60-808-82	Nursing Expense>RN>Shift Premium Pay	4,743.00			4,743.00 0.00
60-808-83 60-808-84	Nursing Expense>RN>Shift Bonus Pay Nursing Expense>RN>Retro Pay/Adjustment Pay	0.00 869.00			869.00
60-808-88	Nursing Expense>RN>Other Pay	360.00			360.00
60-808-89	Nursing Expense>RN>On Call Pay	500.00			500.00
60-808-90	Nursing Expense>RN>Sick/Vacation Pay	8,124.00			8,124.00
60-808-91	Nursing Expense>RN>Holiday Pay	8,431.00			8,431.00
60-808-92	Nursing Expense>RN>PTO Accrual	(2,068.00)			(2,068.00) 321,022.00
60-809-80 60-809-81	Nursing Expense>RN Supervisor>Wages Nursing Expense>RN Supervisor>Overtime	321,022.00 87,123.00			87,123.00
60-809-82	Nursing Expense>RN Supervisor>Shift Premium Pay	6,199.00			6,199.00
60-809-83	Nursing Expense>RN Supervisor>Shift Bonus Pay	0.00			0.00
60-809-84	Nursing Expense>RN Supervisor>Retro Pay/Adjustment Pay	0.00			0.00
60-809-87	Nursing Expense>RN Supervisor>Training Pay	0.00			0.00
60-809-88	Nursing Expense>RN Supervisor>Other Pay	410.00			410.00 33,678.00
60-809-90 60-809-91	Nursing Expense>RN Supervisor>Sick/Vacation Pay Nursing Expense>RN Supervisor>Holiday Pay	33,678.00 17,261.00			17,261.00
60-809-91	Nursing Expense>RN Supervisor>PTO Accrual	5,903.00			5,903.00
61-194-80	Nursing Admin Expense>Infection Control>Wages	54,988.00			54,988.00
61-194-83	Nursing Admin Expense>Infection Control>Shift Bonus Pay	0.00			0.00
61-194-89	Nursing Admin Expense>Infection Control>On Call Pay	200.00			200.00
61-194-90	Nursing Admin Expense>Infection Control>Sick/Vacation Pay	424.00			424.00
61-194-91	Nursing Admin Expense>Infection Control>Holiday Pay	0.00 0.00			0.00 0.00
61-194-92 61-750-00	Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Medical Director	33,000.00			33,000.00
01-750-00	Nursing Author Expenses Medical Birector	00,000.00	RJE - 2	0.00	,
61-811-80	Nursing Admin Expense>Director (DON)>Wages	160,007.00	RJE - 10	(15,684.00) (15,684.00)	144,323.00
61-811-83	Nursing Admin Expense>Director>Shift Bonus Pay	2,732.00			2,732.00
61-811-84	Nursing Admin Expense>Director>Retro Pay/Adjustment Pay	0.00			0.00
61-811-89	Nursing Admin Expense>Director>On Call Pay	0.00 17,730.00			0.00 17,730.00
61-811-90 61-811 - 91	Nursing Admin Expense>Director>Sick/Vacation Pay Nursing Admin Expense>Director>Holiday Pay	1,667.00			1,667.00
61-811-92	Nursing Admin Expense>Director>PTO Accrual	7,812.00			7,812.00
61-812-80	Nursing Admin Expense>Assistant Director (ADON)>Wages	105,356.00			105,356.00
61-812-82	Nursing Admin Expense>Assistant Director>Shift Premium Pay	14.00			14.00
61-812-83	Nursing Admin Expense>Assistant Director>Shift Bonus Pay	0.00			0.00
61-812-84	Nursing Admin Expense>Assistant Director>Retro Pay/Adjustment Pay	0.00			0.00
61-812-88	Nursing Admin Expense>Assistant Director>Other Pay	1,272.00			1,272.00

			18 B 64		FINAL
Account	Description	ADJ	JE Ref#	RJE	FINAL
		9/30/2023			9/30/2023
61-812-89	Nursing Admin Expense>Assistant Director>On Call Pay	1,000.00			1,000.00
61-812-90	Nursing Admin Expense>Assistant Director>Sick/Vacation Pay	6,481.00			6,481.00
61-812-91	Nursing Admin Expense>Assistant Director>Holiday Pay	1,297.00			1,297.00 218.00
61-812-92	Nursing Admin Expense>Assistant Director>PTO Accrual	218.00			9,905.00
61-814-80	Nursing Admin Expense>Central Supply>Wages	9,905.00 537.00			537.00
61-814-81 61-814 - 82	Nursing Admin Expense>Central Supply>Overtime Nursing Admin Expense>Central Supply>Shift Premium Pay	13.00			13.00
61-814-83	Nursing Admin Expense>Central Supply>Shift Bonus Pay	0.00			0.00
61-814-90	Nursing Admin Expense>Central Supply>Sick/Vacation Pay	836.00			836.00
61-814-91	Nursing Admin Expense>Central Supply>Holiday Pay	502.00			502.00
61-814-92	Nursing Admin Expense>Central Supply>PTO Accrual	103.00			103.00
61-817-80	Nursing Admin Expense>MDS / RNAC>Wages	187,770.00		14,717.00	202,487.00
			RJE - 10	33,150.00	
			RJE - 10	(18,943,00)	
			RJE - 10	2,040.00	
			RJE - 10	(1,530.00)	10.057.00
61-817-81	Nursing Admin Expense>MDS / RNAC>Overtime	46,257.00			46,257.00
61-817-82	Nursing Admin Expense>MDS / RNAC>Shift Premium Pay	1,075.00			1,075.00
61-817-83	Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay	979.00 1,401.00			979.00 1,401.00
61-817-84	Nursing Admin Expense>MDS / RNAC>Retro Pay/Adjustment Pay Nursing Admin Expense>MDS / RNAC>Other Pay	0.00			0.00
61-817-88 61-817-89	Nursing Admin Expense>MDS / RNAC>Other Pay Nursing Admin Expense>MDS / RNAC>On Call Pay	1,164.00			1,164.00
61-817-90	Nursing Admin Expense>MDS / RNAC>Sick/Vacation Pay	16,422.00			16,422.00
61-817-90	Nursing Admin Expense>MDS / RNAC>Holiday Pay	8,091.00			8,091.00
61-817-92	Nursing Admin Expense>MDS / RNAC>PTO Accrual	8,890.00			8,890.00
61-818-80	Nursing Admin Expense>Medical Records>Wages	10,764.00			10,764.00
61-818-81	Nursing Admin Expense>Medical Records>Overtime	0.00			0.00
61-818 - 90	Nursing Admin Expense>Medical Records>Sick/Vacation Pay	0.00			0.00
61-818-92	Nursing Admin Expense>Medical Records>PTO Accrual	(471.00)			(471.00)
61-821-80	Nursing Admin Expense>Nursing Secretary>Wages	45,247.00			45,247.00
61-821-81	Nursing Admin Expense>Nursing Secretary>Overtime	3,823.00			3,823.00
61-821-82	Nursing Admin Expense>Nursing Secretary>Shift Premium Pay	0.00			0.00
61-821-83	Nursing Admin Expense>Nursing Secretary>Shift Bonus Pay	418.00			418.00
61-821-90	Nursing Admin Expense>Nursing Secretary>Sick/Vacation Pay	6,337.00 1,291.00			6,337.00 1,291.00
61-821-91	Nursing Admin Expense>Nursing Secretary>Holiday Pay Nursing Admin Expense>Nursing Secretary>PTO Accrual	162.00			162,00
61-821-92 61-823-80	Nursing Admin Expense>Nursing Secretary>FTO Accidant	0.00			0.00
61-823-81	Nursing Admin Expense>Staff Coordinator>Overtime	0.00			0.00
61-823-90	Nursing Admin Expense>Staff Coordinator>Sick/Vacation Pay	0.00			0.00
61-823-91	Nursing Admin Expense>Staff Coordinator>Holiday Pay	0.00			0.00
61-823-92	Nursing Admin Expense>Staff Coordinator>PTO Accrual	0.00			0.00
61-824-80	Nursing Admin Expense>Staff Devel Director>Wages	31,964.00			31,964.00
61-824-88	Nursing Admin Expense>Staff Devel Director>Other Pay	1,206.00			1,206.00
61-824-90	Nursing Admin Expense>Staff Devel Director>Sick/Vacation Pay	0.00			0.00
61-825-80	Nursing Admin Expense> RN Unit Manager>Wages	0.00			0.00
61-825-89	Nursing Admin Expense>Unit Manager>On Call Pay	0.00			0.00
61-825-90	Nursing Admin Expense>Unit Manager>Sick/Vacation Pay	0.00			0.00
61-825-92	Nursing Admin Expense>Unit Manager>PTO Accrual	0.00			0.00 0.00
62-000-00	Pharmacy Expense	0.00 55,600.00			55,600.00
62-102 - 00	Pharmacy Expense>Private	45.00			45.00
62-104-00 62-105-00	Pharmacy Expense>Private Pharmacy Expense>HMO	67,591.00			67,591.00
62-108-00	Pharmacy Expense>Veterans	815.00			815.00
62-111-00	Pharmacy Expense>Medicaid	3,618.00			3,618.00
62-145-00	Pharmacy Expense>RX	4,626.00			4,626.00
62-145-32	Pharmacy Expense>RX>Vaccines	3,680.00			3,680.00
62-145-74	Pharmacy Expense>Rx>COVID	0.00			0.00
62-222-00	Pharmacy Expense>OTC	788.00			788.00
62-700-00	Pharmacy Expense>Contracted Service	32,807.00			32,807.00
65-101-00	PT Expense>Optum	1,271.00			1,271.00
65-101-01	PT Expense>Optum>Part B	2,470.00			2,470.00
65-102-00	PT Expense>Medicare A	55,776.00			55,776.00
65-103-00	PT Expense>Med B	36,551.00			36,551.00
65-104-00	PT Expense>Private	1,318.00			1,318.00
65-105-00	PT Expense HMO A	27,035.00			27,035.00 59,660.00
65-106-00 65-111-00	PT Expense>Medicaid	59,660.00 15,150.00			15,150.00
65-111-00 66-101-01	PT Expense>Medicaid OT Expense>Optum>Part B	14,855.00			14,855.00
00 101-01	or anyone opinior and	,			

Account	Description	ADJ	JE Ref#	RJE	FINAL
Account	Description		JE Kei #	KJE	H
		9/30/2023	, illi (3) (1)		9/30/2023
66-102-00	OT Expense>Medicare A	79,111.00 83,783,00			79,111.00 83,783.00
66-103-00 66-104-00	OT Expense>Part B OT Expense>Private	1,954.00			1,954,00
66-105-00	OT Expense>HMO B	34,627.00			34,627.00
66-106-00	OT Expense>HMO A	77,721.00			77,721.00
66-109-00	OT Expense>Hospice	53.00			53.00
66-111-00	OT Expense>Medicaid	22,498.00			22,498.00
67-000-00	ST Expense	0.00			0.00
67-101-01	ST Expense>Optum>Part B	1,182.00 21,759.00			1,182.00 21,759.00
67-102-00 67-103-00	ST Expense>Medicare A ST Expense>Part B	17,172.00			17,172.00
67-104-00	ST Expense>Private	177.00			177.00
67-105-00	ST Expense>HMO B	7,198.00			7,198.00
67-106-00	ST Expense>HMO A	11,987.00			11,987.00
67-109-00	ST Expense>Hospice	48.00			48.00
67-111-00	ST Expense>Medicaid	1,892.00			1,892.00 1,800.00
67-700-00 68-700-00	ST Expense>Contracted Service Therapy Expense>Contracted Service	1,800.00 (13,490,00)		13,490.00	0,00
66-700-00	Therapy Expense/Contracted Service	(10.430,55)	RJE - 5	13,490.00	0.00
68-827-00	Therapy Expense>Respiratory	1,641.00		,	1,641.00
69-811-80	Social Services Expense>Director>Wages	55,507.00			55,507.00
69-811-81	Social Services Expense>Director>Overtime	0.00			0.00
69-811-90	Social Services Expense>Director>Sick/Vacation Pay	2,078.00			2,078.00
69-811-91	Social Services Expense>Director>Holiday Pay	1,360.00			1,360.00 663.00
69-811-92 69-830-80	Social Services Expense>Director>PTO Accrual Social Services Expense>Assistant>Wages	663.00 43,808.00			43,808.00
69-830-81	Social Services Expense>Assistant>Overtime	580.00			580.00
69-830-90	Social Services Expense>Assistant>Sick/Vacation Pay	1,111.00			1,111.00
69-830-91	Social Services Expense>Assistant>Holiday Pay	0.00			0.00
70-177-00	Dietary Expense>Supplements	17,578.00			17,578.00
70-178-00	Dietary Expense>Food	213,727.00			213,727.00
70-183-00	Dietary Expense>Supplies	26,698.00 2,462.00			26,698.00 2,462.00
70-184-00 70-191-00	Dietary Expense>Minor Equip Dietary Expense>Enteral Feeding Supplies	10,328.00			10,328.00
70-207-00	Dietary Expense>Repairs & Maint	5,282.00			5,282.00
70-208-00	Dietary Expense>Equip-Rental	4,535.00			4,535.00
70-700-00	Dietary Expense>Contracted Service	126,545.00			126,545.00
70-831-80	Dietary Expense>Aide>Wages	196,147.00			196,147.00
70-831-81	Dietary Expense>Aide>Overtime	14,143.00			14,143.00
70-831-82	Dietary Expense>Aide>Shift Premium Pay	1,901.00 1,854.00			1,901.00 1,854.00
70-831-83 70-831-84	Dietary Expense>Aide>Shift Bonus Pay Dietary Expense>Aide>Retro Pay/Adjustment Pay	(161.00)			(161.00)
70-831-88	Dietary Expense>Aide>Other Pay	396.00			396.00
70-831-90	Dietary Expense>Aide>Sick/Vacation Pay	13,511.00			13,511.00
70-831-91	Dietary Expense>Aide>Holiday Pay	12,360.00			12,360.00
70-831-92	Dietary Expense>Aide>PTO Accrual	(5.062.00)			(5,062.00)
70-832-80	Dietary Expenses Cooks Wages	142,066.00			142,066.00 39,720.00
70-832-81 70-832-82	Dietary Expense>Cook>Overtime Dietary Expense>Cook>Shift Premium Pay	39,720.00 2,916.00			2,916.00
70-832-83	Dietary Expense-Cook-Shift Bonus Pay	1,259.00			1,259.00
70-832-88	Dietary Expense>Cook>Other Pay	576.00			576.00
70-832-90	Dietary Expense>Cook>Sick/Vacation Pay	17,940.00			17,940.00
70-832-91	Dietary Expense>Cook>Holiday Pay	10,061.00			10,061.00
70-832-92	Dietary Expense>Cook>PTO Accrual	8,439.00			8,439.00
70-833-00	Dietary Expense>Contracted Dietician	51,551.00	RJE - 4	0.00	51,551.00
71-000-00	Activity Expense	0.00	KJE - 4	0.00	0.00
71-178-00	Activity Expense Activity Expense>Food	1,313.00			1,313.00
71-179-00	Activity Expense>Barber & Beauty	23.00			23.00
71-183-00	Activity Expense>Supplies	5,313,00			5,313.00
71-700-00	Activity Expense>Contracted Service	3,925.00			3,925.00
71-811-80	Activity Expense>Director>Wages	62,133.00			62,133.00
71-811-81	Activity Expense>Director>Overtime	0.00			0.00
71-811-88	Activity Expense>Director>Other Pay Activity Expense>Director>On Call Pay	0.00 0.00			0.00 0.00
71-811-89 71-811-90	Activity Expense>Director>On Call Pay Activity Expense>Director>Sick/Vacation Pay	4,997.00			4,997.00
71-811-91	Activity Expense>Director>Holiday Pay	1,610.00			1,610.00
71-811-92	Activity Expense>Director>PTO Accrual	1,839.00			1,839.00

Account	Description	ADJ	JE Ref#	RJE	FINAL
		9/30/2023			9/30/2023
74 824 86	Activity Expense>Aide>Wages	82,913.00			82,913.00
71-831-80 71-831-81	Activity Expense>Aide>Overtime	371.00			371.00
71-831-83	Activity Expense>Aide>Shift Bonus Pay	822.00			822.00
71-831-84	Activity Expense>Aide>Retro Pay/Adjustment Pay	0.00			0.00
71-831-90	Activity Expense>Aide>Sick/Vacation Pay	947.00			947.00
71-831-91	Activity Expense>Aide>Holiday Pay	2,208.00			2,208.00
71-831-92	Activity Expense>Aide>PTO Accrual	313.00			313.00
72-183-00	Housekeeping Expense>Supplies	22,029.00			22,029.00
72-700-00	Housekeeping Expense>Contracted Service	416,961.00			416,961.00
73-183-00	Laundry Expense>Supplies	13,721.00			13,721.00
73-700-00	Laundry Expense>Contracted Service	221,627.00			221,627.00 0.00
75-182-74	Maintenance Expense>Supplies>COVID	0.00 19,304.00			19,304.00
75-183-00	Maintenance Expense>Supplies	167.00			167.00
75-184-00	Maintenance Expense>Minor Equip Maintenance Expense>Sanitation & Incineration	30,277.00			30,277.00
75-205-00 75-207-00	Maintenance Expense>Samaton & moneration Maintenance Expense>Repairs & Maint	52,453.00			52,453.00
75-217-00	Maintenance Expense>Extermination	2,201.00			2,201.00
75-217-00	Maintenance Expense>Snow Removal	17,441.00			17,441.00
10-210-00	Maintenance Expenses one in terms tall		RJE - 4	0.00	
75-219-00	Maintenance Expense>Landscaping	53,490.00			53,490.00
75-219-83	Maintenance Expense>Landscaping>supplies	745.00			745.00
75-220-00	Maintenance Expense>Fire Drill	851.00			851.00
75-221-00	Maintenance Expense>Water Treatment	0.00			0.00
75-230-00	Maintenance Expense>Data Processing	1,278.00			1,278.00
75-700-00	Maintenance Expense>Contracted Service	22,121.00			22,121.00
75-811-80	Maintenance Expense>Director>Wages	88,267.00			88,267.00
75-811 - 81	Maintenance Expense>Director>Overtime	0.00			0.00
75-811-89	Maintenance Expense>Director>On Call Pay	0.00			0.00
75-811-90	Maintenance Expense>Director>Sick/Vacation Pay	4,341.00			4,341.00 2,178.00
75-811-91	Maintenance Expense>Director>Holiday Pay	2,178.00 2,084.00			2,084.00
75-811-92	Maintenance Expense>Director>PTO Accrual Maintenance Expense>Staff>Wages	29,351.00			29,351.00
75-829-80 75-829-81	Maintenance Expense>Staff>Overtime	0.00			0.00
75-829-82	Maintenance Expense>Staff>Shift Premium Pay	0.00			0.00
75-829-89	Maintenance Expense>Staff>On Call Pay	132.00			132.00
75-829-90	Maintenance Expense>Staff>Sick/Vacation Pay	1,738.00			1,738.00
75-829 - 91	Maintenance Expense>Staff>Holiday Pay	947.00			947.00
75-829-92	Maintenance Expense>Staff>PTO Accrual	821.00			821.00
76-227-00	Utility Expense>Gas	57,505.00			57,505.00
76-228-00	Utility Expense>Electric	150,240.00			150,240.00
76-229-00	Utility Expense>Water/Sewer	32,935.00			32,935.00
76-700-00	Utility Expense>Contracted Service	10,030.00			10,030.00
80-111 - 16	Admin Expense>Medicaid>Bed Tax	690,359.00			690,359.00
80-153-00	Admin Expense>Financing Costs	2,904.00			2,904.00
80-162 - 00	Admin Expense>Insurance - General Liability & Other	75,778.00			75,778.00
80-163-00	Admin Expense>Insurance - EPLI	12,267.00			12,267.00 672.00
80-181-00	Admin Expense>Shredding	672.00 11,377.00			11,377.00
80-182-00	Admin Expense>Furnishing	5,467.00			5,467.00
80-183-00	Admin Expense>Supplies Admin Expense>Supplies>Toner	3,374.00			3,374.00
80-183-09 80-183-78	Admin Expense>Supplies>Paper	2,990.00			2,990.00
80-184-00	Admin Expense>Computer Hardware	3,687.00			3,687.00
80-202-00	Admin Expense>resident missing Items	6,854.00			6,854.00
80-208-00	Admin Expense>Fedip-Rental	6,590.00			6,590.00
80-209-00	Admin Expense>Postage	2,668.00			2,668.00
80-210-00	Admin Expense>Internet	2,722.00			2,722.00
80-230-00	Admin Expense>Data Processing	52,848.00			52,848.00
			RJE - 4	0.00	
80-231-00	Admin Expense>Telephone	6,823.00			6,823.00
80-232 - 00	Admin Expense>Cable TV	17,789.00			17,789.00
80-234-00	Admin Expense>Licenses	960.00			960.00
			RJE - 3	0.00	0.507.00
80-235 - 00	Admin Expense>Dues & Subscriptions	11,169.00	DIE 3	(1,602.00)	9,567.00
			RJE - 3	(1,602.00)	
00.000.00	Adula Caranas Tanad	5,237.00	RJE - 4	0.00	5,237.00
80-236-00	Admin Expense>Travel Admin Expense>Legal Fees	14,481.00		839.00	15,320.00
80-238-00	Admin Expense-regain ees	14,401.00	RJE - 7	839.00	. 5,520,00
				230.00	

Account	Description	ADJ	JE Ref#	RJE	FINAL
		9/30/2023			9/30/2023
80-239-00	Admin Expense>Accounting Fees	33,293.00		2,743.00	36,036.00
		20.005.00	RJE - 8	2,743.00 (995.00)	20,000.00
80-240-00	Admin Expense>Professional Fees	20,995.00	RJE - 7	(995,00)	20,000.00
80-240-02	Admin Expense>Professional Fees>Add Back	198,205.00		19,130.00	217,335.00
			RJE - 8 RJE - 12	(14,755.00) 33,885.00	
80-241-01	Admin Expense>IT Fees>Add Back	23,657.00	KJE - 12	33,363,00	23,657.00
80-242-00	Admin Expense>Fines & Penalties	0.00			0.00
80-243-00	Admin Expense>Late Fees	0.00		450.00	0.00
80-244-00	Admin Expense>Bank Fees	17,495.00	RJE - 7	156.00 156.00	17,651.00
80-245-00	Admin Expense>Background Checks	335.00			335.00
80-245-06	Admin Expense>Background Checks Other (Fingerprinting)	6,594.00			6,594.00
80-249-00	Admin Expense>Recruiting	7,677.00 22,349.00			7,677.00 22,349.00
80-250-00	Admin Expense>Marketing & Advertising	22,343.00	RJE - 4	0.00	22,040.00
80-250-74	Admin Expense>Marketing & Advertising>COVID	1,788.00			1,788.00
80-251-00	Admin Expense>Bad Debt	128,637.00			128,637.00 (17,671.00)
80-251-74 80-252-00	Admin Expense>Bad Debt>Medicare Coinsurance Admin Expense>Startup Costs	(17,671.00) 33,885.00		(33,885.00)	0.00
00-232-00	Admin Expenses claritals costs	30,000.00	RJE - 4	0.00	
			RJE - 12	(33,885.00)	2.00
80-255-00	Admin Expense>Startup Costs>Agency	0.00	RJE - 4	0.00	0.00
			RJE - 4	0.00	
80-279-00	Admin Expense>Management Fee	643,184.00		325,980.00	969,164.00
			RJE - 4 RJE - 11	0.00 325,980.00	
80-700-00	Admin Expense>Contracted Service	18,758.00	K2E - 11	323,980.00	18,758.00
80-700-02	Admin Expense>Contracted Service>Add Back	12,000.00			12,000.00
80-811-80	Admin Expense>Director>Wages	130,986.00			130,986.00
80-811-83 80-811-90	Admin Expense>Director>Shift Bonus Pay Admin Expense>Director>Sick/Vacation Pay	2,531.00 1,558.00			2,531.00 1,558.00
80-811-91	Admin Expense>Director>Holiday Pay	3,115.00			3,115.00
80-811-92	Admin Expense>Director>PTO Accrual	2,476.00			2,476.00
80-838-80	Admin Expense>Receptionist>Wages Admin Expense>Receptionist>Overtime	50,537.00 302.00			50,537.00 302.00
80-838-81 80-838-84	Admin Expense>Receptionist>Overtime Admin Expense>Receptionist>Retro Pay/Adjustment Pay	130.00			130.00
80-838-90	Admin Expense>Receptionist>Sick/Vacation Pay	2,905.00		40	2,905.00
80-838-91	Admin Expense>Receptionist>Holiday Pay	1,867.00			1,867.00 (7.00)
80-838-92 80 -8 39-80	Admin Expense>Receptionist>PTO Accrual Admin Expense>Admissions>Wages	(7.00) 80,148.00			80,148.00
80-839-81	Admin Expense>Admissions>Overtime	0.00			0.00
80-839-83	Admin Expense>Admissions>Shift Bonus Pay	2,050.00			2,050.00
80-839-84 80-839-89	Admin Expense>Admissions>Retro Pay/Adjustment Pay Admin Expense>Admissions>On Call Pay	0.00 600.00			0.00 600.00
80-839-90	Admin Expense>Admissions>Sick/Vacation Pay	2,155.00			2,155.00
80-839-91	Admin Expense>Admissions>Holiday Pay	2,161.00			2,161.00
80-839-92	Admin Expense>Admissions>PTO Accrual	3,202.00 53,938.00			3,202.00 53,938.00
80-840-80 80-840 - 81	Admin Expense>Business Office>Wages Admin Expense>Business Office>Overtime	0.00			0.00
80-840-90	Admin Expense>Business Office>Sick/Vacation Pay	1,945.00			1,945.00
80-840-91	Admin Expense>Business Office>Holiday Pay	1,301.00			1,301.00
80-840-92 80-841-80	Admin Expense>Business Office>PTO Accrual Admin Expense>Human Resources>Wages	96.00 69,316.00			96.00 69,316.00
80-841-81	Admin Expense>Human Resources>Overtime	0.00			0.00
80-841-83	Admin Expense>Human Resources>Shift Bonus Pay	2,700.00			2,700.00
80-841-90	Admin Expense>Human Resources>Sick/Vacation Pay Admin Expense>Human Resources>Holiday Pay	3,242.00 1,762.00			3,242.00 1,762.00
80-841-91 80-841-92	Admin Expense>Human Resources>HOliday Pay Admin Expense>Human Resources>PTO Accrual	3,482.00			3,482,00
80-843-80	Admin Expense>Regional Marketing/CAD>Wages	60,845.00			60,845.00
80-843-83	Admin Expense>Regional Marketing/CAD>Shift Bonus Pay	200.00			200.00 800.00
80-843-89 80-843-90	Admin Expense>Regional Marketing/CAD>On Call Pay Admin Expense>Regional Marketing/CAD>Sick/Vacation Pay	800.00 1,264.00			1,264.00
80-843-91	Admin Expense-Regional Marketing/CAD-Holiday Pay	353.00			353.00
80-844-80	Admin Expense>Recruiting>Wages	13,451.00		/01.005	13,451.00
85-100-00	Employee Benefits Expense>Miscellaneous	28,111.00		(81.00)	28,030.00

Account	Description	ADJ	JE Ref#	RJE	FINAL
		9/30/2023			9/30/2023
	(a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	- N	RJE - 6	(81.00)	
85-145-32	Employee Benefits Expense>Pharmacy>Vaccines	910.00			910.00
85-156-61	Employee Benefits Expense>PR Taxes>Fica	417,781.00	DIE 10	2,077.00	419,858.00
			RJE - 10 RJE - 10	8,307.00 (6,230.00)	
85-156-62	Employee Benefits Expense>PR Taxes>SUI	40,322,00	1102 10	10.00	40,332.00
		·	RJE - 10	42,00	
			RJE - 10	(32.00)	
85-156-63	Employee Benefits Expense>PR Taxes>FUI	9,758.00	RJE - 10	85.00 341.00	9,843.00
			RJE - 10	(256,00)	
85-178-00	Employee Benefits Expense>Food	21,243.00	1102 10	(1,707.00)	19,536.00
		·	RJE - 6	(1,707.00)	
85-200-79	Employee Benefits Expense>Union>Misc	18,113.00			18,113.00
85-204-00	Employee Benefits Expense>Training & Education	0.00			0.00 0.00
85-255-00 85-255-79	Employee Benefits Expense>Pension>Add Back Employee Benefits Expense>Pension>Union	0.00 179,029.00			179,029.00
85-257 - 00	Employee Benefits Expense>Employee Physicals	1,595.00			1,595.00
85-881-00	Employee Benefits Expense>Workers Comp	96,955.00			96,955.00
85-882-00	Employee Benefits Expense>Health Insurance	160,643.00			160,643.00
85-884-00	Employee Benefits>Dental/Vision Insurance	625.00			625.00
85-885-00	Employee Benefits>Life Insurance	7,491.00	RJE - 4	0.00	7,491.00
91-121-00	Property Expense>Rent	605,598.00	1100 - 4	0.00	605,598.00
91-125-00	Property Expense>Personal Property Taxes	18,358.00			18,358.00
91-161-00	Property Expense>RE Taxes	64,185.00			64,185.00
91-165-00	Property Expense>Insurance - Property	27,367.00		(00.400.00)	27,367.00
92-000-00	Depreciation Expense	56,974.00	RJE - 1	(32,199.00) (32,100.00)	24,775.00
			RJE - 9	(99.00)	
93-265-00	Amortization Expense>Financing Costs	7,849.00		(7	7,849.00
94-000-00	Interest Expense	87,368.00			87,368.00
98-999-99	Prior Period Expense	0.00			0.00
101	A D is it and a same of large summer	0.00	RJE - 4	0.00 (32,100.00)	(32,100.00)
Marcum 101	Accum Depreciation>Leasehold Improvements	0.00	RJE - 1	(32,100.00)	(52,100.00)
Marcum 102	Depreciation Expense>Leasehold Improvements	0.00	,,,,,	32,100.00	32,100.00
			RJE - 1	32,100.00	
Marcum 103	Denitst	0.00	D.IE .	0.00	0.00
	Outherstations	0.00	RJE - 2	0.00 1,134.00	1,134.00
Marcum 104	Subscriptions	0.00	RJE - 3	1,134.00	1,134.00
Marcum 105	Chamber Dues	0.00	,,,,,,	468.00	468.00
			RJE - 3	468.00	
Marcum 106	Sales & Use Tax	0.00			0.00
		0.00	RJE - 3	0.00	(4.4.202.00)
Marcum 107	Other Revenue>Prior Period Adjustment(s)	0.00	RJE - 5	(14,302.00) (14,302.00)	(14,302.00)
Marcum 108	Holiday Party	0.00	NOL - O	1,788.00	1,788.00
Widiculii 100	Tionally Farty		RJE - 6	1,788.00	•
Marcum 109	Fixed Assets>Non Movable Equipment	0.00		2,758.00	2,758.00
			RJE - 9	2,758.00	22.22
Marcum 110	Accum Depn>Non Movable	0.00	RJE - 9	99.00 99.00	99.00
Marcum 111	Depreciation Expense>Non Movable	0.00	MUE - 9	99.00	99.00
Walcull III	Depressation Expenses from movable		RJE - 9	99.00	
Total		0.00		0.00	0.00
				0.00	440.004.00
	Net (Income) Loss	148,061.00		0.00	148,061.00

Client: Complete Care Management

Engagement: Medicaid - Complete Care at Meriden, LLC

 Period Ending:
 9/30/2023

 Trial Balance:
 A.01 - TB-CCNH

A.03 - Grouping Schedule Workpaper: FINAL ADJ JE Ref# RJE Description Account 9/30/2023 9/30/2023 9/30/2023 Group : [10-A] Salaries and Wages Subgroup : [2] Administrators 130.986.00 80-811-80 Admin Expense>Director>Wages 130,986.00 0.0080-811-83 Admin Expense>Director>Shift Bonus Pay 2,531.00 0.00 2.531.00 1.558.00 1,558.00 0.0080-811-90 Admin Expense>Director>Sick/Vacation Pay 3.115.00 3,115.00 0.00 80-811-91 Admin Expense>Director>Holiday Pay 2,476.00 0.00 2 476.00 80-811-92 Admin Expense>Director>PTO Accrual 140,666.00 0.00 140,666,00 Administrators Subtotal [2] Subgroup: [4] Other Administrative Salaries 50.537.00 80-838-80 Admin Expense>Receptionist>Wages 50,537.00 0.00 302.00 80-838-81 Admin Expense>Receptionist>Overtime 302.00 0.00 Admin Expense>Receptionist>Retro Pay/Adjustment Pay 130.00 0.00 130,00 80-838-84 2.905.00 2,905.00 0.00 80-838-90 Admin Expense>Receptionist>Sick/Vacation Pay 1,867.00 1,867.00 0.00 80-838-91 Admin Expense>Receptionist>Holiday Pay (7.00)(7.00)0.00 80-838-92 Admin Expense>Receptionist>PTO Accrual 53.938.00 53,938.00 0.00 80-840-80 Admin Expense>Business Office>Wages Admin Expense>Business Office>Overtime 0.00 0.00 0.00 80-840-81 1,945.00 1,945.00 0.00 80-840-90 Admin Expense>Business Office>Sick/Vacation Pay 1,301,00 80-840-91 Admin Expense>Business Office>Holiday Pay 1,301.00 0.00 96.00 80-840-92 Admin Expense>Business Office>PTO Accrual 96.00 0.00 69,316.00 0.00 69,316,00 80-841-80 Admin Expense>Human Resources>Wages Admin Expense>Human Resources>Overtime 0.00 0:00 0.00 80-841-81 2,700.00 2.700.00 0.00 80-841-83 Admin Expense>Human Resources>Shift Bonus Pay 3,242.00 Admin Expense>Human Resources>Sick/Vacation Pay 3,242.00 0.00 80-841-90 1.762.00 Admin Expense>Human Resources>Holiday Pay 1,762.00 0.00 80-841-91 3,482.00 Admin Expense>Human Resources>PTO Accrual 3,482,00 0.00 80-841-92 13,451,00 Admin Expense>Recruiting>Wages 0.00 13.451.00 80-844-80 Subtotal [4] Other Administrative Salaries 206,967.00 0.00 206,967.00 Dietary Workers Subgroup : [5C] 196,147.00 70-831-80 Dietary Expense>Aide>Wages 196,147.00 0.00 0.00 14,143.00 70-831-81 Dietary Expense>Aide>Overtime 14,143,00 1,901.00 70-831-82 Dietary Expense>Aide>Shift Premium Pay 1.901.00 0.00 1.854.00 0.00 70-831-83 Dietary Expense>Aide>Shift Bonus Pay 1.854.00 (161.00) 0.00 70-831-84 Dietary Expense>Aide>Retro Pay/Adjustment Pay (161,00)396.00 0.00 70-831-88 Dietary Expense>Aide>Other Pay 396.00 13,511.00 0.00 70-831-90 Dietary Expense>Aide>Sick/Vacation Pay 13,511.00 12,360.00 0.00 70-831-91 Dietary Expense>Aide>Holiday Pay 12 360 00 (5,062.00) Dietary Expense>Aide>PTO Accrual (5.062.00)0.00 70-831-92 142,066.00 Dietary Expense>Cook>Wages 142 066 00 0.00 70-832-80 39,720.00 0.00 Dietary Expense>Cook>Overtime 39,720.00 70-832-81 2,916.00 70-832-82 Dietary Expense>Cook>Shift Premium Pay 2.916.00 0.00 1,259.00 0.00 Dietary Expense>Cook>Shift Bonus Pay 1.259.00 70-832-83 576.00 0,00 70-832-88 Dietary Expense>Cook>Other Pay 576.00 17,940.00 17,940.00 0.00 70-832-90 Dietary Expense>Cook>Sick/Vacation Pay 10,061.00 0.00 70-832-91 Dietary Expense>Cook>Holiday Pay 10,061,00 8,439,00 0.00 70-832-92 Dietary Expense>Cook>PTO Accrual 8,439,00 458,066.00 Dietary Workers 458,066.00 0.00 Subtotal [5C] Engineer or Chief of Maintenance Subgroup : [7A] 0.00 88,267.00 75-811-80 Maintenance Expense>Director>Wages 88,267.00 0.00 0.00 75-811-81 Maintenance Expense>Director>Overtime 0.00 0.00 0.00 75-811-89 Maintenance Expense>Director>On Call Pay 0.00 4,341.00 0.00 75-811-90 Maintenance Expense>Director>Sick/Vacation Pay 4 341 00 2,178.00 0.00 75-811-91 Maintenance Expense>Director>Holiday Pay 2.178.00 0.00 2.084.00 75-811-92 Maintenance Expense>Director>PTO Accrual 2.084.00 96,870.00 Engineer or Chief of Maintenance 96,870.00 0.00 Subtotal [7A] Other Maintenance Workers Subgroup : [78] 29,351.00 Maintenance Expense>Staff>Wages 0.00 75-829-80 29,351.00 0.00 0.00 75-829-81 Maintenance Expense>Staff>Overtime 0.00 0,00 0.00 Maintenance Expense>Staff>Shift Premium Pay 0.00 75-829-82 132,00 0.00 75-829-89 Maintenance Expense>Staff>On Call Pay 132.00 1,738.00 0.00 75-829-90 Maintenance Expense>Staff>Sick/Vacation Pay 1,738.00 0.00 947.00 75-829-91 Maintenance Expense>Staff>Holiday Pay 947 00 Maintenance Expense>Staff>PTO Accrual 821.00 0.00 821.0D 75-829-92 Other Maintenance Workers 32,989.00 0.00 32,989.00 Subtotal [7B]

S., b [42A]	Director of Nurses/Assistant Director			
Subgroup : [12A] 61-811-80	Nursing Admin Expense>Director (DON)>Wages	160,007.00	(15,684,00)	144,323,00
61-811-83	Nursing Admin Expense>Director>Shift Bonus Pay	2,732,00	0.00	2,732,00
61-811-84	Nursing Admin Expense>Director>Retro Pay/Adjustment Pay	0,00	0,00	0.00
61-811-89	Nursing Admin Expense>Director>On Call Pay	0.00	0,00	0.00
61-811-90	Nursing Admin Expense>Director>Sick/Vacation Pay	17,730.00	0,00	17,730.00
61-811-91	Nursing Admin Expense>Director>Holiday Pay	1,667.00	0.00	1,667.00
61-811-92	Nursing Admin Expense>Director>PTO Accrual	7,812,00	0.00	7,812,00
61-812-80	Nursing Admin Expense>Assistant Director (ADON)>Wages	105,356.00	0,00	105,356.00
61-812-82	Nursing Admin Expense>Assistant Director>Shift Premium Pay	14.00	0,00	14.00
61-812-83	Nursing Admin Expense>Assistant Director>Shift Bonus Pay	0.00	0.00	0.00
61-812-84	Nursing Admin Expense>Assistant Director>Retro Pay/Adjustment F		0.00	0.00
61-812-88	Nursing Admin Expense>Assistant Director>Other Pay	1,272.00	0.00	1,272.00
61-812-89	Nursing Admin Expense>Assistant Director>On Call Pay	1,000.00	0.00	1,000.00
61-812-90	Nursing Admin Expense>Assistant Director>Sick/Vacation Pay	6,481.00	0.00	6,481.00
61-812-91	Nursing Admin Expense>Assistant Director>Holiday Pay	1,297,00	0.00	1,297.00
61-812-92	Nursing Admin Expense>Assistant Director>PTO Accrual	218.00	0.00	218.00
Subtotal [12A]	Director of Nurses/Assistant Director	305,586.00	(15,684.00)	289,902.00
Subtotal [12A]	Director of Hardesyndalistatic Director			
Subgroup : [12B1]	RNs - Direct Care			
60-808-80	Nursing Expense>RN>Wages	271,664.00	0,00	271,664,00
60-808-81	Nursing Expense>RN>Overtime	41,523.00	0,00	41,523.00
60-808-82	Nursing Expense>RN>Shift Premium Pay	4,743.00	0.00	4,743.00
60-808-83	Nursing Expense>RN>Shift Bonus Pay	0.00	0.00	0.00
60-808-84	Nursing Expense>RN>Retro Pay/Adjustment Pay	869,00	0.00	869.00
60-808-88	Nursing Expense>RN>Other Pay	360.00	0.00	360.00
60-808-89	Nursing Expense>RN>On Call Pay	500.00	0.00	500.00
	Nursing Expense>RN>Sick/Vacation Pay	8,124.00	0.00	8,124.00
60-808-90		8,431.00	0.00	8,431.00
60-808-91	Nursing Expense>RN>Holiday Pay	(2,068.00)	0.00	(2,068.00)
60-808-92	Nursing Expense>RN>PTO Accrual	, , ,	0.00	321,022.00
60-809-80	Nursing Expense>RN Supervisor>Wages	321,022.00		
60-809-81	Nursing Expense>RN Supervisor>Overtime	87,123.00	0.00	87,123.00
60-809-82	Nursing Expense>RN Supervisor>Shift Premium Pay	6,199.00	0.00	6,199.00
60-809-83	Nursing Expense>RN Supervisor>Shift Bonus Pay	0.00	0.00	0.00
60-809-84	Nursing Expense>RN Supervisor>Retro Pay/Adjustment Pay	0.00	0.00	0.00
60-809-87	Nursing Expense>RN Supervisor>Training Pay	0.00	0,00	0.00
60-809-88	Nursing Expense>RN Supervisor>Other Pay	410.00	0,00	410.00
60-809-90	Nursing Expense>RN Supervisor>Sick/Vacation Pay	33,678.00	0.00	33,678,00
60-809-91	Nursing Expense>RN Supervisor>Holiday Pay	17,261.00	0,00	17,261,00
			0,00	5,903.00
60-809-92	Nursing Expense>RN Supervisor>PTO Accrual RNs - Direct Care	5,903.00 805,742.00		
	Nursing Expense>RN Supervisor>PTO Accruat	5,903.00	0,00	5,903.00
60-809-92	Nursing Expense>RN Supervisor>PTO Accruat	5,903.00 805,742.00	0.00	5,903.00 805,742.00
60-809-92 Subtotal [12B1]	Nursing Expense>RN Supervisor>PTO Accrual RNs - Direct Care	5,903.00	0,00	5,903.00 805,742.00 54,988.00
60-809-92 Subtotal [12B1] Subgroup : [12B2]	Nursing Expense>RN Supervisor>PTO Accrual RNs - Direct Care RNs - Administrative	5,903.00 805,742.00	0.00	5,903.00 805,742.00 54,988.00 0.00
60-809-92 Subtotal [12B1] Subgroup : [12B2] 61-194-80	Nursing Expense>RN Supervisor>PTO Accrual RNs - Direct Care RNs - Administrative Nursing Admin Expense>Infection Control>Wages	5,903.00 805,742.00 54,988.00	0,00	5,903.00 805,742.00 54,988.00 0.00 200.00
60-809-92 Subtotal [12B1] Subgroup : [12B2] 61-194-80 61-194-83	Nursing Expense>RN Supervisor>PTO Accrual RNs - Direct Care RNs - Administrative Nursing Admin Expense>Infection Control>Wages Nursing Admin Expense>Infection Control>Shift Bonus Pay	5,903.00 805,742.00 54,988.00 0.00	0.00 0.00 0.00 0.00	5,903.00 805,742.00 54,988.00 0.00
60-809-92 Subtotal [12B1] Subgroup : [12B2] 61-194-80 61-194-83 61-194-89	Nursing Expense>RN Supervisor>PTO Accrual RNs - Direct Care RNs - Administrative Nursing Admin Expense>Infection Control>Wages Nursing Admin Expense>Infection Control>Shift Bonus Pay Nursing Admin Expense>Infection Control>On Call Pay	5,903.00 805,742.00 54,988.00 0.00 200,00	0,00 0.00 0,00 0,00 0,00	5,903.00 805,742.00 54,988.00 0.00 200.00
60-809-92 Subtotal [12B1] Subgroup : [12B2] 61-194-80 61-194-89 61-194-90 61-194-91	Nursing Expense>RN Supervisor>PTO Accrual RNs - Direct Care RNs - Administrative Rursing Admin Expense>Infection Control>Wages Rursing Admin Expense>Infection Control>Shift Bonus Pay Rursing Admin Expense>Infection Control>On Call Pay Rursing Admin Expense>Infection Control>Sick/Vacation Pay	5,903.00 805,742.00 54,988.00 0,00 200,00 424.00	0.00 0.00 0.00 0.00 0.00 0.00	5,903.00 805,742.00 54,988.00 0.00 200.00 424.00
60-809-92 Subtotal [12B1] Subgroup: [12B2] 61-194-80 61-194-83 61-194-90 61-194-91 61-194-91 61-194-92	Nursing Expense>RN Supervisor>PTO Accrual RNs - Direct Care RNs - Administrative Nursing Admin Expense>Infection Control>Wages Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>Holiday Pay Nursing Admin Expense>Infection Control>PTO Accrual	5,903.00 805,742.00 54,988.00 0.00 200,00 424.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	5,903.00 805,742.00 54,988.00 0.00 200.00 424.00 0.00
60-809-92 Subtotal [12B1] Subgroup : [12B2] 61-194-80 61-194-83 61-194-90 61-194-91 61-194-91 61-194-92 61-814-80	Nursing Expense>RN Supervisor>PTO Accrual RNs - Direct Care RNs - Administrative Nursing Admin Expense>Infection Control>Wages Nursing Admin Expense>Infection Control>Shift Bonus Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>Holiday Pay Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Central Supply>Wages	5,903.00 805,742.00 54,988.00 0.00 200,00 424.00 0.00 0.00	0,00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	5,903.00 805,742.00 54,988.00 0.00 200.00 424.00 0.00 0.00
60-809-92 Subtotal [12B1] Subgroup : [12B2] 61-194-80 61-194-83 61-194-90 61-194-91 61-194-91 61-194-92 61-814-80 61-814-81	Nursing Expense>RN Supervisor>PTO Accrual RNs - Direct Care RNs - Administrative Nursing Admin Expense>Infection Control>Wages Nursing Admin Expense>Infection Control>Shift Bonus Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>Sick/Vacation Pay Nursing Admin Expense>Infection Control>Holiday Pay Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Central Supply>Wages Nursing Admin Expense>Central Supply>Overtime	5,903.00 805,742.00 54,988.00 0.00 200,00 424.00 0.00 0.00 9,905.00 537.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,903.00 805,742.00 54,988.00 0.00 200.00 424.00 0.00 0.00 9,905.00
60-809-92 Subtotal [12B1] Subgroup: [12B2] 61-194-80 61-194-83 61-194-90 61-194-91 61-194-91 61-194-92 61-814-80 61-814-81 61-814-82	Nursing Expense>RN Supervisor>PTO Accrual RNs - Direct Care RNs - Administrative Nursing Admin Expense>Infection Control>Wages Nursing Admin Expense>Infection Control>Shift Bonus Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Central Supply>Wages Nursing Admin Expense>Central Supply>Overtime Nursing Admin Expense>Central Supply>Shift Premium Pay	5,903.00 805,742.00 54,988.00 0.00 200,00 424.00 0.00 0.00 9,905.00 537.00 13.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,903.00 805,742.00 54,988.00 0.00 200.00 424.00 0.00 0.00 9,905.00 537.00
60-809-92 Subtotal [12B1] Subgroup: [12B2] 61-194-80 61-194-83 61-194-90 61-194-90 61-194-91 61-194-92 61-814-80 61-814-82 61-814-82 61-814-90	Nursing Expense>RN Supervisor>PTO Accrual RNs - Direct Care RNs - Direct Care RNs - Administrative Nursing Admin Expense>Infection Control>Wages Nursing Admin Expense>Infection Control>Shift Bonus Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Central Supply>Overtime Nursing Admin Expense>Central Supply>Overtime Nursing Admin Expense>Central Supply>Shift Premium Pay Nursing Admin Expense>Central Supply>Sick/Vacation Pay	5,903.00 805,742.00 54,988.00 0.00 200,00 424.00 0.00 0.00 9,905.00 537.00 13.00 836.00	0,00 0.00 0,00 0,00 0,00 0,00 0,00 0,00	5,903.00 805,742.00 54,988.00 0.00 200.00 424.00 0.00 0.00 9,905.00 537.00 13.00
60-809-92 Subtotal [12B1] Subgroup : [12B2] 61-194-80 61-194-83 61-194-90 61-194-91 61-194-91 61-194-92 61-814-80 61-814-81 61-814-80 61-814-90 61-814-90	Nursing Expense>RN Supervisor>PTO Accrual RNs - Direct Care RNs - Administrative Nursing Admin Expense>Infection Control>Wages Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Central Supply>Wages Nursing Admin Expense>Central Supply>Overtime Nursing Admin Expense>Central Supply>Sick/Vacation Pay Nursing Admin Expense>Central Supply>Shift Premium Pay Nursing Admin Expense>Central Supply>Shift Premium Pay Nursing Admin Expense>Central Supply>Holiday Pay	5,903.00 805,742.00 54,988.00 0,00 200.00 424.00 0,00 0,00 9,905.00 537.00 13.00 836.00 502.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,903.00 805,742.00 54,988.00 0,00 200.00 424.00 0,00 9,905.00 537.00 13.00 836.00 502.00
60-809-92 Subtotal [12B1] Subgroup : [12B2] 61-194-80 61-194-83 61-194-90 61-194-91 61-194-91 61-814-80 61-814-81 61-814-82 61-814-90 61-814-91 61-814-91	Nursing Expense>RN Supervisor>PTO Accrual RNs - Direct Care RNs - Administrative Nursing Admin Expense>Infection Control>Wages Nursing Admin Expense>Infection Control>Shift Bonus Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>Plot/Accrual Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Central Supply>Wages Nursing Admin Expense>Central Supply>Shift Premium Pay Nursing Admin Expense>Central Supply>Shift Premium Pay Nursing Admin Expense>Central Supply>Sick/Vacation Pay Nursing Admin Expense>Central Supply>Flot/day Pay Nursing Admin Expense>Central Supply>Flot/day Pay Nursing Admin Expense>Central Supply>PTO Accrual	5,903.00 805,742.00 54,988.00 0.00 200,00 424.00 0.00 0.00 9,905.00 537.00 13.00 836.00 502.00 103.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,903.00 805,742.00 54,988.00 0.00 200.00 424.00 0.00 9,905.00 537.00 13.00 836.00 502.00 103.00
60-809-92 Subtotal [12B1] Subgroup : [12B2] 61-194-80 61-194-83 61-194-90 61-194-91 61-194-91 61-814-80 61-814-81 61-814-82 61-814-92 61-814-91 61-814-92 61-814-92 61-814-92	Nursing Expense>RN Supervisor>PTO Accrual RNs - Direct Care RNs - Administrative Nursing Admin Expense>Infection Control>Wages Nursing Admin Expense>Infection Control>Shift Bonus Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>Sick/Vacation Pay Nursing Admin Expense>Infection Control>FTO Accrual Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Central Supply>Wages Nursing Admin Expense>Central Supply>Shift Premium Pay Nursing Admin Expense>Central Supply>Shift Premium Pay Nursing Admin Expense>Central Supply>Sick/Vacation Pay Nursing Admin Expense>Central Supply>FIO Accrual Nursing Admin Expense>Central Supply>FTO Accrual Nursing Admin Expense>Central Supply>FTO Accrual	5,903.00 805,742.00 54,988.00 0.00 200,00 424.00 0.00 9,905.00 537.00 13.00 836.00 602.00 103.00 187,770.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	5,903.00 805,742.00 54,988.00 0.00 200.00 424.00 0.00 9,905.00 537.00 13.00 836.00 502.00 103.00 202,487.00
60-809-92 Subtotal [12B1] Subgroup: [12B2] 61-194-80 61-194-83 61-194-90 61-194-91 61-194-91 61-194-92 61-814-80 61-814-82 61-814-90 61-814-91 61-814-92 61-814-92 61-814-92 61-817-80 61-817-80	Nursing Expense>RN Supervisor>PTO Accrual RNs - Direct Care RNs - Administrative Nursing Admin Expense>Infection Control>Shift Bonus Pay Nursing Admin Expense>Infection Control>Shift Bonus Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Central Supply>Vages Nursing Admin Expense>Central Supply>Overtime Nursing Admin Expense>Central Supply>Shift Premium Pay Nursing Admin Expense>Central Supply>Sick/Vacation Pay Nursing Admin Expense>Central Supply>Ptoliday Pay Nursing Admin Expense>Central Supply>PTO Accrual Nursing Admin Expense>Central Supply>PTO Accrual Nursing Admin Expense>MDS / RNAC>Vages Nursing Admin Expense>MDS / RNAC>Vertime	5,903.00 805,742.00 54,988.00 0,00 200,00 424.00 0,00 9,905.00 537.00 13.00 836.00 502.00 103.00 187,770.00 46,257.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,903.00 805,742.00 54,988.00 0.00 200.00 424.00 0.00 9,905.00 537.00 13.00 836.00 502.00 103.00 202,487.00 46,257.00
60-809-92 Subtotal [12B1] Subgroup: [12B2] 61-194-80 61-194-83 61-194-90 61-194-91 61-194-92 61-814-80 61-814-81 61-814-82 61-814-90 61-814-92 61-814-91 61-817-81 61-817-81	Nursing Expense>RN Supervisor>PTO Accrual RNs - Direct Care RNs - Administrative Nursing Admin Expense>Infection Control>Wages Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Central Supply>Wages Nursing Admin Expense>Central Supply>Overtime Nursing Admin Expense>Central Supply>Shift Premium Pay Nursing Admin Expense>Central Supply>Floiday Pay Nursing Admin Expense>Central Supply>PTO Accrual Nursing Admin Expense>Central Supply>PTO Accrual Nursing Admin Expense>MDS / RNAC>Wages Nursing Admin Expense>MDS / RNAC>Vertime Nursing Admin Expense>MDS / RNAC>Overtime Nursing Admin Expense>MDS / RNAC>Overtime	5,903.00 805,742.00 54,988.00 0.00 200,00 424.00 0.00 9,905.00 537.00 13.00 836.00 502.00 103.00 187,770.00 46,257.00 1,075.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,903.00 805,742.00 54,988.00 0,00 200,00 424.00 0,00 5,905.00 537.00 13,00 836.00 502,00 103.00 202,487.00 46,257.00 1,075.00
60-809-92 Subtotal [12B1] Subgroup: [12B2] 61-194-80 61-194-83 61-194-90 61-194-91 61-194-92 61-814-80 61-814-81 61-814-82 61-814-90 61-814-91 61-814-92 61-817-80 61-817-82 61-817-82 61-817-82	Nursing Expense>RN Supervisor>PTO Accrual RNs - Direct Care RNs - Administrative Nursing Admin Expense>Infection Control>Wages Nursing Admin Expense>Infection Control>Shift Bonus Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Central Supply>Wages Nursing Admin Expense>Central Supply>Overtime Nursing Admin Expense>Central Supply>Shift Premium Pay Nursing Admin Expense>Central Supply>Birthy Parion Nursing Admin Expense>Central Supply>PTO Accrual Nursing Admin Expense>Central Supply>PTO Accrual Nursing Admin Expense>MDS / RNAC>Wages Nursing Admin Expense>MDS / RNAC>Overtime Nursing Admin Expense>MDS / RNAC>Overtime Nursing Admin Expense>MDS / RNAC>Overtime Nursing Admin Expense>MDS / RNAC>Shift Premium Pay Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay	5,903.00 805,742.00 54,988.00 0,00 200,00 424.00 0,00 9,905.00 537.00 13.00 836.00 502.00 103.00 187,770.00 46,257.00 1,075.00 979.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	5,903.00 805,742.00 54,988.00 0,00 200.00 424.00 0,00 9,905.00 537.00 13.00 836.00 502.00 103.00 202,487.00 46,257.00 1,075.00 979.00
60-809-92 Subtotal [12B1] Subgroup: [12B2] 61-194-80 61-194-83 61-194-90 61-194-91 61-194-92 61-814-80 61-814-81 61-814-82 61-814-90 61-814-92 61-814-91 61-817-81 61-817-81	Nursing Expense>RN Supervisor>PTO Accrual RNs - Direct Care RNs - Direct Care RNs - Administrative Nursing Admin Expense>Infection Control>Wages Nursing Admin Expense>Infection Control>Shift Bonus Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>PIO Accrual Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Central Supply>Wages Nursing Admin Expense>Central Supply>Shift Premium Pay Nursing Admin Expense>Central Supply>Sick/Vacation Pay Nursing Admin Expense>Central Supply>Sick/Vacation Pay Nursing Admin Expense>Central Supply>PTO Accrual Nursing Admin Expense>Central Supply>PTO Accrual Nursing Admin Expense>MDS / RNAC>Wages Nursing Admin Expense>MDS / RNAC>Overtime Nursing Admin Expense>MDS / RNAC>Overtime Nursing Admin Expense>MDS / RNAC>Shift Premium Pay Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay Nursing Admin Expense>MDS / RNAC>Rotro Pay/Adjustment Pay	5,903.00 805,742.00 54,988.00 0.00 200,00 424.00 0.00 9,905.00 537.00 13.00 836.00 502.00 103.00 187,770.00 46,257.00 1,075.00 979.00 1,401.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,903.00 805,742.00 54,988.00 0.00 200.00 424.00 0.00 9,905.00 537.00 13.00 836.00 502.00 103.00 202,487.00 46,257.00 1,075.00 979.00 1,401.00
60-809-92 Subtotal [12B1] Subgroup: [12B2] 61-194-80 61-194-83 61-194-90 61-194-91 61-194-92 61-814-80 61-814-81 61-814-82 61-814-90 61-814-91 61-814-92 61-817-80 61-817-82 61-817-82 61-817-82	Nursing Expense>RN Supervisor>PTO Accrual RNs - Direct Care RNs - Direct Care RNs - Administrative Nursing Admin Expense>Infection Control>Shift Bonus Pay Nursing Admin Expense>Infection Control>Shift Bonus Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Central Supply>Wages Nursing Admin Expense>Central Supply>Shift Premium Pay Nursing Admin Expense>Central Supply>Shift Premium Pay Nursing Admin Expense>Central Supply>Bhift Premium Pay Nursing Admin Expense>Central Supply>PTO Accrual Nursing Admin Expense>MDS / RNAC>Vages Nursing Admin Expense>MDS / RNAC>Vages Nursing Admin Expense>MDS / RNAC>Overtime Nursing Admin Expense>MDS / RNAC>Shift Premium Pay Nursing Admin Expense>MDS / RNAC>Shift Premium Pay Nursing Admin Expense>MDS / RNAC>Shift Premium Pay Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay Nursing Admin Expense>MDS / RNAC>Rotro Pay/Adjustment Pay	5,903.00 805,742.00 54,988.00 0,00 200,00 424.00 0,00 9,905.00 537.00 13.00 836.00 502.00 103.00 187,770.00 46,257.00 1,075.00 979.00 1,401.00 0,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,903.00 805,742.00 54,988.00 0.00 200.00 424.00 0.00 9,905.00 537.00 13.00 836.00 502.00 103.00 202,487.00 1,075.00 979.00 1,401.00 0,00
60-809-92 Subtotal [12B1] Subgroup : [12B2] 61-194-80 61-194-83 61-194-91 61-194-91 61-194-92 61-814-80 61-814-81 61-814-92 61-814-92 61-814-92 61-817-80 61-817-81 61-817-82 61-817-82 61-817-83 61-817-84	Nursing Expense>RN Supervisor>PTO Accrual RNs - Direct Care RNs - Direct Care RNs - Administrative Nursing Admin Expense>Infection Control>Wages Nursing Admin Expense>Infection Control>Shift Bonus Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>Plot Accrual Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Central Supply>Wages Nursing Admin Expense>Central Supply>Overtime Nursing Admin Expense>Central Supply>Shift Premium Pay Nursing Admin Expense>Central Supply>Sick/Vacation Pay Nursing Admin Expense>Central Supply>Plot Accrual Nursing Admin Expense>Central Supply>PTO Accrual Nursing Admin Expense>MDS / RNAC>Wages Nursing Admin Expense>MDS / RNAC>Overtime Nursing Admin Expense>MDS / RNAC>Overtime Nursing Admin Expense>MDS / RNAC>Shift Premium Pay Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay	5,903.00 805,742.00 54,988.00 0.00 200,00 424.00 0.00 9,905.00 537.00 13.00 836.00 6502.00 103.00 187,770.00 46,257.00 1,075.00 979.00 1,401.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,903.00 805,742.00 54,988.00 0,00 200,00 424.00 0,00 9,905.00 537.00 13.00 836.00 502.00 103.00 202,487.00 46,257.00 1,075.00 979.00 1,401.00 0,00 1,164.00
60-809-92 Subtotal [12B1] Subgroup: [12B2] 61-194-80 61-194-83 61-194-90 61-194-91 61-194-91 61-194-81 61-814-82 61-814-82 61-814-92 61-814-92 61-814-92 61-817-80 61-817-84 61-817-84	Nursing Expense>RN Supervisor>PTO Accrual RNs - Direct Care RNs - Direct Care RNs - Administrative Nursing Admin Expense>Infection Control>Shift Bonus Pay Nursing Admin Expense>Infection Control>Shift Bonus Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Central Supply>Wages Nursing Admin Expense>Central Supply>Shift Premium Pay Nursing Admin Expense>Central Supply>Shift Premium Pay Nursing Admin Expense>Central Supply>Bhift Premium Pay Nursing Admin Expense>Central Supply>PTO Accrual Nursing Admin Expense>MDS / RNAC>Vages Nursing Admin Expense>MDS / RNAC>Vages Nursing Admin Expense>MDS / RNAC>Overtime Nursing Admin Expense>MDS / RNAC>Shift Premium Pay Nursing Admin Expense>MDS / RNAC>Shift Premium Pay Nursing Admin Expense>MDS / RNAC>Shift Premium Pay Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay Nursing Admin Expense>MDS / RNAC>Rotro Pay/Adjustment Pay	5,903.00 805,742.00 54,988.00 0,00 200,00 424.00 0,00 9,905.00 537.00 13.00 836.00 502.00 103.00 187,770.00 46,257.00 1,075.00 979.00 1,401.00 0,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,903.00 805,742.00 54,988.00 0,00 200,00 424.00 0,00 9,905.00 537.00 13.00 836.00 502.00 103.00 202,487.00 46,257.00 1,075.00 979,00 1,401.00 0,00 1,164.00 16,422.00
60-809-92 Subtotal [12B1] Subgroup: [12B2] 61-194-80 61-194-83 61-194-90 61-194-91 61-194-91 61-194-92 61-814-80 61-814-81 61-814-90 61-814-91 61-814-92 61-817-80 61-817-80 61-817-80 61-817-80 61-817-88 61-817-88	Nursing Expense>RN Supervisor>PTO Accrual RNs - Direct Care RNs - Administrative Nursing Admin Expense>Infection Control>Wages Nursing Admin Expense>Infection Control>Shift Bonus Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>Sick/Vacation Pay Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Central Supply>Wages Nursing Admin Expense>Central Supply>Overtime Nursing Admin Expense>Central Supply>Shift Premium Pay Nursing Admin Expense>Central Supply>Shift Premium Pay Nursing Admin Expense>Central Supply>Ptoliday Pay Nursing Admin Expense>Central Supply>PTO Accrual Nursing Admin Expense>MDS / RNAC>Wages Nursing Admin Expense>MDS / RNAC>Wages Nursing Admin Expense>MDS / RNAC>Shift Premium Pay Nursing Admin Expense>MDS / RNAC>Shift Premium Pay Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay Nursing Admin Expense>MDS / RNAC>Rotro Pay/Adjustment Pay	5,903.00 805,742.00 54,988.00 0.00 200,00 424.00 0.00 9,905.00 537.00 13.00 836.00 6502.00 103.00 187,770.00 46,257.00 1,075.00 979.00 1,401.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,903.00 805,742.00 54,988.00 0,00 200.00 424.00 0,00 9,905.00 537.00 13.00 836.00 502.00 103.00 202,487.00 46,257.00 1,075.00 979.00 1,401.00 0,00 1,164.00 16,422.00 8,091.00
60-809-92 Subtotal [12B1] Subgroup: [12B2] 61-194-80 61-194-83 61-194-90 61-194-91 61-194-91 61-194-92 61-814-80 61-814-82 61-814-82 61-814-90 61-814-91 61-814-92 61-817-81 61-817-82 61-817-82 61-817-83 61-817-84 61-817-88 61-817-88 61-817-89 61-817-89 61-817-89	Nursing Expense>RN Supervisor>PTO Accrual RNs - Direct Care RNs - Direct Care RNs - Administrative Nursing Admin Expense>Infection Control>Wages Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Central Supply>Wages Nursing Admin Expense>Central Supply>Overtime Nursing Admin Expense>Central Supply>Sick/Vacation Pay Nursing Admin Expense>Central Supply>Fick/Vacation Pay Nursing Admin Expense>Central Supply>PTO Accrual Nursing Admin Expense>MDS / RNAC>Wages Nursing Admin Expense>MDS / RNAC>Vertime Nursing Admin Expense>MDS / RNAC>Overtime Nursing Admin Expense>MDS / RNAC>Shift Premium Pay Nursing Admin Expense>MDS / RNAC>Shift Premium Pay Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay Nursing Admin Expense>MDS / RNAC>Rotro Pay/Adjustment Pay Nursing Admin Expense>MDS / RNAC>Other Pay	5,903.00 805,742.00 54,988.00 0.00 200.00 424.00 0.00 9,905.00 537.00 13.00 836.00 502.00 103.00 187,770.00 46,257.00 1,075.00 979.00 1,401.00 0.00 1,164.00 16,422.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,903.00 805,742.00 54,988.00 0.00 200.00 424.00 0.00 9,905.00 537.00 13.00 836.00 502.00 103.00 202,487.00 1,075.00 979.00 1,401.00 0,00 1,164.00 16,422.00 8,991.00 8,890.00
60-809-92 Subtotal [12B1] Subgroup: [12B2] 61-194-80 61-194-83 61-194-90 61-194-91 61-194-91 61-194-92 61-814-80 61-814-81 61-814-90 61-814-91 61-814-92 61-817-80 61-817-81 61-817-82 61-817-83 61-817-84 61-817-89 61-817-89 61-817-89 61-817-90 61-817-90 61-817-90	Nursing Expense>RN Supervisor>PTO Accrual RNs - Direct Care RNs - Direct Care RNs - Administrative Nursing Admin Expense>Infection Control>Wages Nursing Admin Expense>Infection Control>Shift Bonus Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Central Supply>Wages Nursing Admin Expense>Central Supply>Nortime Nursing Admin Expense>Central Supply>Shift Premium Pay Nursing Admin Expense>Central Supply>Shift Premium Pay Nursing Admin Expense>Central Supply>PTO Accrual Nursing Admin Expense>Central Supply>PTO Accrual Nursing Admin Expense>MDS / RNAC>Wages Nursing Admin Expense>MDS / RNAC>Overtime Nursing Admin Expense>MDS / RNAC>Overtime Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay Nursing Admin Expense>MDS / RNAC>Other Pay	5,903.00 805,742.00 54,988.00 0.00 200,00 424.00 0.00 9,905.00 537.00 13.00 836.00 502.00 103.00 187,770.00 46,257.00 1,075.00 979.00 1,401.00 0.00 1,164.00 16,422.00 8,091.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,903.00 805,742.00 54,988.00 0,00 200.00 424.00 0,00 9,905.00 537.00 13.00 836.00 502.00 103.00 202,487.00 46,257.00 1,075.00 979.00 1,401.00 0,00 1,164.00 16,422.00 8,091.00
60-809-92 Subtotal [12B1] Subgroup: [12B2] 61-194-80 61-194-80 61-194-91 61-194-91 61-194-91 61-194-92 61-814-80 61-814-81 61-814-82 61-814-90 61-814-91 61-814-92 61-817-81 61-817-82 61-817-83 61-817-84 61-817-88 61-817-89 61-817-99 61-817-99 61-817-91 61-817-92 61-817-92 61-817-92	Nursing Expense>RN Supervisor>PTO Accrual RNs - Direct Care RNs - Direct Care RNs - Administrative Nursing Admin Expense>Infection Control>Wages Nursing Admin Expense>Infection Control>Shift Bonus Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Central Supply>Overtime Nursing Admin Expense>Central Supply>Overtime Nursing Admin Expense>Central Supply>Shift Premium Pay Nursing Admin Expense>Central Supply>Fhift Premium Pay Nursing Admin Expense>Central Supply>Ptoliday Pay Nursing Admin Expense>Central Supply>PTO Accrual Nursing Admin Expense>MDS / RNAC>Vages Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay Nursing Admin Expense>MDS / RNAC>Rotro Pay/Adjustment Pay Nursing Admin Expense>MDS / RNAC>COLther Pay Nursing Admin Expense>MDS / RNAC>On Call Pay Nursing Admin Expense>MDS / RNAC>FIO Accrual	5,903.00 805,742.00 54,988.00 0,00 200,00 424,00 0,00 9,905.00 537.00 13.00 836.00 502.00 103.00 187,770.00 46,257.00 1,075.00 979.00 1,401.00 0,00 1,164.00 16,422.00 8,091.00 8,890.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,903.00 805,742.00 54,988.00 0.00 200.00 424.00 0.00 9,905.00 537.00 13.00 836.00 502.00 103.00 202,487.00 1,075.00 979.00 1,401.00 0,00 1,164.00 16,422.00 8,991.00 8,890.00
60-809-92 Subtotal [12B1] Subgroup: [12B2] 61-194-80 61-194-83 61-194-90 61-194-91 61-194-91 61-194-92 61-814-80 61-814-81 61-814-82 61-814-90 61-814-92 61-814-92 61-817-81 61-817-82 61-817-83 61-817-84 61-817-88 61-817-89 61-817-90 61-817-90 61-817-91 61-817-92 61-817-92 61-817-92 61-817-92 61-817-92 61-817-92 61-817-92 61-817-92 61-817-92 61-817-92 61-817-92 61-821-80 61-821-80	Nursing Expense>RN Supervisor>PTO Accrual RNs - Direct Care RNs - Direct Care RNs - Administrative Nursing Admin Expense>Infection Control>Wages Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Central Supply>Wages Nursing Admin Expense>Central Supply>Overtime Nursing Admin Expense>Central Supply>Shift Premium Pay Nursing Admin Expense>Central Supply>Floiday Pay Nursing Admin Expense>Central Supply>PTO Accrual Nursing Admin Expense>MDS / RNAC>Wages Nursing Admin Expense>MDS / RNAC>Wages Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay Nursing Admin Expense>MDS / RNAC>Con Call Pay Nursing Admin Expense>MDS / RNAC>On Call Pay Nursing Admin Expense>MDS / RNAC>Ploiday Pay	5,903.00 805,742.00 54,988.00 0.00 200,00 424.00 0.00 9,905.00 537.00 13.00 836.00 602.00 103.00 187,770.00 46,257.00 1,075.00 979.00 1,401.00 0.00 1,164.00 16,422.00 8,091.00 8,890.00 45,247.00	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0	5,903.00 805,742.00 54,988.00 0,00 200,00 424,00 0,00 9,905.00 537.00 13.00 836.00 502.00 103.00 202,487.00 46,257.00 1,075.00 979.00 1,401.00 0,00 1,164.00 16,422.00 8,091.00 8,890.00 45,247.00
60-809-92 Subtotal [12B1] Subgroup: [12B2] 61-194-80 61-194-83 61-194-90 61-194-91 61-194-91 61-194-92 61-814-80 61-814-82 61-814-82 61-814-90 61-814-91 61-814-92 61-817-80 61-817-82 61-817-83 61-817-84 61-817-89 61-817-89 61-817-90 61-817-91 61-817-92 61-817-92 61-817-92 61-817-92 61-821-80 61-821-81	Nursing Expense>RN Supervisor>PTO Accrual RNs - Direct Care RNs - Direct Care RNs - Administrative Nursing Admin Expense>Infection Control>Wages Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Central Supply>Wages Nursing Admin Expense>Central Supply>Sick/Vacation Pay Nursing Admin Expense>Central Supply>Sift Premium Pay Nursing Admin Expense>Central Supply>Fift Premium Pay Nursing Admin Expense>Central Supply>PTO Accrual Nursing Admin Expense>Central Supply>PTO Accrual Nursing Admin Expense>MDS / RNAC>Wages Nursing Admin Expense>MDS / RNAC>Oventime Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay Nursing Admin Expense>MDS / RNAC>Con Call Pay Nursing Admin Expense>MDS / RNAC>Other Pay Nursing Admin Expense>MDS / RNAC>Holiday Pay Nursing Admin Expense>NDS / RNAC>Holiday Pay Nursing Admin Expense>Nursing Secretary>Wages Nursing Admin Expense>Nursing Secretary>Overtime Nursing Admin Expense>Nursing Secretary>Overtime	5,903.00 805,742.00 54,988.00 0.00 200,00 424.00 0.00 9,905.00 537.00 13.00 836.00 602.00 103.00 187,770.00 46,257.00 1,075.00 979.00 1,401.00 0.00 1,164.00 16,422.00 8,091.00 8,890.00 45,247.00 3,823.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,903.00 805,742.00 54,988.00 0,00 200,00 424.00 0,00 9,905.00 537.00 13,00 836.00 502,00 103.00 202,487.00 46,257.00 1,075.00 979.00 1,401.00 0,00 1,164.00 16,422.00 8,091.00 8,990.00 45,247.00 3,823.00
60-809-92 Subtotal [12B1] Subgroup: [12B2] 61-194-80 61-194-83 61-194-90 61-194-91 61-194-91 61-194-91 61-194-91 61-194-91 61-194-91 61-194-91 61-194-91 61-194-91 61-194-91 61-194-91 61-194-92 61-194-92 61-194-93 61-194-93 61-194-93 61-194-94	Nursing Expense>RN Supervisor>PTO Accrual RNs - Direct Care RNs - Direct Care RNs - Administrative Nursing Admin Expense>Infection Control>Wages Nursing Admin Expense>Infection Control>Shift Bonus Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Central Supply>Wages Nursing Admin Expense>Central Supply>Shift Premium Pay Nursing Admin Expense>Central Supply>Shift Premium Pay Nursing Admin Expense>Central Supply>Holiday Pay Nursing Admin Expense>Central Supply>PTO Accrual Nursing Admin Expense>MDS / RNAC>Wages Nursing Admin Expense>MDS / RNAC>Wages Nursing Admin Expense>MDS / RNAC>Shift Premium Pay Nursing Admin Expense>MDS / RNAC>Shift Premium Pay Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay Nursing Admin Expense>MDS / RNAC>Chetro Pay/Adjustment Pay Nursing Admin Expense>MDS / RNAC>Con Call Pay Nursing Admin Expense>MDS / RNAC>CHoliday Pay Nursing Admin Expense>MDS / RNAC>CHOIday Pay Nursing Admin Expense>MDS / RNAC>PTO Accrual Nursing Admin Expense>NDS / RNAC>PTO Accrual Nursing Admin Expense>NDS / RNAC>PTO Accrual Nursing Admin Expense>Nursing Secretary>Overtime Nursing Admin Expense>Nursing Secretary>Shift Bonus Pay Nursing Admin Expense>Nursing Secretary>Shift Premium Pay Nursing Admin Expense>Nursing Secretary>Shift Pomium Pay	5,903.00 805,742.00 54,988.00 0,00 200,00 424,00 0,00 9,905.00 537.00 13.00 836.00 502.00 103.00 187,770.00 46,257.00 1,075.00 979.00 1,401.00 0,00 1,164.00 16,422.00 8,091.00 8,890.00 45,247.00 3,823.00 0,00 418.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,903.00 805,742.00 54,988.00 0,00 200.00 424.00 0,00 9,905.00 537.00 13.00 836.00 502.00 103.00 202,487.00 46,257.00 1,075.00 979,00 1,401.00 0,00 1,164.00 16,422.00 8,091.00 8,899.00 45,247.00 3,823.00 0,00
60-809-92 Subtotal [12B1] Subgroup: [12B2] 61-194-80 61-194-80 61-194-90 61-194-91 61-194-91 61-194-92 61-814-80 61-814-81 61-814-82 61-814-90 61-814-91 61-814-92 61-817-81 61-817-82 61-817-83 61-817-84 61-817-89 61-817-89 61-817-92 61-817-92 61-821-80 61-821-81 61-821-82 61-821-83 61-821-83 61-821-83 61-821-83	Nursing Expense>RN Supervisor>PTO Accrual RNs - Direct Care RNs - Direct Care RNs - Administrative Nursing Admin Expense>Infection Control>Shift Bonus Pay Nursing Admin Expense>Infection Control>Shift Bonus Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Central Supply>Wages Nursing Admin Expense>Central Supply>Overtime Nursing Admin Expense>Central Supply>Shift Premium Pay Nursing Admin Expense>Central Supply>Shift Premium Pay Nursing Admin Expense>Central Supply>PTO Accrual Nursing Admin Expense>Central Supply>PTO Accrual Nursing Admin Expense>MDS / RNAC>Vages Nursing Admin Expense>MDS / RNAC>Nift Premium Pay Nursing Admin Expense>MDS / RNAC>Shift Premium Pay Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay Nursing Admin Expense>MDS / RNAC>Con Call Pay Nursing Admin Expense>MDS / RNAC>On Call Pay Nursing Admin Expense>MDS / RNAC>On Call Pay Nursing Admin Expense>MDS / RNAC>PTO Accrual Nursing Admin Expense>Nursing Secretary>Wages Nursing Admin Expense>Nursing Secretary>Shift Premium Pay Nursing Admin Expense>Nursing Secretary>Shift Bonus Pay Nursing Admin Expense>Nursing Secretary>Shift Bonus Pay Nursing Admin Expense>Nursing Secretary>Shift Bonus Pay	5,903.00 805,742.00 54,988.00 0,00 200,00 424.00 0,00 9,905.00 537.00 13.00 836.00 602.00 103.00 187,770.00 46,257.00 1,075.00 979.00 1,401.00 0,00 1,1642.00 8,091.00 8,890.00 45,247.00 3,823.00 0,00 418.00 6,337.00	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0	5,903.00 805,742.00 54,988.00 0,00 200,00 424.00 0,00 9,905.00 537.00 13.00 836.00 502.00 103.00 202,487.00 46,257.00 1,075.00 979.00 1,401.00 0,00 1,164.00 16,422.00 8,091.00 8,890.00 45,247.00 3,823.00 0,00 418.00 6,337.00
60-809-92 Subtotal [12B1] Subgroup: [12B2] 61-194-80 61-194-83 61-194-91 61-194-91 61-194-91 61-194-92 61-814-80 61-814-81 61-814-82 61-814-90 61-814-92 61-814-92 61-817-80 61-817-80 61-817-80 61-817-80 61-817-80 61-817-80 61-817-80 61-817-80 61-817-80 61-817-80 61-817-90 61-817-91 61-821-80 61-821-80 61-821-80 61-821-80 61-821-80 61-821-80 61-821-80 61-821-90 61-821-90	Nursing Expense>RN Supervisor>PTO Accrual RNs - Direct Care RNs - Administrative Nursing Admin Expense>Infection Control>Wages Nursing Admin Expense>Infection Control>Shift Bonus Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>Sick/Vacation Pay Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Central Supply>Overtime Nursing Admin Expense>Central Supply>Shift Premium Pay Nursing Admin Expense>Central Supply>Shift Premium Pay Nursing Admin Expense>Central Supply>Pto Accrual Nursing Admin Expense>Central Supply>Pto Accrual Nursing Admin Expense>MDS / RNAC>Wages Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay Nursing Admin Expense>MDS / RNAC>Con Call Pay Nursing Admin Expense>MDS / RNAC>Con Call Pay Nursing Admin Expense>MDS / RNAC>On Call Pay Nursing Admin Expense>MDS / RNAC>On Call Pay Nursing Admin Expense>MDS / RNAC>On Call Pay Nursing Admin Expense>MDS / RNAC>Con Call Pay Nursing Admin Expense>MDS / RNAC>Con Call Pay Nursing Admin Expense>MDS / RNAC>FIO Accrual Nursing Admin Expense>MDS / RNAC>FIO Accrual Nursing Admin Expense>Nursing Secretary>Wages Nursing Admin Expense>Nursing Secretary>Shift Premium Pay Nursing Admin Expense>Nursing Secretary>Shift Bonus Pay	5,903.00 805,742.00 54,988.00 0.00 200,00 424.00 0.00 9,905.00 537.00 13.00 836.00 6502.00 103.00 187,770.00 46,257.00 1,075.00 979.00 1,401.00 0.00 1,164.00 16,422.00 8,091.00 8,890.00 45,247.00 3,823.00 0.00 418.00 6,337.00 1,291.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,903.00 805,742.00 54,988.00 0,00 200,00 424.00 0,00 9,905.00 537.00 13.00 836.00 502.00 103.00 202,487.00 46,257.00 1,075.00 979.00 1,401.00 0,00 1,164.00 16,422.00 8,091.00 8,890.00 45,247.00 3,823.00 0,00 418.00 6,337.00 1,291.00
60-809-92 Subtotal [12B1] Subgroup: [12B2] 61-194-80 61-194-83 61-194-90 61-194-91 61-194-91 61-194-92 61-814-81 61-814-82 61-814-82 61-814-90 61-814-91 61-814-92 61-817-83 61-817-82 61-817-83 61-817-84 61-817-89 61-817-89 61-817-89 61-817-90 61-817-91 61-821-80 61-821-81 61-821-80 61-821-81 61-821-81 61-821-91 61-821-91 61-821-91	Nursing Expense>RN Supervisor>PTO Accrual RNs - Direct Care RNs - Direct Care RNs - Administrative Nursing Admin Expense>Infection Control>Wages Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Central Supply>Wages Nursing Admin Expense>Central Supply>Overtime Nursing Admin Expense>Central Supply>Shift Premium Pay Nursing Admin Expense>Central Supply>Floiday Pay Nursing Admin Expense>Central Supply>PTO Accrual Nursing Admin Expense>Central Supply>PTO Accrual Nursing Admin Expense>MDS / RNAC>Wages Nursing Admin Expense>MDS / RNAC>Wages Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay Nursing Admin Expense>MDS / RNAC>Covertime Nursing Admin Expense>MDS / RNAC>Covertone Nursing Admin Expense>MDS / RNAC>Covertone Nursing Admin Expense>MDS / RNAC>Covertone Nursing Admin Expense>MDS / RNAC>Netro Pay/Adjustment Pay Nursing Admin Expense>MDS / RNAC>Ocall Pay Nursing Admin Expense>MDS / RNAC>Ocall Pay Nursing Admin Expense>MDS / RNAC>PTO Accrual Nursing Admin Expense>MDS / RNAC>PTO Accrual Nursing Admin Expense>Nursing Secretary>Vages Nursing Admin Expense>Nursing Secretary>Shift Premium Pay Nursing Admin Expense>Nursing Secretary>Pototicual	5,903.00 805,742.00 54,988.00 0.00 200.00 424.00 0.00 9,905.00 537.00 13.00 187,770.00 46,257.00 1,075.00 979.00 1,401.00 0.00 1,642.00 8,091.00 8,890.00 45,247.00 3,823.00 0.00 418.00 6,337.00 1,291.00 162.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,903.00 805,742.00 54,988.00 0,00 200.00 424.00 0,00 9,905.00 13,00 836.00 502.00 103.00 202,487.00 46,257.00 1,075.00 979,00 1,401.00 0,00 1,164.00 16,422.00 8,091.00 48,297.00 3,823.00 0,00 418.00 6,337,00 1,291.00 1,291.00
60-809-92 Subtotal [12B1] Subgroup: [12B2] 61-194-80 61-194-83 61-194-90 61-194-91 61-194-91 61-194-91 61-194-91 61-194-91 61-194-91 61-194-91 61-194-91 61-194-91 61-194-91 61-194-91 61-194-92 61-194-92 61-194-93 61-194-93 61-194-93 61-194-94	Nursing Expense>RN Supervisor>PTO Accrual RNs - Direct Care RNs - Administrative Nursing Admin Expense>Infection Control>Wages Nursing Admin Expense>Infection Control>Shift Bonus Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Central Supply>Wages Nursing Admin Expense>Central Supply>Shift Premium Pay Nursing Admin Expense>Central Supply>Sick/Vacation Pay Nursing Admin Expense>Central Supply>Powertime Nursing Admin Expense>Central Supply>Powertime Nursing Admin Expense>Central Supply>PTO Accrual Nursing Admin Expense>Central Supply>PTO Accrual Nursing Admin Expense>MDS / RNAC>Wages Nursing Admin Expense>MDS / RNAC>Overtime Nursing Admin Expense>MDS / RNAC>Shift Premium Pay Nursing Admin Expense>MDS / RNAC>Shift Premium Pay Nursing Admin Expense>MDS / RNAC>Retro Pay/Adjustment Pay Nursing Admin Expense>MDS / RNAC>CHolla Pay Nursing Admin Expense>MDS / RNAC>CHOIL Pay Nursing Admin Expense>NDS / RNAC>CHOIL Pay Nursing Admin Expense>NUrsing Secretary>Wages Nursing Admin Expense>Nursing Secretary>Shift Bonus Pay Nursing Admin Expense>Nursing Secretary>Potol Accrual Nursing Admin Expense>Nursing Secreta	5,903.00 805,742.00 54,988.00 0,00 200,00 424,00 0,00 9,905.00 537.00 13.00 836,00 502.00 103.00 187,770.00 46,257.00 1,075.00 979.00 1,401.00 0,00 1,164.00 16,422.00 8,091.00 8,890.00 45,247.00 3,823.00 0,00 418.00 6,337.00 1,291.00 162.00 0,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,903.00 805,742.00 54,988.00 0.00 200.00 424.00 0.00 9,905.00 537.00 13.00 836.00 502.00 103.00 202,487.00 46,257.00 1,075.00 979,00 1,401.00 0,00 1,164.00 16,422.00 8,991.00 8,990.00 45,247.00 3,823.00 0.00 418.00 6,337.00 1,291.00 1,291.00 1,291.00 1,291.00 0,00
60-809-92 Subtotal [12B1] Subgroup: [12B2] 61-194-80 61-194-80 61-194-91 61-194-91 61-194-91 61-194-91 61-194-92 61-814-80 61-814-81 61-814-82 61-814-90 61-814-92 61-814-92 61-817-80 61-817-81 61-817-88 61-817-88 61-817-89 61-817-92 61-817-92 61-821-83 61-821-83 61-821-83 61-821-83 61-821-90 61-821-91 61-821-91 61-821-92 61-821-92 61-821-92 61-821-92 61-821-92 61-821-92 61-821-92 61-821-92 61-821-92 61-821-92 61-821-92 61-821-92 61-821-92 61-821-92 61-821-92 61-823-80 61-823-81	Nursing Expense>RN Supervisor>PTO Accrual RNs - Direct Care RNs - Direct Care RNs - Administrative Nursing Admin Expense>Infection Control>Shift Bonus Pay Nursing Admin Expense>Infection Control>Shift Bonus Pay Nursing Admin Expense>Infection Control>Shift Bonus Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Central Supply>Wages Nursing Admin Expense>Central Supply>Overtime Nursing Admin Expense>Central Supply>Shift Premium Pay Nursing Admin Expense>Central Supply>Shift Premium Pay Nursing Admin Expense>Central Supply>Ptoliday Pay Nursing Admin Expense>Central Supply>PTO Accrual Nursing Admin Expense>MDS / RNAC>Vages Nursing Admin Expense>MDS / RNAC>Nift Premium Pay Nursing Admin Expense>MDS / RNAC>Shift Premium Pay Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay Nursing Admin Expense>MDS / RNAC>Rotto Pay/Adjustment Pay Nursing Admin Expense>MDS / RNAC>Other Pay Nursing Admin Expense>Nursing Secretary>Wages Nursing Admin Expense>Nursing Secretary>Shift Premium Pay Nursing Admin Expense>Nursing Secretary>Potholiday Pay Nursing Admin Expense>Nursing Secretary>Potholiday Pay	5,903.00 805,742.00 54,988.00 0,00 200,00 424.00 0,00 9,905.00 537.00 13.00 836.00 502.00 103.00 187,770.00 46,257.00 1,075.00 979.00 1,401.00 0,00 1,164.00 16,422.00 8,091.00 8,890.00 45,247.00 3,823.00 0,00 418.00 6,337.00 1,291.00 162.00 0,00 0,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,903.00 805,742.00 54,988.00 0,00 200.00 424.00 0,00 9,905.00 537.00 13.00 836.00 502.00 103.00 202,487.00 46,257.00 1,075.00 979.00 1,401.00 0,00 1,164.00 16,422.00 8,091.00 8,890.00 45,247.00 3,823.00 0,00 418.00 6,337.00 1,291.00 1,291.00 0,00 0,00
60-809-92 Subtotal [12B1] Subgroup: [12B2] 61-194-80 61-194-80 61-194-91 61-194-91 61-194-91 61-194-92 61-814-80 61-814-81 61-814-82 61-814-90 61-814-91 61-814-92 61-817-80 61-817-80 61-817-80 61-817-80 61-817-80 61-817-80 61-817-80 61-817-80 61-817-80 61-817-80 61-817-80 61-817-80 61-817-90 61-817-90 61-821-80 61-821-80 61-821-80 61-821-80 61-821-90 61-821-90 61-821-90 61-821-90 61-823-80 61-823-80 61-823-80	Nursing Expense>RN Supervisor>PTO Accrual RNs - Direct Care RNs - Direct Care RNs - Administrative Nursing Admin Expense>Infection Control>Wages Nursing Admin Expense>Infection Control>Shift Bonus Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>Sick/Vacation Pay Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Central Supply>Wages Nursing Admin Expense>Central Supply>Overtime Nursing Admin Expense>Central Supply>Shift Premium Pay Nursing Admin Expense>Central Supply>Fhift Premium Pay Nursing Admin Expense>Central Supply>Pto Accrual Nursing Admin Expense>Central Supply>Pto Accrual Nursing Admin Expense>MDS / RNAC>Wages Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay Nursing Admin Expense>MDS / RNAC>Cother Pay Nursing Admin Expense>MDS / RNAC>Cother Pay Nursing Admin Expense>MDS / RNAC>Other Pay Nursing Admin Expense>MDS / RNAC>Othiday Pay Nursing Admin Expense>MDS / RNAC>FTO Accrual Nursing Admin Expense>Nursing Secretary>Shift Premium Pay Nursing Admin Expense>Nursing Secretary>Shift Premium Pay Nursing Admin Expense>Nursing Secretary>Shift Premium Pay Nursing Admin Expense>Nursing Secretary>Shift Bremium Pay Nursing Admin Expense>Nursing Secretary>Shift Bremium Pay Nursing Admin Expense>Nursing Secretary>Shift Bronus Pay Nursing Admin Expense>Nursing Secretary>Shift Bronus Pay Nursing Admin Expense>Nursing Secretary>PTO Accrual Nursing	5,903.00 805,742.00 54,988.00 0.00 200,00 424.00 0.00 9,905.00 537.00 13.00 836.00 602.00 103.00 187,770.00 46,257.00 1,075.00 979.00 1,401.00 0.00 1,164.00 16,422.00 8,091.00 8,890.00 45,247.00 3,823.00 0.00 4180.00 6,337.00 1,291.00 1,291.00 1,291.00 0,000 0,000	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0	5,903.00 805,742.00 54,988.00 0,00 200,00 424.00 0,00 9,905.00 537.00 13.00 836.00 502.00 103.00 202,487.00 46,257.00 1,075.00 979.00 1,401.00 0,00 1,164.00 16,422.00 8,091.00 8,991.00 8,991.00 45,247.00 3,823.00 0,00 418.00 6,337.00 1,291,00 162.00 0,000 0,000 0,000
60-809-92 Subtotal [12B1] Subgroup: [12B2] 61-194-80 61-194-80 61-194-91 61-194-91 61-194-91 61-194-91 61-194-92 61-814-80 61-814-81 61-814-82 61-814-90 61-814-92 61-814-92 61-817-80 61-817-81 61-817-88 61-817-88 61-817-89 61-817-92 61-817-92 61-821-83 61-821-83 61-821-83 61-821-83 61-821-90 61-821-91 61-821-91 61-821-92 61-821-92 61-821-92 61-821-92 61-821-92 61-821-92 61-821-92 61-821-92 61-821-92 61-821-92 61-821-92 61-821-92 61-821-92 61-821-92 61-821-92 61-823-80 61-823-81	Nursing Expense>RN Supervisor>PTO Accrual RNs - Direct Care RNs - Direct Care RNs - Administrative Nursing Admin Expense>Infection Control>Shift Bonus Pay Nursing Admin Expense>Infection Control>Shift Bonus Pay Nursing Admin Expense>Infection Control>Shift Bonus Pay Nursing Admin Expense>Infection Control>On Call Pay Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Infection Control>PTO Accrual Nursing Admin Expense>Central Supply>Wages Nursing Admin Expense>Central Supply>Overtime Nursing Admin Expense>Central Supply>Shift Premium Pay Nursing Admin Expense>Central Supply>Shift Premium Pay Nursing Admin Expense>Central Supply>Ptoliday Pay Nursing Admin Expense>Central Supply>PTO Accrual Nursing Admin Expense>MDS / RNAC>Vages Nursing Admin Expense>MDS / RNAC>Nift Premium Pay Nursing Admin Expense>MDS / RNAC>Shift Premium Pay Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay Nursing Admin Expense>MDS / RNAC>Rotto Pay/Adjustment Pay Nursing Admin Expense>MDS / RNAC>Other Pay Nursing Admin Expense>Nursing Secretary>Wages Nursing Admin Expense>Nursing Secretary>Shift Premium Pay Nursing Admin Expense>Nursing Secretary>Potholiday Pay Nursing Admin Expense>Nursing Secretary>Potholiday Pay	5,903.00 805,742.00 54,988.00 0,00 200,00 424.00 0,00 9,905.00 537.00 13.00 836.00 502.00 103.00 187,770.00 46,257.00 1,075.00 979.00 1,401.00 0,00 1,164.00 16,422.00 8,091.00 8,890.00 45,247.00 3,823.00 0,00 418.00 6,337.00 1,291.00 162.00 0,00 0,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	5,903.00 805,742.00 54,988.00 0.00 200.00 424.00 0.00 9,905.00 537.00 13.00 836.00 502.00 103.00 202,487.00 1,075.00 979.00 1,401.00 0,00 1,164.00 16,422.00 8,091.00 8,890.00 45,247.00 3,823.00 0,00 418.00 6,337,00 1,291.00 1,291.00 0,00

61-824-80	Nursing Admin Expense>Staff Devel Director>Wages	31,964.00	0,00	31,964.00
61-824-88	Nursing Admin Expense>Staff Devel Director>Other Pay	1,206.00	0.00	1,206.00
	•		0,00	0.00
61-824-90	Nursing Admin Expense>Staff Devel Director>Sick/Vacation Pay	0_00		
61-825-80	Nursing Admin Expense> RN Unit Manager>Wages	0.00	0.00	0,00
61-825-89	Nursing Admin Expense>Unit Manager>On Call Pay	0.00	0.00	0_00
61-825-90	Nursing Admin Expense>Unit Manager>Sick/Vacation Pay	0.00	0.00	0.00
	Nursing Admin Expense>Unit Manager>PTO Accrual	0.00	0.00	0.00
61-825-92				
Subtotal [12B2]	RNs - Administrative	430,005.00	14,717.00	444,722.00
	I BY BY A G			
Subgroup : [12C1]	LPNs - Direct Care	004 000 00	0.00	864 000 00
60-805-80	Nursing Expense>LPN>Wages	861,090_00	0.00	861,090.00
60-805-81	Nursing Expense>LPN>Overlime	139,003.00	0.00	139,003.00
60-805-82	Nursing Expense>LPN>Shift Premium Pay	22,740.00	0,00	22,740.00
60-805-83	Nursing Expense>LPN>Shift Bonus Pay	4,749.00	0.00	4,749.00
			0.00	1,689.00
60-805-84	Nursing Expense>LPN>Retro Pay/Adjustment Pay	1,689_00		· ·
60-805-87	Nursing Expense>LPN>Training Pay	0.00	0.00	0.00
60-805-88	Nursing Expense>LPN>Other Pay	1,180.00	0.00	1,180.00
60-805-89	Nursing Expense>LPN>On Call Pay	3,464.00	0.00	3,464.00
			0.00	60,685.00
60-805-90	Nursing Expense>LPN>Sick/Vacation Pay	60,685,00		
60-805-91	Nursing Expense>LPN>Holiday Pay	43,424.00	0.00	43,424.00
60-805-92	Nursing Expense>LPN>PTO Accrual	1,011_00	0.00	1,011.00
Subtotal [12C1]	LPNs - Direct Care	1,139,035.00	0.00	1,139,035.00
Subgroup : [12D]	Aides and Attendants			
60-801-80	Nursing Expense>CNA>Wages	1,088,271.00	0.00	1,088,271.00
60-801-81	Nursing Expense>CNA>Overtime	369,262.00	0,00	369,262.00
	• .	30,059.00	0,00	30,059.00
60-801-82	Nursing Expense>CNA>Shift Premium Pay			
60-801-83	Nursing Expense>CNA>Shift Bonus Pay	7,117.00	0.00	7,117.00
60-801-84	Nursing Expense>CNA>Retro Pay/Adjustment Pay	2,925.00	0.00	2,925.00
60-801-87	Nursing Expense>CNA>Training Pay	144.00	0.00	144.00
		2,904.00	0.00	2,904.00
60-801-88	Nursing Expense>CNA>Other Pay			
60-801-90	Nursing Expense>CNA>Sick/Vacation Pay	122,298.00	0.00	122,298.00
60-801-91	Nursing Expense>CNA>Holiday Pay	76,097.00	0.00	76,097.00
60-801-92	Nursing Expense>CNA>PTO Accrual	(23,813.00)	0.00	(23,813.00)
	Aides and Attendants	1,675,264.00	0.00	1,675,264.00
Subtotal [12D]	Aldes and Attendants	1,010,204.00	0,00	1/414/201100
Subgroup : [12H]	Recreation Workers			
		62,133.00	0.00	62,133.00
71-811-80	Activity Expense>Director>Wages	·		
71-811-81	Activity Expense>Director>Overtime	0.00	0.00	0.00
71-811-88	Activity Expense>Director>Other Pay	0.00	0.00	0.00
71-811-89	Activity Expense>Director>On Call Pay	0.00	0.00	0.00
	· ·	4,997.00	0.00	4,997.00
71-811-90	Activity Expense>Director>Sick/Vacation Pay			
71-811-91	Activity Expense>Director>Holiday Pay	1,610.00	0.00	1,610.00
71-811-92	Activity Expense>Director>PTO Accrual	1,839.00	0.00	1,839.00
71-831-80	Activity Expense>Aide>Wages	82,913.00	0.00	82,913.00
71-831-81	Activity Expense>Aide>Overtime	371.00	0.00	371.00
				822.00
71-831-83	Activity Expense>Aide>Shift Bonus Pay	822,00	0.00	
71-831-84	Activity Expense>Aide>Retro Pay/Adjustment Pay	0.00	0,00	0.00
71-831-90	Activity Expense>Aide>Sick/Vacation Pay	947.00	0,00	947.00
71-831-91	Activity Expense>Aide>Holiday Pay	2,208.00	0.00	2,208,00
	Activity Expense>Aide>PTO Accrual	313.00	0.00	313.00
71-831-92	- 1			
Subtotal [12H]	Recreation Workers	158,153.00	0.00	158,153.00
	0			
Subgroup : [12M]	Social Workers/Case Management	EE E07.00	0,00	55,507.00
69-811-80	Social Services Expense>Director>Wages	55,507.00		·
69-811-81	Social Services Expense>Director>Overtime	0.00	0.00	0.00
69-811-90	Social Services Expense>Director>Sick/Vacation Pay	2,078.00	0.00	2,078.00
69-811-91	Social Services Expense>Director>Holiday Pay	1,360.00	0.00	1,360.00
	The state of the s	663,00	0.00	663.00
69-811-92	Social Services Expense>Director>PTO Accrual			
69-830-80	Social Services Expense>Assistant>Wages	43,808.00	0.00	43,808.00
69-830-81	Social Services Expense>Assistant>Overtime	580.00	0,00	580.00
69-830-90	Social Services Expense>Assistant>Sick/Vacation Pay	1,111.00	0.00	1,111.00
69-830-91	Social Services Expense>Assistant>Holiday Pay	0.00	0.00	0.00
			0.00	105,107.00
Subtotal [12M]	Social Workers/Case Management	105,107.00	0.00	100,101.00
Cubanna (142N)	Marketing			
Subgroup : [12N]	Marketing	60 7 15 00	0.00	60 B4E 00
80-843-80	Admin Expense>Regional Marketing/CAD>Wages	60,845.00	0.00	60,845.00
80-843-83	Admin Expense>Regional Marketing/CAD>Shift Bonus Pay	200.00	0,00	200,00
80-843-89	Admin Expense>Regional Marketing/CAD>On Call Pay	800.00	0.00	800,00
80-843-90	Admin Expense>Regional Marketing/CAD>Sick/Vacation Pay	1,264.00	0.00	1,264.00
		353,00	0.00	353.00
80-843-91	Admin Expense>Regional Marketing/CAD>Holiday Pay			
Subtotal [12N]	Marketing	63,462.00	0.00	63,462.00
C	Other			
Subgroup : [120]	Other Nursing Admin Expense>Medical Records>Wages	10,764.00	0.00	10,764.00
61-818-80				
61-818-81	Nursing Admin Expense>Medical Records>Overtime	0.00	0.00	0.00
61-818-90	Nursing Admin Expense>Medical Records>Sick/Vacation Pay	0.00	0.00	000

61-818-92	Nursing Admin Expense>Medical Records>PTO Accrual	(471.00)	0.00	(471.00)
80-839-80	Admin Expense>Admissions>Wages	80,148.00	0,00	80,148,00
80-839-81	Admin Expense>Admissions>Overtime	0_00	0,00	0,00
80-839-83	Admin Expense>Admissions>Shift Bonus Pay	2,050.00	0.00	2,050,00
80-839-84	Admin Expense>Admissions>Retro Pay/Adjustment Pay	0.00	0_00	0,00
80-839-89	Admin Expense>Admissions>On Call Pay	600_00	0.00	600.00
80-839-90	Admin Expense>Admissions>Sick/Vacation Pay	2,155.00	0.00	2,155.00
80-839-91	Admin Expense>Admissions>Holiday Pay	2,161,00	0.00	2,161.00
		3,202.00	0.00	3,202.00
80-839-92	Admin Expense>Admissions>PTO Accrual		0,00	100,609.00
Subtotal [120]	Other	100,609.00	0.00	100,603.00
Total [10-A]	Salaries and Wages	5,718,521.00	(967.00)	5,717,554.00
Group : [13-B]	Professional Fees			
Subgroup : [1]	Dietitian			
70-833-00	Dietary Expense>Contracted Dietician	51,551.00	0,00	51,551.00
Subtotal [1]	Dietitian	51,551.00	0,00	51,551,00
Subgroup : [2]	Dentist			
Marcum 103	Denitst	0.00	0.00	0.00
Subtotal [2]	Dentist	0.00	0.00	0.00
			-	
Subgroup : [3]	Pharmacist	0.007.00	0.00	22 807 00
62-700-00	Pharmacy Expense>Contracted Service	32,807.00	0.00	32,807.00
Subtotal [3]	Pharmacist	32,807.00	0,00	32,807.00
Cub IEAI	PT - Resident Care			
Subgroup : [5A] 65-102-00	PT Expense>Medicare A	55,776.00	0.00	55,776,00
65-103-00	PT Expense>Med B	36,551.00	0.00	36,551.00
65-104-00	PT Expense>Private	1,318.00	0.00	1,318.00
65-105-00	PT Expense>HMO B	27,035.00	0.00	27,035.00
	•		0.00	59,660.00
65-106-00	PT Expense>HMO A	59,660.00	0.00	15,150.00
65-111-00	PT Expense>Medicaid	15,150.00	0.00	195,490.00
Subtotal [5A]	PT - Resident Care	195,490.00	0,00	195,490.00
Subgroup : [8A]	Medical Director			
61-750-00	Nursing Admin Expense>Medical Director	33,000.00	0.00	33,000.00
Subtotal [8A]	Medical Director	33,000.00	0.00	33,000.00
Subgroup : [9A]	ST - Resident Care			
67-000-00	ST Expense	0.00	0.00	0.00
67-102-00	ST Expense>Medicare A	21,759.00	0.00	21,759.00
67-103-00	ST Expense>Part B	17,172.00	0,00	17,172,00
67-104-00	ST Expense>Private	177.00	0,00	177.00
67-105-00	ST Expense>HMO B	7,198.00	0.00	7,198.00
67-106-00	ST Expense>HMO A	11,987.00	0.00	11,987.00
67-109-00	ST Expense>Hospice	48.00	0.00	48.00
67-111-00	ST Expense>Medicaid	1,892.00	0.00	1,892.00
	·		0.00	1,800.00
67-700-00	ST Expense>Contracted Service	1,800.00	0.00	62,033,00
Subtotal [9A]	ST - Resident Care	62,033.00	5.00	52,000,00
Subgroup : [10A]	OT - Resident Care			
66-102-00	OT Expense>Medicare A	79,111.00	0.00	79,111.00
66-103-00	OT Expense>Part B	83,783.00	0.00	83,763.00
66-104-00	OT Expense>Private	1,954.00	0.00	1,954.00
66-105-00	OT Expense>HMO B	34,627.00	0.00	34,627.00
66-106-00	OT Expense>HMO A	77,721.00	0.00	77,721.00
66-109-00	OT Expense>Hospice	53.00	0.00	53.00
66-111-00	OT Expense>Medicaid	22,498.00	0.00	22,498.00
Subtotal [10A]	OT - Resident Care	299,747.00	0.00	299,747.00
Subgroup : [11A1]	RN's - Direct Care	2.00	0.00	0.00
60-700-18	Nursing Expense>Contracted Service>RN	0.00		
60-700-21	Nursing Expense>Contracted Service>RN Overtime	0.00	0.00	0.00
Subtotal [11A1]	RN's - Direct Care	0.00	0.00	0.00
Subgroup : [11B1]	LPN's - Direct Care			
60-700-19	Nursing Expense>Contracted Service>LPN	0.00	0.00	0.00
60-700-22	Nursing Expense>Contracted Service>LPN Overtime	0.00	0.00	0.00
Subtotal [11B1]	LPN's - Direct Care	0.00	0.00	0.00
Subgroup : [11C]	Aides			
Subgroup : [110] 60-700-20	Nursing Expense>Contracted Service>CNA	(812,00)	812.00	0.00
60-700-23	Nursing Expense>Contracted Service>CNA Overtime	0.00	0.00	0,00
Subtotal [11C]	Aides	(812,00)	812,00	0,00
Subgroup : [12]	Other			

60-263-00	Nursing Expense>Consulting Fees	4,299,00	12,012.00	16,311.00
60-263-02	Nursing Expense>Consulting Fees>Add Back	19,620,00	0.00	19,620,00
60-700-38	Nursing Expense>Contracted Service>Nursing Admin	0.00	0.00	0,00
68-700-00	Therapy Expense>Contracted Service	(13,490.00)	13,490.00	0,00
68-827-00	Therapy Expense>Respiratory	1,641.00	0.00	1,641,00
Subtotal [12]	Other	12,070.00	25,502.00	37,572.00
		-		W40 000 00
Total [13-B]	Professional Fees	685,886.00	26,314.00	712,200.00
Group : [15]	Expenditures Other than Salaries			
Subgroup : [1A1]	Workmen's Compensation		0.00	96,955.00
85-881-00	Employee Benefits Expense>Workers Comp	96,955.00	0,00	96,955,00
Subtotal [1A1]	Workmen's Compensation	96,955.00	0.00	90,933,00
Subgroup : [1A3]	Unemployment Insurance			
85-156-62	Employee Benefits Expense>PR Taxes>SUI	40,322.00	10,00	40,332.00
85-156-63	Employee Benefits Expense>PR Taxes>FUI	9,758.00	85,00	9,843.00
Subtotal [1A3]	Unemployment insurance	50,080.00	95,00	50,175.00
Subgroup : [1A4]	Social Security (FICA)			
85-156-61	Employee Benefits Expense>PR Taxes>Fica	417,781.00	2,077.00	419,858.00
Subtotal [1A4]	Social Security (FICA)	417,781.00	2,077.00	419,858.00
Subtotal [174]	desired containing (1 to 1)	1		
Subgroup : [1A5]	Health Insurance		0.00	460 642 00
85-882-00	Employee Benefits Expense>Health Insurance	160,643.00	0.00	160,643.00
85-884-00	Employee Benefits>Dental/Vision Insurance	625,00	0.00	625.00
Subtotal [1A5]	Health Insurance	161,268.00	0.00	161,268.00
Subgroup : [1A6]	Life Insurance			
85-885-00	Employee Benefits>Life Insurance	7,491.00	0.00	7,491.00
Subtotal [1A6]	Life Insurance	7,491.00	0.00	7,491.00
Subgroup : [1A7]	Pensions	470 000 00	0.00	170 020 00
85-255-79	Employee Benefits Expense>Pension>Union	179,029.00	0,00	179,029.00
Subtotal [1A7]	Pensions	179,029,00		179,029.00
Subgroup : [1A9]	Other			
85-100-00	Employee Benefits Expense>Miscellaneous	28,111.00	(81.00)	28,030.00
85-145-32	Employee Benefits Expense>Pharmacy>Vaccines	910.00	0,00	910.00
85-178-00	Employee Benefits Expense>Food	21,243.00	(1,707.00)	19,536.00
85-200-79	Employee Benefits Expense>Union>Misc	18,113.00	0.00	18,113.00
85-204-00	Employee Benefits Expense>Training & Education	0.00	0.00	0,00
85-257-00	Employee Benefits Expense>Employee Physicals	1,595.00	0.00	1,595,00
Subtotal [1A9]	Other	69,972.00	(1,788.00)	68,184.00
Subgroup : [1C]	Bad Debts	400 507 00	0.00	128,637.00
80-251-00	Admin Expense>Bad Debt	128,637.00	0.00	
80-251-74	Admin Expense>Bad Debt>Medicare Coinsurance	(17,671.00) 110,966.00	0.00	(17,671.00)
Subtotal [1C]	Bad Debts	110,586.00	0.00	110,000.00
Subgroup : [1D]	Accounting and Auditing			
80-239-00	Admin Expense>Accounting Fees	33,293.00	2,743.00	36,036,00
Subtotal [1D]	Accounting and Auditing	33,293.00	2,743.00	36,036.00
Subgroup : [1E]	Legal			
80-238-00	Admin Expense>Legal Fees	14,481.00	839.00	15,320.00
Subtotal [1E]	Legal	14,481.00	839.00	15,320.00
Subgroup : [1G]	Office Supplies	11,377.00	0.00	11,377.00
80-182-00	Admin Expense>Fumishing		0.00	5,467.00
80-183-00	Admin Expense>Supplies	5,467.00	0.00	3,374.00
80-183-09	Admin Expense>Supplies>Toner	3,374,00	0.00	2,990.00
80-183-78	Admin Expense>Supplies>Paper	2,990.00	0.00	3,687.00
80-184-00 Subtotal [1G]	Admin Expense>Computer Hardware Office Supplies	3,687.00 26,895.00	0.00	26,895.00
Subtotal [10]				
Subgroup : [1H1]	Telephone and Telegraph			0 700 63
80-210-00	Admin Expense>Internet	2,722.00	0.00	2,722.00
80-231-00 Subtatal [1H1]	Admin Expense>Telephone	6,823.00 9,545.00	0.00	6,823.00 9,545.00
Subtotal [1H1]	Telephone and Telegraph	2,040.00		0,040.00
Subgroup : [1K2]	Other			
Marcum 106	Sales & Use Tax	0.00	0.00	0.00
Subtotal [1K2]	Other	0.00	0.00	0.00
0	B. H. ABerline Fr			
Subgroup : [1K3]	Resident Day User Fee			

80-111-16 Subtotal [1K3]	Admin Expense>Medicaid>Bed Tax Resident Day User Fee	690,359.00 690,359.00	0,00	690,359.00 690,359.00
Total [15]	Expenditures Other than Salaries	1,868,115.00	3,966,00	1,872,081.00
Group : [16] Subgroup : [1] 60-236-00	Expenditures Other than Salaries (cont'd) - Admin, and General Resident Travel and Entertainment Nursing Expense>Travel	0.00	0.00	0,00
Subtotal [1]	Resident Travel and Entertainment	0.00	0.00	0.00
Subgroup : [2]	Holiday Parties for Staff		4.700.00	1,788.00
Marcum 108 Subtotal [2]	Holiday Party Holiday Parties for Staff	0.00	1,788.00 1,788.00	1,788.00
			:	
Subgroup : [4] 80-236-00	Employee Travel Admin Expense>Travel	5,237.00	0.00	5,237.00
Subtotal [4]	Employee Travel	5,237,00	0.00	5,237.00
Subgroup : [5]	Education Expense			
60-204-00	Nursing Expense>Training & Education	8,977,00	0.00	8,977.00
Subtotal [5]	Education Expense	8,977.00	0.00	8,977.00
Subgroup : [M1]	Advertising Help Wanted			7.077.00
80-249-00	Admin Expense>Recruiting	7,677.00 7,677.00	0,00	7,677.00
Subtotal [M1]	Advertising Help Wanted	7,011,00	0.00	- 1,011,100
Subgroup : [M3]	Advertising Other	22 2 40 60	0.00	22 240 00
80-250-00 80-250-74	Admin Expense>Marketing & Advertising Admin Expense>Marketing & Advertising>COVID	22,349.00 1,788.00	0,00 0,00	22,349.00 1,788.00
Subtotal [M3]	Advertising Other	24,137.00	0.00	24,137.00
Subgroup : [M7] 80-209-00	Postage Admin Expense>Postage	2.668.00	0.00	2,668.00
Subtotal [M7]	Postage	2,668.00	0.00	2,668.00
Subgroup : [M8]	Dues and Membership Fees to Professional Associations			
80-235-00	Admin Expense>Dues & Subscriptions	11,169.00	(1,602.00)	9,567.00
Subtotal [M8]	Dues and Membership Fees to Professional Associations	11,169.00	(1,602,00)	9,567.00
Subgroup : [M8A]	Dues to Chamber of Commerce			
Marcum 105	Chamber Dues	0.00	468.00	468.00
Subtotal [M8A]	Dues to Chamber of Commerce	0.00	468.00	468,00
Subgroup : [M9]	Subscriptions			
Marcum 104	Subscriptions	0.00	1,134.00	1,134.00
Subtotal [M9]	Subscriptions	0.00	1,134.00	1,134.00
Subgroup : [M11]	Services Provided by Contract			
80-181-00	Admin Expense>Shredding	672.00	00,0	672.00
80-208-00	Admin Expense>Equip-Rental	6,590.00	0,00 0,00	6,590.00 52,848.00
80-230-00 80-240-00	Admin Expense>Data Processing Admin Expense>Professional Fees	52,848.00 20,995.00	(995.00)	20,000.00
80-240-02	Admin Expense>Professional Fees>Add Back	198,205.00	19,130.00	217,335.00
80-241-01	Admin Expense>IT Fees>Add Back	23,657.00	0.00	23,657.00
80-700-00	Admin Expense>Contracted Service	18,758.00	0.00	18,758.00
80-700-02	Admin Expense>Contracted Service>Add Back	12,000,00 333,725.00	18,135.00	12,000.00 351,860.00
Subtotal [M11]	Services Provided by Contract	333,723.00	10,100.00	
Subgroup : [M12]	Administrative Management Services		225 220 20	000 46 4 00
80-279-00 Subtotal [M12]	Admin Expense>Management Fee Administrative Management Services	643,184.00 643,184.00	325,980.00 325,980.00	969,164.00 969,164.00
Subtotal [iii 12]	Administrative management convince			
Subgroup : [M13]	Other	2 204 00	0.00	2,904.00
80-153-00 80-202-00	Admin Expense>Financing Costs Admin Expense>resident missing Items	2,904,00 6,854.00	0.00 0.00	6,854.00
80-234-00	Admin Expense>Licenses	960.00	0.00	960.00
80-242-00	Admin Expense>Fines & Penalties	0.00	0.00	0.00
80-243-00	Admin Expense>Late Fees	0,00	0.00	0.00
80-244-00	Admin Expense>Bank Fees	17,495.00	156.00	17,651.00 335,00
80-245-00	Admin Expense>Background Checks Admin Expense>Background Checks Other (Fingerprinting)	335,00 6,594.00	0.00 0.00	335,00 6,594.00
80-245-06 80-252-00	Admin Expense>Background Checks Other (Fingerprinting) Admin Expense>Startup Costs	33,885.00	(33,885.00)	0.00
80-255-00	Admin Expense>Startup Costs>Agency	0.00	0.00	0.00
Subtotal [M13]	Other	69,027.00	(33,729.00)	35,298.00
Total [16]	Expenditures Other than Salaries (cont'd) - Admin. and General	1,105,801.00	312,174.00	1,417,975.00
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Group : [18]	Dietary Basis for Allocation of Costs			
Subgroup : [2A1]	Raw Food			
70-177-00	Dietary Expense>Supplements	17,578,00	0.00	17,578,00
70-178-00	Dietary Expense>Food	213,727.00	0.00	213,727.00
71-178-00	Activity Expense>Food	1,313.00	0.00	1,313.00
Subtotal [2A1]	Raw Food	232,618.00	0.00	232,618.00
Subgroup : [2A2]	Non-Food Supplies			
70-183-00	Dietary Expense>Supplies	26,698.00	0.00	26,698.00
70-191-00	Dietary Expense>Enteral Feeding Supplies	10,328.00	0.00	10,328.00 37,026.00
Subtotal [2A2]	Non-Food Supplies	37,026.00	0.00	37,026.00
Subgroup : [2B]	Purchased Services			405 545 00
70-700-00	Dietary Expense>Contracted Service	126,545.00	0.00	126,545.00 126,545.00
Subtotal [2B]	Purchased Services	126,545.00	0,00	120,343.00
Subgroup : [2C]	Other	2 /22 22	0.00	2,462,00
70-184-00	Dietary Expense>Minor Equip	2,462.00	0.00 0.00	5,282.00
70-207-00	Dietary Expense>Repairs & Maint	5,282,00- 4,535,00	0.00	4,535.00
70-208-00	Dietary Expense>Equip-Rental	12,279.00	0.00	12,279.00
Subtotal [2C]	Other	12,215.00		
Total [18]	Dietary Basis for Allocation of Costs	408,468.00	00,0	408,468.00
Group : [19]	Laundry-Basis for Allocation of Costs			
Subgroup : [3B]	Purchased Services			
73-700-00	Laundry Expense>Contracted Service	221,627.00	0.00	221,627.00
Subtotal [3B]	Purchased Services	221,627.00	0,00	221,627.00
Cubanana 4 [20]	Other			
Subgroup : [3C] 73-183-00	Laundry Expense>Supplies	13,721.00	0.00	13,721.00
Subtotal [3C]	Other	13,721.00	0.00	13,721.00
Captotal [co]				
Total [19]	Laundry-Basis for Allocation of Costs	235,348.00	0.00	235,348.00
Group : [20]	Housekeeping and Resident Care Basis for Allocation of	Costs		
Subgroup : [4A1]	In-House Care Supplies			
72-183-00	Housekeeping Expense>Supplies	22,029.00	0.00	22,029.00
Subtotal [4A1]	In-House Care Supplies	22,029.00	0.00	22,029.00
Subgroup : [4B]	Purchased Services			
72-700-00	Housekeeping Expense>Contracted Service	416,961.00	0.00	416,961.00
Subtotal [4B]	Purchased Services	416,961.00	0.00	416,961.00
Subgroup : [5A2]	Purchased from			
62-102-00	Pharmacy Expense>Medicare A	55,600.00	0.00	55,600,00
62-104-00	Pharmacy Expense>Private	45.00	0.00	45.00
62-105-00	Pharmacy Expense>HMO	67,591.00	0.00	67,591.00
62-108-00	Pharmacy Expense>Veterans	815.00	0.00	815.00
62-111-00	Pharmacy Expense>Medicaid	3,618.00	0.00 0.00	3,618,00 4,626,00
62-145-00	Pharmacy Expense>RX	4,626.00	0.00	3,680.00
62-145-32 62-145-74	Pharmacy Expense>RX>Vaccines Pharmacy Expense>Rx>COVID	3,680.00 0.00	0.00	0.00
62-145-74 Subtotal [5A2]	Purchased from	135,975.00	0.00	135,975.00
Subtotal [SA2]	Furthlased Holli	- 100,000		-
Subgroup : [5B]	Medicine Cabinet Drugs	788.00	0.00	788.00
62-222-00 Subtotal [5B]	Pharmacy Expense>OTC Medicine Cabinet Drugs	788.00	0.00	788.00
Subtotal [35]	Medicine Cabinet Drugs	, , , , , , , , , , , , , , , , , , , ,		
Subgroup : [5C]	Medical and Therapeutic Supplies		A 55	10 50100
60-183-00	Nursing Expense>Supplies-Disposable	19,504.00	0.00	19,504.00
60-183-76	Nursing Expense>Supplies>PPD	101,085.00	0.00	101,085.00 28,517.00
60-184-00	Nursing Expense>Supplies-Non Disposable	28,517.00	0.00	0.00
60-185-00	Nursing Expense-Incontinence Supplies	0.00	0.00	149,106.00
Subtotal [5C]	Medical and Therapeutic Supplies	149,106.00	0.00	143,100.00
Subgroup : [5D]	Ambulance/Limousine	44 803 00	0.00	14,902.00
60-213-00 Subtantal (ED)	Nursing Expense>Transportation	14,902.00	0.00	14,902.00
Subtotal [5D]	Ambulance/Limousine	17,302.00	0.00	, 1,004,00
Subgroup : [5E2]	Oxygen - Other	2 505 00	0.00	2,595.00
57-000-00	Oxygen Expense	2,595.00	0.00	2,595.00
Subtotal [5E2]	Oxygen - Other	4,000,00	0.00	2,000.00

59-000-00	Radiology Expense	7,446.00	0.00	7,446.00
59-000-74	Radiology Expense>COVID	55.00	0.00	55.00
Subtotal [5F]	X-Rays and related radiological	7,501.00	0.00	7,501.00
Ouprotes for 1	, ruje and replace reasons	7		
Subgroup : [5H]	Laboratory			
58-000-00	Lab Expense	60,372.00	0.00	60,372.00
	·	103.00	0.00	103.00
58-000-74	Lab Expense>COVID		0.00	60,475.00
Subtotal [5H]	Laboratory	60,475.00	0.00	00,475.00
Subgroup : [51]	Recreation			0.00
71-000-00	Activity Expense	0.00	0.00	0.00
71-179-00	Activity Expense>Barber & Beauty	23_00	0.00	23.00
71-183-00	Activity Expense>Supplies	5,313,00	0.00	5,313.00
71-700-00	Activity Expense>Contracted Service	3,925.00	0.00	3,925.00
Subtotal [5l]	Recreation	9,261.00	0.00	9,261.00
• •				
Subgroup : [5L]	Cable Television			
80-232-00	Admin Expense>Cable TV	17,789.00	0.00	17,789.00
Subtotal [5L]	Cable Television	17,789.00	0.00	17,789.00
Suprorai [ar.]	Caple letevision	11,100,00	-	
C. b [CM]	Other			
Subgroup : [5M]		20 580 00	0,00	20,689.00
55-000-00	Nursing Rental Expense	20,689.00		0.00
60-183-07	Nursing Expense>Supplies>Bariatric	0.00	0.00	
60-183-74	Nursing Expense>Supplies>COVID	27,934.00	0.00	27,934.00
60-201-00	Nursing Expense>Forms & Printing	120.00	0.00	120.00
60-205-00	Nursing Expense>Sanitation & Incineration	720.00	0.00	720.00
60-212-00	Nursing Expense>Clinical Services	14,723.00	0.00	14,723,00
60-230-00	Nursing Expense>Data Processing	46,308.00	0.00	46,308.00
66-101-01	OT Expense>Optum>Part B	14,855.00	0.00	14,855.00
	Other	125,349.00	0.00	125,349.00
Subtotal [5M]	Other	120,040,00		
	DI CATE STORY			
Subgroup : [5N]	Physical Therapy Expense	1,271.00	0.00	1,271.00
65-101-00	PT Expense>Optum			
65-101-01	PT Expense>Optum>Part B	2,470.00	0.00	2,470.00
Subtotal [5N]	Physical Therapy Expense	3,741.00	0.00	3,741.00
Subgroup: [50]	Speech Therapy Expense			
67-101-01	ST Expense>Optum>Part B	1,182.00	0.00	1,182.00
Subtotal [50]	Speech Therapy Expense	1,182.00	0.00	1,182.00
			·	
Total (201	Housekeening and Resident Care Basis for Allocation (of Costs 967,654,00	0.00	967,654.00
Total [20]	Housekeeping and Resident Care Basis for Allocation o	of Costs 967,654.00	0.00	967,654.00
		of Costs 967,654.00	0.00	967,654.00
Group : [22]	Maintenance and Property	of Costs 967,654.00	0.00	967,654.00
Group : [22] Subgroup : [6A]	Maintenance and Property Repairs and Maintenance			
Group : [22] Subgroup : [6A] 75-207-00	Maintenance and Property Repairs and Maintenance Maintenance Expense>Repairs & Maint	52,453,00	0.00	52,453.00
Group : [22] Subgroup : [6A]	Maintenance and Property Repairs and Maintenance			***
Group : [22] Subgroup : [6A] 75-207-00	Maintenance and Property Repairs and Maintenance Maintenance Expense>Repairs & Maint	52,453,00	0.00	52,453.00
Group : [22] Subgroup : [6A] 75-207-00	Maintenance and Property Repairs and Maintenance Maintenance Expense>Repairs & Maint	52,453,00 52,453.00	0.00	52,453.00 52,453.00
Group : [22] Subgroup : [6A] 75-207-00 Subtotal [6A]	Maintenance and Property Repairs and Maintenance Maintenance Expense>Repairs & Maint Repairs and Maintenance	52,453,00	0.00	52,453.00 52,453.00 57,505.00
Group : [22] Subgroup : [6A] 75-207-00 Subtotal [6A] Subgroup : [6B]	Maintenance and Property Repairs and Maintenance Maintenance Expense>Repairs & Maint Repairs and Maintenance Heat	52,453,00 52,453.00	0.00	52,453.00 52,453.00
Group: [22] Subgroup: [6A] 75-207-00 Subtotal [6A] Subgroup: [6B] 76-227-00	Maintenance and Property Repairs and Maintenance Maintenance Expense>Repairs & Maint Repairs and Maintenance Heat Utility Expense>Gas	52,453,00 52,453.00 57,505.00	0.00	52,453.00 52,453.00 57,505.00
Group: [22] Subgroup: [6A] 75-207-00 Subtotal [6A] Subgroup: [6B] 76-227-00 Subtotal [6B]	Maintenance and Property Repairs and Maintenance Maintenance Expense>Repairs & Maint Repairs and Maintenance Heat Utility Expense>Gas Heat	52,453,00 52,453.00 57,505.00	0.00	52,453.00 52,453.00 57,505.00
Group: [22] Subgroup: [6A] 75-207-00 Subtotal [6A] Subgroup: [6B] 76-227-00 Subtotal [6B] Subgroup: [6C]	Maintenance and Property Repairs and Maintenance Maintenance Expense>Repairs & Maint Repairs and Maintenance Heat Utility Expense>Gas Heat Light & Power	52,453.00 52,453.00 57,505.00 57,505.00	0.00	52,453.00 52,453.00 57,505.00
Group: [22] Subgroup: [6A] 75-207-00 Subtotal [6A] Subgroup: [6B] 76-227-00 Subtotal [6B] Subgroup: [6C] 76-228-00	Maintenance and Property Repairs and Maintenance Maintenance Expense>Repairs & Maint Repairs and Maintenance Heat Utility Expense>Gas Heat Light & Power Utility Expense>Electric	52,453,00 52,453,00 57,505,00 57,505,00	0.00 0.00 0.00 0.00	52,453.00 52,453.00 57,505.00 57,505.00
Group: [22] Subgroup: [6A] 75-207-00 Subtotal [6A] Subgroup: [6B] 76-227-00 Subtotal [6B] Subgroup: [6C]	Maintenance and Property Repairs and Maintenance Maintenance Expense>Repairs & Maint Repairs and Maintenance Heat Utility Expense>Gas Heat Light & Power	52,453.00 52,453.00 57,505.00 57,505.00	0.00 0.00 0.00 0.00	52,453.00 52,453.00 57,505.00 57,505.00
Group: [22] Subgroup: [6A] 75-207-00 Subtotal [6A] Subgroup: [6B] 76-227-00 Subtotal [6B] Subgroup: [6C] 76-228-00 Subtotal [6C]	Maintenance and Property Repairs and Maintenance Maintenance Expense>Repairs & Maint Repairs and Maintenance Heat Utility Expense>Gas Heat Light & Power Utility Expense>Electric Light & Power	52,453,00 52,453,00 57,505,00 57,505,00	0.00 0.00 0.00 0.00	52,453.00 52,453.00 57,505.00 57,505.00
Group: [22] Subgroup: [6A] 75-207-00 Subtotal [6A] Subgroup: [6B] 76-227-00 Subtotal [6B] Subgroup: [6C] 76-228-00 Subtotal [6C] Subgroup: [6D]	Maintenance and Property Repairs and Maintenance Maintenance Expense>Repairs & Maint Repairs and Maintenance Heat Utility Expense>Gas Heat Light & Power Utility Expense>Electric Light & Power Water	52,453,00 52,453.00 57,505.00 57,505.00 150,240.00	0.00 0.00 0.00 0.00	52,453.00 52,453.00 57,505.00 57,505.00 150,240.00
Group: [22] Subgroup: [6A] 75-207-00 Subtotal [6A] Subgroup: [6B] 76-227-00 Subtotal [6B] Subgroup: [6C] 76-228-00 Subtotal [6C] Subgroup: [6D] 76-229-00	Maintenance and Property Repairs and Maintenance Maintenance Expense>Repairs & Maint Repairs and Maintenance Heat Utility Expense>Gas Heat Light & Power Utility Expense>Electric Light & Power Water Utility Expense>Water/Sewer	52,453.00 52,453.00 57,505.00 57,505.00 150,240.00 150,240.00 32,935.00	0.00 0.00 0.00 0.00 0.00	52,453.00 52,453.00 57,505.00 57,505.00 150,240.00 150,240.00
Group: [22] Subgroup: [6A] 75-207-00 Subtotal [6A] Subgroup: [6B] 76-227-00 Subtotal [6B] Subgroup: [6C] 76-228-00 Subtotal [6C] Subgroup: [6D]	Maintenance and Property Repairs and Maintenance Maintenance Expense>Repairs & Maint Repairs and Maintenance Heat Utility Expense>Gas Heat Light & Power Utility Expense>Electric Light & Power Water	52,453,00 52,453.00 57,505.00 57,505.00 150,240.00	0.00 0.00 0.00 0.00	52,453.00 52,453.00 57,505.00 57,505.00 150,240.00
Group: [22] Subgroup: [6A] 75-207-00 Subtotal [6A] Subgroup: [6B] 76-227-00 Subtotal [6B] Subgroup: [6C] 76-228-00 Subtotal [6C] Subgroup: [6D] 76-229-00 Subtotal [6D]	Maintenance and Property Repairs and Maintenance Maintenance Expense>Repairs & Maint Repairs and Maintenance Heat Utility Expense>Gas Heat Light & Power Utility Expense>Electric Light & Power Water Utility Expense>Water/Sewer Water	52,453.00 52,453.00 57,505.00 57,505.00 150,240.00 150,240.00 32,935.00	0.00 0.00 0.00 0.00 0.00	52,453.00 52,453.00 57,505.00 57,505.00 150,240.00 150,240.00
Group: [22] Subgroup: [6A] 75-207-00 Subtotal [6A] Subgroup: [6B] 76-227-00 Subtotal [6B] Subgroup: [6C] 76-228-00 Subtotal [6C] Subgroup: [6D] 76-229-00	Maintenance and Property Repairs and Maintenance Maintenance Expense>Repairs & Maint Repairs and Maintenance Heat Utility Expense>Gas Heat Light & Power Utility Expense>Electric Light & Power Water Utility Expense>Water/Sewer Water Other	52,453,00 52,453,00 57,505,00 57,505,00 150,240,00 150,240,00 32,935,00 32,935,00	0.00 0.00 0.00 0.00 0.00 0.00	52,453.00 52,453.00 57,505.00 57,505.00 150,240.00 150,240.00 32,935.00 32,935.00
Group: [22] Subgroup: [6A] 75-207-00 Subtotal [6A] Subgroup: [6B] 76-227-00 Subtotal [6B] Subgroup: [6C] 76-228-00 Subtotal [6C] Subgroup: [6D] 76-229-00 Subtotal [6D]	Maintenance and Property Repairs and Maintenance Maintenance Expense>Repairs & Maint Repairs and Maintenance Heat Utility Expense>Gas Heat Light & Power Utility Expense>Electric Light & Power Water Utility Expense>Water/Sewer Water Other Maintenance Expense>Supplies>COVID	52,453,00 52,453,00 57,505,00 57,505,00 150,240,00 150,240,00 32,935,00 32,935,00	0.00 0.00 0.00 0.00 0.00 0.00	52,453.00 52,453.00 57,505.00 57,505.00 150,240.00 150,240.00 32,935.00 32,935.00
Group: [22] Subgroup: [6A] 75-207-00 Subtotal [6A] Subgroup: [6B] 76-227-00 Subtotal [6B] Subgroup: [6C] 76-228-00 Subtotal [6C] Subgroup: [6D] 76-229-00 Subtotal [6D] Subgroup: [6F]	Maintenance and Property Repairs and Maintenance Maintenance Expense>Repairs & Maint Repairs and Maintenance Heat Utility Expense>Gas Heat Light & Power Utility Expense>Electric Light & Power Water Utility Expense>Water/Sewer Water Other	52,453,00 52,453,00 57,505,00 57,505,00 150,240,00 150,240,00 32,935,00 32,935,00	0.00 0.00 0.00 0.00 0.00 0.00	52,453.00 52,453.00 57,505.00 57,505.00 150,240.00 150,240.00 32,935.00 32,935.00
Group: [22] Subgroup: [6A] 75-207-00 Subtotal [6A] Subgroup: [6B] 76-227-00 Subtotal [6B] Subgroup: [6C] 76-228-00 Subtotal [6C] Subgroup: [6D] 76-229-00 Subtotal [6D] Subgroup: [6F] 75-182-74	Maintenance and Property Repairs and Maintenance Maintenance Expense>Repairs & Maint Repairs and Maintenance Heat Utility Expense>Gas Heat Light & Power Utility Expense>Electric Light & Power Water Utility Expense>Water/Sewer Water Other Maintenance Expense>Supplies>COVID	52,453,00 52,453,00 57,505,00 57,505,00 150,240,00 150,240,00 32,935,00 32,935,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	52,453,00 52,453,00 57,505,00 57,505,00 150,240,00 150,240,00 32,935,00 0,00 19,304,00 167,00
Group: [22] Subgroup: [6A] 75-207-00 Subtotal [6A] Subgroup: [6B] 76-227-00 Subtotal [6B] Subgroup: [6C] 76-228-00 Subtotal [6C] Subgroup: [6D] 76-229-00 Subtotal [6D] Subgroup: [6F] 75-182-74 75-183-00 75-184-00	Maintenance and Property Repairs and Maintenance Maintenance Expense>Repairs & Maint Repairs and Maintenance Heat Utility Expense>Gas Heat Light & Power Utility Expense>Electric Light & Power Water Utility Expense>Water/Sewer Water Other Maintenance Expense>Supplies>COVID Maintenance Expense>Supplies	52,453.00 52,453.00 57,505.00 57,505.00 150,240.00 150,240.00 32,935.00 32,935.00 0.00 19,304.00	0.00 0.00 0.00 0.00 0.00 0.00	52,453.00 52,453.00 57,505.00 57,505.00 150,240.00 150,240.00 32,935.00 32,935.00 0.00 19,304.00
Group: [22] Subgroup: [6A] 75-207-00 Subtotal [6A] Subgroup: [6B] 76-227-00 Subtotal [6B] Subgroup: [6C] 76-228-00 Subtotal [6C] 76-229-00 Subtotal [6D] Subgroup: [6F] 75-182-74 75-183-00 75-205-00	Maintenance and Property Repairs and Maintenance Maintenance Expense>Repairs & Maint Repairs and Maintenance Heat Utility Expense>Gas Heat Light & Power Utility Expense>Electric Light & Power Water Utility Expense>Water/Sewer Water Other Maintenance Expense>Supplies>COVID Maintenance Expense>Supplies Maintenance Expense>Minor Equip Maintenance Expense>Sonitation & Incineration	52,453,00 52,453,00 57,505.00 57,505.00 150,240.00 150,240.00 32,935.00 32,935.00 0.00 19,304,00 167.00 30,277.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	52,453,00 52,453,00 57,505,00 57,505,00 150,240,00 150,240,00 32,935,00 0,00 19,304,00 167,00
Group: [22] Subgroup: [6A] 75-207-00 Subtotal [6A] 76-227-00 Subtotal [6B] 76-227-00 Subtotal [6B] Subgroup: [6C] 76-228-00 Subtotal [6C] Subgroup: [6D] 76-229-00 Subtotal [6D] Subgroup: [6F] 75-182-74 75-183-00 75-218-00 75-217-00	Maintenance and Property Repairs and Maintenance Maintenance Expense>Repairs & Maint Repairs and Maintenance Heat Utility Expense>Gas Heat Light & Power Utility Expense>Electric Light & Power Water Utility Expense>Water/Sewer Water Other Maintenance Expense>Supplies Maintenance Expense>Supplies Maintenance Expense>Supplies Maintenance Expense>Sanitation & Incineration Maintenance Expense>Sanitation & Incineration Maintenance Expense>Extermination	52,453,00 52,453,00 57,505,00 57,505,00 150,240,00 150,240,00 32,935,00 32,935,00 0,00 19,304,00 167,00 30,277,00 2,201,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	52,453.00 52,453.00 57,505.00 57,505.00 150,240.00 150,240.00 32,935.00 32,935.00 0.00 19,304.00 167.00 30,277.00
Group: [22] Subgroup: [6A] 75-207-00 Subtotal [6A] Subgroup: [6B] 76-227-00 Subtotal [6B] Subgroup: [6C] 76-228-00 Subtotal [6C] Subgroup: [6D] 76-229-00 Subtotal [6D] Subgroup: [6F] 75-182-74 75-183-00 75-184-00 75-218-00	Maintenance and Property Repairs and Maintenance Maintenance Expense>Repairs & Maint Repairs and Maintenance Heat Utility Expense>Gas Heat Light & Power Utility Expense>Electric Light & Power Water Utility Expense>Water/Sewer Water Other Maintenance Expense>Supplies>COVID Maintenance Expense>Supplies Maintenance Expense>Supplies Maintenance Expense>Sanitation & Incineration Maintenance Expense>Sanitation & Incineration Maintenance Expense>Snow Removal	52,453,00 52,453,00 57,505,00 57,505,00 150,240,00 150,240,00 32,935,00 32,935,00 0,00 19,304,00 167,00 30,277,00 2,201,00 17,441,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	52,453,00 52,453,00 57,505,00 57,505,00 150,240,00 150,240,00 32,935,00 0,00 19,304,00 167,00 30,277,00 2,201,00 17,441,00
Group: [22] Subgroup: [6A] 75-207-00 Subtotal [6A] Subgroup: [6B] 76-227-00 Subtotal [6B] Subgroup: [6C] 76-228-00 Subtotal [6C] Subgroup: [6D] 76-229-00 Subtotal [6D] Subgroup: [6F] 75-182-74 75-183-00 75-218-00 75-217-00 75-218-00 75-219-00	Maintenance and Property Repairs and Maintenance Maintenance Expense>Repairs & Maint Repairs and Maintenance Heat Utility Expense>Gas Heat Light & Power Utility Expense>Electric Light & Power Water Utility Expense>Water/Sewer Water Other Maintenance Expense>Supplies>COVID Maintenance Expense>Sanitation & Incineration Maintenance Expense>Sanitation & Incineration Maintenance Expense>Sanitation & Incineration Maintenance Expense>Snow Removal Maintenance Expense>Snow Removal Maintenance Expense>Snow Removal Maintenance Expense>Snow Removal Maintenance Expense>Scanitation	52,453,00 52,453,00 57,505,00 57,505,00 150,240,00 150,240,00 32,935,00 32,935,00 0,00 19,304,00 167,00 30,277,00 2,201,00 17,441,00 53,490,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	52,453,00 52,453.00 57,505.00 57,505.00 150,240.00 150,240.00 32,935.00 0.00 19,304,00 167.00 30,277.00 2,201.00 17,441.00 53,490.00
Group: [22] Subgroup: [6A] 75-207-00 Subtotal [6A] Subgroup: [6B] 76-227-00 Subtotal [6B] Subgroup: [6C] 76-228-00 Subtotal [6C] Subgroup: [6D] 76-229-00 Subtotal [6D] Subgroup: [6F] 75-182-74 75-183-00 75-218-00 75-218-00 75-218-00 75-219-00 75-219-83	Maintenance and Property Repairs and Maintenance Maintenance Expense>Repairs & Maint Repairs and Maintenance Heat Utility Expense>Gas Heat Light & Power Utility Expense>Electric Light & Power Water Utility Expense>Water/Sewer Water Other Maintenance Expense>Supplies>COVID Maintenance Expense>Minor Equip Maintenance Expense>Sanitation & Incineration Maintenance Expense>Sanitation & Incineration Maintenance Expense>Snow Removal Maintenance Expense>Landscaping Maintenance Expense>Landscaping Maintenance Expense>Landscaping Maintenance Expense>Landscaping	52,453,00 52,453,00 57,505,00 57,505,00 150,240,00 150,240,00 32,935,00 32,935,00 0,00 19,304,00 167,00 30,277,00 2,201,00 17,441,00 53,490,00 745,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	52,453,00 52,453,00 57,505,00 57,505,00 150,240,00 150,240,00 32,935,00 0,00 19,304,00 19,304,00 19,304,00 17,441,00 53,490,00 745,00
Group: [22] Subgroup: [6A] 75-207-00 Subtotal [6A] Subgroup: [6B] 76-227-00 Subtotal [6B] Subgroup: [6C] 76-228-00 Subtotal [6C] Subgroup: [6D] 76-229-00 Subtotal [6D] Subgroup: [6F] 75-182-74 75-182-74 75-183-00 75-218-00 75-218-00 75-219-00 75-219-00 75-219-03 75-220-00	Maintenance and Property Repairs and Maintenance Maintenance Expense>Repairs & Maint Repairs and Maintenance Heat Utility Expense>Gas Heat Light & Power Utility Expense>Electric Light & Power Water Utility Expense>Water/Sewer Water Other Maintenance Expense>Supplies>COVID Maintenance Expense>Supplies Maintenance Expense>Sanitation & Incineration Maintenance Expense>Sanitation & Incineration Maintenance Expense>Extermination Maintenance Expense>Landscaping Maintenance Expense>Landscaping Maintenance Expense>Landscaping Maintenance Expense>Landscaping Maintenance Expense>Landscaping Maintenance Expense>Landscaping Maintenance Expense>Landscaping>Supplies Maintenance Expense>Fire Drill	52,453,00 52,453,00 57,505,00 57,505,00 150,240,00 150,240,00 32,935,00 32,935,00 0,00 19,304,00 167,00 30,277,00 2,201,00 17,441,00 53,490,00 745,00 851,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	52,453.00 52,453.00 57,505.00 57,505.00 150,240.00 150,240.00 32,935.00 32,935.00 0.00 19,304.00 197,00 30,277.00 2,201.00 17,441.00 53,490.00 745.00 851.00
Group: [22] Subgroup: [6A] 75-207-00 Subtotal [6A] 76-227-00 Subtotal [6B] 76-227-00 Subtotal [6B] Subgroup: [6C] 76-228-00 Subtotal [6C] Subgroup: [6D] 76-229-00 Subtotal [6D] Subgroup: [6F] 75-182-74 75-183-00 75-184-00 75-218-00 75-218-00 75-219-00 75-219-00 75-219-00 75-221-00	Maintenance and Property Repairs and Maintenance Maintenance Expense>Repairs & Maint Repairs and Maintenance Heat Utility Expense>Gas Heat Light & Power Utility Expense>Electric Light & Power Water Utility Expense>Water/Sewer Water Other Maintenance Expense>Supplies Maintenance Expense>Supplies Maintenance Expense>Supplies Maintenance Expense>Saintation & Incineration Maintenance Expense>Sextermination Maintenance Expense>Sow Removal Maintenance Expense>Sow Removal Maintenance Expense>Landscaping Maintenance Expense>Landscaping Maintenance Expense>Landscaping Maintenance Expense>Fire Drill Maintenance Expense>Fire Drill Maintenance Expense>Water Treatment	52,453,00 52,453,00 57,505,00 57,505,00 150,240,00 150,240,00 32,935,00 32,935,00 0,00 19,304,00 167,00 30,277,00 2,201,00 17,441,00 53,490,00 745,00 851,00 0,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	52,453.00 52,453.00 57,505.00 57,505.00 150,240.00 150,240.00 32,935.00 32,935.00 0.00 19,304.00 167.00 30,277.00 2,201.00 17,441.00 53,490.00 745.00 851.00 0.00
Group: [22] Subgroup: [6A] 75-207-00 Subtotal [6A] Subgroup: [6B] 76-227-00 Subtotal [6B] Subgroup: [6C] 76-228-00 Subtotal [6C] Subgroup: [6D] 76-229-00 Subtotal [6D] Subgroup: [6F] 75-182-74 75-183-00 75-218-00 75-217-00 75-219-80 75-219-00 75-219-00 75-219-00 75-221-00 75-221-00 75-230-00	Maintenance and Property Repairs and Maintenance Maintenance Expense>Repairs & Maint Repairs and Maintenance Heat Utility Expense>Gas Heat Light & Power Utility Expense>Electric Light & Power Water Other Maintenance Expense>Supplies>COVID Maintenance Expense>Supplies Maintenance Expense>Sanitation & Incineration Maintenance Expense>Sanitation & Incineration Maintenance Expense>Sanitation & Removal Maintenance Expense>Sanow Removal Maintenance Expense>Sanow Removal Maintenance Expense>Landscaping Maintenance Expense>Landscaping>Supplies Maintenance Expense>Landscaping>Supplies Maintenance Expense>Fire Drill Maintenance Expense>Vater Treatment Maintenance Expense>Data Processing	52,453,00 52,453,00 57,505,00 57,505,00 150,240,00 150,240,00 32,935,00 32,935,00 0,00 19,304,00 167,00 30,277,00 2,201,00 17,441,00 53,490,00 745,00 851,00 0,00 1,278,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	52,453,00 52,453.00 57,505.00 57,505.00 150,240.00 150,240.00 32,935.00 32,935.00 0.00 19,304,00 167.00 30,277.00 2,201.00 17,441.00 53,490.00 745.00 851.00 0.00 1,278.00
Group: [22] Subgroup: [6A] 75-207-00 Subtotal [6A] 76-227-00 Subtotal [6B] 76-227-00 Subtotal [6B] Subgroup: [6C] 76-228-00 Subtotal [6C] Subgroup: [6D] 76-229-00 Subtotal [6D] Subgroup: [6F] 75-182-74 75-183-00 75-184-00 75-218-00 75-218-00 75-219-00 75-219-00 75-219-00 75-221-00	Maintenance and Property Repairs and Maintenance Maintenance Expense>Repairs & Maint Repairs and Maintenance Heat Utility Expense>Gas Heat Light & Power Utility Expense>Electric Light & Power Water Utility Expense>Water/Sewer Water Other Maintenance Expense>Supplies Maintenance Expense>Supplies Maintenance Expense>Supplies Maintenance Expense>Saintation & Incineration Maintenance Expense>Sextermination Maintenance Expense>Sow Removal Maintenance Expense>Sow Removal Maintenance Expense>Landscaping Maintenance Expense>Landscaping Maintenance Expense>Landscaping Maintenance Expense>Fire Drill Maintenance Expense>Fire Drill Maintenance Expense>Water Treatment	52,453,00 52,453,00 57,505,00 57,505,00 150,240,00 150,240,00 32,935,00 32,935,00 0,00 19,304,00 167,00 30,277,00 2,201,00 17,441,00 53,490,00 745,00 851,00 0,00 1,278,00 22,121,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	52,453,00 52,453,00 52,453,00 57,505,00 57,505,00 150,240,00 150,240,00 32,935,00 0,00 19,304,00 167,00 30,277,00 2,201,00 17,441,00 53,490,00 745,00 851,00 0,00 1,278,00 22,121,00
Group: [22] Subgroup: [6A] 75-207-00 Subtotal [6A] Subgroup: [6B] 76-227-00 Subtotal [6B] Subgroup: [6C] 76-228-00 Subtotal [6C] Subgroup: [6D] 76-229-00 Subtotal [6D] Subgroup: [6F] 75-182-74 75-183-00 75-218-00 75-217-00 75-219-80 75-219-00 75-219-00 75-219-00 75-221-00 75-221-00 75-230-00	Maintenance and Property Repairs and Maintenance Maintenance Expense>Repairs & Maint Repairs and Maintenance Heat Utility Expense>Gas Heat Light & Power Utility Expense>Electric Light & Power Water Other Maintenance Expense>Supplies>COVID Maintenance Expense>Supplies Maintenance Expense>Sanitation & Incineration Maintenance Expense>Sanitation & Incineration Maintenance Expense>Sanitation & Removal Maintenance Expense>Sanow Removal Maintenance Expense>Sanow Removal Maintenance Expense>Landscaping Maintenance Expense>Landscaping>Supplies Maintenance Expense>Landscaping>Supplies Maintenance Expense>Fire Drill Maintenance Expense>Vater Treatment Maintenance Expense>Data Processing	52,453,00 52,453,00 57,505,00 57,505,00 150,240,00 150,240,00 32,935,00 32,935,00 0,00 19,304,00 167,00 30,277,00 2,201,00 17,441,00 53,490,00 745,00 851,00 0,00 1,278,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	52,453.00 52,453.00 57,505.00 57,505.00 150,240.00 150,240.00 32,935.00 32,935.00 0.00 19,304.00 167,00 30,277.00 2,201.00 17,441.00 53,490.00 745.00 851.00 0.00 1,278.00 22,121.00 10,030.00
Group: [22] Subgroup: [6A] 75-207-00 Subtotal [6A] Subgroup: [6B] 76-227-00 Subtotal [6B] Subgroup: [6C] 76-228-00 Subtotal [6C] Subgroup: [6D] 76-229-00 Subtotal [6D] Subgroup: [6F] 75-182-74 75-183-00 75-217-00 75-217-00 75-219-83 75-220-00 75-221-00 75-221-00 75-230-00 75-700-00	Maintenance and Property Repairs and Maintenance Maintenance Expense>Repairs & Maint Repairs and Maintenance Heat Utility Expense>Gas Heat Light & Power Utility Expense>Electric Light & Power Water Utility Expense>Water/Sewer Water Other Maintenance Expense>Supplies>COVID Maintenance Expense>Supplies Maintenance Expense>Sanitation & Incineration Maintenance Expense>Sanitation & Incineration Maintenance Expense>Snow Removal Maintenance Expense>Snow Removal Maintenance Expense>Landscaping Maintenance Expense>Landscaping Maintenance Expense>Landscaping Maintenance Expense>Landscaping Maintenance Expense>Vater Treatment Maintenance Expense>Water Treatment Maintenance Expense>Data Processing Maintenance Expense>Data Processing Maintenance Expense>Contracted Service	52,453,00 52,453,00 57,505,00 57,505,00 150,240,00 150,240,00 32,935,00 32,935,00 0,00 19,304,00 167,00 30,277,00 2,201,00 17,441,00 53,490,00 745,00 851,00 0,00 1,278,00 22,121,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	52,453,00 52,453,00 52,453,00 57,505,00 57,505,00 150,240,00 150,240,00 32,935,00 0,00 19,304,00 167,00 30,277,00 2,201,00 17,441,00 53,490,00 745,00 851,00 0,00 1,278,00 22,121,00
Group: [22] Subgroup: [6A] 75-207-00 Subtotal [6A] 75-207-00 Subtotal [6A] Subgroup: [6B] 76-227-00 Subtotal [6B] Subgroup: [6C] 76-228-00 Subtotal [6C] Subgroup: [6D] 76-229-00 Subtotal [6D] Subgroup: [6F] 75-182-74 75-183-00 75-18-00 75-218-00 75-218-00 75-218-00 75-219-00 75-219-00 75-221-00 75-221-00 75-221-00 75-230-00 75-700-00 76-700-00	Maintenance and Property Repairs and Maintenance Maintenance Expense>Repairs & Maint Repairs and Maintenance Heat Utility Expense>Gas Heat Light & Power Utility Expense>Electric Light & Power Water Utility Expense>Water/Sewer Water Other Maintenance Expense>Supplies>COVID Maintenance Expense>Supplies Maintenance Expense>Sanitation & Incineration Maintenance Expense>Sanitation & Incineration Maintenance Expense>Extermination Maintenance Expense>Landscaping Maintenance Expense>Landscaping Maintenance Expense>Landscaping Maintenance Expense>Fire Drill Maintenance Expense>Pire Drill Maintenance Expense>Water Treatment Maintenance Expense>Oata Processing Maintenance Expense>Contracted Service Utility Expense>Contracted Service	52,453,00 52,453,00 57,505,00 57,505,00 150,240,00 150,240,00 32,935,00 32,935,00 32,935,00 30,277,00 2,201,00 17,441,00 53,490,00 745,00 851,00 0,00 1,278,00 22,121,00 10,030,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	52,453.00 52,453.00 57,505.00 57,505.00 150,240.00 150,240.00 32,935.00 32,935.00 0.00 19,304.00 167,00 30,277.00 2,201.00 17,441.00 53,490.00 745.00 851.00 0.00 1,278.00 22,121.00 10,030.00
Group: [22] Subgroup: [6A] 75-207-00 Subtotal [6A] Subgroup: [6B] 76-227-00 Subtotal [6B] Subgroup: [6C] 76-228-00 Subtotal [6C] Subgroup: [6D] 76-229-00 Subtotal [6D] Subgroup: [6F] 75-182-74 75-183-00 75-218-00 75-217-00 75-218-00 75-219-00 75-219-00 75-219-00 75-221-00 75-230-00 75-270-00 75-270-00 75-270-00 Subtotal [6F]	Maintenance and Property Repairs and Maintenance Maintenance Expense>Repairs & Maint Repairs and Maintenance Heat Utility Expense>Gas Heat Light & Power Utility Expense>Electric Light & Power Water Utility Expense>Water/Sewer Water Other Maintenance Expense>Supplies>COVID Maintenance Expense>Supplies Maintenance Expense>Sanitation & Incineration Maintenance Expense>Sanitation & Incineration Maintenance Expense>Extermination Maintenance Expense>Landscaping Maintenance Expense>Landscaping Maintenance Expense>Landscaping Maintenance Expense>Fire Drill Maintenance Expense>Pire Drill Maintenance Expense>Water Treatment Maintenance Expense>Oata Processing Maintenance Expense>Contracted Service Utility Expense>Contracted Service	52,453,00 52,453,00 57,505,00 57,505,00 150,240,00 150,240,00 32,935,00 32,935,00 32,935,00 30,277,00 2,201,00 17,441,00 53,490,00 745,00 851,00 0,00 1,278,00 22,121,00 10,030,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	52,453.00 52,453.00 57,505.00 57,505.00 150,240.00 150,240.00 32,935.00 32,935.00 0.00 19,304.00 167,00 30,277.00 2,201.00 17,441.00 53,490.00 745.00 851.00 0.00 1,278.00 22,121.00 10,030.00
Group: [22] Subgroup: [6A] 75-207-00 Subtotal [6A] 75-207-00 Subtotal [6A] Subgroup: [6B] 76-227-00 Subtotal [6B] Subgroup: [6C] 76-228-00 Subtotal [6C] Subgroup: [6D] 76-229-00 Subtotal [6D] Subgroup: [6F] 75-182-74 75-183-00 75-18-00 75-218-00 75-218-00 75-218-00 75-219-00 75-219-00 75-221-00 75-221-00 75-221-00 75-230-00 75-700-00 76-700-00	Maintenance and Property Repairs and Maintenance Maintenance Expense>Repairs & Maint Repairs and Maintenance Heat Utility Expense>Gas Heat Light & Power Utility Expense>Electric Light & Power Water Other Maintenance Expense>Supplies>COVID Maintenance Expense>Supplies Maintenance Expense>Sanitation & Incineration Maintenance Expense>Landscaping Maintenance Expense>Landscaping Maintenance Expense>Landscaping Maintenance Expense>Landscaping Maintenance Expense>Vater Treatment Maintenance Expense>Vater Treatment Maintenance Expense>Data Processing Maintenance Expense>Contracted Service Utility Expense>Contracted Service Other	52,453,00 52,453,00 57,505,00 57,505,00 150,240,00 150,240,00 32,935,00 32,935,00 32,935,00 30,277,00 2,201,00 17,441,00 53,490,00 745,00 851,00 0,00 1,278,00 22,121,00 10,030,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	52,453.00 52,453.00 57,505.00 57,505.00 150,240.00 150,240.00 32,935.00 32,935.00 0.00 19,304.00 167,00 30,277.00 2,201.00 17,441.00 53,490.00 745.00 851.00 0.00 1,278.00 22,121.00 10,030.00

Subtotal [7C]	Non-movable Equipment	0.00	99.00	99.00
		,		
Subgroup : [7D]	Movable Equipment			
92-000-00	Depreciation Expense	56,974.00	(32,199.00)	24,775.00
Subtotal [7D]	Movable Equipment	56,974.00	(32,199.00)	24,775.00
		*		
Subgroup : [8C]	Leasehold Improvements			
Marcum 102	Depreciation Expense>Leasehold Improvements	0.00	32,100.00	32,100.00
Subtotal [8C]	Leasehold Improvements	0.00	32,100.00	32,100.00
Subgroup : [8D]	Other			
93-265-00	Amortization Expense>Financing Costs	7,849.00	0.00	7,849.00
Subtotal [8D]	Other	7,849.00	0.00	7,849.00
Subgroup : [9]	Rental Payments			
91-121-00	Property Expense>Rent	605,598.00	0.00	605,598.00
Subtotal [9]	Rental Payments	605,598.00	0.00	605,598.00
Subgroup : [10B]	Real estate taxes paid by lessor			
91-161-00	Property Expense>RE Taxes	64,185.00	0.00	64,185,00
Subtotal [10B]	Real estate taxes paid by lessor	64,185.00	0.00	64,185,00
Subgroup : [10C]	Personal property taxes			
91-125-00	Property Expense>Personal Property Taxes	18,358.00	0.00	18,358.00
Subtotal [10C]	Personal property taxes	18,358.00	0.00	18,358.00
Total [22]	Maintenance and Property	1,204,002.00	0,00	1,204,002.00
		711		
Group : [27]	Interest and Insurance			
Subgroup : [12D]	Other Interest Expense			
94-000-00	Interest Expense	87,368.00	0.00	87,368.00
Subtotal [12D]	Other Interest Expense	87,368.00	0.00	87,368.00
Subgroup : [14A]	Insurance on Property			
91-165-00	Property Expense>Insurance - Property	27,367.00	0.00	27,367,00
Subtotal [14A]	Insurance on Property	27,367.00	0.00	27,367,00
		*		
Subgroup : [14C3]	Other			
80-162-00	Admin Expense>Insurance - General Liability & Other	75,778.00	0.00	75,778.00
80-163-00	Admin Expense>Insurance - EPLI	12,267.00	0.00	12,267.00
Subtotal [14C3]	Other	88,045.00	0.00	88,045.00
Total [27]	Interest and Insurance	202,780.00	0.00	202,780,00
Group : [30]	Statement of Revenue			
Subgroup : [1A]	Medicaid Residents (CT only)			
40-111-00	Room & Board Revenue>Medicaid	(6,903,158.00)	0.00	(6,903,158.00)
40-111-09	Room & Board Revenue>Medicaid>Sales Adjustments	(15,889.00)	0.00	(15,889.00)
Subtotal [1A]	Medicaid Residents (CT only)	(6,919,047.00)	0.00	(6,919,047.00)
Subgroup : [3A]	Medicare Residents (All inclusive)			
40-102-00	Room & Board Revenue>Medicare A	(2,033,727.00)	0.00	(2,033,727.00)
40-102-09	Room & Board Revenue>Medicare A>Sales Adjustments	(278.00)	0.00	(278.00)
40-102-14	Room & Board Revenue>Medicare A>Sequester	34,984.00	0.00	34,984.00
Subtotal [3A]	Medicare Residents (All inclusive)	(1,999,021.00)	0.00	(1,999,021.00)
			a =	
Subgroup : [4A]	Private-pay residents and other			
40-104-00	Room & Board Revenue>Private	(1,526,807.00)	0.00	(1,526,807.00)
40-104-09	Room & Board Revenue>Private>Sales Adjustments	(115,279.00)	0.00	(115,279.00)
40-105-00	Room & Board Revenue>Commercial HMO	(153,244.00)	0.00	(153,244.00)
40-106-00	Room & Board Revenue>Medicare HMO	(1,217,696,00)	0.00	(1,217,696.00)
40-106-09	Room & Board Revenue>Medicare HMO>Sales Adjustments	(67,099.00)	0.00	(67,099,00)
40-106-14	Room & Board Revenue>Medicare HMO>Sequester	3,031.00	0.00	3,031.00
40-109-00	Room & Board Revenue>Hospice	(466,204.00)	0.00	(466,204.00)
40-109-09	Room & Board Revenue>Hospice>Sales Adjustments	122,206.00	0.00	122,206.00
Subtotal [4A]	Private-pay residents and other	(3,421,092.00)	0.00	(3,421,092,00)
			 : 1	
Subgroup : [5A]	Prescription Drugs - Medicare			
41-102-00	Pharmacy Rev>Medicare A	(59,132.00)	0.00	(59,132.00)
Subtotal [5A]	Prescription Drugs - Medicare	(59,132.00)	0.00	(59,132.00)
4				
Subgroup : [5B]	Prescription Drugs - Medicare Contractual Allowance			
41-102-01	Pharmacy Rev>Medicare A>C/A	59,132.00	0.00	59,132.00
Subtotal [5B]	Prescription Drugs - Medicare Contractual Allowance	59,132.00	0.00	59,132,00
Subgroup : [7Å]	Physical Therapy - Medicare			

42-102-00	PT Revenue>Medicare A	(68,487,00)	0,00	(68,487.00)
42-103-00	PT Revenue>Part B	(73,407.00)	0,00	(73,407.00)
Subtotal [7A]	Physical Therapy - Medicare	(141,894.00)	0.00	(141,894.00)
			·	
Subgroup : [78]	Physical Therapy - Medicare Contractual Allowance			
42-102-01	PT Revenue>Medicare A>C/A	68,487.00	0,00	68,487.00
Subtotal [7B]	Physical Therapy - Medicare Contractual Allowance	68,487.00	0.00	68,487.00
		-		
Subgroup : [7C]	Physical Therapy - Non-medicare			
42-105-00	PT Revenue>Commercial HMO	(94.00)	0.00	(94,00)
42-106-00	PT Revenue>Medicare HMO	(121,428.00)	0.00	(121,428,00)
42-111-00	PT Revenue>Medicaid	(31,103.00)	0.00	(31,103.00)
Subtotal [7C]	Physical Therapy - Non-medicare	(152,625.00)	0,00	(152,625.00)
01210101[, 0]	,			
Subgroup : [7D]	Physical Therapy - Non-medicare Contractual Allowance			
42-105-01	PT Revenue>Commercial HMO>C/A	94.00	0.00	94.00
42-106-01	PT Revenue>Medicare HMO>C/A	121,948,00	0.00	121,948.00
42-111-01	PT Revenue>Medicaid>C/A	31,103.00	0,00	31,103.00
Subtotal [7D]	Physical Therapy - Non-medicare Contractual Allowance	153,145.00	0.00	153,145.00
Subtotal [7D]	Filysical Therapy - Hon-medicare Contractal Allohomore	100,11010		
Subgroup : [8A]	Speech Therapy - Medicare			
44-102-00	ST Revenue>Medicare A	(48,179.00)	0,00	(48, 179.00)
	ST Revenue>Part B	(34,999.00)	0,00	(34,999.00)
44-103-00		(83,178.00)	0.00	(83,178.00)
Subtotal [8A]	Speech Therapy - Medicare	(63,176,00)	0.00	[00,170,00]
Cub , ropa	Sanach Thornay Medicare Contractual Allowation			
Subgroup : [8B]	Speech Therapy - Medicare Contractual Allowance	48,179.00	0.00	48,179.00
44-102-01	ST Revenue>Medicare A>C/A	48,179.00	0.00	48,179.00
Subtotal [8B]	Speech Therapy - Medicare Contractual Allowance	48,175.00	- 0.00	40,110.00
Subgroup : [8C]	Speech Therapy - Non-medicare	(T. C.	0.00	(25 282 00)
44-106-00	ST Revenue>Medicare HMO	(25,282.00)	0.00	(25,282.00)
44-111-00	ST Revenue>Medicaid	(6,120.00)	0.00	(6,120.00)
Subtotal [8C]	Speech Therapy - Non-medicare	(31,402.00)	0,00	(31,402.00)
Subgroup : [8D]	Speech Therapy - Non-medicare Contractual Allowance			
44-106-01	ST Revenue>Medicare HMO>C/A	25,282.00	0.00	25,282.00
44-111-01	ST Revenue>Medicaid>C/A	6,120.00	0,00	6,120.00
Subtotal [8D]	Speech Therapy - Non-medicare Contractual Allowance	31,402.00	0,00	31,402.00
Subgroup : [9A]	Occupational Therapy - Medicare			
43-102-00	OT Revenue>Medicare A	(91,102.00)	0.00	(91,102.00)
43-103-00	OT Revenue>Part B	(127,048.00)	0.00	(127,048.00)
Subtotal [9A]	Occupational Therapy - Medicare	(218,150.00)	0.00	(218,150.00)
			-	:
Subgroup : [9B]	Occupational Therapy - Medicare Contractual Allowance			
43-102-01	OT Revenue>Medicare A>C/A	91,102.00	0,00	91,102.00
Subtotal [9B]	Occupational Therapy - Medicare Contractual Allowance	91,102,00	0.00	91,102.00
Subgroup : [9C]	Occupational Therapy - Non-medicare			
43-105-00	OT Revenue>Commercial HMO	(94,00)	0.00	(94.00)
43-106-00	OT Revenue>Medicare HMO	(178,291.00)	0.00	(178,291.00)
43-106-01	OT Revenue>Medicare HMO	178,291.00	0.00	178,291.00
43-111-00	OT Revenue>Medicaid	(49,785.00)	0.00	(49,785.00)
Subtotal [9C]	Occupational Therapy - Non-medicare	(49,879.00)	0.00	(49,879.00)
Subtotal [SC]	Occupational therapy - Noti-incursary	(10)01007	-	
Subgroup : [9D]	Occupational Therapy - Non-medicare Contractual Allowance			
43-105-01	OT Revenue>Commercial HMO>C/A	94.00	0.00	94.00
43-111-01	OT Revenue>Medicaid>C/A	49,785.00	0.00	49,785.00
	Occupational Therapy - Non-medicare Contractual Allowance	49,879.00	0.00	49,879.00
Subtotal [9D]	Occupational Therapy - Non-inedicate Contractual Allowance	43,013.00	9100	
Cub server + [40.6]	Other - Medicare			
Subgroup : [10A]		(2,660,00)	0.00	(2,660.00)
45-102-00	Radiology Rev>Medicare A Radiology Rev>Medicare A>C/A	2,660.00	0.00	2,660.00
45-102-01		2,000.00	0.00	
		(40.349.00)	0.00	(19 218 00)
46-102-00	Lab Rev>Medicare A	(19,218.00)	0.00	(19,218,00)
46-102-01	Lab Rev>Medicare A Lab Rev>Medicare A>C/A	19,218.00	0.00	19,218.00
46-102-01 47-103-00	Lab Rev>Medicare A Lab Rev>Medicare A>C/A Other Ancillary Rev>Part B	19,218.00 (8,325.00)	0.00 0.00	19,218.00 (8,325.00)
46-102-01 47-103-00 47-103-14	Lab Rev>Medicare A Lab Rev>Medicare A>C/A Other Ancillary Rev>Part B Other Ancillary Rev>Part B>Sequester	19,218.00 (8,325.00) 2,249.00	0.00 0.00 0.00	19,218.00 (8,325.00) 2,249.00
46-102-01 47-103-00 47-103-14 48-103-00	Lab Rev>Medicare A Lab Rev>Medicare A>C/A Other Ancillary Rev>Part B Other Ancillary Rev>Part B>Sequester Vaccine Rev>Part B	19,218.00 (8,325.00) 2,249.00 (896.00)	0.00 0.00 0.00 0.00	19,218.00 (8,325.00) 2,249.00 (896.00)
46-102-01 47-103-00 47-103-14	Lab Rev>Medicare A Lab Rev>Medicare A>C/A Other Ancillary Rev>Part B Other Ancillary Rev>Part B>Sequester	19,218.00 (8,325.00) 2,249.00 (896.00) (2,040.00)	0.00 0.00 0.00 0.00 0.00	19,218,00 (8,325.00) 2,249.00 (896.00) (2,040.00)
46-102-01 47-103-00 47-103-14 48-103-00	Lab Rev>Medicare A Lab Rev>Medicare A>C/A Other Ancillary Rev>Part B Other Ancillary Rev>Part B>Sequester Vaccine Rev>Part B	19,218.00 (8,325.00) 2,249.00 (896.00) (2,040.00) (796.00)	0.00 0.00 0.00 0.00 0.00 0.00	19,218.00 (8,325.00) 2,249.00 (896.00) (2,040.00) (796.00)
46-102-01 47-103-00 47-103-14 48-103-00 48-103-74	Lab Rev>Medicare A Lab Rev>Medicare A>C/A Other Ancillary Rev>Part B Other Ancillary Rev>Part B>Sequester Vaccine Rev>Part B Vaccine Rev>Part B	19,218.00 (8,325.00) 2,249.00 (896.00) (2,040.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00	19,218.00 (8,325.00) 2,249.00 (896.00) (2,040.00) (796.00) 171.00
46-102-01 47-103-00 47-103-14 48-103-00 48-103-74 51-103-01	Lab Rev>Medicare A Lab Rev>Medicare A>C/A Other Ancillary Rev>Part B Other Ancillary Rev>Part B>Sequester Vaccine Rev>Part B Vaccine Rev>Part B>COVID Vaccine Other Rev>Part B>Medicare Cost Report	19,218.00 (8,325.00) 2,249.00 (896.00) (2,040.00) (796.00)	0.00 0.00 0.00 0.00 0.00 0.00	19,218.00 (8,325.00) 2,249.00 (896.00) (2,040.00) (796.00) 171.00 (7,114.00)
46-102-01 47-103-00 47-103-14 48-103-00 48-103-74 51-103-01 52-102-00	Lab Rev>Medicare A Lab Rev>Medicare A>C/A Other Ancillary Rev>Part B Other Ancillary Rev>Part B>Sequester Vaccine Rev>Part B Vaccine Rev>Part B>COVID Vaccine Other Rev>Part B>Medicare Cost Report Revenue Adjustments>Medicare A	19,218.00 (8,325.00) 2,249.00 (896.00) (2,040.00) (796.00) 171.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	19,218.00 (8,325.00) 2,249.00 (896.00) (2,040.00) (796.00) 171.00
46-102-01 47-103-00 47-103-14 48-103-00 48-103-74 51-103-01 52-102-00 52-103-00	Lab Rev>Medicare A Lab Rev>Medicare A>C/A Other Ancillary Rev>Part B Other Ancillary Rev>Part B>Sequester Vaccine Rev>Part B Vaccine Rev>Part B>COVID Vaccine Other Rev>Part B>Medicare Cost Report Revenue Adjustments>Medicare A Revenue Adjustments>Part B	19,218.00 (8,325.00) 2,249.00 (896.00) (2,040.00) (796.00) 171.00 (7,114.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00	19,218.00 (8,325.00) 2,249.00 (896.00) (2,040.00) (796.00) 171.00 (7,114.00)
46-102-01 47-103-00 47-103-14 48-103-00 48-103-74 51-103-01 52-102-00 52-103-00 Subtotal [10A]	Lab Rev>Medicare A Lab Rev>Medicare A>C/A Other Ancillary Rev>Part B Other Ancillary Rev>Part B>Sequester Vaccine Rev>Part B>COVID Vaccine Other Rev>Part B>Medicare Cost Report Revenue Adjustments>Medicare A Revenue Adjustments>Part B Other - Medicare	19,218.00 (8,325.00) 2,249.00 (896.00) (2,040.00) (796.00) 171.00 (7,114.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00	19,218.00 (8,325.00) 2,249.00 (896.00) (2,040.00) (796.00) 171.00 (7,114.00)
46-102-01 47-103-00 47-103-14 48-103-00 48-103-74 51-103-01 52-102-00 52-103-00 Subtotal [10A]	Lab Rev>Medicare A Lab Rev>Medicare A>C/A Other Ancillary Rev>Part B Other Ancillary Rev>Part B>Sequester Vaccine Rev>Part B>COVID Vaccine Other Rev>Part B>Medicare Cost Report Revenue Adjustments>Medicare A Revenue Adjustments>Part B Other - Medicare	19,218.00 (8,325.00) 2,249.00 (896.00) (2,040.00) (796.00) 171.00 (7,114.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00	19,218.00 (8,325.00) 2,249.00 (896.00) (2,040.00) (796.00) 171.00 (7,114.00)
46-102-01 47-103-00 47-103-14 48-103-00 48-103-74 51-103-01 52-102-00 52-103-00 Subtotal [10A]	Lab Rev>Medicare A Lab Rev>Medicare A>C/A Other Ancillary Rev>Part B Other Ancillary Rev>Part B>Sequester Vaccine Rev>Part B>COVID Vaccine Other Rev>Part B>Medicare Cost Report Revenue Adjustments>Medicare A Revenue Adjustments>Part B Other - Medicare	19,218.00 (8,325.00) 2,249.00 (896.00) (2,040.00) (796.00) 171.00 (7,114.00) (16,751.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	19,218.00 (8,325.00) 2,249.00 (896.00) (2,040.00) (796.00) 171.00 (7,114.00)

47-177-00	Other Ancillary Rev>Supplements	(980.00)	0.00	(980,00)
47-260-00	Other Ancillary Rev>PICC Insertion	(575,00)	0.00	(575,00)
51-111-00	Other Rev>Medicaid	0.00	0.00	0.00
	Revenue Adjustments>Private	(1.00)	0.00	(1.00)
52-104-00	•	0.00	0.00	0.00
52-105-00	Revenue Adjustments>Commercial HMO	(3,915.00)	0.00	(3,915.00)
52-106-00	Revenue Adjustments>Medicare HMO	* * * *		(10,631.00)
52-111-00	Revenue Adjustments>Medicaid	(10,631.00)	0.00	
52-145-00	Revenue Adjustments>Vaccines	1,146.00	0.00	1,146.00
Subtotal [10B]	Other - Non-medicare	(261,841.00)	0.00	(261,841.00)
Subgroup : [15]	Interest Income			
51-160-00	Other Rev>Interest	(2,077.00)	0.00	(2,077_00)
Subtotal [15]	Interest Income	(2,077.00)	0.00	(2,077.00)
Daniela [10]				
Subgroup : [18]	Other Revenue			
	Other Rev>Miscellaneous	0.00	0,00	0.00
51-100-00		(11,070.00)	0.00	(11,070.00)
51-145-00	Other Revenue>Pharmacy Rebates	* * *	0.00	(125.00)
51-818-00	Other Rev>Medical Records	(125.00)		
Marcum 107	Other Revenue>Prior Period Adjustment(s)	0,00	(14,302.00)	(14,302.00)
Subtotal [18]	Other Revenue	(11,195.00)	(14,302.00)	(25,497.00)
Total [30]	Statement of Revenue	(12,865,958.00)	(14,302,00)	(12,880,260.00)
Group : [31-32]	Assets			
Subgroup : [A1]	Cash			
10-001-02	Cash>Clearing>Payroll	(134,797.00)	0.00	(134,797.00)
10-010-31	Cash>Operating>Meriden	19,998.00	0,00	19,998.00
		(153.00)	0,00	(153.00)
10-011-31	Cash>Petty Cash>Meriden		0.00	29,053.00
10-020-31	Cash>Payroll>Meriden	29,053.00		52,786.00
10-060-31	Cash>Resident Trust>Meriden	52,786.00	0.00	
10-061-31	Cash>Care Cost>Meriden	5,000.00	0.00	5,000.00
Subtotal [A1]	Cash	(28,113.00)	0.00	(28,113.00)
Subgroup : [A2]	Resident Accounts Receivable			
11-100-00	Accounts Receivable>Miscellaneous	158,224.00	0.00	158,224.00
11-102-00	Accounts Receivable>Medicare A	179,851.00	0.00	179,851,00
11-103-00	Accounts Receivable>Part B	81,670.00	0.00	81,670,00
11-104-00	Accounts Receivable>Private	314,903.00	0.00	314,903.00
11-105-00	Accounts Receivable>Commercial HMO	54,104.00	0.00	54,104.00
11-106-00	Accounts Receivable>Medicare HMO	211,990.00	0.00	211,990.00
		92,588.00	0.00	92,588.00
11-109-00	Accounts Receivable>Hospice	970,398.00	0.00	970,398,00
11-111-00	Accounts Receivable>Medicaid		0.00	47,302.00
11-112-00	Accounts Receivable>Income	47,302.00		
11-120-00	Accounts Receivable>Allow for Doubtful Accts	(308,184_00)	0,00	(308,184.00)
11-122-00	Accounts Receivable>Medicare Colns Write Off	1,073,00	0.00	1,073,00
Subtotal [A2]	Resident Accounts Receivable	1,803,919.00	0.00	1,803,919.00
Subgroup : [A5]	Prepaid Expenses			
12-000-00	Prepaid Expenses	17,002.00	0.00	17,002.00
12-124-00	Prepaid Expenses>Insurance	1,409,00	0.00	1,409.00
12-153-00	Prepaid Expenses>Financing Costs	1,074,00	0.00	1,074.00
12-162-00	Prepaid Expenses>Insurance - General Liability & Other	24,647.00	0.00	24,647.00
	Prepaid Expenses>Insurance - General Liability & Other>Contra	(27,182.00)	0.00	(27,182.00)
12-162-01		5,483.00	0.00	5,483.00
12-163-00	Prepaid Expenses>Insurance - EPLI	15,079,00	0.00	15,079.00
12-165-00	Prepaid Expenses>Insurance - Property	•	0.00	59,927.00
12-881-00	Prepaid Expenses>Workers Comp	59,927.00		
12-881-01	Prepaid Expenses>Workers Comp>Contra	(29,854.00)	0.00	(29,854.00)
Subtotal [A5]	Prepaid Expenses	67,585.00	0.00	67,585.00
Subgroup : [B4]	Leasehold Improvements			
14-131-00	Fixed Assets>Leasehold Improvements	598,410.00	0.00	598,410,00
Marcum 101	Accum Depreciation>Leasehold Improvements	0,00	(32,100.00)	(32,100.00)
Subtotal [B4]	Leasehold Improvements	598,410.00	(32,100.00)	566,310.00
oubtetai [Bil]				
Cubarous (DE)	Non-Movable Equipment			
Subgroup : [B5]	Fixed Assets>Non Movable Equipment	0.00	2,758.00	2,758.00
Marcum 109		0.00	99.00	99.00
Marcum 110	Accum Depn>Non Movable		2,857.00	2,857.00
Subtotal [B5]	Non-Movable Equipment	0,00	2,657.00	2,031.00
Subgroup : [B6]	Movable Equipment			
14-132-00	Fixed Assets>Furniture, Fixtures and Equipment	30,749.00	(2,758.00)	27,991.00
14-134-00	Fixed Assets>Computer Hardware	83,574.00	0.00	83,574.00
15-100-00	Accum Depn>Miscellaneous	(75,433.00)	32,001.00	(43,432.00)
Subtotal [86]	Movable Equipment	38,890.00	29,243.00	68,133.00
[1	, ,		=======================================	
Subgroup : [B9]	Other Fixed Assets			
	Fixed Assets>CIP	15,281.00	0.00	15,281.00
14-136-00	I IACU NOSCIS-CIF	15,201.00		

Subtotal [B9]	Other Fixed Assets	15,281.00	0.00	15,281.00
	- 10 -			
Subgroup : [D3]	Organization Expense	22,223.00	0.00	22,223.00
17-000-00	Other Assets>Deferred Financing Costs	(15,874,00)	0.00	(15,874.00)
19-265-00	Accumulated Amortization>Deferred Financing Costs	6,349.00	0.00	6,349.00
Subtotal [D3]	Organization Expense	6,345.00	- 0,00	0,0 (0,00
Subgroup : [D6]	Loans to Owners or Related Parties			
13-127-00	Due From>Old Owner	6,342.00	0.00	6,342.00
13-127-10	Due From>Old Owner>AP Items	10,841,00	0.00	10,841.00
27-901-48	Due To/(From)>Interfacility>WV/DE 5 and CT4	985,00	0.00	985.00
27-901-49	Due To/(From)>Interfacility>CT4	279,335.00	23,731,00	303,066.00
27-901-56	Due To/(From)>Interfacility>CT4 and NJWW	48,408.00	0,00	48,408.00
27-901-57	Due To/(From)>Interfacility>CT4 and WI2	11,070,00	0.00	11,070.00
27-901-95	Due To/(From)>Interfacility>Orange Park and CT4	12,942,00	0.00	12,942.00
27-902-11	Due To/(From)>Interfacility>CT4 and CT3	35,590,00	(340,187.00)	(304,597.00)
Subtotal [D6]	Loans to Owners or Related Parties	405,513.00	(316,456.00)	89,057.00
Subgroup : [D7]	Other Assets			
17-283-91	Other Assets>Escrow>Property Tax	1,275,474.00	0.00	1,275,474.00
27-000-80	Due To/(From)>Vendor	4,548.00	0.00	4,548.00
27-103-14	Due To/(From)>Part B>Sequester	4.00	0.00	4.00
Subtotal [D7]	Other Assets	1,280,026.00	0.00	1,280,026.00
Subtotal [57]				
Total [31-32]	Assets	4,187,860.00	(316,456.00)	3,871,404.00
Group : [33-34]	Liabilities			
Subgroup : [A1]	Trade Accounts Payable			
20-000-00	Accounts Payable	(556,914.00)	0.00	(556,914.00)
Subtotal [A1]	Trade Accounts Payable	(556,914.00)	0.00	(556,914.00)
Subgroup : [A4]	Accrued Payroll	0.00	0.00	0.00
23-000-00	Accrued Wages & Related	0.00	0.00	(257,516.00)
23-157-00	Accrued Wages & Related>Benefit Time	(257,516.00)		0.00
23-157-10	Accrued Wages & Related>Benefit Time>Old Owner	0.00	0.00	(257,516.00)
Subtotal [A4]	Accrued Payroll	(257,516.00)	0.00	(201,010.00)
Subgroup : [A6]	Accrued Payroll Taxes Payable			==== ===
Subgroup : [A6] 23-156-00	Accrued Payroll Taxes Payable Accrued Wages & Related>PR Taxes	(19,700.00)	0.00	(19,700.00)
		(19,700.00) (19,700.00)	0.00	(19,700.00) (19,700.00)
23-156-00 Subtotal [A6]	Accrued Wages & Related>PR Taxes			
23-156-00	Accrued Wages & Related>PR Taxes Accrued Payroll Taxes Payable			
23-156-00 Subtotal [A6] Subgroup : [A12]	Accrued Wages & Related>PR Taxes Accrued Payroll Taxes Payable Other Current Liabilities	(19,700.00)	0.00	(19,700.00)
23-156-00 Subtotal [A6] Subgroup : [A12] 21-148-00	Accrued Wages & Related>PR Taxes Accrued Payroll Taxes Payable Other Current Liabilities Other Current Payables>401K	(4,773.00)	0.00	(4,773.00)
23-156-00 Subtotal [A6] Subgroup : [A12] 21-148-00 21-149-00	Accrued Wages & Related>PR Taxes Accrued Payroll Taxes Payable Other Current Liabilities Other Current Payables>401K Other Current Payables>Misc. PR Deduction	(19,700.00) (4,773.00) 17,942.00	0.00 0.00 0.00	(4,773.00) 17,942.00
23-156-00 Subtotal [A6] Subgroup : [A12] 21-148-00 21-149-00 21-150-00	Accrued Wages & Related>PR Taxes Accrued Payroll Taxes Payable Other Current Liabilities Other Current Payables>401K Other Current Payables>Misc. PR Deduction Other Current Payables>Union Dues W/H	(4,773.00) 17,942.00 (957.00)	0.00 0.00 0.00 0.00	(4,773.00) 17,942.00 (957.00) (52,786.00) 0.00
23-156-00 Subtotal [A6] Subgroup : [A12] 21-148-00 21-149-00 21-150-00 21-350-00	Accrued Wages & Related>PR Taxes Accrued Payroll Taxes Payable Other Current Liabilities Other Current Payables>401K Other Current Payables>Misc, PR Deduction Other Current Payables>Union Dues W/H Other Current Payables>Resident Funds	(4,773.00) 17,942.00 (957.00) (52,786.00)	0.00 0.00 0.00 0.00 0.00	(4,773.00) 17,942.00 (957.00) (52,786.00) 90.00
23-156-00 Subtotal [A6] Subgroup : [A12] 21-148-00 21-149-00 21-150-00 21-350-00 21-353-00	Accrued Wages & Related>PR Taxes Accrued Payroll Taxes Payable Other Current Liabilities Other Current Payables>401K Other Current Payables>Misc. PR Deduction Other Current Payables>No Dues W/H Other Current Payables>Resident Funds Other Current Payables>Resident Funds	(4,773.00) 17,942.00 (957.00) (52,786.00) 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	(19,700.00) (4,773.00) 17,942.00 (957.00) (52,786.00) 0.00 90.00 (220,352.00)
23-156-00 Subtotal [A6] Subgroup : [A12] 21-148-00 21-149-00 21-150-00 21-350-00 21-350-00 21-354-00	Accrued Wages & Related>PR Taxes Accrued Payroll Taxes Payable Other Current Liabilities Other Current Payables>401K Other Current Payables>Misc. PR Deduction Other Current Payables>Union Dues W/H Other Current Payables>Resident Funds Other Current Payables>Resident Refunds Other Current Payables>DTF RFMS	(19,700.00) (4,773.00) 17,942.00 (957.00) (52,786.00) 0.00 90.00	0.00 0.00 0.00 0.00 0.00 0.00	(4,773.00) (4,773.00) 17,942.00 (957.00) (52,786.00) 0.00 90.00 (220,352.00) (180,772.00)
23-156-00 Subtotal [A6] Subgroup : [A12] 21-148-00 21-149-00 21-150-00 21-350-00 21-350-00 21-353-00 24-000-00	Accrued Wages & Related>PR Taxes Accrued Payroll Taxes Payable Other Current Liabilities Other Current Payables>401K Other Current Payables>Misc. PR Deduction Other Current Payables>Union Dues WH Other Current Payables>Resident Funds Other Current Payables>Resident Refunds Other Current Payables>DTF RFMS Accrued Expenses	(4,773.00) 17,942.00 (957.00) (52,786.00) 0.00 90.00 (220,352.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(4,773.00) 17,942.00 (957.00) (52,786.00) 0.00 90.00 (220,352.00) (180,772.00) (149,067.00)
23-156-00 Subtotal [A6] Subgroup : [A12] 21-148-00 21-150-00 21-350-00 21-353-00 21-354-00 24-000-00 24-111-16	Accrued Wages & Related>PR Taxes Accrued Payroll Taxes Payable Other Current Liabilities Other Current Payables>401K Other Current Payables>Misc. PR Deduction Other Current Payables>Union Dues W/H Other Current Payables>Resident Funds Other Current Payables>Resident Refunds Other Current Payables>PRESIDENT REMS Accrued Expenses Accrued Expenses	(4,773.00) 17,942.00 (957.00) (52,786.00) 0.00 90.00 (220,352.00) (180,772.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(4,773.00) (4,773.00) 17,942.00 (957.00) (52,786.00) 0.00 90.00 (220,352.00) (180,772.00)
23-156-00 Subtotal [A6] Subgroup : [A12] 21-148-00 21-150-00 21-350-00 21-350-00 21-353-00 21-354-00 24-000-00 24-111-16 24-279-00 Subtotal [A12]	Accrued Wages & Related>PR Taxes Accrued Payroll Taxes Payable Other Current Liabilities Other Current Payables>401K Other Current Payables>Misc, PR Deduction Other Current Payables>Union Dues W/H Other Current Payables>Resident Funds Other Current Payables>Resident Refunds Other Current Payables>PRESIDENT REMS Accrued Expenses Accrued Expenses	(4,773.00) 17,942.00 (957.00) (52,786.00) 0.00 90.00 (220,352.00) (180,772.00) (138,338.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(4,773.00) 17,942.00 (957.00) (52,786.00) 0.00 90.00 (220,352.00) (180,772.00) (149,067.00)
23-156-00 Subtotal [A6] Subgroup : [A12] 21-148-00 21-150-00 21-350-00 21-353-00 21-353-00 24-000-00 24-111-16 24-279-00 Subtotal [A12] Subgroup : [B3]	Accrued Wages & Related>PR Taxes Accrued Payroll Taxes Payable Other Current Liabilities Other Current Payables>401K Other Current Payables>Misc. PR Deduction Other Current Payables>Union Dues WH Other Current Payables>Resident Funds Other Current Payables>Resident Refunds Other Current Payables>DTF RFMS Accrued Expenses Accrued Expenses>Medicaid>Bed Tax Accrued Expenses>Management Fee Other Current Liabilities Loans from Owners or Related Parties	(4,773.00) 17,942.00 (957.00) (52,786.00) 0.00 90.00 (220,352.00) (180,772.00) (138,338.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(4,773.00) 17,942.00 (957.00) (52,786.00) 0.00 90.00 (220,352.00) (180,772.00) (149,067.00)
23-156-00 Subtotal [A6] Subgroup : [A12] 21-148-00 21-150-00 21-350-00 21-353-00 21-353-00 24-000-00 24-111-16 24-279-00 Subtotal [A12] Subgroup : [B3] 27-900-57	Accrued Wages & Related>PR Taxes Accrued Payroll Taxes Payable Other Current Liabilities Other Current Payables>401K Other Current Payables>Misc, PR Deduction Other Current Payables>Noisc, PR Deduction Other Current Payables>Resident Funds Other Current Payables>Resident Funds Other Current Payables>PRESIDENT REMS Accrued Expenses Accrued Expenses Accrued Expenses>Medicaid>Bed Tax Accrued Expenses>Management Fee Other Current Liabilities Loans from Owners or Related Parties Due To/(From)>Interfacility>NJ14	(4,773.00) 17,942.00 (957.00) (52,786.00) 0.00 90.00 (220,352.00) (180,772.00) (138,338.00) (579,946.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 (10,729.00) (10,729.00)	(19,700.00) (4,773.00) 17,942.00 (957.00) (52,786.00) 0.00 90.00 (220,352.00) (180,772.00) (149,067.00) (590,675.00)
23-156-00 Subtotal [A6] Subgroup: [A12] 21-148-00 21-149-00 21-150-00 21-350-00 21-353-00 21-354-00 24-000-00 24-111-16 24-279-00 Subtotal [A12] Subgroup: [B3] 27-900-57 27-901-50	Accrued Wages & Related>PR Taxes Accrued Payroll Taxes Payable Other Current Liabilities Other Current Payables>401K Other Current Payables>Misc. PR Deduction Other Current Payables>Misc. PR Deduction Other Current Payables>Resident Funds Other Current Payables>Resident Funds Other Current Payables>Poster Refunds Other Current Payables>DTF RFMS Accrued Expenses Accrued Expenses Accrued Expenses Medicaid>Bed Tax Accrued Expenses>Menagement Fee Other Current Liabilities Loans from Owners or Related Parties Due To/(From)>Interfacility>NJ14 Due To/(From)>Interfacility>CT4 and NJ14	(19,700.00) (4,773.00) 17,942.00 (957.00) (52,786.00) 0.00 90.00 (220,352.00) (180,772.00) (188,338.00) (579,946.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 (10,729.00) (10,729.00)	(19,700.00) (4,773.00) 17,942.00 (957.00) (52,786.00) 0.00 90.00 (220,352.00) (180,772.00) (149,087.00) (590,675.00)
23-156-00 Subtotal [A6] Subgroup: [A12] 21-148-00 21-150-00 21-350-00 21-350-00 21-353-00 24-000-00 24-111-16 24-279-00 Subtotal [A12] Subgroup: [B3] 27-900-57 27-901-50 27-901-51	Accrued Wages & Related>PR Taxes Accrued Payroll Taxes Payable Other Current Liabilities Other Current Payables>401K Other Current Payables>401K Other Current Payables>Misc, PR Deduction Other Current Payables>Union Dues W/H Other Current Payables>Resident Funds Other Current Payables>Resident Refunds Other Current Payables>DTF RFMS Accrued Expenses Accrued Expenses Accrued Expenses>Menagement Fee Other Current Liabilities Loans from Owners or Related Parties Due To/(From)>Interfacility>CT4 and NJ14 Due To/(From)>Interfacility>CT4 and GA	(19,700.00) (4,773.00) 17,942.00 (957.00) (52,786.00) 0.00 90.00 (220,352.00) (180,772.00) (138,338.00) (579,946.00) (164,194,00) (2,006,512.00)	0.00 0,00 0,00 0.00 0.00 0.00 0.00 0.00 (10,729.00) (10,729.00)	(19,700.00) (4,773.00) 17,942.00 (957.00) (52,786.00) 0.00 90.00 (220,352.00) (180,772.00) (590,675.00) (164,194.00) (2,006,512.00)
23-156-00 Subtotal [A6] Subgroup: [A12] 21-148-00 21-149-00 21-150-00 21-350-00 21-353-00 21-354-00 24-000-00 24-111-16 24-279-00 Subtotal [A12] Subgroup: [B3] 27-900-57 27-901-50 27-901-51 27-901-51	Accrued Wages & Related>PR Taxes Accrued Payroll Taxes Payable Other Current Liabilities Other Current Payables>401K Other Current Payables>Misc. PR Deduction Other Current Payables>Misc. PR Deduction Other Current Payables>Resident Funds Other Current Payables>Resident Refunds Other Current Payables>DTF RFMS Accrued Expenses Accrued Expenses Accrued Expenses>Management Fee Other Current Liabilities Loans from Owners or Related Parties Due To/(From)>Interfacility>CT4 and NJ14 Due To/(From)>Interfacility>CT4 and GA Due To/(From)>Interfacility>CT4 and GA	(19,700.00) (4,773.00) 17,942.00 (957.00) (52,786.00) 0.00 90.00 (220,352.00) (180,772.00) (138,338.00) (579,946.00) (164,194,00) (2,006,512.00) (6,434.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 (10,729.00) (10,729.00) 0.00 0.00	(19,700.00) (4,773.00) 17,942.00 (957.00) (52,786.00) 0.00 90.00 (220,352.00) (180,772.00) (149,067.00) (590,675.00) (164,194.00) (2,006,512.00) (6,434.00)
23-156-00 Subtotal [A6] Subgroup : [A12] 21-148-00 21-150-00 21-350-00 21-353-00 21-353-00 24-000-00 24-111-16 24-279-00 Subtotal [A12] Subgroup : [B3] 27-900-57 27-901-50 27-901-51 27-901-52 27-901-53	Accrued Wages & Related>PR Taxes Accrued Payroll Taxes Payable Other Current Liabilities Other Current Payables>401K Other Current Payables>Misc. PR Deduction Other Current Payables>Union Dues WH Other Current Payables>Resident Funds Other Current Payables>Resident Refunds Other Current Payables>DTF RFMS Accrued Expenses Accrued Expenses Maccrued Expenses-Medicaid>Bed Tax Accrued Expenses-Medicaid>Bed Tax Accr	(19,700.00) (4,773.00) 17,942.00 (957.00) (52,786.00) 0.00 90.00 (220,352.00) (180,772.00) (138,338.00) (579,946.00) (164,194.00) (2,006,512.00) (6,434.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 (10,729.00) 0.00 0.00 0.00 0.00 0.00 0.00 0.00	(19,700.00) (4,773.00) 17,942.00 (957.00) (52,786.00) 0.00 90.00 (220,352.00) (180,772.00) (144,067.00) (590,675.00) (164,194.00) (6,434.00) (472.00)
23-156-00 Subtotal [A6] Subgroup: [A12] 21-148-00 21-149-00 21-150-00 21-350-00 21-353-00 21-354-00 24-000-00 24-111-16 24-279-00 Subtotal [A12] Subgroup: [B3] 27-900-57 27-901-51 27-901-52 27-901-53 27-901-53	Accrued Wages & Related>PR Taxes Accrued Payroll Taxes Payable Other Current Liabilities Other Current Payables>401K Other Current Payables>Misc. PR Deduction Other Current Payables>Misc. PR Deduction Other Current Payables>Resident Funds Other Current Payables>Resident Funds Other Current Payables>President Refunds Other Current Payables>DTF RFMS Accrued Expenses Accrued Expenses Accrued Expenses>Medicaid>Bed Tax Accrued Expenses>Medicaid>Bed Tax Accrued Expenses>Management Fee Other Current Liabilities Loans from Owners or Related Parties Due To/(From)>Interfacility>CT4 and NJ14 Due To/(From)>Interfacility>CT4 and PA4 Due To/(From)>Interfacility>CT4 and PA4 Due To/(From)>Interfacility>CT4 and NJ4	(19,700.00) (4,773.00) 17,942.00 (957.00) (52,786.00) 0.00 90.00 (220,352.00) (180,772.00) (188,338.00) (579,946.00) (164,194,00) (2,006,512.00) (6,434.00) (472,00) (768.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	(19,700.00) (4,773.00) 17,942.00 (957.00) (52,786.00) 0.00 90.00 (220,352.00) (180,772.00) (149,067.00) (590,675.00) (164,194.00) (2,006,512.00) (472.00) (768.00)
23-156-00 Subtotal [A6] Subgroup: [A12] 21-148-00 21-150-00 21-350-00 21-353-00 21-353-00 24-000-00 24-111-16 24-279-00 Subtotal [A12] Subgroup: [B3] 27-901-50 27-901-51 27-901-52 27-901-53 27-901-53 27-901-55 27-901-61	Accrued Wages & Related>PR Taxes Accrued Payroll Taxes Payable Other Current Liabilities Other Current Payables>401K Other Current Payables>Misc. PR Deduction Other Current Payables>Misc. PR Deduction Other Current Payables>Resident Funds Other Current Payables>Resident Refunds Other Current Payables>Passident Refunds Other Current Payables>DTF RFMS Accrued Expenses Accrued Expenses Accrued Expenses Medicaid>Bed Tax Accrued Expenses>Menagement Fee Other Current Liabilities Loans from Owners or Related Parties Due To/(From)>Interfacility>NJ14 Due To/(From)>Interfacility>CT4 and NJ14 Due To/(From)>Interfacility>CT4 and PA4 Due To/(From)>Interfacility>CT4 and NJ4 Due To/(From)>Interfacility>CT4 and NJ4 Due To/(From)>Interfacility>CT4 and NJ4 Due To/(From)>Interfacility>CT4 and NJ2 Due To/(From)>Interfacility>CT4 and NJ2 Due To/(From)>Interfacility>CT4 and Barn Hill	(19,700.00) (4,773.00) 17,942.00 (957.00) (52,786.00) 0.00 90.00 (220,352.00) (180,772.00) (138,338.00) (579,946.00) (164,194.00) (2,006,512.00) (6,434.00) (472.00) (768.00)	0.00 0,00 0.00 0.00 0.00 0.00 0.00 0.0	(19,700.00) (4,773.00) 17,942.00 (957.00) (52,786.00) 0.00 90.00 (220,352.00) (180,772.00) (599,675.00) (164,194.00) (2,006,512.00) (6,434.00) (472.00) (768.00) (1,268.00)
23-156-00 Subtotal [A6] Subgroup: [A12] 21-148-00 21-150-00 21-150-00 21-350-00 21-353-00 21-354-00 24-000-00 24-111-16 24-279-00 Subtotal [A12] Subgroup: [B3] 27-900-57 27-901-50 27-901-51 27-901-52 27-901-53 27-901-55 27-901-61	Accrued Wages & Related>PR Taxes Accrued Payroll Taxes Payable Other Current Liabilities Other Current Payables>401K Other Current Payables>401K Other Current Payables>Misc, PR Deduction Other Current Payables>Misc, PR Deduction Other Current Payables>Resident Funds Other Current Payables>Resident Refunds Other Current Payables>DTF RFMS Accrued Expenses Accrued Expenses>Medicaid>Bed Tax Accrued Expenses>Management Fee Other Current Liabilities Loans from Owners or Related Parties Due To/(From)>Interfacility>NJ14 Due To/(From)>Interfacility>CT4 and NJ14 Due To/(From)>Interfacility>CT4 and PA4 Due To/(From)>Interfacility>CT4 and NJ4 Due To/(From)>Interfacility>CT4 and NJ4 Due To/(From)>Interfacility>CT4 and NJ2 Due To/(From)>Interfacility>CT4 and Barn Hill Due To/(From)>Interfacility>CT4 and Barn Hill Due To/(From)>Interfacility>CT4 and Barn Hill	(19,700.00) (4,773.00) 17,942.00 (957.00) (52,786.00) 0.00 90.00 (220,352.00) (180,772.00) (138,338.00) (579,946.00) (164,194.00) (2,006,512.00) (6,434.00) (472.00) (768.00) (1,268.00) (403.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	(19,700.00) (4,773.00) 17,942.00 (957.00) (52,786.00) 90.00 (220,352.00) (180,772.00) (149,067.00) (590,675.00) (164,194.00) (2,006,512.00) (6,434.00) (472.00) (768.00) (1,268.00) (403.00)
23-156-00 Subtotal [A6] Subgroup: [A12] 21-148-00 21-149-00 21-150-00 21-350-00 21-353-00 21-354-00 24-000-00 24-111-16 24-279-00 Subtotal [A12] Subgroup: [B3] 27-901-50 27-901-51 27-901-52 27-901-55 27-901-55 27-901-61 27-901-62 27-901-61	Accrued Wages & Related>PR Taxes Accrued Payroll Taxes Payable Other Current Liabilities Other Current Payables>401K Other Current Payables>401K Other Current Payables>Misc. PR Deduction Other Current Payables>Misc. PR Deduction Other Current Payables>Resident Funds Other Current Payables>Resident Refunds Other Current Payables>DTF RFMS Accrued Expenses Accrued Expenses Accrued Expenses-Medicaid>Bed Tax Accrued Expenses>Management Fee Other Current Liabilities Loans from Owners or Related Parties Due To/(From)>Interfacility>NJ14 Due To/(From)>Interfacility>CT4 and NJ14 Due To/(From)>Interfacility>CT4 and PA4 Due To/(From)>Interfacility>CT4 and NJ2 Due To/(From)>Interfacility>CT4 and Due To/(From)>Interfacility>CT4 and Due To/(From)>Interfacility>CT4 and Due To/(From)>Interfacility>CT4 and Chestnut Due To/(From)>Interfacility>CT4 and Chestnut Due To/(From)>Interfacility>CT4 and Chestnut Due To/(From)>Interfacility>CT4 and Ll3	(19,700.00) (4,773.00) 17,942.00 (957.00) (52,766.00) 0.00 90.00 (220,352.00) (180,772.00) (138,338.00) (579,946.00) (164,194,00) (2,006,512.00) (6,434.00) (472.00) (768.00) (1,268.00) (403.00) (110.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	(19,700.00) (4,773.00) 17,942.00 (957.00) (52,766.00) 0.00 90.00 (220,352.00) (180,772.00) (149,067.00) (590,675.00) (164,194.00) (2,006,512.00) (6,434.00) (472.00) (766.00) (1,266.00) (403.00) (110.00)
23-156-00 Subtotal [A6] Subgroup: [A12] 21-148-00 21-150-00 21-350-00 21-350-00 21-353-00 21-354-00 24-000-00 24-111-16 24-279-00 Subtotal [A12] Subgroup: [B3] 27-900-57 27-901-50 27-901-51 27-901-52 27-901-53 27-901-55 27-901-61 27-901-61	Accrued Wages & Related>PR Taxes Accrued Payroll Taxes Payable Other Current Liabilities Other Current Payables>401K Other Current Payables>401K Other Current Payables>Misc, PR Deduction Other Current Payables>Misc, PR Deduction Other Current Payables>Resident Funds Other Current Payables>Resident Refunds Other Current Payables>DTF RFMS Accrued Expenses Accrued Expenses>Medicaid>Bed Tax Accrued Expenses>Management Fee Other Current Liabilities Loans from Owners or Related Parties Due To/(From)>Interfacility>NJ14 Due To/(From)>Interfacility>CT4 and NJ14 Due To/(From)>Interfacility>CT4 and PA4 Due To/(From)>Interfacility>CT4 and NJ4 Due To/(From)>Interfacility>CT4 and NJ4 Due To/(From)>Interfacility>CT4 and NJ2 Due To/(From)>Interfacility>CT4 and Barn Hill Due To/(From)>Interfacility>CT4 and Barn Hill Due To/(From)>Interfacility>CT4 and Barn Hill	(19,700.00) (4,773.00) 17,942.00 (957.00) (52,786.00) 0.00 90.00 (220,352.00) (180,772.00) (138,338.00) (579,946.00) (164,194,00) (2,006,512.00) (6,434.00) (472.00) (788.00) (1,268.00) (403.00) (110.00) (2,632.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	(19,700.00) (4,773.00) 17,942.00 (957.00) (52,786.00) 0.00 90.00 (220,352.00) (180,772.00) (144,067.00) (590,675.00) (164,194.00) (6,434.00) (472.00) (768.00) (1,268.00) (403.00) (110.00) (2,632.00)
23-156-00 Subtotal [A6] Subgroup: [A12] 21-148-00 21-149-00 21-150-00 21-350-00 21-350-00 24-353-00 24-000-00 24-111-16 24-279-00 Subtotal [A12] Subgroup: [B3] 27-900-57 27-901-50 27-901-52 27-901-52 27-901-53 27-901-55 27-901-61 27-901-61 27-901-65 27-901-65 27-901-65 27-901-61 27-902-65 Subtotal [B3]	Accrued Wages & Related>PR Taxes Accrued Payroll Taxes Payable Other Current Liabilities Other Current Payables>401K Other Current Payables>401K Other Current Payables>Misc, PR Deduction Other Current Payables>Misc, PR Deduction Other Current Payables>Union Dues W/H Other Current Payables>Resident Funds Other Current Payables>Resident Refunds Other Current Payables>DTF RFMS Accrued Expenses Accrued Expenses Medicaid>Bed Tax Accrued Expenses>Menagement Fee Other Current Liabilities Loans from Owners or Related Parties Due To/(From)>Interfacility>NJ14 Due To/(From)>Interfacility>CT4 and NJ14 Due To/(From)>Interfacility>CT4 and PA4 Due To/(From)>Interfacility>CT4 and NJ4 Due To/(From)>Interfacility>CT4 and NJ4 Due To/(From)>Interfacility>CT4 and Barn Hill Due To/(From)>Interfacility>CT4 and Chestnut Due To/(From)>Interfacility>CT4 and Ll3 Due To/(From)>Interfacility>CT4 and Ll3 Due To/(From)>Interfacility>HMH10 and CT4 Loans from Owners or Related Parties	(19,700.00) (4,773.00) 17,942.00 (957.00) (52,796.00) 0.00 90.00 (220,352.00) (180,772.00) (138,338.00) (579,946.00) (164,194.00) (2,006,512.00) (6,434.00) (472.00) (768.00) (1,268.00) (10,00) (10,00) (2,632.00) (1,168.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 (10,729.00) (10,729.00) 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	(19,700.00) (4,773.00) 17,942.00 (957.00) (52,786.00) 0.00 90.00 (220,352.00) (180,772.00) (149,067.00) (599,675.00) (164,194.00) (2,006,512.00) (472.00) (768.00) (1,268.00) (403.00) (110.00) (2,632.00) (1,168.00)
23-156-00 Subtotal [A6] Subgroup: [A12] 21-148-00 21-149-00 21-150-00 21-350-00 21-353-00 21-354-00 24-000-00 24-111-16 24-279-00 Subtotal [A12] Subgroup: [B3] 27-900-57 27-901-50 27-901-51 27-901-52 27-901-53 27-901-55 27-901-61 27-901-62 27-902-37 27-902-65 Subtotal [B3] Subgroup: [B4]	Accrued Wages & Related>PR Taxes Accrued Payroll Taxes Payable Other Current Liabilities Other Current Payables>401K Other Current Payables>401K Other Current Payables>Misc. PR Deduction Other Current Payables>Misc. PR Deduction Other Current Payables>Resident Funds Other Current Payables>Resident Refunds Other Current Payables>DTF RFMS Accrued Expenses Accrued Expenses>Medicaid>Bed Tax Accrued Expenses>Management Fee Other Current Liabilities Loans from Owners or Related Parties Due To/(From)>Interfacility>CT4 and NJ14 Due To/(From)>Interfacility>CT4 and PA4 Due To/(From)>Interfacility>CT4 and NJ2 Due To/(From)>Interfacility>CT4 and NJ2 Due To/(From)>Interfacility>CT4 and NJ2 Due To/(From)>Interfacility>CT4 and Barn Hill Due To/(From)>Interfacility>CT4 and Chestnut Due To/(From)>Interfacility>CT4 and Ll.3	(19,700.00) (4,773.00) 17,942.00 (957.00) (52,766.00) 0.00 90.00 (220,352.00) (180,772.00) (138,338.00) (579,946.00) (164,194,00) (2,006,512.00) (6,434.00) (472.00) (768.00) (1,268.00) (1,268.00) (110.00) (2,632.00) (1,168.00) (1,168.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 (10,729.00) 0.00	(19,700.00) (4,773.00) 17,942.00 (957.00) (52,786.00) 0.00 90.00 (220,352.00) (180,772.00) (149,067.00) (590,675.00) (164,194.00) (6,434.00) (472.00) (768.00) (10,00) (10,00) (10,00) (10,00) (110.00) (2,632.00) (1,188.00) (2,183,961.00)
23-156-00 Subtotal [A6] Subgroup: [A12] 21-148-00 21-149-00 21-150-00 21-350-00 21-353-00 21-354-00 24-000-00 24-111-16 24-279-00 Subtotal [A12] Subgroup: [B3] 27-901-50 27-901-51 27-901-52 27-901-53 27-901-62 27-901-62 27-901-65 27-901-65 27-901-65 37-901-65 37-901-65 37-901-65 37-901-65 37-901-65 37-901-61 37-901-62 37-902-65 38-38-38-38-38-38-38-38-38-38-38-38-38-3	Accrued Wages & Related>PR Taxes Accrued Payroll Taxes Payable Other Current Liabilities Other Current Payables>401K Other Current Payables>Misc, PR Deduction Other Current Payables>Misc, PR Deduction Other Current Payables>Nother Dues With Other Current Payables>Resident Funds Other Current Payables>Resident Refunds Other Current Payables>DTF RFMS Accrued Expenses Accrued Expenses Accrued Expenses>Medicaid>Bed Tax Accrued Expenses>Medicaid>Bed Tax Accrued Expenses>Management Fee Other Current Liabilities Loans from Owners or Related Parties Due To/(From)>Interfacility>CT4 and NJ4 Due To/(From)>Interfacility>CT4 and GA Due To/(From)>Interfacility>CT4 and PA4 Due To/(From)>Interfacility>CT4 and Barn Hill Due To/(From)>Interfacility>CT4 and Barn Hill Due To/(From)>Interfacility>CT4 and Chestnut Due To/(From)>Interfacility>CT4 and LJ3	(19,700.00) (4,773.00) 17,942.00 (957.00) (52,796.00) 0.00 90.00 (220,352.00) (180,772.00) (138,338.00) (579,946.00) (164,194,00) (2,006,512.00) (6,434.00) (472.00) (768.00) (1,268.00) (10,00) (110.00) (2,632.00) (1,168.00) (2,183,961.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	(19,700.00) (4,773.00) 17,942.00 (957.00) (52,786.00) 0.00 90.00 (220,352.00) (180,772.00) (148,067.00) (590,675.00) (164,194.00) (2,006,512.00) (6,434.00) (472.00) (768.00) (1,268.00) (110.00) (2,632.00) (1,168.00) (2,183,961.00)
23-156-00 Subtotal [A6] Subgroup: [A12] 21-148-00 21-149-00 21-150-00 21-350-00 21-353-00 21-354-00 24-011-16 24-279-00 Subtotal [A12] Subgroup: [B3] 27-900-57 27-901-50 27-901-51 27-901-52 27-901-55 27-901-61 27-901-62 27-902-37 27-902-65 Subtotal [B3] Subgroup: [B4] 27-000-39 27-000-42	Accrued Wages & Related>PR Taxes Accrued Payroll Taxes Payable Other Current Liabilities Other Current Payables>401K Other Current Payables>Misc. PR Deduction Other Current Payables>Misc. PR Deduction Other Current Payables>Resident Funds Other Current Payables>Resident Funds Other Current Payables>Resident Refunds Other Current Payables>DTF RFMS Accrued Expenses Accrued Expenses Accrued Expenses>Medicaid>Bed Tax Accrued Expenses>Medicaid>Bed Tax Accrued Expenses>Management Fee Other Current Liabilities Loans from Owners or Related Parties Due To/(From)>Interfacility>NJ14 Due To/(From)>Interfacility>CT4 and NJ14 Due To/(From)>Interfacility>CT4 and PA4 Due To/(From)>Interfacility>CT4 and Barn Hill Due To/(From)>Interfacility>CT4 and Barn Hill Due To/(From)>Interfacility>CT4 and Chestnut Due To/(From)>Interfacility>CT4 and Ll.3 Due To/(From)>Interfacility>CT4 and CT4 Loans from Owners or Related Parties Other Long-Term Liabilities Due To/(From)>Amex CT Glendale Due To/(From)>Amex CT Glendale	(19,700.00) (4,773.00) 17,942.00 (957.00) (52,786.00) 0.00 90.00 (220,352.00) (180,772.00) (138,338.00) (579,946.00) (164,194,00) (2,006,512.00) (6,434.00) (472.00) (768.00) (1,268.00) (403.00) (11,000) (2,632.00) (1,168.00) (2,183,961.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	(19,700.00) (4,773.00) 17,942.00 (957.00) (52,786.00) 0.00 90.00 (220,352.00) (180,772.00) (459,675.00) (164,194.00) (2,006,512.00) (6,434.00) (472.00) (768.00) (10,00) (110,00) (2,632.00) (1,188.00) (2,183,961.00) (6,147.00) (11,072.00)
23-156-00 Subtotal [A6] Subgroup: [A12] 21-148-00 21-149-00 21-150-00 21-350-00 21-353-00 24-000-00 24-111-16 24-279-00 Subtotal [A12] Subgroup: [B3] 27-901-50 27-901-51 27-901-52 27-901-53 27-901-55 27-901-61 27-901-62 27-902-37 27-902-65 Subtotal [B3] Subgroup: [B4] 27-000-39 27-000-42 27-102-14	Accrued Wages & Related>PR Taxes Accrued Payroll Taxes Payable Other Current Liabilities Other Current Payables>401K Other Current Payables>Misc. PR Deduction Other Current Payables>Misc. PR Deduction Other Current Payables>Resident Funds Other Current Payables>Resident Refunds Other Current Payables>Passes Accrued Expenses Accrued Expenses Accrued Expenses Medicaid>Bed Tax Accrued Expenses>Menagement Fee Other Current Liabilities Loans from Owners or Related Parties Due To/(From)>Interfacility>NJ14 Due To/(From)>Interfacility>CT4 and NJ14 Due To/(From)>Interfacility>CT4 and PA4 Due To/(From)>Interfacility>CT4 and NJ2 Due To/(From)>Interfacility>CT4 and Barn Hill Due To/(From)>Interfacility>CT4 and Barn Hill Due To/(From)>Interfacility>CT4 and Chestnut Due To/(From)>Interfacility>CT4 and Ll3 D	(19,700.00) (4,773.00) 17,942.00 (957.00) (52,786.00) 0.00 90.00 (220,352.00) (180,772.00) (138,338.00) (579,946.00) (164,194.00) (2,006,512.00) (6,434.00) (472.00) (768.00) (1,268.00) (403.00) (110.00) (2,632.00) (1,168.00) (2,183,961.00) (6,147.00) (11,072.00) (3,596.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	(19,700.00) (4,773.00) 17,942.00 (957.00) (52,786.00) 0.00 90.00 (220,352.00) (180,772.00) (149,067.00) (590,675.00) (164,194.00) (2,006,512.00) (6,434.00) (472.00) (768.00) (403.00) (110.00) (2,632.00) (2,183,961.00) (6,147.00) (11,072.00) (3,596.00)
23-156-00 Subtotal [A6] Subgroup: [A12] 21-148-00 21-149-00 21-150-00 21-350-00 21-350-00 21-354-00 24-000-00 24-111-16 24-279-00 Subtotal [A12] Subgroup: [B3] 27-900-57 27-901-50 27-901-51 27-901-52 27-901-53 27-901-55 27-901-61 27-902-37 27-902-65 Subtotal [B3] Subgroup: [B4] 27-000-39 27-000-42 27-102-14 27-105-00	Accrued Wages & Related>PR Taxes Accrued Payroll Taxes Payable Other Current Liabilities Other Current Payables>401K Other Current Payables>401K Other Current Payables>Misc, PR Deduction Other Current Payables>Misc, PR Deduction Other Current Payables>Resident Funds Other Current Payables>Resident Refunds Other Current Payables>DTF RFMS Accrued Expenses Accrued Expenses Medicaid>Bed Tax Accrued Expenses>Menagement Fee Other Current Liabilities Loans from Owners or Related Parties Due To/(From)>Interfacility>NJ4 Due To/(From)>Interfacility>CT4 and NJ4 Due To/(From)>Interfacility>CT4 and PA4 Due To/(From)>Interfacility>CT4 and NJ4 Due To/(From)>Interfacility>CT4 and NJ4 Due To/(From)>Interfacility>CT4 and NJ2 Due To/(From)>Interfacility>CT4 and Chestnut Due To/(From)>Interfacility>CT4 and Ll.3 Due To/(From)>Almex CT Glendale Due To/(From)>Amex CT Glendale Due To/(From)>Amex Meriden Due To/(From)>Medicare A>Sequester Due To/(From)>Commercial HMO	(19,700.00) (4,773.00) 17,942.00 (957.00) (52,786.00) 0.00 90.00 (220,352.00) (180,772.00) (138,338.00) (579,946.00) (164,194,00) (2,006,512.00) (6,434.00) (472.00) (768.00) (1,268.00) (10,00) (2,632.00) (1,168.00) (2,183,961.00) (6,147.00) (11,072.00) (3,596.00) (26,431.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	(19,700.00) (4,773.00) 17,942.00 (957.00) (52,786.00) 0.00 90.00 (220,352.00) (180,772.00) (149,067.00) (590,675.00) (164,194.00) (2,006,512.00) (6,434.00) (472.00) (768.00) (10,268.00) (110.00) (2,632.00) (1,168.00) (2,183,961.00) (6,147.00) (11,072.00) (3,596.00) (26,431.00)
23-156-00 Subtotal [A6] Subgroup: [A12] 21-148-00 21-149-00 21-150-00 21-353-00 21-353-00 24-000-00 24-111-16 24-279-00 Subtotal [A12] Subgroup: [B3] 27-901-50 27-901-51 27-901-52 27-901-53 27-901-55 27-901-62 27-902-65 Subtotal [B3] Subgroup: [B4] 27-000-42 27-102-14 27-102-14 27-102-00 27-109-00	Accrued Wages & Related>PR Taxes Accrued Payroll Taxes Payable Other Current Liabilities Other Current Payables>401K Other Current Payables>Misc. PR Deduction Other Current Payables>Misc. PR Deduction Other Current Payables>Nother Dues With Other Current Payables>Resident Funds Other Current Payables>Resident Refunds Other Current Payables>DTF RFMS Accrued Expenses Accrued Expenses Accrued Expenses>Medicaid>Bed Tax Accrued Expenses>Medicaid>Bed Tax Accrued Expenses>Medicaid>Bed Tax Accrued Expenses>Management Fee Other Current Liabilities Loans from Owners or Related Parties Due To/(From)>Interfacility>CT4 and NJ4 Due To/(From)>Interfacility>CT4 and PA4 Due To/(From)>Interfacility>CT4 and PA4 Due To/(From)>Interfacility>CT4 and Barn Hill Due To/(From)>Interfacility>CT4 and Chestnut Due To/(From)>Interfacility>CT4 and L3 Due To/(From)>Interfacility>CT4 and L3 Due To/(From)>Interfacility>CT4 and L3 Oue	(19,700.00) (4,773.00) 17,942.00 (957.00) (52,766.00) 0.00 90.00 (220,352.00) (180,772.00) (138,338.00) (579,946.00) (164,194,00) (2,006,512.00) (6,434.00) (472.00) (768.00) (1,268.00) (10,00) (110.00) (2,632.00) (1,168.00) (2,183,961.00) (6,147.00) (11,072.00) (3,596.00) (26,431.00) (9,407.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	(19,700.00) (4,773.00) 17,942.00 (957.00) (52,786.00) 0.00 90.00 (220,352.00) (180,772.00) (149,067.00) (590,675.00) (164,194.00) (6,434.00) (472.00) (768.00) (403.00) (110.00) (2,632.00) (1,168.00) (1,168.00) (1,100) (2,183,961.00) (1,072.00) (3,596.00) (26,431.00) (9,407.00)
23-156-00 Subtotal [A6] Subgroup: [A12] 21-148-00 21-149-00 21-150-00 21-353-00 21-353-00 24-000-00 24-111-16 24-279-00 Subtotal [A12] Subgroup: [B3] 27-900-57 27-901-51 27-901-52 27-901-53 27-901-61 27-901-62 27-901-63 Subtotal [B3] Subgroup: [B4] 27-000-39 27-000-42 27-102-14 27-105-00 27-101-00	Accrued Wages & Related>PR Taxes Accrued Payroll Taxes Payable Other Current Liabilities Other Current Payables>401K Other Current Payables>Misc. PR Deduction Other Current Payables>Misc. PR Deduction Other Current Payables>Resident Funds Other Current Payables>Resident Funds Other Current Payables>Resident Refunds Other Current Payables>DTF RFMS Accrued Expenses Accrued Expenses Accrued Expenses>Medicaid>Bed Tax Accrued Expenses>Medicaid>Bed Tax Accrued Expenses>Management Fee Other Current Liabilities Loans from Owners or Related Parties Due To/(From)>Interfacility>NJ14 Due To/(From)>Interfacility>CT4 and NJ14 Due To/(From)>Interfacility>CT4 and PA4 Due To/(From)>Interfacility>CT4 and NJ2 Due To/(From)>Interfacility>CT4 and Barn Hill Due To/(From)>Interfacility>CT4 and Chestnut Due To/(From)>Interfacility>CT4 and Sarn Hill Due To/(From)>Interfacility>CT4 and Chestnut Due To/(From)>Interfacility>CT4 and Sarn Hill Due To/(From)>Interfacility>CT4 and Chestnut Due To/(From)>Interfacility>CT4 and Sarn Hill Due To/(From)>Interf	(19,700.00) (4,773.00) 17,942.00 (957.00) (52,786.00) 0.00 90.00 (220,352.00) (180,772.00) (138,338.00) (579,946.00) (164,194.00) (2,066,512.00) (6,434.00) (472.00) (768.00) (1,268.00) (403.00) (110.00) (2,632.00) (1,168.00) (2,183,961.00) (6,147.00) (11,072.00) (3,596.00) (26,431.00) (9,407.00) (121,106.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	(19,700.00) (4,773.00) 17,942.00 (957.00) (52,786.00) 0.00 90.00 (220,352.00) (180,772.00) (599,675.00) (164,194.00) (2,006,512.00) (6,434.00) (472.00) (768.00) (10,00) (11,00) (2,632.00) (1,168.00) (2,183,961.00) (6,147.00) (11,072.00) (3,596.00) (26,431.00) (9,407.00) (121,106.00)
23-156-00 Subtotal [A6] Subgroup: [A12] 21-148-00 21-149-00 21-150-00 21-350-00 21-353-00 21-353-00 24-000-00 24-111-16 24-279-00 Subtotal [A12] Subgroup: [B3] 27-900-57 27-901-50 27-901-51 27-901-52 27-901-53 27-901-62 27-901-62 27-902-65 Subtotal [B3] Subgroup: [B4] 27-000-42 27-102-14 27-102-14 27-105-00 27-109-00	Accrued Wages & Related>PR Taxes Accrued Payroll Taxes Payable Other Current Liabilities Other Current Payables>401K Other Current Payables>Misc. PR Deduction Other Current Payables>Misc. PR Deduction Other Current Payables>Nother Dues With Other Current Payables>Resident Funds Other Current Payables>Resident Refunds Other Current Payables>DTF RFMS Accrued Expenses Accrued Expenses Accrued Expenses>Medicaid>Bed Tax Accrued Expenses>Medicaid>Bed Tax Accrued Expenses>Medicaid>Bed Tax Accrued Expenses>Management Fee Other Current Liabilities Loans from Owners or Related Parties Due To/(From)>Interfacility>CT4 and NJ4 Due To/(From)>Interfacility>CT4 and PA4 Due To/(From)>Interfacility>CT4 and PA4 Due To/(From)>Interfacility>CT4 and Barn Hill Due To/(From)>Interfacility>CT4 and Chestnut Due To/(From)>Interfacility>CT4 and L3 Due To/(From)>Interfacility>CT4 and L3 Due To/(From)>Interfacility>CT4 and L3 Oue	(19,700.00) (4,773.00) 17,942.00 (957.00) (52,766.00) 0.00 90.00 (220,352.00) (180,772.00) (138,338.00) (579,946.00) (164,194,00) (2,006,512.00) (6,434.00) (472.00) (768.00) (1,268.00) (10,00) (110.00) (2,632.00) (1,168.00) (2,183,961.00) (6,147.00) (11,072.00) (3,596.00) (26,431.00) (9,407.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	(19,700.00) (4,773.00) 17,942.00 (957.00) (52,786.00) 0.00 90.00 (220,352.00) (180,772.00) (149,067.00) (590,675.00) (164,194.00) (6,434.00) (472.00) (768.00) (403.00) (110.00) (2,632.00) (1,168.00) (1,168.00) (1,100) (2,183,961.00) (1,072.00) (3,596.00) (26,431.00) (9,407.00)

Total [33-34]	Liabilities	(3,796,906.00)	(10,729.00)	(3,807,635.00)
Group : [35] Subgroup : [B5]	Equity Cumulated Earnings			
30-000-00	Retained Earnings	54,411.00	0,00	54,411.00
31-404-87	Partners' Equity>Robert Hoch>Draws	24,018.00	0.00	24,018.00
Subtotal [B5]	Cumulated Earnings	78,429.00	0.00	78,429.00
Total [35]	Equity	78,429.00	0.00	78,429,00
	NET (INCOME) LOSS	148,061.00	0,00	148,061.00
	Sum of Account Groups	0,00	0.00	0.00

93 W Main Operating, LLC d/b/a Norwich Sub-Acute and Nursing Medicaid - Complete Care at Meriden, LLC 9/30/2023 A.01 - TB-CCNH H.02 - Reclassifying Journal Entries Report

Client: Engagement: Period Ending: Trial Balance: Workpaper:

workpaper.	n.02 - Reclassifying Journal Entries Report			
Account	Description	W/P Ref	Debit	Credit
	ımal Entries JE # 1	K.02		
To reclass leaseho	old depreciation and accum depreciation to correct lines of cost report.			
15-100-00	Accum Depn>Miscellaneous		32,100.00	
Marcum 102	Depreciation Expense>Leasehold Improvements		32,100.00	20.400.00
92-000-00	Depreciation Expense			32,100.00 32,100.00
Marcum 101 Total	Accum Depreciation>Leasehold Improvements		64,200.00	64,200.00
10111				
	umal Entries JE # 2 t dental fees into correct line of the cost report	D.01a		
61-750-00	Nursing Admin Expense>Medical Director			
Marcum 103	Denitst			0.00
Total			0,00	0.00
Reclassifying Jou	ımal Entries JE # 3	D.01 Tab E		
	es not relating to dues into correct lines of the cost report			
Marcum 104	Subscriptions		1,134.00	
Marcum 105	Chamber Dues		468.00	
80-234-00	Admin Expense>Licenses			1 602 00
80-235-00	Admin Expense>Dues & Subscriptions Sales & Use Tax			1,602.00
Marcum 106 Total	Sales & Use Tax		1,602.00	1,602.00
			(
To record AJE PB	umal Entries JE # 4 C	A.02		
27-901-49	Due Tel/From/Materia allity CT4			
60-700-19	Due To/(From)>Interfacility>CT4 Nursing Expense>Contracted Service>LPN			
60-700-19	Nursing Expense>Contracted Service>LPN			
60-700-20	Nursing Expense>Contracted Service>CNA			
60-700 - 20 60-700-22	Nursing Expense>Contracted Service>CNA Nursing Expense>Contracted Service>LPN Overtime			
60-700-23	Nursing Expense>Contracted Service>CNA Overtime			
60-700-38	Nursing Expense>Contracted Service>Nursing Admin			
70-833-00	Dietary Expense>Contracted Dietician			
75-218-00	Maintenance Expense>Snow Removal			
80-230-00 80-235-00	Admin Expense>Data Processing Admin Expense>Dues & Subscriptions			
80-250-00	Admin Expense>Marketing & Advertising			
80-252-00	Admin Expense>Startup Costs			
80-255-00	Admin Expense>Startup Costs>Agency			
80-255-00 80-279-00	Admin Expense>Startup Costs>Agency Admin Expense>Management Fee			
85-885-00	Employee Benefits>Life Insurance			
98-999-99	Prior Period Expense		0.00	0.00
Total				0,00
Reclassifying Jou	ımal Entries JE # 5	D,01 Tab I		
To reclass prior pe	riod true ups causing credits into revenue			
60-700-20	Nursing Expense>Contracted Service>CNA		812.00	
68-700-00	Therapy Expense>Contracted Service		13,490.00	11000 00
Marcum 107	Other Revenue>Prior Period Adjustment(s)		14,302.00	14,302.00
Total			14,502.00	14,002.00
Reclassifying Jou	umal Entries JE # 6	D.01 Tab N		
	Party expense out of Misc. Benefits			
Marcum 108	Holiday Party		1,788.00	
85-100-00	Employee Benefits Expense>Miscellaneous			81.00
85-178-00	Employee Benefits Expense>Food		1,788.00	1,707.00
Total			1,700.00	1,700,30
Reclassifying Jou	ırnal Entries JE # 7	E.01 80-240-00		

93 W Main Operating, LLC d/b/a Norwich Sub-Acute and Nursing Medicaid - Complete Care at Meriden, LLC 9/30/2023 A.01 - TB-CCNH H.02 - Reclassifying Journal Entries Report

Client: Engagement: Period Ending: Trial Balance: Workpaper:

o reclass Legal ar 80-238-00 80-244-00	nd Bank fees out of Professional Fees			
	Admin Expense>Legal Fees		839.00	
	Admin Expense>Bank Fees		156.00	
80-240-00	Admin Expense>Professional Fees		995,00	995.00 995.00
otal			995,00	955.00
	mal Entries JE # 8 ng & Consulting Fees out of Professional Fees	E.01 80-240-02		
60-263-00	Nursing Expense>Consulting Fees		12,012.00	
80-239-00	Admin Expense>Accounting Fees		2,743.00	
80-240-02	Admin Expense>Professional Fees>Add Back			14,755.00
otal			14,755.00	14,755.00
	mal Entrino IE # 0	K.02		
	ımal Entries JE # 9 vable Equipment out of FFE	N.02		
Marcum 109	Fixed Assets>Non Movable Equipment		2.758.00	
Marcum 109 Marcum 110	Accum Depn>Non Movable		99.00	
Marcum 111	Depreciation Expense>Non Movable		99.00	
14-132-00	Fixed Assets>Furniture, Fixtures and Equipment			2,758.00
15-100-00	Accum Depn>Miscellaneous			99.00
92-000-00	Depreciation Expense			99.00
otal			2,956.00	2,956.00
eclassifying Jou o reclass CT04 cli	ımal Entries JE # 10	H.03		
O reciass C roy Ci	ient de			
27-901-49	Due To/(From)>Interfacility>CT4		1,530.00	
27-901-49	Due To/(From)>Interfacility>CT4		6,517.00	
27-901-49	Due To/(From)>Interfacility>CT4		15,684.00	
61-817 - 80	Nursing Admin Expense>MDS / RNAC>Wages		2,040.00	
61-B17 - 80	Nursing Admin Expense>MDS / RNAC>Wages		33,150.00	
85-156-61	Employee Benefits Expense>PR Taxes>Fica		8,307.00 42,00	
85-156-62	Employee Benefits Expense>PR Taxes>SUI		341.00	
85-156-63	Employee Benefits Expense>PR Taxes>FUI		341.00	2,040.00
24-279-00	Accrued Expenses>Management Fee			8,689.00
24-279-00	Accrued Expenses>Management Fee Due To/(From)>Interfacility>CT4 and CT3			14,207,00
27-902-11 61-811-80	Nursing Admin Expense>Director (DON)>Wages			15,684.00
61-817-80	Nursing Admin Expense>blector (BON)>Wages Nursing Admin Expense>MDS / RNAC>Wages			1,530.00
61-817-80	Nursing Admin Expense>MDS / RNAC>Wages			18,943.00
85-156-61	Employee Benefits Expense>PR Taxes>Fica			6,230.00
85-156-62	Employee Benefits Expense>PR Taxes>SUI			32.00
85-156-63	Employee Benefits Expense>PR Taxes>FUI			256.00
otal			67,611.00	67,611.00
eclassifying Jou o reclass CT03 di	ımal Entries JE # 11 ient JEs	Н.03		
80-279-00	Admin Expense>Management Fee		325,980.00	
27-902-11	Due To/(From)>Interfacility>CT4 and CT3			325,980.00
	pas rail territy managemy are a second		325,980.00	325,980.00
otal	emal Entrice IE # 12	N 03a		
otal eclassifying Jou	rmal Entries JE # 12 y fees wilh eachother	N.03a		
otal eclassifying Jou o redass LTC Ally	y fees with eachother	N.03a	33.885.00	
otal eclassifying Jou		N.03a	33,885.00	33,885.00



Workpaper Index:

400.2

Prepared By: Reviewed By:

Workpaper Date: Run Date:

Name of Workpaper:

2/14/2024

VHCL CKLST

Provider Name:

Complete Care at Meriden, LLC

Provider Number: Period Ended:

2463

9/30/23

VEHICLE COMPLIANCE CHECKLIST

		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: