State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2023

Name of Facility (as licensed)										
Complete Care at Kimberly Hall No	orth									
Address (No. & Street, City, State, 2	Zip Code)									
One Emerson Drive, Windsor, CT ()6095									
Type of Facility										
Chronic and Convalescent ☑ Nursing Home (CCNH) & RHNS Combined		(Specify)								
Report for Year Beginning		Report for Year Ending								
11/15/2023		9/30/2023								
License Numbers:	CCNH / RHNS 2477	(Specify)	(Specify)	Medicare Provider 07-5279						
Medicaid Provider Numbers:	(CCNH / RHNS	(Specify)	(Specify)						
	000010769									

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Complete Care at Kimberly Hall North	2477	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 Kimberly Hall North [facility name], for the cost report period beginning November 15, 2023 and ending September 30, 2023, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

(a) Subject to Desk Audit Review

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Shanique Mightly			Printed Name (Owner) Shalom Stein	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires
Address of Notary Public				

(Notary Seal)

Table of Contents

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

State of Connecticut Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	tme	ent		Page	of 37		
				1A			
Name of Facility		Period Cove	ered:	From	То		
Complete Care at Kimberly Hall North				11/15/2023 9/30/202			
Address of Facility							
One Emerson Drive, Windsor, CT 06095							
Report Prepared By		Phone Num		Date			
Marcum LLP		203-781-96	80	2/14/2024			
Item		Total	CCNH / RHNS	(Specify)	(Specify)		
1. Dietary wages paid	\$						
2. Laundry wages paid	\$						
3. Housekeeping wages paid	\$						
4. Nursing wages paid	\$						
5. All other wages paid	\$						
6. Total Wages Paid	\$						
7. Total salaries paid	\$						
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$						

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire Type of Facility - Organization Structure

						Report for Year 9/30/2023	ır Ended	Page 2	ı	of 37
Name of Facility (as shown	on license)		Address (No. & Street, City, State, Zip)							
Complete Care at Kimberly				One Emerson Dri			-			
		CCNH / RHNS		(Specify)		(Specify)		Medicare I	rovid	ler No.
License Numbers:		2477						07-5279		
Type of Facility (Check app Chronic and Co Mursing Home RHNS Combin	onvalescent (CCNH) &		(Spe	ecify)			(Specify)		
Type of Ownership (Check	appropriate box)									
O Proprietorship O L	LC O	Partnership	0	Profit Corp.	0	Non-Profit Corp	o. O	Government	0	Trust
If this facility opened or clo	osed during repor	t year provide:			Date	Opened	Date Clo	osed		
Has there been any change or operation during this rep			_	Yes	_	No :	IC 1137 !	' explain full		
Complete Care Managemen	nt. LLC purchase	d this Facility fr								
Administrator										
Name of Administrator						Nursing H				
Shanique Mightly						Administra	- 1	2093		
Other Operators/Owners w	ho are assistant a	dministrators (fi	II or	nart time) of this f	acilit	License	110.:			
Name	iio are assistant a	diffilistrators (10	111 01	part time) of time is	ucint_	License	No.:			
N/A										

General Information and Questionnaire Partners/Members

Name of Facility Complete Care at Kimberly Ha	License No.	Report for Y 9/30/2023	ear Ended	Page of 3	
Complete Care at Killiberry Fra	III INOI III	27//	713012023	State(s) and/o	or Town(s) in
Legal Name of Part	nershin/LLC	Business A	Address		egistered
Complete Care at Kimberly Ha		One Emerson Di		СТ	
		Windsor, CT 06			
Name of Partners/Members	ddress		Title	% Owned	
Shalom Stein	760 Albert Ave, Lakew	ood NJ 08701	Managing M	l ember	100
		111			
				_	
	l				

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Page of		
Complete Care at Kimberly Hall North	2477	9/30/2023		3A 37
If this facility is owned or operated as a corpor			on:	
Legal Name of Corporation	Busines	s Address	State(s) in Whi	ch Incorporated
N/A				
Name of Directors, Officers	Busines	s Address	Title	No. Shares Held by Each
N/A				
Names of Stockholders Owning at Least 10% of Shares				
N/A				

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3B Rev. 10/2005

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Complete Care at Kimberly Hall North	2477	9/30/2023	3B	37
If this facility is owned or operated as an individual	proprietorship, pro ner(s) of Facility	ovide the following information	1.	
	mer(s) or racinty			
N/A				
				

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

General Information and Questionnaire Related Parties*

	نبا				the	y	402,704		1,755						
of 37	ess and 11 of the repor		TOTTIBLIOII.		Actual Cost to the	Related Party	402	N/A***	1						
Page 4	Name/Addra ntion on Page		n gurowing in		Cost	Reported	402,704	527,041 N/A***	1,755						
	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.	17 E	II Tes, provide de l'ollowing intormation.	Indicate Where	Costs are Included in Annual Report	Page # / Line #	Page 16 / Line M12	Page 22 / Line 9	Page 15 / Line 1e	Page 34 / Line B3					
Report for Year Ended 9/30/2023	Yes © No	⊙ Yes O No			Description of Goods/Services	Provided	Management Company	Rent	Legal (Disallowed)	Due To/(From) Intercompany					
		vs.		es	es to arties	**%									
No. 2477	related through sociation?	ity,	ILY :	Also Provides	Goods/Services to Ion-Related Partie	No	0	0	0	0	0	0	0	0	G
License No.	ty relate associat	services, his facili ntrol, or	IIIS IACII	Alsc	Goods/Services to Non-Related Parties	Yes	0	0	0	0	0	0	0	0	С
	Are any individuals receiving compensation from the facility related thr marriage, ability to control, ownership, family or business association?	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, of officials of this facility?		Business	Address	1730 NJ-37, Toms River, NJ 08757	1730 NJ-37, Toms River, NJ 08757	1730 NJ-37, Toms River, NJ 08757	N/A					
Name of Facility Complete Care at Kimberly Hall North	Are any individuals receivimarriage, ability to control	Are any individuals or con including the rental of proprelated through family associated through family as the family associated through family as the famil	association to any of the o		Name of Related	Individual or Company	Complete Care Management, LLC	Complete Care Management, LLC	Complete Care Management, LLC	Intercompany Liabilities					

^{*} 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								
Complete Care at Kimberly Hall North	2477	7 9/30/2023 5 37							
If the facility is licensed as CDH and/or RCH or J	provides AII	OS or TBI s	ervices with special Medicaid r	ates, 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							
			hours of routine care provided						
Nursing		employee classification, i.e., Director (or Charge Nurse),							
		Registered Nurses, Licensed Practical Nurses, Aides and							
		Attendants							
Direct Resident Care Consultants		Number of	hours of resident care provided	l by EACH					
			(See listing page 13)						
Maintenance and operation of plant		Square feet							
Property costs (depreciation)		Square feet							
Employee health and welfare		Gross salaı							
Management services		Appropriate cost center involved							
All other General Administrative expenses		Total of Di	rect and Allocated Costs						
The preparer of this report must answer the follow	wing questio	ns applicab	le to the cost information provi	ded.					
1. In the preparation of this Report, were all	O Yes	O No	If "No," explain fully why suc	h allocation	was not				
costs allocated as required?	0 165	O 140	made.						
2. Explain the allocation of related company exp	enses and at	tach copy o	f appropriate supporting data.						
3. Did the Facility appropriately allocate and self	f-disallow di	rect and ind	irect costs to non-nursing home	e cost center	rs?				
(e.g., Assisted Living, Home Health, Outpatie	nt Services,	Adult Day (Care Services, etc.)						
			If "No," explain fully why suc	h allocation	ı was not				
	Yes	O No	made.						

General Information and Questionnaire Other Lines of Business

Name of Facility	/	License No.		Report	for Year Ended	Page	of
	at Kimberly Hall Nor			9/30/20	23	6	37
	*						
Square footage of	of entire facility.	79,687					
Outpatient The	rapy						
Does the Facility	y provide outpatient t	herapy services?	No				
If ves. please co	mplete the following:	77					
	Square footage of t	herapy space.					
Meals on Whee	lls						
Does the facility	y provide Meals on W	/heels?	No				
If yes, please co	mplete the following:						
	Square footage of l	ritchen					
	Number of meals s						
No	Are meals included				Report?		
No Are direct costs included in the Annual Report?							
	If yes, please state						
No	Are drivers for the			lity's payroll?			Į į
	If yes, please comp	Amount Repor					Í
		Annual Report		ine			
	Please state the sal				y aides		
	Please state where					eport	
	,						
Apartments, In	dependent Living, A	Assisted Living					
Does the facility	have apartments, inc	dependent living,	and/or	No			
assisted living?							
If yes, please co	mplete the following:	2	i				
	Square footage of	apartments					
	Square footage of i	ndependent living	g				
	Square footage of a	assisted living					
	Please identify the	services provided	i				

General Information and Questionnaire Other Lines of Business (Continued)

Name of Facility License No. Complete Care at Kim 2477	Report for Year Ended 9/30/2023	Page of 7 37
	9/30/2023	1 / 1 3/
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	d day care.	
Nature of services provided:		
Adult Day Care		
Does the Facility provide Adult Day Care? No		
If yes, please complete the following:		
Square footage of adult day care space.		
Please state where it is located in relation	to the facility.	
Average number of daily participants.		
Number of meals per day provided to adul	It day care.	
Nature of services provided:	,	

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

Schedule of Resident Statistics

Name of Facility			License No.				Report for	Report for Year Ended			Раде	Jo
Complete Care at Kimberly Hall North			24	2477		Ŭ,	9/30/2023				, ∞	37
						Period 10/	Period 10/1 Thru 6/30	0		Period 7/1	1 Thru 9/30	
		Total CCNH /										
	Total All Levels	RHNS Level	Total	Total (Specify)	Total	CCNH/ RHNS	(Specify)	(Specify)	Total	CCNH / RHNS	(Specify)	(Specify)
Certified Bed Capacity On last day of PREVIOUS report period	150	150			150	150						
B. On last day of THIS report period	150	150							150	150		
Number of Residents A. As of midnight of PREVIOUS report period												
B. As of midnight of THIS report period	138	138							138	138		
3. Total Number of Days Care Provided During Period												
A. Medicare	1,207	1,207			903	903			304	304		
B. Medicaid (Conn.)	36,412	36,412			25,962	25,962			10,450	10,450		
C. Medicaid (other states)												
D. Private Pay	4,513	4,513			3,180	3,180			1,333	1,333		
E. State SSI for RCH												
F. Other (Specify) HMO & Hospice	2,433	2,433			1,762	1,762			671	671		
G. Total Care Days During Period (3A thru F)	44,565	44,565			31,807	31,807			12,758	12,758		
4. Total Number of Days Not Included in Figures in 3G												
A. Medicaid Bed Reserve Days	159	159			103	103			56	95		
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	44,724	44,724			31,910	31,910			12,814	12,814		

Schedule of Resident Statistics (Cont'd)

Name of Facil	ity			Licer	nse No.				Report	for Year I	Ended		Page	of
Complete Car	e at Kiml	berly Hall No	orth	2	477					9/30/202	.3		9	37
		•	certified bed cap	acity	during	the re	port ye	ar?		0	Yes	0	No	
II ILS	, provide	Place of C			(hano	e in Be	de		C	apacity After	Change		
	CCNH	Flace of C	nange			mang	C III DC	us			apacity Aito	Change		
	/													
Date of	RHNS	(Specify)	(Specify)	<u></u>	Lost			Gaine	ed					
Character										CCNH				
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	/ RHNS	(Specify)	(Specify)	Reason fo	or Change
				_										
				-	_			-						
								_						
			ified bed capacitys following the			report	year (a	в гер	orted in	item 4 ab	ove) provide	the number of		
1000			, •		,									
			Change in Reside	ent Da	avs					CCNH	I/RHNS	(Specify)	(Spe	cify)
1st chang	ge				_, _							-2.0-20-		
2nd chan														
3rd chan														
4th chan				20 0										
6. Number	of Resid	ents and Rate	s on September	30 of	Cost Y Med					Ç.	elf-Pay		Other Stat	e Assisted
			Medicare	-	ivied	caiu	_	_		1	cii-ray		Outer Sta	.c Assisted
					י אוואי			CC	CNH /					
	Item		CCNH / RHNS		NH / HNS	(Sn	ecify)		HNS	(ST	ecify)	(Specify)	R.C.H.	ICF-MR
No. of R			CCNII7 RIINS	10	95	(Spi	cerry	IC	39	(6)	,cony,	(Бреску)	X1. O.XX.	101 1/20
Per Dien			ASSET MILETON	1500	Taring.	TERRIES.	HILB	The said	W W	CHI LAN	STEPHEN	17 - W. 180	TO THE OWN	S. 700 Majur
a. One b			Various		263,06				450.00					
b. Two l	oed rms.		Various		263,06				422.00					
c. Three	or more			l										
bed n	ms.													
		D) : 1.551	T					т/	OTAL	CCNIL	I / RHNS	(Specify)	Outpatient	(Specify)
		e - Part B	rapy Treatments					10	2,912	CCIVI	2,912	(Specify)	Outpatient	(Specify)
		d (Exclusive	of Part B)					Sec.	45.000	VELLE I		US TO WASTEST	C. 10 728	
		tenance Trea							131		131			
	2. Resto	orative Treati	ments											
C.	Other								6,689		6,689			
			apy Treatments						9,732		9,732		To and the later to the	2 3150 8
			apy Treatments						210	Se Well	212			
		e - Part B d (Exclusive	of Dowt D)						213	The same of the	213	15 35 140 TO THE	N. S. W. W. W. W.	A 75 1965
		tenance Trea							16		16			
		rative Treat												
C.	Other								875		875			
D.	Total Sp		py Treatments						1,104		1,104			
			Therapy Treatm	ents				100	TWEN		Se TUNI TO	15 02 So Ell		10 - No. 11
		e - Part B	CD (D)					ALC: N	8,975		8,975	US-III -		
		d (Exclusive							214		214	and the late of		
		tenance Treat trative Treat							214		214	-		
	Other	nauve Heati	1104113						8,681		8,681			
		ccupational	Therapy Treatm	ents					17,870		17,870			

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-10 Rev. 3/2023

Report of Expenditures - Salaries & Wages

Name of Facility	License No.			Report for Yea	r Ended			Page	of
Complete Care at Kimberly Hall North	2477			9/30/2023				10	37
re time records maintained by all individuals receiving co	mpensation?		•	Yes		0	No		
				Total (Cost and Hours				
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hour
Salaries and Wages*	0.000	4. ES. O.V.		H LENS BUILD	No.	SAL DET	0-35 S S/A	DES 65200	10000
Operators/Owners (Complete also Sec. I of Schedule A1)				No Service			In round belong		
2. Administrator(s) (Complete also Sec. III	WA SV SOL			1 10 ES ES	THE REAL PROPERTY.	100	0.00	2 0 1700	
of Schedule A1)	123,832		1,776				100 PR 100 PR		
 Assistant Administrator (Complete also Sec. IV of Schedule A1) 	STATINGSKALLED				B450 10		TOTAL STREET, THE PARTY OF THE		
 Other Administrative Salaries (telephone operator, clerks, receptionists, etc.) 	168,586		3,672			0=85V***		Mitmontonia.	
Dietary Service Head Dietitian			100275		ESHIELIN	- 1200		Western V. S.	10.0775
b. Food Service Supervisor									
c. Dietary Workers	479,828	Desired to the last	24,273	Charles white	500 Table 10	100000	ACCOUNTS NOT THE REAL PROPERTY.	the state of	1000
Housekeeping Service Head Housekeeper						1,000,000			
b. Other Housekeeping Workers	Burn Control			The second secon	Charles and the Charles and th		SECONDITION OF		
 Repairs & Maintenance Services Engineer or Chief of Maintenance 	50,889	Street Street	1,504	HILL SHOW IT SHOWS		ALCOHOLD STATE OF THE PARTY OF			
b. Other Maintenance Workers	24,527		1,230						
8. Laundry Service	75 16 11 to 1			is with the				V 7/1. 17 Vg	XX, 05
a. Supervisor		1							
b. Other Laundry Workers					-			-	
Barber and Beautician Services Protective Services	_								
11. Accounting Services	74 (0.00 000 1)					50000	NA PISTA A	18Y61, 45	15/15
a. Head Accountant									
b. Other Accountants									
12. Professional Care of Residents	Charles Services		CV SANS		of the sales	26 12		E02	
Directors and Assistant Director of Nurses	245,010		3,774						
b. RN	760.656	Table 100 Oak	12,476	SA-Sandenia		6174	1	7	
Direct Care Administrative**	769,656 569,101		16,819		+				
c. LPN	Wite Over	(A) THE WOOD	DAN TAKE	EWIKITA S		WAR BOOK	Mil Sieburi	24 0	BB
Direct Care	1,357,810		31,108						
2. Administrative**									
d. Aides and Attendants	2,312,163		89,842						
e. Physical Therapists f. Speech Therapists					 			-	
g. Occupational Therapists	_								
h. Recreation Workers	201,803		8,558						
i. Physicians		0 1862		STATE OF THE PARTY.		SMILE	Manager I	DE CE SERVI	
Medical Director									
Utilization Review Resident Care***					-				
4. Other (Specify)	E AUSTHIE Z	Julius Javis	PER STORE	Company W.	The section of	See and the		CONTRACTOR OF	HI W
	M-10-20-20-20-20-20-20-20-20-20-20-20-20-20								
j Dentists	# ======								
k. Pharmacists L. Podiatrists									
m. Social Workers/Case Management	107,710	7	3,203						
n. Marketing	47,822	(47,822)	1,713						
o. Other (Specify)	3 6 W. 5 W.	0 9898 5				Sin Arel		1370 E	1000
See Attached Schedule	57,309		2,141						
A-13 Total Salary Expenditures	6,516,046	(47,822)	202,089						

^{*} 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						-		
Admissions	\$ 42,010	DOUBLE DE	1,253						
Medical Records	\$ 15,299	8 . 40 83	888						
						R HO I	0 0 8 7		
	THE STATE OF THE S		-2. 4						
								V Y	1200
	of the second of			Avr. = 100					- W. S
					1	BULLE 1			
					(a) (a) (b) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	0151	100		
					1000000				
									M, LEU S
			11 (5)		7	41			
Total	\$ 57,309	\$ -	2,141	\$ -	S -		\$ -	S -	SHA CONT

Schedule of Other Fees (Page 13)

		CCNH / RHNS			(Specify)			(Specify)	
Service	\$	Adjustment	Hours	\$	Adjustment	Hours	S	Adjustment	Hours
	0		NG TENT		174-70-1				
Nursing Consultant	\$ 39,110		3,592		H ON SE	CONT. N			
Respitory Therapy	\$ 139	s (139)	3						CON LILE
							-		
			III.						
						- A 14			
								1	-T VI
							BY LUCE	1 Janes	
							800		
81 V 57 T T T T				100					
		B1 4 8	Tree or						
			8	W SI IV	113	T = "W	W S F		
					1 1 1 1 1 1 1 1	18 5 7/16			
		20.110			E B	200			
Total	S 39,249	\$ (139)	3,595	S -	\$ -	31	S -	\$ -	

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

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

Assistant Administrators and Other Related Parties*

Name of Facility		F	SSISTAIL	Auminisua License No	Assistant Administrators and Other Related Farties:	Nelale Renort for	Related Fartles		Рада	90
Indiano of Lacinty				LICCIISC IAO.		Inchoir ioi	ı car Ellücü		1 480	ī
Complete Care at Kimberly Hall North	lorth			2477		9/30/2023			=	37
		Salary Paid								
N	CCNH /	(Specify)	(Specify)	Fringe Benefits and/or Other Payments	Full Description of	Total Hours	Line Where Claimed on	Name and Address of All	Total Hours	Compensation
Section I - Operators/Owners	CATTA	(appenty)	(apecity)	(describe init)	Sci vices inclinated	MOINCE	1 480 10	Outet Employment	no ive	na ina
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*

		ζ	essistant	Auminina	Assistant Administrators and Other Netated 1 alues	Inclared	ו מונוני			
Name of Facility (as licensed)				License No.		Report for Year Ended	ear Ended		Page	Jo
Complete Care at Kimberly Hall North	orth			2477		9/30/2023			12	37
		Salary Paid								
	CCNH /			Fringe Benefits and/or Other Payments	Full Description of	Total	Line Where	Name and Address of All	Total	Compensation
Name	RHNS	(Specify)	(Specify)	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
Section III - Administrators***										
Shanique Mightly	123,832			Non. Discriminatory	Administrator	1,776 A2	A2			
Section IV - Assistant Administrators										
				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.

	B. Report	or Expend	iitui es -						- 6
Tame of Facility	License No.			Report for Y	ear Ended			Page	of
omplete Care at Kimberly Hall North		2477		9/30/2023				13	37
				Tota	l Cost and Hou	ırs			
	CCNH /								
Item	RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours
B. Direct care consultants paid on a fee	1	DUD II DUD	TAIL OUT THE ST		TO LOSS	audiez la	Real District		
for service basis in lieu of salary				- W- 33				N TO THE REAL PROPERTY.	
(For all such services complete Schedule B1)				D. 156	Avide Head				
1. Dietitian	37,030		439						
2. Dentist	5,983		145						
3 Pharmacist	32,575		Contracted						
4. Podiatrist									
5. Physical Therapy	84.88 US	SUPPLIED TO	Day State	15 ASS 11 I	TWELLS OF	A LONG TO SERVED		Dept. To Ser.	
a. Resident Care	176,648		2,636						
b. Other	,								
6. Social Worker									
7. Recreation Worker									
8. Physicians		H THE ST.	No. of Land		4. (3)08	100000	THE REAL PROPERTY.	8-5 1 8	MH, 002
a. Medical Director (entire facility)	26,650		199						
b. Utilization Review	1 300 H 20	113 May 2000		100 00 110	ALTO ASSESS		W 11 X 15		WELL.
(Title 18 and 19 only) monthly meeting		-							
c. Resident Care**									
d. Administrative Services facility	The little	(J. 7 5 5 5 0 1 1 1	150 Y90	THE STATE OF	STATE OF	00 10 X X X	1500000		N
1 Infection Control Committee									
(Quarterly meetings)									
 Pharmaceutical Committee 								1 1	
(Quarterly meetings)									
 Staff Development Committee (Once annually) 									
e. Other (Specify)	Carlo Carlo	V CONT	10000	A STATE OF THE PARTY OF THE PAR	English And	STEEL ST	N STEELING	Res (100 II)	T 5311/28
c. Outer (Specify)									
9 Speech Therapist	and the last			34				12000	4.23
a. Resident Care	48,836		694						
b. Other									
10. Occupational Therapist	160 to 2000			410			Dyna Wase		The Pile
a. Resident Care	342,098		5,540						
b. Other									
11. Nurses and aides and attendants	1		1000		7.85 A STOP		TO VE TOWN	1000 100 770	
a. RN									
1. Direct Care	2,119		41						
2. Administrative***									
b. LPN	135 QA	5	503	St. Charles	C Thirties	1900	William.		EU SO
1. Direct Care	110,606		2,446						
2. Administrative***									
c. Aides	216,476		7,086						
d. Other									
12 Other (Specify)	SINO INC.				Title & A		197	THE PERSON NAMED IN	- Trans
See Attached Schedule	39,249	(139)	3,595						
-13 Total Fees Paid in Lieu of Salaries	1,038,270	(139)	22,821						

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

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

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

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

Name of Facility	License No.		Report for	Year Ended	Page	of
Complete Care at Kimberly Hall North	2477		9/30/2023		14	37
Name & Address of Individual	Full Explanation of Service	Operato	* to Owners, rs, Officers	Explan	ation of Rela	tionship
		Yes	No	27/1		
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		
IntegraScripts, 160 Airport Road Lakewood NJ 08701	Pharmacist	0	0	N/A		
Acute Care Gases, 23 Nutmeg Valley Rd. Wolcott CT 06710	Respiratory Therapist	0	0	N/A		
Genesis Physician Services, PO Box 62946 ATTN: Gary Segal Baltimore MD 21264	Medical Director	0	0	N/A		
Healthdrive, PO Box 22010 New York, NY 10087	Dentist	0	0	N/A		
Tender Touch, 400 NJ-70, Lakewood, New Jarsey 08701	Contract PT / ST / OT	0	0	N/A		
Swallowing Diagnostics, 21 Waterville Rd, Avon, CT 06001	Contract ST	0	0	N/A		
Clipboard Health, 77 Van Ness Ave Suite 101 #1728, San Francisco	Contract Nursing	0	0	N/A		
Norton and Associates , Inc., 97 Elm Street Cohasset MA 02025	Contract Nursing	0	0	N/A		
Spectrum Staffing Services, 10 Waterview Blvd #315, Parsippany-Troy Hills, NJ 07054	Contract Nursing	0	0	N/A		
All American Healthcare Services, 494 Broad St 4th Floor Newark NJ 07102	Contract Nursing	0	0	N/A		
SambaCare, 250 Cedarbridge Ave, Lakewood, NJ 08701	Contract Nursing	0	0	N/A		
Quality Management Solutions, 1225 NJ-70, Lakewood, NJ 08701	Nursing Consultant	0	0	N/A		
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	•			

^{*} Use additional sheets if necessary.

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facili		License No.	Report for Y	ear Ended				Page	of
Complete Care	at Kimberly Hall North	2477	9/30/2023					15	37
	Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	tive and General		10718	V. S.F.	A STATE OF STATE OF	A SHEET STATES			CALL TO PAY
a. Employ	vee Health & Welfare Benefits			A STORY	No. VSVEY-N	Wife Care	A CONTRACTOR OF THE PARTY OF TH		S S S
1. Wo	rkmen's Compensation		\$ 153,962	153,962					
2. Dis	ability Insurance		\$						
3. Une	employment Insurance		\$ 86,230	86,868	(638)				
4. Soc	cial Security (F.I.C.A.)		\$ 480,015	483,564	(3,549)				
	alth Insurance		\$ 253,755	253,755					
6. Life	e Insurance (employees only)		74.8 U -						
(no	t-owners and not-operators)		\$						
	sions (Non-Discriminatory)		\$ 378,210	378,210					
	t-owners and not-operators)		EVERT HOW			February Str			
	iform Allowance		\$						
	ner (Specify)		\$ 42,542	72,546	(30,004)				
	Attached Schedule		S PH NO	Mascusta		0.000	RIS SOL	EST WE	STATE OF THE
	al Retirement Plans, Pensions,	and	\$						
	Sharing Plans for Owners and		May - Total	a XIII , XAII	DECEMBER STOR	STATE OF THE STATE	138123		W
	ors (Discriminatory)*						A STATE OF THE	he though	184
Operati	(2.001)		OH THE TANK						2000
c. Bad De	ebts*		\$	137,967	(137,967)				
d. Accour	nting and Auditing		\$ 15,128	15,128					
e. Legal (Services should be fully descri	ibed on Page 15b)	\$ 3,558	5,313	(1,755)				
f. Insuran	ice on Lives of Owners and		\$						
Operate	ors (Specify)*		5,1,5						LUVSVS XX
g. Office			\$ 23,269	23,269					
h. Telepho	one and Cellular Phones		C. T. J. S. St.	IL HEAD BY	I IVAD HOW	2011 Sec. 1/2	D. M. E. S		
	ephone & Pagers		\$ 12,418	12,418					
	lular Phones		\$						
i. Apprais	sal (Specify purpose and		\$						
attach			DEVELOPING TRE	CEOU 15 /10		30 W S 1	87, 8 v = 118		180 10 14
			OF WASH			- F-1			250
i. Corpor	ation Business Taxes (franchis	re tax)	\$						
	Taxes (Not related to property		STATION AND ADDRESS OF THE PARTY OF THE PART	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A 12 2 3 1	10 25 2	A-5-03	WE WE	
1. Inc		<u> </u>	\$						
	ner (Specify)		\$						
	Attached Schedule		DAY DAID ON THE			THE DATE OF	DI SOLITORI	THE PARTY	1 1/82
	sident Day User Fee		\$ 889,336	889,336					
Subtotal			\$ 2,338,423	2,512,336	(173,913)				

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

(Carry Subtotals forward to next page)

Schedule of Other Employee Benefits

Description	CCNH / R	HNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	No. of the last	0					- C (300 I
Employee Benefits Expense>Miscellaneous	\$ 23	,387	\$ (23,387			Weight St.	
Employee Benefits Expense>Food	\$ 6	,617	\$ (6,617				
Union Training Fund	\$ 42	,007				17 S. S. V.	
Employee Benefits Expense>Employee Physicals	S	535					
			15 SAL				
		AC III					
						11. 118	
			v first value				
				N II TO		1 5,100	
Total	\$ 72	,546	\$ (30,004) s -	s -	s -	\$ -

Schedule of Other Taxes

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	0		N-STREET	THE STREET	40 00 00	
		IIIVOVEIE I				
					NAME OF TAXABLE	
Total	S -	S	\$ -	S -	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	of
Complete Care at Kimberly Hall N		9/30/2023		15b	37
The records of this facility for the p	period covered by this report v	were maintained on the following basis:			
	Modified Cash				
Is the accounting basis for this	**	TOTAL II			
F	Yes	If "No," explain.			
previous period?	No				
Independent Accounting Firm					
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
1 Brand Sonnenschine LLP		299 Broadway Suite 600 New York, NY		3	
2 Marcum LLP 3		One Hovchild Blvd, 4000 Rt. 66 Ste 323,	,		
3					
4					
Services Provided by This Firm (de	escribe fully)				
1 General Accounting Services			\$	6,350	
2 Reimbursement advisory services			\$	8,778	
3			\$		
4			\$		
			Charge for	r Services P	rovided
			\$	15,128	
Are These Charges Reflected in the Expend	diture Portion of This Report? If Ye	s, Specify Expense Classification and Line No.			
O Yes O No					
Legal Services Information			lm 1 1	NT 1	
Name of Legal Firm or Independen	t Attorney		Telephon		
1 CSC			866-636-3		
2 Genova Burns			973-533-0 732-313-0		
3 Complete Care Management			203-772-		
 Complete Care Management Murtha Cullina LLP 			203-772-	7700	
Address (No. & Street, City, State,	7in Code)				
PO Box 7410023, Chicago IL					
2 494 Broad Street Newark, NJ					
3 1730 NJ-37, Toms River, NJ 0					
4 265 Church St, New Haven, (
3 1730 NJ-37, Toms River, NJ (4 265 Church St, New Haven, (5					
Services Provided by This Firm (de	escribe fully)				
1 Delaware Renewals			\$	1,677	
2 Union Negotiations			\$	616	
3 CT Filing Fees (Disallowed)			\$	1,755	
4 General legal services			\$	1,265	
5			\$		
			Charge for	r Services P	rovided
			S	5,313	
Are These Charges Reflected in the Expend	diture Portion of This Report? If Ye	s, Specify Expense Classification and Line No.			
⊙ Yes O No					

Complete Care at Kimberly North, LLC September 30, 2023 Benefits Disallowance

Pg. 15c

Marketing Benefits Disallowance

Marketing Salary	47,822	Page 10
Total Salaries	6,516,046	TB Linked
Percent to Total Salaries	0.73%	

Percent to Total Allocation	Amount	Percentage	Disallowed
Unemployment Insurance	86,868	15%	\$ 638
Social Security (F.I.C.A)	483,564	85%	\$ 3,549
Total Benefits (Pg 15, Line 1a3 - 1a6)	570,432	100%	\$ 4,187

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

Name of Facility	License No.	Report for Ye	ar Ended		Page 16	of 37		
Complete Care at Kimberly Hall North	plete Care at Kimberly Hall North 2477 9/30/2023					1	16	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustmen
	Subtotals Brought Forward:	2,338,423	2,512,336	(173,913)				
Travel and Entertainment Resident Travel and Entertainment	\$					17,485 11.7		200 30
Holiday Parties for Staff	\$							
 Gifts to Staff and Residents 	\$							
Employee Travel	\$	6,012	6,012					
Education Expenses Related to Seminar	s and Conventions \$							
6. Automobile Expense (not purchase or a	depreciation) \$							
7. Other (Specify) See Attached Schedule	\$					N 382 2		
m. Other Administrative and General Expenses				DATE NO.	337			THE REAL PROPERTY.
1. Advertising Help Wanted (all such expe		8,365	8,365					
2. Advertising Telephone Directory (all su	ch expenses)*** \$							
 Advertising Other (Specify)*** 	\$	1,639	27,544	(25,905)				
See Attached Schedule		ESTACH STREET	1000	A CHAR			01 10 010	
4. Fund-Raising***	\$							
Medical Records	\$							
 Barber and Beauty Supplies (if this served directly and not by contract or fee for served.) 				E 23, A J (MI)			S S S S S S S S S S S S S S S S S S S	
7. Postage	\$	1,779	1,779					
* 8 Dues and Membership Fees to Profession Associations (Specify) See Attached Schedule	onal \$	8,478	8,478	TIE. EN LES	1.3.47			
8a. Dues to Chamber of Commerce & Other	er Non-Allowable Org.*** \$		134	(134)				1
9. Subscriptions	\$	1,228	1,228					
10. Contributions*** See Attached Schedule	S						14 × 20 1	A A X
 Services Provided by Contract (Specify Schedule C-2, Page 21 for each firm or 		390,862	390,862		LE TOSSEILLE	niBara N		
12 Administrative Management Services**		353,579	402,704	(49,125)				
13. Other (Specify) See Attached Schedule	S	11,240	13,705	(2,465)	5/1			
C-14 Total Administrative & General Expenditu	res S	3,121,605	3,373,147	(251,542)				

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

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

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

Schedule of Other Travel and Entertainment

CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
0		1000		F 11201800	
		EUD DE TRE			
					+
	2	\$	\$	s -	s -
	0	0			

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	0	Market Market				
Admin Expense>Marketing & Advertising	\$ 25,905	\$ (25,905)	to a second			
Admin Expense>Marketing & Advertising>COVID	\$ 1,639					
Total Other Advertising	\$ 27,544	\$ (25,905)	S -	\$ -	\$ -	\$

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	0		100		III	
CAHCE	\$ 8,478	100 8 800	New III	8-51-1		100000000000000000000000000000000000000
						والمراكب المراكب
				100		
					2 10 200	
				0,110 87		
				VOICE		
		W 50;== 1 = 10	100 00 00 000			
Total Dues	\$ 8,478	\$ -	\$ -	\$ -	\$ -	s -

Schedule of Contributions

Description	CC	NH / RHN	S Ad	justment	(Sp	ecify)	Adju	stment	(Spe	cify)	Adju	stment
		0								VA.		
		47355	- 51		1 3 7			EULIT				
			ULE.			W DIT						100
Total Contributions	S	W \$	S		\$	QII's	S		\$	•	\$	

Schedule of Other Administrative and General

Description	CCN	H / RHNS	Ad	justment	(Specify)	Adjustr	nent	(Specify)	Adjustment
		0							
Admin Expense>Financing Costs	\$	2,161	\$	(2,161)			_wat		
Admin Expense>resident missing Items	\$	53	\$	(53)		The second	1,,11		
Admin Expense>Licenses	\$	118	100			COLUMN TO SERVICE	200		
Admin Expense>Bank Fees	\$	7,503				VE TE			
Admin Expense>Background Checks	S	467					1V.	Dinies.	551
Admin Expense>Background Checks Other (Fingerprinting)	\$	3,403			STILL STATE	10 000			DE LE CO
Other Rev>Vending Machines		3 (5-1)	5	(224)					
Other Rev>Medical Records			S	(27)					
Total Other Administrative and General	S	13,705	S	(2,465)	s -	S		\$ -	s -

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

Descrption	Amount		
Management fees Charged (Pg. 16 / Line m12)	402,704		
Management fees Charged (Pg. 20 / Line 5j)	102,704		
	0		
Management fees Charged (Pg. 20 / Line 5k)		- I	
Total Management fees Charged	402,704	TB Linked	
P. J P	44 704		
Patient Days		Page 8 of C/R	
Imputed Days - 90% Occupancy		Calculation	
Amount Per Patient Day (Greater of 90% or Actua	al Days)	\$ 9.004	12
		7.	-0
PPD Allowance Per Rate Agreement		7.5	
2023 CPI Increase of 1.0541%		1.05	41 J.04a
PPD Allowance 9/30/2023		7.9)1
112 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			_
Amount over (Under)		\$ 1.098	84
Amount over (Onder)		Ψ 1.070	, .
Total Days		44,72	24 Greater of Actual or 90%
Disallowed Management Fee		\$ 49,12	

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Complete Care at Kimberly Hall North	2477	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		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 Complete Care at Kimberly Hall North	License	No. 2477	Report for Ye 9/30/2023	ar Ended			Page 18	of 37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Dietary a. In-House Preparation & Service								
1. Raw Food	S	348,278	348,278					
Non-Food Supplies	S	39,867	39,867					
3. Other (Specify)	\$					2 5 3 5 5		
b. Purchased Services (by contract other	\$	120,706	120,706					
than through Management Services) (Complete Schedule C-2 att. Page 21)	- 1							
c. Other (Specify)	S	2,732	2,732					
Dietary Equipment Rental						100 Not 154		
2D. Total Dietary Expenditures (2a + b + c + d)	s	511,583	511,583					
P. Resident Meals: Total no. of meals served per		Total		/ RHNS	(Spe	cify)	(Spe	ecify)
G. Is cost of employee meals included in 2D?	O Yes	•	No					
H. Did you receive revenue from employees?	O Yes	0	No		If yes, specify amt.			
Where is the revenue received reported in the C	Cost Report?	Page/Line Ite	m)					
Is cost of meals provided to persons other than L employees or residents (i.e., Board Members, Guests) included in 2D?	⊙ Yes	0	No		If yes, specify cost.		1667	
Is any revenue collected from these people?	O Yes	0	No		If yes, specify amt.			
Where is the revenue received reported in the C	Cost Report?	Page/Line Ite	m)				Page 16 / Line	m3
Is cost of food (other than meals, e.g., snacks M. at monthly staff meetings, board meetings) provided to employees included in 2D?	⊙ Yes	0	No		If yes, specify cost.		6444	
N. Is any revenue collected from employees?	O Yes	0	No		If yes, specify amt.			
O. Where is the revenue received reported in the C	Cost Report?	Page/Line Ite	m)				Page 15 / Line	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 Complete Care at Kimberly Hall North	License	No. 2477	Report for Yea 9/30/2023	r Ended			Page 19	of 37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
 Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, 	Lbs.							
gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$							
 Employee items including uniforms, gowns, etc. washed, ironed and/or 	Lbs.							
processed.***	Amt. \$							
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)	s	307,178	307,178					
c. Other (Specify)	\$		M 50 300 T	EULITÉGES E	HOLVE SE	DX. OF THE REAL PROPERTY.	STATISTICS.	
3D Total Laundry Expenditures (3a + b + c)	S	307,178	307,178					
3E. Laundry Questionnaire					If yes, specify			
F. Is cost of employee laundry included in 3D?) Yes	0	No		cost.			
G. Did you receive revenue from employees?) Yes	0	No		If yes, specify amt.			
 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?	Yes Yes	0	No		If yes, specify amt.			
K. Where is the revenue received reported in the Cost	Report?		(Page/Line Ite	em)				

^{*} Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4. All allocations should add to total recorded in 3D.

^{***} Pounds of Laundry only required for multi-level facilities,

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

Name of Facility	License No.	Report	for Year E	nded				Page	of
Complete Care at Kimberly Hall North	2477		9/30/2023					20	37
Item			Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
1. Housekeeping	Sq. Ft. Serviced								
a. In-House Care	by Personnel								
1. Supplies - Cleaning (Mops, pails, brooms, etc.)	Amt	\$	2,520	2,520					
b. Purchased Services (by contract of	ther Sq. Ft. Serviced								
than through Management Servi	ces) by Personnel								
(Complete Schedule C-2 att. Page 21)	Amt	\$	459,875	459,875					
C. Other (Specify)		\$							
4D. Total Housekeeping Expenditures	(4a + b + c.)	S	462,395	462,395	BUT END IN		ON SECTION	TO SHARE	- SOUGENSIA
Total Housekeeping Expenditures Resident Care (Supplies)**	(44.1010)		402,373	402,595	100, 30, 31003	STATE OF THE PARTY.	CVIET DE VIE		Mr. of Hillian
a. Prescription Drugs***		100			1 3 TA TA			10 31 100 11	
Prescription Drugs Own Pharmacy		S					A STATE OF THE PARTY OF THE PAR	-	
		S		43,842	(43,842)				
		3	1000	43,042	(45,642)	MANAGE E	DWS 500	0 = 300 =	
GeriScript / Medline		S	408	408					
b. Medicine Cabinet Drugs		S	137,018	137,018					
c. Medical and Therapeutic Supplie	5	S	137,018	967	(967)				
d. Ambulance/Limousine***		Φ		907	(907)		TO THE REAL PROPERTY.		THE RESIDENCE OF THE PARTY OF T
e Oxygen		6	1949111	1000	DELL'ENDRESSEE	AV	DATE OF STREET	The second second	Contract Street
For Emergency Use		S		2,365	(2,365)				
2. Other***		5		3,353	(3,353)				
f. X-rays and Related Radiological Procedures***		3	SALES OF THE SALES	دددرد	(3,333)		100 M M M M M M M M M M M M M M M M M M	I V STATES	W. C. C. C.
g Dental (Not dentists who should is salaries or fees)	ne included under	S	102111						
h. Laboratory***		- 5		33,247	(33,247)				
i. Recreation		S	19,543	19,543					
j. Direct Management Services*		S							
k. Indirect Management Services*		\$							
I Cable TV		S	6,312	13,074	(6,762)				
m. Other (Specify)****		\$	109,126	110,839	(1,713)				
See Attached Schedule		180	31 Jan 19	Section .				1 1 1 1 1 1 1 1 1	1 10 00011
n. Physical Therapy Expense		\$	5,507	5,507					
o. Speech Therapy Expense		S							
SP. Total Resident Care Expenditures (59 - 50)	\$	277,914	370,163	(92,249)				

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

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

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

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

Schedule of Other Resident Care

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	0					
Nursing Rental Expense	\$ 7,931		an in the second	Mary States		
Nursing Expense>Supplies>Bariatric	\$ 1,713	\$ (1,713)	7			
Nursing Expense>Supplies>COVID	\$ 31,793	3 1 (24)				
Nursing Expense>Training & Education	\$ 5,724					
Nursing Expense>Sanitation & Incineration	\$ 4,758				Temperature and the second	
Nursing Expense>Repairs & Maint	\$ 407	INV_ INT LITT				
Nursing Expense>Clinical Services	\$ 9,315					
Nursing Expense>Data Processing	\$ 40,330			THE CALL WILL		
OT Expense>Optum>Part B	\$ 8,717					
Therapy Expense>Supplies	\$ 151					
					18 0 H	
Total Other Resident Care	\$ 110,839	\$ (1,713)	s -	s -	\$ -	s -

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

Total Cable TV Expense acct # 80-232-00	\$ \$	<u>mount</u> 13,074	TB Linked
Monthly Allowable amount Months in Cost Report Year	\$	600 12	
Total Allowable Cost	\$	7,200	•:
Full Year Cost Report (365 out of 365 Days)	,	88%	_
Revised Allowable Cost	\$	6,312	
Disallowed Cable TV	\$	6,762	

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

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

Name of Facility Complete Care at Kimberly Hall North	(all North			License No. 2477	Report for Year Ended 9/30/2023				Page of 21 37
		Related ** to Owners, Operators, Officers	o Owners, Officers				Total Cost/Page Ref.***	lge Ref.***	
Name of Individual or				Explanation of	Full Explanation of	CCNH/			
Company	Address	Yes	No	Relationship	Service Provided*	RHINS	(Specify)	(Specify)	Pg Line
Healthcare Services Group	P.O Box 829677 Philadelphia, PA 19182	0	•	N/A	Dietary	119,611			18 26
Healthcare Services Group	P O Box 829677 Philadelphia, PA 19182	0	0	N/A	Housekeeping	459,875			20 4b
Healthcare Services Group	P.O Box 829677 Philadelphia, PA 19182	0	•	N/A	Laundry	307,178			19 3b
Northwest Environmental	2001 Windsor Ave Baltimore, MD 21217	0	•	N/A	Sanitation	32,575			22 6f
Brightview Landscapes LLC	P.O. Box 740655 Atlanta GA 30374	0	•	N/A	Snow Removal	11,212			22 6f
Brightview Landscapes LLC	P.O. Box 740655 Atlanta GA 30374	0	•	N/A	Landscaping	15,114			22 6f
Complete Care Management	1730 NJ-37, Toms River, NJ 08757	0	0	N/A	Coporate Payroll Fee	11,000			16 m11
LTC Ally	Americas, Lakewood, NJ 08701	0	0	N/A	Back Office Accounting	162,420			16 m11
		0	0						
		0	0						
		0	0						
		0	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 Kimberly Hall North	2477	9/30/2023				p-	22	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$	43,742	43,742					
b. Heat	\$	20,444	20,444					
c. Light & Power	\$	275,845	275,845					
d. Water	\$	124,594	124,594					
e. Equipment Lease (Provide detail on page			6,490					
f. Other (itemize) See Attached Schedule	\$	121,887	121,887		San Park		SUNE S	ENIE VI
6g. Total Maint. & Operating Expense (6a - 6f) \$	593,002	593,002					
Depreciation (complete schedule page 23*) a. Land Improvements	\$							
b. Building & Building Improvements	\$							
c. Non-Movable Equipment	\$							
d. Movable Equipment	\$		33,419					
*7e. Total Depreciation Costs (7a + b + c + d)	\$	33,419	33,419					
Amortization (Complete att. Schedule Page 2 a. Organization Expense	24*) \$							
b. Mortgage Expense	\$							
c. Leasehold Improvements	\$	2,216	2,216					
d. Other (Specify)	\$							
*8e. Total Amortization Costs (8a + b + c + d)	\$	2,216	2,216					
Rental payments on leased real property less real estate taxes included in item 10b	\$	527,041	527,041					
10. Property Taxes								
a. Real estate taxes paid by owner	\$		V.					
b. Real estate taxes paid by lessor	\$	87,359	87,359					
c. Personal property taxes	\$	14,480	14,480					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	664,515	664,515					

^{*} 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				NITE CONTRA	
Maintenance Expense>Supplies	\$ 16,426		LEGIT WINEY.		MILES N	
Maintenance Expense>Minor Equip	\$ 1,618	W-12				
Maintenance Expense>Sanitation & Incineration	\$ 32,575			10 10		
Maintenance Expense>Equip Rental	\$ 10,412					
Maintenance Expense>Extermination	\$ 6,062					1000000000
Maintenance Expense>Snow Removal	\$ 11,212		V			100 100 2
Maintenance Expense>Landscaping	\$ 15,114					
Maintenance Expense>Landscaping>supplies	\$ 63		L, ALSVEY			
Maintenance Expense>Water Treatment	\$ 1,675	We still				
Maintenance Expense>Data Processing	\$ 1,278			A LINE WAY	_ B1 A _ 5	
Maintenance Expense>Contracted Service	\$ 19,883	10'11				
Utility Expense>Contracted Service	\$ 5,569				12(1)	SSESS SWI
The Bank of Artist of Care Vi		2				
Total Other Repairs and Maintenance	\$ 121,887	s -	s -	\$ -	s -	s -

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

General Information and Questionnaire Leases (Excluding Real Property)

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

should not be included in these amounts.

stionia not be included in these amounts.							
Name of Facility			License No.	Report for Year Ended	ar Ended		Page of
Complete Care at Kimberly Hall North			2477	9/30/2023			22b 37
	Related * to	* to					
	Owners,	rs,					
	Operators,	ors,				Annual	
	Officers	ers		Date of	Term of	Amount	Amount
Name and Address of Lessor	Yes	Ño	Description of Items Leased	Lease**	Lease	ofLease	Claimed
Leaf - PO Box 5066 Hartford CT 06102	0	0	Kyocera copier systems	01,06/23	63 Months	6,490	6,490
	0	0					
	0	0				3	
	0	0					
	0	•					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
Is a Mileage Log Book Maintained for All Leased Vehicles?	ased Veh	icles?	O Yes	O No	07.	Total ***	6,490

^{*} 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.



SIGNED X

Accepted by: LEAF Capital Funding, LLC By:

270 626

ØL	EAF	LEASE AC	GREEMENT				berly, MO 652 ax: 800-426-26
Complete Car	NAME: re at Kmberly Hall North LLC				Telephone No: 860-688-644	43	
Billing Address:			Equipment Location (if other than Billin 1 Emerson Drive, Windsor,				
	rive, Windsor, CT 06095-3200 ESCRIPTION: (indicate quantity, new or w	and and include make madel pair					
Unit Quantity	Description of Equipme		Make and Type		Number	Sc	erial Number
1	Copier Syste						
BASE TERM IN MONTHS	TOTAL NUMBER OF LEASE PAYMENTS		EASE PURCHASE OPTION		(a) Advance Pa	yment:	\$0.00
<u>63</u>	.63 @ <u>\$579.00</u> (plus taxes)	10% of Equipment cost, j			(b) Security De	posit:	\$0.00
		(FMV unless another option is you are in default. If you exe	selected. You may not exercise a pur reise a purchase option we will cor Equipment to you on an AS-IS WHE	vey all of our	(c) Documentat		\$95.00 \$95.00
Your obligation In this agreement Lessor and "you" following terms a 1. LEASE PAY execution. The te ("Lease Commen the month follov remaining Lesse "Payment Date") to the first Payme from the Lease C Interim Rent sha actual costs are di basis, the Monti previously then i 2. DELIVERY, delivery and insta oral or written ac You authorize ti information. You written consent a not responsible fo 3. INDEMINIFI against any losses related to the ord	MENTS AND TERM: The Lease is orm of the Lease shall commence on the date cement Date"). The first Lease Payment shall ving the Lease Commencement Date as so Payments will be due on the same day of until paid in full. The Base Term shall comment Date. We may charge you a portion of ormencement Date until the first day of the ll be due as invoiced. We may adjust the L fferent than the estimate used to calculate the hly Payment muy be increased by a max neffect. ACCEPTANCE, USE AND REPAIR: You llation. You unconditionally accept the Equip ceptance of the Equipment, or (b) 10 days at the fill in the Lease Commencement I will not move the Equipment from the thand are responsible for maintaining the Equipment or vendor failures. CATION: You agree to indemnify, defend, damages, penalties, claims and suits, incluring, manufacture, installation, ownership, or the state of the payment or the content of the content of the content of the content of the comments.	the robligations is non-cancellate. EAF Capital Funding, LLC as to lease the Equipment upon the enforceable on you upon you the Equipment is delivered to you I be due on the date we specify in et forth in our invoice, and the each subsequent month (each, a tence on the date one month prior no Lease Payment for the period Base Term ("Interim Rent"). The case Payments up to 15% if the each each each each each each each ea	ble, absolute, unconditional and so our interests (and only our interests (and only our intereditional amount for the cost of than the cost to obtain your own in the second of than the cost to obtain your own in the second of the the cost to obtain your own in the second of the the second of the total you are deemed to own it, you grate to file UCC financing statements ince and penalties relating to the two pay any taxes, (including properties and penalties relating to the two pay any taxes, (including properties and penalties are fines and penalties require an Equipment appears to reimburse our costs. 9. DEFAULT: If you or any guar due date, or breach any terms of Equipment, you will be in default of the following: (a) immediately remaining Lease Payments, Interiby us, discounted at an annual rarepossess the Equipment; or (d) law. If you default, you agree to costs. In addition to all other chart penalty, we may require you to a expense incurred in the collection the Equipment, we may sell or of private sale, and apply the net properties.	not subject to rests). If we of it and an admin itsurance and on the work of the confirm our purchase, use, to confirm our purchase, use, to corty tax), fees inistrative fee. If the present is to inspection, antor do not part of this Lease, a. If you default, pay all amount mart and resite of 3%; (b) ruse any and all pay the cost cees and as reimber to or servicing of therwise dispose cocceds (after we	batament, see batain such insu- istrative fee, the which we may no Equipment (exclusion to the control of the c	ex-off or d rance, you cost of whake a profi uding licer quipment. iii pay, wh nership of rour behalf y us the d or 0.5% c administrate t within ter any licens you to do us the pres e Equipment belt to us and our att penses inct , letters, ar out if we te thous roue t costs roll t costs rol	efense. will pay us an uich may be mon fit. sed software). I You authorize u en due, all taxes the Equipment. It, you will pay us ocumentation for the Equipment was erclating to the any combination sent value of the the relating to the any combination sent value of the the training to the any combination sent value of the the training to the any combination sent value of the city (c) allow us to under applicable orney's fees and the possession of the training that any additional the possession of the training that the public of the training that the public of the training that the public of the training that the tr
expiration of the will renew on a either exercise the Equipment. you are responsible Payment, and (ii) media prior to re appropriate remove laws). You will passessed to the Equipment and the purchase option with possible of the will be prior of the purchase option with possible option.	RAITON, RENEWAL: Unless you notify Lease of your election to return or purch month-to-month basis at the same mon the purchase option or provide us with at I if you return the Equipment, (i) it must be to for all return costs and we may charge a Reyou must securely remove all data from any eturning the Equipment (and you are sole all standard that meets your business need y us for any loss in value resulting from faith its Lease or for durnages incurred in shipping we will convey all of our interest in such it without representation or warranty. AND CHARGES: If any amount is not paic pay us a late charge equal to the lesser of 10 mount. Amounts which are not paid within 3r month (or if less, the maximum legal rate) one and \$35 for each returned payment. ITY: We do not manufacture the Equipmer e supplier. WE MAKE NO EXPRESS O OSE OF MERCHANTABILITY OR FITTONSIBLE FOR CONSEQUENTIAL OR I RISK OF LOSS: You bear all risk of loss or is returned in the required condition the Risk Period you will maintain property ble to us, naming us loss payee and addition: 1505EE: Complete Care at Kmberly Hall Note.	asse the Equipment, this Lease thly Lease Payment until you east 90 days notice and return to the location we designate and seturn to the location we designate and stacking Fee equal to one Lease of and all disk drives or magnetic by responsible for selecting an s and complies with applicable are to maintain the Equipment in g and handling. If you exercise a Equipment to you on an AS-IS of within three (3) days of when 60 days of when due shall accrue until paid. You agree to pay \$25 ent and you have selected the R IMPLIED WARRANTIES, NESS FOR A PURPOSE AND NCIDENTAL DAMAGES. I damage to the Equipment from or purchased by you (Risk and liability insurance on the all insured. If you do not provide on the Equipment to cover the LLC.	for any amounts that are due afte security deposits to your obligation without intenest. 10. ASSIGNMENT: You have no sell or assign our rights in the Lerights but will not be subject to any 11. ARTICLE 2A: You agree this Uniform Commercial Code. You warticle 2A (508-522) of the UCC informed of the identity of the Su and may contact the Supplier for a 12. CREDIT INFORMATION: bureau reports, and make other creats. CHOICE OF LAW: THIS I LAW. YOU CONSENT TO JUR IN PENNSYLVANIA AND WAIV 14. MISCELLANEOUS: This Lendy in writing signed by both part or by electronic means) and, wh purposes. This Lease is not hinding to the enforcement of this Lease the You will use the Equipment only household use. The USA PATRIO that identifies you thus we ask for y substantiate your identity. e: ari geuth	shall constituter we have applins and if you design and/or Equipolation of Equipolation of General Lease is a "firewive all rights. You have reception and you description of it You authorize that LEASE WILL ISDICTION IN EANY RIGHT assets the parties. This Lease on transmitted gon us until we at it was executed for business.	e reasonable notilied such not pre- lied such not pre- lo not default, the r assign the Equ putent and the nu se you have agui ance lease" as d and remedies e vived a copy of the may have rights use or any of our two deem necess BE GOVERNE N THE STATE 1 TO A TRIAL	ce. You re ceeds. We e balance the balance tipment or the worker that the conferred the supply th	main responsible a may apply only will be refunded. Lease, We may will have all our Article 2A of the upon a lessee by Contract or been Supply Contract to obtain credit to obtain credit to obtain credit to obtain credit to manually pon you for all lise as a defense lectronic means, conal, family or nor dinformation or documents that
Lessee AGIR862	5799gABrure	E-Mail Addres		th@ltcal	lnyste⊊om [/2]	/22	
PERSONAL GUA of payment and not and notification if t inforcing our rights	RANTY: Undersigned guarantees that Lesse of collection, and that we can proceed directl he Lessee is in default and consents to any against undersigned or Lessee. If more than au reports and make inquiries regarding und	ly against undersigned without fir extensions or modifications gra- one person signs this guaranty e	form all other obligations under the st proceeding against Lessee or the f inted to Lessee. Undersigned will p and agrees that higher liability is join	Equipment, Und ay us all expen of and several	ersigned also wa uses (including a Undersianed auti	ives all sur ttomeys' f	etyship defenses ees) we incur in

Print Name:

Title:

E-Mail Address:

Date:



SCHEDULE A TO LEASE AGREEMENT (EQUIPMENT DESCRIPTION)

Lease Application No.: 771982

QNT	Equipment Description	New/Used	Make	Model	Serial Number
Location	n: 1 Emerson Drive, Windsor, CT 0609	95-3200			
1 kyc	ocera 4004i	New			
1 kyd	ocera 4054ci	new			

LESSEE: Complete Care at Kmberly Hall North LLC	LEAF CAPITAL FUNDING, LLC
BY: An Granda DOTTIASFORM genuth PRINT NAME:	BY:
TITLE: director of purchasing	_ TITLE:
DATE:11/21/22	_ DATE:

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

Depreciation Schedule

Complete Care at Kimberly Hall North Complete Care at Kimberly Hall North Property Item 1. Land Improvements 1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule)* 1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period 4. Subtotal 1. Acquired during this report period 2. Disposals (attach schedule) 3. Acquired during this report period 4. Subtotal 6. Non-Movable Equipment 7. Acquired during this report period 7. Disposals (attach schedule) 8. Acquired during this report period 9. Acquired during this report period 1. Acquired during this report period 2. Disposals (attach schedule) 3. Acquired during this report period 6. Non-Movable Equipment 7. Subtotal 9. Movable Equipment 1. Motor Vehicles (Specify name, model and year of each vehicle) 9. Movable equipment 1. Motor Vehicles (Specify name, model and year of each vehicle) 9. Acquired by the control of each vehicle) 1. Motor Vehicles (Specify name, model and year of each vehicle) 1. Acquired during this report period (attach schedule) 1. Motor Vehicles (Specify name, model and year of each vehicle) 1. Acquired during this report period (attach schedule) 1. Motor Vehicles (Specify name, model and year of each vehicle) 1. Acquired during this model and year of each vehicle) 1. Acquired during this report period (attach schedule) 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) 4. Acquired during this report period (attach schedule) 5. Disposals (attach schedule) 6. Acquired during this report period (attach schedule) 7. Acquired during this report period (attach schedule) 8. Acquired during this report period (attach schedule) 9. Acquired during this report period (attach sched	storical Cost Cost Less Salvage Land		Neport for Year Ended 9/30/2023	napu		rage 23	37
Property Item ired prior to this report period seals (attach schedule) ired during this report period (attach) ired during this report period (attach) ired prior to this report period seals (attach schedule) ired during this report period vable Equipment ired prior to this report period seals (attach schedule) ired during this report period seals (attach schedule) ired during this report period (attach)							
Property Item iprovements ired prior to this report period osals (attach schedule) ired during this report period (attach) ired during this report period (attach) ired prior to this report period osals (attach schedule) ired during this report period (attach) ired during this report period osals (attach schedule) ired during this report period osals (attach schedule) ired during this report period osals (attach schedule) ired during this report period (attach)		vage Cost to Be	Accumulated Depreciation to Beginning of Year's		Useful	Depreciation	
ired prior to this report period ired prior to this report period ired during this report period (attach) ired during this report period (attach) ired prior to this report period soals (attach schedule) ired during this report period (attach ired prior to this report period soals (attach schedule) ired during this report period soals (attach schedule) ired during this report period soals (attach schedule) ired during this report period (attach			Operations	Depreciation	Life	for This Year	Totals
ired prior to this report period seals (attach schedule) ired during this report period (attach is and Building Improvements ired prior to this report period seals (attach schedule) ired during this report period (attach ired prior to this report period seals (attach schedule) ired during this report period seals (attach schedule) ired during this report period seals (attach schedule) ired during this report period seals (Specify name, model or Vehicles (Specify name, model rear of each vehicle)							The state of the s
ired during this report period (attach is and Building Improvements ired prior to this report period (attach is sals (attach schedule) ired during this report period (attach ired prior to this report period (attach ired prior to this report period (attach ired prior to this report period (attach ired during this report period (attach schedule) ired during this report period (attach ired during this report ired during this report ired during this report period (attach ired during this report ired dur							The second
ired during this report period (attach is and Building Improvements ired prior to this report period (attach is sals (attach schedule) ired during this report period (attach vable Equipment ired prior to this report period (attach soals (attach schedule) ired during this report period (attach e Equipment e Equipment er Vehicles (Specify name, model irear of each vehicle)							
ired building Improvements ired prior to this report period ssals (attach schedule) ired during this report period (attach) ired prior to this report period ssals (attach schedule) ired during this report period (attach)							
Building and Building Improvements 1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period (attach Subtotal Non-Movable Equipment 1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period (attach Subtotal Movable Equipment 1. Motor Vehicles (Specify name, model and year of each vehicle) and year of each vehicle) a b.		8 3 1 1 1 X	CIE N. BYSALL	1112 1138	10.00	TO THE PARTY OF	
1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period (attach Subtotal Non-Movable Equipment 1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period (attach Subtotal Movable Equipment 1. Motor Vehicles (Specify name, model and year of each vehicle) and year of each vehicle b.							84 8 S SO E
2. Disposals (attach schedule) 3. Acquired during this report period (attach Subtotal Non-Movable Equipment 1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period (attach Subtotal Movable Equipment 1. Motor Vehicles (Specify name, model and year of each vehicle) a a b. b.							TO THE STANK
3. Acquired during this report period (attach Subtotal Non-Movable Equipment 1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period (attach Subtotal Movable Equipment 1. Motor Vehicles (Specify name, model and year of each vehicle) a a b.							S 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Subtotal Non-Movable Equipment 1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period (attach Subtotal Movable Equipment 1. Motor Vehicles (Specify name, model and year of each vehicle) and year of each vehicle) a b.							
Non-Movable Equipment 1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period (attach Subtotal Movable Equipment 1. Motor Vehicles (Specify name, model and year of each vehicle) a a b.	WAY NOT BE THE THE	THE REPORT OF		The Manual Control		200	
1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period (attach Subtotal Movable Equipment 1. Motor Vehicles (Specify name, model and year of each vehicle) a b b.							AND THE REAL PROPERTY.
2. Disposals (attach schedule) 3. Acquired during this report period (attach Subtotal Movable Equipment 1. Motor Vehicles (Specify name, model and year of each vehicle) a b.							
3. Acquired during this report period (attach Subtotal Movable Equipment 1. Motor Vehicles (Specify name, model and year of each vehicle) a b.							
Subtotal Movable Equipment I. Motor Vehicles (Specify name, model and year of each vehicle) a b.							A THE PARTY OF THE
Movable Equipment 1. Motor Vehicles (Specify name, model and year of each vehicle) a.			THE REAL PROPERTY.	THE PARTY OF	Contract of		
Movable Equipment 1. Motor Vehicles (Specify name, model and year of each vehicle) a b.				ACC SOUR	W ST IN ST	TO ACT	
Movable Equipment I. Motor Vehicles (Specify name, model and year of each vehicle) a. b.	storical Cost Less		Accumulated Depreciation to	Method of			
Movable Equipment I. Motor Vehicles (Specify name, model and year of each vehicle) a b.	Exclusive of Salvage Land Value	ge Cost to Be Depreciated	Beginning of Year's Operations	Computing Depreciation	Useful Life	Depreciation for This Year	Totals
Motor Vehicles (Specify name, model and year of each vehicle) a b. b.			100				THE REAL PROPERTY.
and year of each vehicle) a b.		No.		NUX COL			
b.				TO DOMESTICATION OF THE PARTY O	SVS SS		
D _{0.1}							
							Down Control
· ·							
p							
2. Movable Equipment	W I'M WORLD SEE		The state of the s	100000000000000000000000000000000000000		ALL STREET, ST	
a. Acquired prior to this report period							一 一 日日
b. Disposals (attach schedule)							S. MERTEN
Acquired during this report period							
Var Var	300 000	300 005		SA	7	17 500	
Standard Decident	03 830	03 830		SA	Varione	15 919	THE REAL PROPERTY.
Cranislized Desident	000	00000		5		717,671	The state of the s
							THE STATE OF
Lotal Acquired during this report period* 393,83	393,830	393,830				33,419	
D-3 Subtotal	ALCO REGIONS	S 1 18 6 1 3	THE WAY IN THE	- TAN - W	200	10 00 00 T	33,419
F Total Depreciation				THE PERSON NAMED IN		200	33 419
1 5							

Schedule of Land Improvements Acquired during this report period

		Useful		
Description of Item	Cost	Life	Deprecia	ition
- Haranistan and Arianisa				
			10 H L	- 1
	vinia and the same of the same of	1 V 1 V 1 V 1		
				TN.
vements	\$		\$	
		Land V		
				A
				115
				170
	9		\$	
vements	INCOME IN A LOS TO THE I		S	-
	Description of Item vements	vements	Description of Item Cost Life Life Verments S	Description of Item Cost Life Deprecia Deprecia Description of Item Cost Life Deprecia Deprecia Description of Item Deprecia Deprecia Description of Item Description of Item Deprecia D

^{*}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	Depreciation
A DOMESTIC OF THE PARTY OF THE			
			and the
		C III IAK	
		536	# F 500 - 4 F 5
provements	\$		s -
	- V		
			10000
provements	\$ -		S -
	Description of Item	Description of Item Cost	Description of Item Cost Life Life S provements S IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

		Useful		
	Cost	Life	Depreciati	ion
	STATE OF STREET			
		The state of		
			-	
		-	•	
	2 -	HILLS	3	-
				_
			W	
Name of the last o	VI X IV S	2 3		
			B 8 1	
	s ·		S	-
		S	Cost Life	Cost Life Depreciate

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

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

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

Schedule of Movable Equipment Acquired during this report period

		Pick One]		Useful		
Acquisition Date	Description of Item	Movable Category		Cost	Life	Dep	reciation
Additions:							
11/15/2022	Assumed personal property	Administrative	\$	300,000	15	\$	17,500
11/23/2022	Tech-Keys computer package	Standard Resident	\$	84,446	5	S	14,778
11/23/2022	Tech-keys credit posted April 2023	Standard Resident	\$	(642)	5	\$	(112)
11/26/2022	Bladder scanner	Standard Resident	\$	10,026	7	\$	1,253
		PICK A CATEGORY					The state of
		PICK A CATEGORY					0,10
Total additions for	Movable Equipment		\$	393,830		\$	33,419
Deletions:							
				544.0		8,-	
						- 0	1000
						. 0	
							2000
Total deletions for	Movable Equipment		\$			\$	

Schedule of Leaschold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Dep	reciation
Additions:					
12/1/2022	water heater repair	\$ 3,921	10	\$	343
1/9/2023	Fire sprinkler repair	\$ 3,011	25	S	105
2/2/2023	access panels work	\$ 6,338	15	\$	370
2/1/2023	main entrance sign	\$ 3,940	10	\$	345
4/18/2023	Booster heater	\$ 4,180	10	S	366
5/1/2023	fixed washing machines (multiple invoices)	\$ 3,184	15	S	186
12/20/2022	Electric Work	\$ 8,601		\$	502
Total additions for	Leasehold Improvement	\$ 33,175		\$	2,216
Deletions:					
		\$ -		S	10
I ofal deletions for	Leasehold Improvement			Ψ.	1000

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

^{*}Ties to Page 24, Line C3
**Ties to Page 24, Line C2

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

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended	r Ended		Page	of
Complete Care at Kimberly Hall North			2477	77	9/30/2023			24	37
					Accumulated				
	Dai	Date of			Amort. to				
	Acqu	Acquisition			Beginning of	Basis for			
			Length of	Cost to Be	Year's	Computing	Rate	Rate Amortization	
Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal			· · · · · · · · · · · · · · · · · · ·		THE STATE OF	The William			
B. Mortgage Expense									
1.									
2									
$3_{ ilde{e}}$									
B-4. Subtotal									
C. Leasehold Improvements and Other									N. C.
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period							100	70. 水流流流流	
(attach schedule)***	Var.	Var.	Various	33,175		S/L	Varior	2,216	
C-4. Subtotal									2,216
D. Total Amortization				THE REAL PROPERTY.					2,216
* Charitat line mother dament be									

* 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.

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

Complete Care at Kimberly North, LLC FIXED ASSET / DEPRECIATION SCHEDULE

Asset Tyne	Description	Date In Service Mathed	Mathad	1 16	Historical	2023	2023	MDV
LEASHOLD IMPROVEMENTS						neprec	O.W.	Agu
2023 Additions								
ΓI	water heater repair	12/1/2022	S/L	10	3,921	343	343	3,578
ב	Fire sprinkler repair	1/9/2023	S/L	25	3,011	105	105	2,906
LI	access panels work	2/2/2023	S/L	15	6,338	370	370	5,968
ij	main entrance sign	2/1/2023	S/L	10	3,940	345	345	3,595
מ	Booster heater	4/18/2023	S/L	10	4,180	366	366	3,814
ב	fixed washing machines (multiple invoices)	5/1/2023	S/L	15	3,184	186	186	2,998
ΓΙ	Electric Work	12/20/2022	S/L	15	8,601	502	502	8,099
TOTAL LEASEHOLD IMPROVEMENTS	IMPROVEMENTS				33,175	2,216	2,216	30,959
MOVABLE EQUIPMENT	. LIV							
2023 Additions FFE	Furniture & Other Property Assumed from Old Owner	11/15/2022	S/L	15	300,000	17,500	17,500	282,500
Computer Hardware	Tech-Keys computer package	11/23/2022	S/L	5	84,446	14,778	14,778	899'69
Computer Hardware	Tech-keys credit posted April 2023	11/23/2022	S/L	5	(642)	(112)	(112)	(530)
Medical Equipment	Bladder scanner	11/26/2022	S/L	7	10,026	1,253	1,253	8,773
TOTAL MOVABLE EQUIPMENT	QUIPMENT			11. 41.	393,830	33,419	33,419	360,411
TOTAL ASSETS PER CR SCHEDULE TOTAL ASSETS PER TRIAL BALANCE ROUNDING	CR SCHEDULE TRIAL BALANCE				427,005	35,635 56,039	35,635 56,039	391,370 370,966
VARIANCE						(20,404)	(20,404)	20,405

(20,405) 20,404

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

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

Name of Facility License No.	Report for Year En	ded		Page of 25 37
Complete Care at Kimberly Hall North 2477	9/30/2023			25 37
1. Property Questionnaire				
Part A				
Is the property either owned by the Facility	⊙ Yes	0	No	If "Yes," complete Part B.
or leased from a Related Party?*				If "No," complete Part C.
*If any owner or operator of this facility is related by fami business association to any person or organization from w				
related party transaction.	nom bundings are leased, mem	t is considered a		
Description	Total		The state of the s	
Date Land Purchased	N/A			
Date Structure Completed	N/A			
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure	150			
Total Licensed Bed Capacity Square Footage	79,687			
7. Acquisition Cost	W 20 100 1 10 1 2 2			
a. Land	N/A			
b. Building	N/A			
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Variable		•	
b. Date Mortgage Obtained	11/15/22			
c. Interest Rate for the Cost Year	Variable			
d. Term of Mortgage (number of years) e. Amount of Principal Borrowed	5 Years 8,552,080			
f. Principal balance outstanding as of 09/30/2				
Complete if Mortgage was Refinanced	Water Mary Mary Mary	MINE - WIR		
During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
Principal Outstanding on Note Paid-Off Part C - Arms-Length Leases for Real Prop	arty Improvements Only	<u>τ</u>		
Name and Address of Lessor	Property Leased		Term of Lease	Annual Amount of Lease
Name and Address of Lesson	Troperty Leased	Date of Lease	Term of Lease	Annual Amount of Bease

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 Kimberly Hall North 2477 5			ar Ended		Page 26	of 37		
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
12. Interest A. Building, Land Improvement & Non-Movable Equipment 1. First Mortgage	\$							
Name of Lender	Rate			A SELECTION OF THE PARTY OF THE	MARINE E			
Address of Lender								
Second Mortgage	\$							
Name of Lender	Rate		AN DELL				West of the	
Address of Lender			215					
3. Third Mortgage	- 5							
Name of Lender	Rate	BE WILL		S P S S				
Address of Lender								
Fourth Mortgage	S			71011-1-1-1				
Name of Lender	Rate							
Address of Lender	-							
B. CHEFA Loan Information				I PART IN THE				
Original Loan Amount	\$			OF STREET		FINE TO SE	BY BY GE	10 DA 10 -
2. Loan Origination Date								
3. Interest Rate %			VALUE OF STREET	300 TOWN		ine ins who	18 3 3 8 5	
4. Term			100000	X SECTION	E Bone			
5. CHEFA Interest Expense								
12 B7 Total Building Interest Expense (A1 - A4 + B5)	S							

(Carry Subtotals forward to next page)

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

				Report for Year Ended 9/30/2023					of 37
Item					Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	ubtotals Brou	ight Forward:							
12. C. Movable Equipment									
Automotive Equipment	Rate	Amount	THE RESIDENCE	CONTRACTOR OF THE PARTY.		TO SEE BOOK	10 N 20 TO 10		STATE OF STREET
A. Item	Rate	Aillouilt	W The state of						
Lender									37 194
Address of Lender							50.55 E)		
2. Other (Specify)		5	John M. St. Co.					*	
A. Item	Rate	Amount	A CONTRACTOR	75 - 150	E STAM	-3 170	7 - 4000	FRUE ROLL	
*** ******			133 37 18		- The - The -			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	E II IX MA
Lender									
Address of Lender							- Augilia		
B. Item	Rate	Amount							
Lender									WEST.
Address of Lender									
12. C. 3. Total Movable Equipment In Expense (C1 + 2)	terest	S					/=== /== ×====		
12. D. Other Interest Expense (Specify)	5	61,926	61,926					
Misc. Interest Expense	,								A BOAR
13. Total All Interest Expense (12B7 +	12C3 + 12D) 3	61,926	61,926	Miles Co. William		PACAL SILMO	(R) (III.) (E) (E)	
14. Insurance	1203 . 125	/	3,1,320	-1,7-					
a. Insurance on Property (building	s only)		21,661	21,661					
b. Insurance on Automobiles									
 Insurance other than Property (a Umbrella (Blanket Coverage 		oove)							
Fire and Extended Coverage		5							
3. Other (<i>Specify</i>) Liability / EPLI	3. Other (Specify)			96,004					
14d. Total Insurance Expenditures (14a	a+b+c		117,665	117,665					
15. Total All Expenditures (A-13 thru	C-14)	S		14,015,890	(391.752)				

F. Statement of Revenue

F. Statement of Re			T-1-1		Inone of
Name of Facility License No. Complete Care at Kimberly Hall North 2477		Report for Y 9/30/2023	Page of 37		
Complete Care at Kimberly Hall North 2477		9/30/2023	am 777.		30 37
Ĭtem		Total	CCNH / RHNS	(Specify)	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (CT only)	\$	9,355,414	9,355,414		
b. Medicaid Room and Board Contractual Allowance **	\$				
2. a. Medicaid (All other states)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (all inclusive)	\$	886,377	886,377		
b. Medicare Room and Board Contractual Allowance **	\$	(15,602)	(15,602)		
4. a. Private-Pay Residents and Other	\$	2,554,639	2,554,639		
b. Private-Pay Room and Board Contractual Allowance **	\$	(2,360)	(2,360)		
II. Other Resident Revenue					
a. Prescription Drugs - Medicare	\$	12,951	12,951		
b. Prescription Drugs - Medicare Contractual Allowance **	S	(12,951)	(12,951)		
c. Prescription Drugs - Non-Medicare	S				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	S				
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$	191,979	191,979		
b. Physical Therapy - Medicare Contractual Allowance **	\$	(41,806)	(41,806)		
c. Physical Therapy - Non-Medicare	\$	91,309	91,309		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$	(91,309)	(91,309)		
4. a. Speech Therapy - Medicare	\$	63,146	63,146		
b. Speech Therapy - Medicare Contractual Allowance **	\$	(21,232)	(21,232)		
c. Speech Therapy - Non-Medicare	\$	30,298	30,298		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$	(30,298)	(30,298)		
5. a. Occupational Therapy - Medicare	\$	400,077	400,077		
b. Occupational Therapy - Medicare Contractual Allowance **	\$	(50,825)	(50,825)		
c. Occupational Therapy - Non-Medicare	\$	6,703	6,703		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$	(6,703)	(6,703)		
6. a. Other (Specify) - Medicare	\$	(10,885)	(10,885)		
b. Other (Specify) - Non-Medicare	\$	234,935	234,935		
III. Total Resident Revenue (Section I. thru Section II.)	\$	13,543,857	13,543,857		
IV. Other Revenue*		The party			- 5-51E-8
Meals sold to guests, employees & others	\$				
Rental of rooms to non-residents	\$				
3. Telephone	\$				
Rental of Television and Cable Services	\$				
5. Interest Income (Specify)	\$	169	169		
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (Specify)	\$	371,869	371,869		
V. Total Other Revenue (1 thru 8)	\$	372,038	372,038		
VI. Total All Revenue (M+V)	\$	13,915,895	13,915,895		

^{*} 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 116a	Radiology Rev>Medicare A	S 1,375		
30 II6a	Radiology Rev>Medicare A>C/A	\$ (1,375)		
30 II6a	Lab Rev>Medicare A	\$ 6,666	أحرركا الك	11/1 - 13
30 116a	Lab Rev>Medicare A>C/A	\$ (6,666)	II. 6	
30 II6a	Other Ancillary Rev>Part B	\$ 1,794		
30 II6a	Other Ancillary Rev>Part B>Sequester	\$ (5,240)		The Contract of
30 1I6a	Vaccine Rev>Part B	\$ 3,105		
30 II6a	Revenue Adjustments>Medicare A	\$ 12	No.	
30 116a	Revenue Adjustments>Part B	\$ (10,556)		
Total Oth	er Resident Revenue - Medicare	\$ (10,885)	S -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH / RHNS (Spec	ify) (Specify)
		0	
30 II6b	Other Ancillary Rev>Part B>Capitated Payments	\$ 233,225	
30 II6b	Other Ancillary Rev>Private	\$ 350	THE RESIDENCE
30 II6b	Other Ancillary Rev>PICC Insertion	\$ 495	
30 II6b	Other Rev>HMO>Incentive Payments	\$ 300	
30 II6b	Revenue Adjustments>Medicare HMO	\$ 565	TOTAL MISTS
Total Oth	er Resident Revenue	\$ 234,935 \$	- 2

Interest Income

Account

Account	Balance	CCNH	/ RHNS	(Spec	ify)	(Spe	cify)
	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		0				1111
Interest Revenue from Late Cash Receipt	N/A	S	\$ 169	mans W			
			160		75-	c	
	Interest Revenue from Late Cash Receipt		Interest Revenue from Late Cash Receipt N/A \$	Interest Revenue from Late Cash Receipt N/A \$ 169	Interest Revenue from Late Cash Receipt N/A \$ 169	Interest Revenue from Late Cash Receipt N/A \$ 169	Interest Revenue from Late Cash Receipt N/A \$ 169

Schedule of Other Revenue

age Ref	Description	CCNH / RHNS	(Specify)	(Specify)
		0		
0 IV8	Union Settlement Income	S 7,713		
0 IV8	Other Rev>Vending Machines (Disallowed Expense on Page 16 Line m13)	S 224		
0 IV8	Other Rev>Medical Records (Disallowed Expense on Page 16 Line m13)	S 27		
0 IV8	Other Revenue>Prior Period Adjustment(s)*	\$ 35,645		
8VI 0	Other Rey>Rent*	\$ 18,622		
0 IV8	Other Revenue>Carryover PTO (Balance Sheet Adjustment)	\$ 309,638		
				i vi
Total Oth	er Revenue	\$ 371,869	\$ -	S -
	er Revenue ed Expenses. Do Not Disallow.	\$ 371,869	\$ -	L

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Pag	
Complete Care at Kimberly Hall Nor	th 2477	9/30/2023	31	37
	Account			Amount
Assets				
A. Current Assets				
 Cash (on hand and in bank 	<i>s</i>)		\$	(39,136)
Resident Accounts Received			\$	1,720,749
3. Other Accounts Receivable	(Excluding Owners	or Related Parties)	\$	
4 Inventories			\$	0.0
Prepaid Expenses			\$	182,419
a			Ford Tess	
b				
C				
d. See Schedule		182,419	Free 12-11	
6. Interest Receivable			\$	
7. Medicare Final Settlement			\$	
8. Other Current Assets (item	ize)		\$	
· ·				
See Schedule			LIPRO VOTOLE	
A-9. Total Current Assets (Lines A	1 thru 8)		\$	1,864,032
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
	Accum. Deprecia	tion Net		
3. Buildings	*Historical Cost		\$	
	Accum. Deprecia			22.252
4. Leasehold Improvements	*Historical Cost	33,175	\$	30,959
	Accum. Deprecia	tion 2,216 Net		
5. Non-Movable Equipment	*Historical Cost		\$	
	Accum. Deprecia			2.50.411
6. Movable Equipment	*Historical Cost	393,830	\$	360,411
	Accum. Deprecia	tion 33,419 Net		
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Deprecia	tion Net		
8. Minor Equipment-Not Dep	reciable		\$	
9. Other Fixed Assets (itemiz	e)		\$	(9,947)
F/S vs C/R NBV		(20,405)		
See Schedule		10,458		
B-10. Total Fixed Assets (Lines	B1 thru 9)	-	\$	381,423

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

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A3	Propried Expension	\$ 41,263
31	A5	Prepaid Expenses Instrunce	\$ 1,525
31	A5	Prepaid Expenses>Personal Property Taxes	5 12,512
	A5	Prepuid Expenses>Financing Cons	\$ 1,462
	A5	Prepaid Expenses>RE Taves	\$ 75,437
31	A5	Prepaid Expenses>Insurance - General Liability & Other	\$ 36,075
		Prepaid Expenses Insurance - General Liability & Other Centra	\$ (34,098)
	13	Prupaid Expenses Insurance - EPI,1	\$ 1,596
	A5	Prepaid Expenses-Insurance - Property	\$ 13,623
	A5	Prepaid Expenses Workers Comp	\$ 65,826
	A5	Prepaid Expenses>Workers Comps-Contra	\$ (32,802)
Total Press	id Expense		\$ 182,419

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

Page Ref	Line Ref	Description	
-			
			1901 ==
etal Other	Current A	sets (Hemize)	5 -

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

Page Ref	Line Ref	Description		
31	B9	Freed Assets>CIP		\$ 10.458
	J A.		5010 A	
Tetal Other	Other Fla	d Assets (Remire)		\$ 10,458

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description		
			ALL	- NA
			-	=
Total Other			3	

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	_	_
	MEA.			
			_	
Testal Notes	Payable		\$	

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

33 A12	Other Current Payables>401K	5 6,231
33 A12	Other Current Payables Misc. PR Daduction	\$ (9)
33 A12	Other Corrent Pavalities Uraon Does Will	\$ 1,322
33 A12	Other Current Payables-Resident Funda	5 108,192
33 A12	Accruel Expenses	\$ 134,030
33 A12	Accrated Expense>MedicateDeal Tax	\$ 258,000
33 A12	Accrued Expenses>Management Fee	\$.798,288
	t Liabilities (Itendae)	\$ 1,305,972

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

Page Ref	Line Ref	Description	
		Due TeelFrom North Komberly Hall Amer	\$ 2,480
	A 1 5	Due To/(From)>Vendor	\$ 23,863
		Due To/(From) Medicare A	\$ 6,616
		Due To/(From)>Medicare A>Sequester	\$ 6,616 \$ 1,413
Total Other	Current L	žalsilities (Hemize)	\$ 34,372

G. Balance Sheet (cont'd)

	ne of Facility	License No.	Report for Year Ended		Page	1	of
Com	iplete Care at Kimberly Hall North		9/30/2023	Т	32		37
		Account	m - 1 D 1 - D 1	Φ.	Amo		155
		10 7 1 7	Total Brought Forward:	3		2,245,	455
C.,	Leasehold or like property record	ed for Equity Purposes	2)				
	1. Land			\$			
	2. Land Improvements	*Historical Cost					
		Accum. Depreciation	n Net	\$			
	3. Buildings	*Historical Cost	s 4				
		Accum. Depreciation	n Net	\$			
	4. Non-Movable Equipment	*Historical Cost	i	١.			
		Accum. Depreciation	n Net	\$			
	5. Movable Equipment	*Historical Cost) :	L			
		Accum. Depreciation	n Net	\$			
	6. Motor Vehicles	*Historical Cost					
		Accum. Depreciation	n Net	\$			
	7. Minor Equipment-Not Depres			\$			
C-8	Total Leasehold or Like Propert	ies (C1 thru 7)		\$			
D,	Investment and Other Assets						
	1. Deferred Deposits			\$			
	2. Escrow Deposits			\$			
	3. Organization Expense	*Historical Cost	=				
		Accum. Depreciation	Net	\$			
	4. Goodwill (Purchased Only)			\$			
	5. Investments Related to Reside	ent Care (itemize)		\$			
	6. Loans to Owners or Related F	Parties (itemize)		\$		367,	246
	Name and Address	Amount	Loan Date		2318713	College W	His
	Various	367,246					
	7. Other Assets (itemize)	**************************************		\$			294
	Due To/(From)>Hospice		1	de	100 PM		7 4/5
	Due To/(From)>Medicaid		293	180			
	See Schedule						
D-8	Total Investments and Other Ass	sets (Lines D1 thru 7)		\$		367,	540
	Total All Assets (Lines A9 + B10			\$		2,612,	

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

G. Balance Sheet (cont'd)

Name of Fac	cility		License No.	Report for Year	Ended		Page	of
Complete Ca	are at	Kimberly Hall North	2477	9/30/2023			33	37
			Account				Amo	ount
Liabilities								
A.	Cu	rrent Liabilities						
	1.	Trade Accounts Payable				\$		918,564
	2.	Notes Payable (itemize)				\$		100
		·						
		0 01 11						
		See Schedule		\ \(\frac{1}{2} = \frac{1}{2} \)		\$	B. W. St.	ALCOHOL: NO
	3.	Loans Payable for Equipmonum Name of Lender		Amount	Date Due	P		- Carlo Initia
		Name of Lender	Purpose	Amount	Date Due			
						100		
						133		
						lity		
						N S		
	4.	Accrued Payroll (Exclusive	of Owners and/or	Stockholders only)		\$	100000000000000000000000000000000000000	
	5.	Accrued Payroll (Owners of				\$		
	6.	Accrued Payroll Taxes Pay		,,		\$		
	7.	Medicare Final Settlement				\$		
	8.	Medicare Current Financin				\$		
	9.	Mortgage Payable (Curren				\$		
		Interest Payable (Exclusive		Related Parties)		\$		
		Accrued Income Taxes*	17:			\$		
		Other Current Liabilities (i	temize)			\$		1,305,972
		`	·			1	To gale	
						No.		
				See Schedule	1,305,972		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
A-13	. To	tal Current Liabilities (Line	es A1 thru 12)			\$		2,224,536

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year 9/30/2023	Ended	Page 34	of 37
Complete Care at Kimberly Hall North	Account	19/30/2023			mount
Total Brought Forward:					2,224,536
Liabilities (cont'd)		Total Brou	gift I of ward.		2,22 1,330
B. Long-Term Liabilities					
1. Loans Payable-Equipment	(itemize)		\$		
Name of Lender	Purpose	Amount	Date Due		
Tidine of Devices					
			18		
			4.5		
			100		
Mortgages Payable	<u> </u>		\$		
3. Loans from Owners or Rel	ated Parties (itemize)		\$		474,487
Name and Address of Lender	Amount	Loan I	Date	Service W.	Value of
Trumo mid rigoroso or Londox			8		
			6		
			100		
Due To/(From) Various	474,487				
			14		
			100		
			6		
4. Other Long-Term Liabiliti	es (itemize)		\$		34,372
=======================================					
See Schedule		34,372			
B-5. Total Long-Term Liabilities	(Lines B1 thru 4)		\$		508,859
C. Total All Liabilities (Lines A.			\$		2,733,395

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

		Report for Y	ear Ended		age	of
Con	pplete Care at Kimberly Hall North 2477 9 Account	/30/2023			Amo	37
A.	Reserves		Allio	unt		
11.				\$		
-		0.40		Ψ		
	2. Reserve for depreciation value of leased buildings at	nd appurten	ances	\$		
	to be amortized			Φ		
	3. Reserve for depreciation value of leased personal pr	operty (Equ	ity)	\$		
	4. Reserve for leasehold real properties on which fair re	ental value i	s based	\$		
	5. Reserve for funds set aside as donor restricted			\$		
	6. Total Reserves			\$		
B.	Net Worth					
	1. Owner's Capital			\$		
	2. Capital Stock			\$		
	3. Paid-in Surplus			\$		
	4. Treasury Stock			\$		
	5. Cumulated Earnings			\$		
	6. Gain or Loss for Period 11/15/2023	thru	9/30/2023	\$		(120,399)
	7. Total Net Worth			\$		(120,399)
C.	Total Reserves and Net Worth			\$		(120,399)
D.	Total Liabilities, Reserves, and Net Worth			\$		2,612,996

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year	Ended	Page	of
Complete Care at Kimberly Hall North	2477	9/30/2023		36	37
	Account			A	mount
A. Balance at End of Prior Period as s	hown on Report of 09	9/30/2022		\$	
B. Total Revenue (From Statement of	Revenue Page 30)			\$	13,915,895
C. Total Expenditures (From Stateme	nt of Expenditures Pa	age 27)		\$	14,036,294
D. Net Income or Deficit				\$	(120,399)
E. Balance				\$	(120,399)
F. Additions					
Additional Capital Contributed Total Expenses Per Page 2 F/S vs C/R Depreciation Total Expenses per FS 2. Other (itemize)	-				
F-3. Total Additions				\$	S. M. C. S.
G. Deductions					
Drawings of Owners/Operators	Partners (Specify)			\$	
Name and Address (No., City,		Title	Amount		-
2. Other Withdrawings (Specify)		1		\$	
Purpose		Amor	unt		
3. Total Deductions				\$	
H. Balance at End of Period	09/30/2	3		\$	(120,399)

I. Preparer's/Reviewer's Certification

Name of Facility	License No.						
Complete Care at Kimberly Hall North	2477 Check appropriate category	9/30/2023	37 37				
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 Frepares Constitution of Frepares	Signature of Frepares Principals Date Signed 2/14/24						
Printed Name of Preparer							
Matthew S. Bavolack		у.					
Addres Address		Phone Number					
555 Long Wharf Drive, New Haven, CT 06511	203-781-9680						
Contacted Person Regarding Additional Informa	Phone Number						
Peri Neumann	732-951-7099						
Contact Email Address							
PeriN@ltcally.com							

Client: Complete Care Management Medicaid - Complete Care at Kimberly North, LLC Engagement: Period Ending: 9/30/2023 Trial Balance: A.01 - TB-CCNH ADJ JE Ref# RJE FINAL Description Account 9/30/2023 9/30/2023 (244,665,00) (244,665.00) 10-001-02 Cash>Clearing>Payroll 115,455.00 10-010-16 Cash>Operating>North Kimberly Hall 115,455,00 2.321.00 10-011-16 Cash>Petty Cash>North Kimberly Hall 2.321.00 (20,939.00)(20.939.00) 10-020-15 Cash>Payroll>Fox Hill 108,192.00 108,192.00 10-060-16 Cash>Resident Trust>North kimberly Hall 500.00 500.00 10-061-16 Cash>Care Cost>North kimberly Hall Accounts Receivable>Miscellaneous 2.018.00 2,018.00 11-100-00 70,649.00 70,649.00 11-102-00 Accounts Receivable>Medicare A 166.900.00 Accounts Receivable>Part B 166.900.00 11-103-00 74,722.00 74.722.00 11-104-00 Accounts Receivable>Private 11-105-00 Accounts Receivable>Commercial HMO 10,000.00 10,000.00 110,339.00 110,339.00 Accounts Receivable>Medicare HMO 11-106-00 74.096.00 74,096.00 11-109-00 Accounts Receivable>Hospice 1,466,654.00 1,466,654.00 11-111-00 Accounts Receivable>Medicaid (116.857.00) 11-112-00 Accounts Receivable>Income (116.857.00)Accounts Receivable>Allow for Doubtful Accts (137,967.00)(137,967.00) 11-120-00 195.00 195.00 Accounts Receivable>Medicare Colns Write Off 11-122-00 41,263.00 41,263.00 12-000-00 Prepaid Expenses 1,525.00 1.525.00 12-124-00 Prepaid Expenses>Insurance 12,512.00 12,512.00 12-125-00 Prepaid Expenses>Personal Property Taxes Prepaid Expenses>Financing Costs 1.462.00 1,462.00 12-153-00 75,437.00 75,437,00 12-161-00 Prepaid Expenses>RE Taxes 36,075.00 36,075.00 Prepaid Expenses>Insurance - General Liability & Other 12-162-00 (34,098.00) 12-162-01 Prepaid Expenses>Insurance - General Liability & Other>Contra (34,098.00)Prepaid Expenses>Insurance - EPLI 1,596.00 1,596.00 12-163-00 13,623.00 12-165-00 Prepaid Expenses>Insurance - Property 13.623.00 65.826.00 Prepaid Expenses>Workers Comp 65,826.00 12-881-00 Prepaid Expenses>Workers Comp>Contra 12-881-01 (32,802.00)(32,802,00)Due From>Old Owner>AP Items 15,680.00 15,680.00 13-127-10 33,175.00 Fixed Assets>Leasehold Improvements 33,175.00 14-131-00 10,026.00 10.026.00 14-133-00 Fixed Assets>Medical Equipment 83,804.00 83,804.00 14-134-00 Fixed Assets>Computer Hardware 10.458.00 14-136-00 Fixed Assets>CIP 10,458.00 Fixed Assets>Furniture, Fixtures and Equipment-Assumed 300,000.00 300,000.00 14-305-00 (56,039,00) 1.592.00 (54,447,00) Accum Depn>Miscellaneous 15-100-00 (918,564.00) (918,564.00) 20-000-00 Accounts Payable (6,231.00)Other Current Payables>401K (6,231.00)21-148-00 Other Current Payables>Misc. PR Deduction 91.00 91.00 21-149-00 (1.322.00)(1,322,00)21-150-00 Other Current Payables>Union Dues W/H Other Current Payables>Resident Funds (108, 192.00)(108.192.00) 21-350-00 (134,030.00)(134,030,00)24-000-00 Accrued Expenses (258,000.00) 24-111-16 Accrued Expense>Medicaid>Bed Tax (258,000.00)(17,800.00) (798,288.00) Accrued Expenses>Management Fee (780,488,00) 24-279-00 (2.480.00)(2,480.00)27-000-31 Due To/(From)>North Kimberly Hall Amex (23,863.00)27-000-80 Due To/(From)>Vendor (23,863,00)27-102-00 Due To/(From)>Medicare A (6.616.00)(6,616,00)(1,413.00)Due To/(From)>Medicare A>Sequester (1,413.00)27-102-14 1.00 1.00 Due To/(From)>Hospice 27-109-00 293.00 293,00 27-111-00 Due To/(From)>Medicaid (48,004.00) 27-800-16 Due To/(From)>Opco/Propco>CT3 (48,004.00)0.00 27-901-49 Due To/(From)>Interfacility>CT4 0.00 351,125.00 Due To/(From)>Interfacility>CT4 and CT3 11,570.00 339,555,00 27-902-11 (3,198.00)27-902-15 Due To/(From)>Interfacility>NJ4 and CT3 (3,198.00)(9,590.00) (9,590.00)Due To/(From)>Interfacility>NJ14 and CT3 27-902-16 Due To/(From)>Interfacility>PA4 and CT3 (1,533.00)(1,533.00)27-902-17 (1.431.00) 27-902-18 Due To/(From)>Interfacility>NJ3 and CT3 (1,431-00)(403.00)Due To/(From)>Interfacility>Barn Hill and CT3 (403.00)27-902-25 (408,397.00) (408,397.00) 27-902-26 Due To/(From)>Interfacility>CT3 27-902-36 Due To/(From)>Interfacility>CT3 and IL3 (763.00)(763.00)Due To/(From)>Interfacility>CT3 and WI3 441.00 441.00 27-902-52 (1,168.00)(1.168-00) 27-902-66 Due To/(From)>Interfacility>HMH10 and CT3 (891.379.00) 40-102-00 Room & Board Revenue>Medicare A (891,379:00) 40-102-09 Room & Board Revenue>Medicare A>Sales Adjustments 5,002.00 5.002.00 15,602.00 Room & Board Revenue>Medicare A>Sequester 15,602.00 40-102-14 (1.726,095.00)(1,726,095.00) 40-104-00 Room & Board Revenue>Private

Account	Description	ADJ	JE Ref#	RJE	FINAL
i de la constitución de la const		9/30/2023			9/30/2023
40-104-09	Room & Board Revenue>Private>Sales Adjustments	32,087.00	0 10 10 0		32,087.00
40-106-00	Room & Board Revenue>Medicare HMO	(549,748.00)			(549,748.00)
40-106-09	Room & Board Revenue>Medicare HMO>Sales Adjustments	41,134.00			41,134.00
40-106-14	Room & Board Revenue>Medicare HMO>Sequester	2,360.00			2,360.00
40-109-00	Room & Board Revenue>Hospice	(357,418.00) 5,401.00			(357,418.00) 5,401.00
40-109-09 40 - 111-00	Room & Board Revenue>Hospice>Sales Adjustments Room & Board Revenue>Medicaid	(9,292,693.00)			(9,292,693,00)
40-111-00	Room & Board Revenue>Medicaid>Sales Adjustments	(62,721.00)			(62,721.00)
41-102-00	Pharmacy Rev>Medicare A	(12,951,00)			(12,951.00)
41-102-01	Pharmacy Rev>Medicare A>C/A	12,951.00			12,951.00
42-102-00	PT Revenue>Medicare A	(41,806.00)			(41,806.00)
42-102-01	PT Revenue>Medicare A>C/A	41,806.00			41,806.00
42-103-00	PT Revenue>Part B PT Revenue>Medicare HMO	(150,173,00) (83,313.00)			(150,173.00) (83,313.00)
42-106-00 42-106-01	PT Revenue>Medicare HMO>C/A	83,313.00			83,313.00
42-111-00	PT Revenue>Medicaid	(7,996,00)			(7,996.00)
42-111-01	PT Revenue>Medicaid>C/A	7,996.00			7,996.00
43-102-00	OT Revenue>Medicare A	(50,825.00)			(50,825.00)
43-102-01	OT Revenue>Medicare A>C/A	50,825.00			50,825.00
43-103-00	OT Revenue>Part B	(349,252.00)			(349,252.00) (110,482.00)
43-106-00 43-106-01	OT Revenue>Medicare HMO OT Revenue>Medicare HMO	(110,482.00) 110,482.00			110,482.00
43-100-01	OT Revenue>Medicaid	(6,703.00)			(6,703.00)
43-111-01	OT Revenue>Medicaid>C/A	6,703.00			6,703.00
44-102-00	ST Revenue>Medicare A	(21,232.00)			(21,232.00)
44-102-01	ST Revenue>Medicare A>C/A	21,232.00			21,232.00
44-103-00	ST Revenue>Part B	(41,914.00)			(41,914.00)
44-106-00	ST Revenue>Medicare HMO	(28,731.00)			(28,731.00) 28,731.00
44-106-01 44-111-00	ST Revenue>Medicare HMO>C/A ST Revenue>Medicaid	28,731.00 (1,567.00)			(1,567.00)
44-111-01	ST Revenue>Medicaid>C/A	1,567.00			1,567.00
45-102-00	Radiology Rev>Medicare A	(1,375,00)			(1,375.00)
45-102-01	Radiology Rev>Medicare A>C/A	1,375.00			1,375.00
46-102-00	Lab Rev>Medicare A	(6,666.00)			(6,666.00)
46-102-01	Lab Rev>Medicare A>C/A	6,666.00			6,666.00
47-103-00	Other Ancillary Rev>Part B	(1,794.00) 5,240.00			(1,794.00) 5,240.00
47-103-14 47-103-24	Other Ancillary Rev>Part B>Sequester Other Ancillary Rev>Part B>Capitated Payments	(233,225.00)			(233,225.00)
47-103-24	Other Ancillary Rev>Private	(350.00)			(350,00)
47-260-00	Other Ancillary Rev>PICC Insertion	(495.00)			(495.00)
48-103-00	Vaccine Rev>Part B	(3,105.00)			(3,105.00)
51-100-00	Other Rev>Miscellaneous	(7,713.00)			(7,713.00)
51-105-13	Other Rev>HMO>Incentive Payments	(300.00)			(300.00) (18,622.00)
51-121-00	Other Rev>Rent	(18,622.00) (309,638.00)			(309,638.00)
51-157-00 51-160-00	Other Revenue>Carryover PTO Other Rev>Interest	(169.00)			(169.00)
51-181-00	Other Rev>Vending Machines	(224.00)			(224.00)
51-818-00	Other Rev>Medical Records	(27.00)			(27.00)
52-102-00	Revenue Adjustments>Medicare A	(12.00)			(12,00)
52-103-00	Revenue Adjustments>Part B	10,556.00			10,556.00
52-106-00	Revenue Adjustments>Medicare HMO	(565.00)			(565.00)
55-000-00	Nursing Rental Expense	7,931.00 2,365.00			7,931.00 2,365.00
57-000-00 58 - 000-00	Oxygen Expense Lab Expense	33,247.00			33,247.00
59-000-00	Radiology Expense	3,353.00			3,353.00
60-183-00	Nursing Expense>Supplies-Disposable	9,356.00			9,356.00
60-183-07	Nursing Expense>Supplies>Bariatric	1,713.00			1,713.00
60-183-74	Nursing Expense>Supplies>COVID	31,793.00			31,793.00
60-183-76	Nursing Expense>Supplies>PPD	112,143.00			112,143.00 15,467.00
60-184-00	Nursing Expense>Supplies-Non Disposable Nursing Expense>Incontinence Supplies	15,467.00 52.00			52.00
60-185-00 60-204-00	Nursing Expense>Incontinence Supplies Nursing Expense>Training & Education	5,724.00			5,724.00
60-205-00	Nursing Expense>Framing & Education Nursing Expense>Sanitation & Incineration	4,758.00			4,758.00
60-207-00	Nursing Expense>Repairs & Maint	407.00			407.00
60-212-00	Nursing Expense>Clinical Services	9,315.00			9,315.00
60-213-00	Nursing Expense>Transportation	967.00			967.00
60-230-00	Nursing Expense>Data Processing	40,330.00			40,330.00
60-263-02	Nursing Expense>Consulting Fees>Add Back	39,110.00			39,110.00 0.00
60-700-06	Nursing Expense>Contracted Service>Other	0.00			0.00

Account	Description	ADJ	JE Ref# RJE	FINAL
Account	2 Storing and the storing and	9/30/2023		9/30/2023
60-700-18	Nursing Expense>Contracted Service>RN	2,119.00		2,119,00
60-700-18	Nursing Expense>Contracted Service>LPN	110,606.00		110,606.00
60-700-20	Nursing Expense>Contracted Service>CNA	214,603.00		214,603.00
60-700-21	Nursing Expense>Contracted Service>RN Overtime	0.00		0.00
60-700-22	Nursing Expense>Contracted Service>LPN Overtime	0.00		0.00
60-700-23	Nursing Expense>Contracted Service>CNA Overtime	1,873.00		1,873.00
60-801-80	Nursing Expense>CNA>Wages	1,548,944.00		1,548,944.00
60-801-81	Nursing Expense>CNA>Overtime	371,333.00		371,333.00 30,987.00
60-801-82	Nursing Expense>CNA>Shift Premium Pay	30,987.00 52,117.00		52.117.00
60-801-83	Nursing Expense>CNA>Shift Bonus Pay Nursing Expense>CNA>Retro Pay/Adjustment Pay	10,671.00		10,671.00
60-801-84 60-801-87	Nursing Expense>CNA>Training Pay	680.00		680.00
60-801-88	Nursing Expense>CNA>Other Pay	5,558.00		5,558.00
60-801-90	Nursing Expense>CNA>Sick/Vacation Pay	160,519.00		160,519.00
60-801-91	Nursing Expense>CNA>Holiday Pay	131,354.00		131,354.00
60-805-80	Nursing Expense>LPN>Wages	870,859.00		870,859.00
60-805-81	Nursing Expense>LPN>Overtime	273,628.00		273,628.00
60-805-82	Nursing Expense>LPN>Shift Premium Pay	54,551.00		54,551.00
60-805-83	Nursing Expense>LPN>Shift Bonus Pay	20,410.00		20,410.00 9,648.00
60-805-84	Nursing Expense>LPN>Retro Pay/Adjustment Pay	9,648.00 5,961.00		5,961.00
60-805-88	Nursing Expense>LPN>Other Pay Nursing Expense>LPN>Sick/Vacation Pay	54,927.00		54,927.00
60-805-90 60-805-91	Nursing Expense>LPN>Holiday Pay	67,826.00		67,826.00
60-808-80	Nursing Expense>RN>Wages	310,808.00		310,808.00
60-808-81	Nursing Expense>RN>Overtime	89,124.00		89,124.00
60-808-82	Nursing Expense>RN>Shift Premium Pay	45,039.00		45,039.00
60-808-83	Nursing Expense>RN>Shift Bonus Pay	6,346.00		6,346.00
60-808-84	Nursing Expense>RN>Retro Pay/Adjustment Pay	4,796.00		4,796.00
60-808 - 88	Nursing Expense>RN>Other Pay	6,923.00		6,923.00 25,184.00
60-808-90	Nursing Expense>RN>Sick/Vacation Pay	25,184.00		28,622.00
60-808-91	Nursing Expense>RN>Holiday Pay	28,622.00 207,334.00		207,334.00
60-809-80	Nursing Expense>RN Supervisor>Wages Nursing Expense>RN Supervisor>Overtime	22,727.00		22,727.00
60-809-81 60-809-82	Nursing Expense>RN Supervisor>Shift Premium Pay	68.00		68.00
60-809-83	Nursing Expense>RN Supervisor>Shift Bonus Pay	130.00		130.00
60-809-84	Nursing Expense>RN Supervisor>Retro Pay/Adjustment Pay	1,283.00		1,283.00
60-809-88	Nursing Expense>RN Supervisor>Other Pay	3,052.00		3,052.00
60-809-89	Nursing Expense>RN Supervisor>On Call Pay	1,400.00		1,400.00
60-809-90	Nursing Expense>RN Supervisor>Sick/Vacation Pay	11,911.00		11,911.00
60-809-91	Nursing Expense>RN Supervisor>Holiday Pay	4,909.00		4,909.00 57,970.00
61-194-80	Nursing Admin Expense>Infection Control>Wages	57,970.00 835.00		835.00
61-194-88	Nursing Admin Expense>Infection Control>Other Pay Nursing Admin Expense>Infection Control>On Call Pay	200.00		200.00
61-194 - 89 61-194 - 90	Nursing Admin Expense>Infection Control>Sick/Vacation Pay	239.00		239.00
61-194-91	Nursing Admin Expense>Infection Control>Holiday Pay	1,423.00		1,423.00
61-750-00	Nursing Admin Expense>Medical Director	32,633.00	(5,983.00)	26,650.00
61-811-80	Nursing Admin Expense>Director (DON)>Wages	124,160.00	(15,684.00)	108,476.00
61-811 - 84	Nursing Admin Expense>Director>Retro Pay/Adjustment Pay	538.00		538.00
61-811-88	Nursing Admin Expense>Director>Other Pay	3,298.00		3,298.00
61-811-90	Nursing Admin Expense>Director>Sick/Vacation Pay	12,385.00		12,385.00
61-811-91	Nursing Admin Expense>Director>Holiday Pay	3,231.00		3,231.00 102,844.00
61-812-80	Nursing Admin Expense>Assistant Director (ADON)>Wages Nursing Admin Expense>Assistant Director>Retro Pay/Adjustment Pay	102,844.00 6,448.00		6,448.00
61-812-84	Nursing Admin Expense-Assistant Director-Netro Pay/Adjustment Pay Nursing Admin Expense-Assistant Director-Other Pay	606.00		606.00
61-812-88 61-812-89	Nursing Admin Expense>Assistant Director>On Call Pay	600.00		600.00
61-812-90	Nursing Admin Expense>Assistant Director>Sick/Vacation Pay	3,940.00		3,940.00
61-812-91	Nursing Admin Expense>Assistant Director>Holiday Pay	2,644.00		2,644.00
61-814-80	Nursing Admin Expense>Central Supply>Wages	14,596.00		14,596.00
61-817-80	Nursing Admin Expense>MDS / RNAC>Wages	150,313.00	(18,943.00)	131,370.00
61-817 - 84	Nursing Admin Expense>MDS / RNAC>Retro Pay/Adjustment Pay	461.00		461.00
61-817-87	Nursing Admin Expense>MDS / RNAC>Training Pay	234.00		234.00
61-817-89	Nursing Admin Expense>MDS / RNAC>On Call Pay	200.00		200.00 5,458.00
61-817-90	Nursing Admin Expense>MDS / RNAC>Sick/Vacation Pay	5,458.00 4,147 ₋ 00		4,147.00
61-817-91	Nursing Admin Expense>MDS / RNAC>Holiday Pay Nursing Admin Expense>Medical Records>Wages	15,299.00		15,299.00
61-818-80 61-821 - 80	Nursing Admin Expense>Medical Records>vvages Nursing Admin Expense>Nursing Secretary>Wages	32,895.00		32,895.00
61-821-81	Nursing Admin Expense>Nursing Secretary>Overtime	51,00		51.00
61-821-84	Nursing Admin Expense>Nursing Secretary>Retro Pay/Adjustment Pay	143.00		143.00
61-821-90	Nursing Admin Expense>Nursing Secretary>Sick/Vacation Pay	2,076.00		2,076.00

Account	Description	ADJ	JE Ref # RJE	FINAL
Account	Description		OLIVEI H IVE	
24.004.04	Management of the Control of the Con	9/30/2023		9/30/2023
61-821-91 61-823-80	Nursing Admin Expense>Nursing Secretary>Holiday Pay Nursing Admin Expense>Staff Coordinator>Wages	1,691.00 47,566.00		47,566.00
61-823-81	Nursing Admin Expense-Staff Coordinator-Vvages	2,681.00		2,681.00
61-823-84	Nursing Admin Expense>Staff Coordinator>Retro Pay/Adjustment Pay	50.00		50.00
61-823-90	Nursing Admin Expense>Staff Coordinator>Sick/Vacation Pay	3,626.00		3,626.00
61-823-91	Nursing Admin Expense>Staff Coordinator>Holiday Pay	1,281.00		1,281.00
61-824-80	Nursing Admin Expense>Staff Devel Director>Wages	106,454.00		106,454.00
61-824-84	Nursing Admin Expense>Staff Devel Director>Retro Pay/Adjustment Pay	3,197.00 424.00		3,197.00 424.00
61-824-88 61-824-89	Nursing Admin Expense>Staff Devel Director>Other Pay Nursing Admin Expense>Staff Devel Director>On Call Pay	500.00		500,00
61-824-90	Nursing Admin Expense-Staff Devel Director-Sick/Vacation Pay	3,860.00		3,860.00
61-824-91	Nursing Admin Expense>Staff Devel Director>Holiday Pay	1,749.00		1,749.00
61-825-80	Nursing Admin Expense> RN Unit Manager>Wages	128,473.00		128,473.00
61-825-83	Nursing Admin Expense>Unit Manager>Shift Bonus Pay	50.00		50.00
61-825-84	Nursing Admin Expense>Unit Manager>Retro Pay/Adjustment Pay	159.00		159.00
61-825-89	Nursing Admin Expense>Unit Manager>On Call Pay	705.00		705.00
61-825-90	Nursing Admin Expense>Unit Manager>Sick/Vacation Pay	10,633.00 3,704.00		10,633.00 3,704.00
61-825-91 62-102-00	Nursing Admin Expense>Unit Manager>Holiday Pay Pharmacy Expense>Medicare A	14,921.00		14,921.00
62-104-00	Pharmacy Expense>Private	181.00		181.00
62-105-00	Pharmacy Expense>HMO	13,603.00		13,603.00
62-111-00	Pharmacy Expense>Medicaid	2,283.00		2,283.00
62-145-00	Pharmacy Expense>RX	2,847.00		2,847.00
62-145-32	Pharmacy Expense>RX>Vaccines	10,007.00		10,007.00
62-222-00	Pharmacy Expense>OTC	408.00		408.00
62-700-00	Pharmacy Expense>Contracted Service PT Expense>Optum>Part B	32,575.00 5,507.00		32,575.00 5,507.00
65-101-01 65-102-00	PT Expense>Optum>Part B PT Expense>Medicare A	27,402.00		27,402.00
65-103-00	PT Expense>Medicare A	59,052.00		59,052.00
65-105-00	PT Expense>HMO B	63,346.00		63,346.00
65-106-00	PT Expense>HMO A	24,665.00		24,665.00
65-109-00	PT Expense>Hospice	32,00		32.00
65-111-00	PT Expense>Medicaid	2,151.00		2,151.00
66-101-01	OT Expense>Optum>Part B	8,717.00 34,489.00		8,717.00 34,489.00
66-102-00 66-103-00	OT Expense>Medicare A OT Expense>Part B	184,170.00		184,170.00
66-105-00	OT Expense>HMO B	91,488.00		91,488.00
66-106-00	OT Expense>HMO A	29,211.00		29,211.00
66-111-00	OT Expense>Medicaid	2,740.00		2,740.00
67-101-01	ST Expense>Optum>Part B	1,620.00		1,620.00
67-102-00	ST Expense>Medicare A	7,494.00		7,494.00
67-103-00	ST Expense>Part B ST Expense>HMO B	13,470.00 19,117.00		13,470.00 19,117.00
67-105-00 67-106-00	ST Expense>HMO A	5,538.00		5,538.00
67-109-00	ST Expense>Hospice	332.00		332.00
67-111-00	ST Expense>Medicaid	535.00		535.00
67-700-00	ST Expense>Contracted Service	730.00		730.00
68-183-00	Therapy Expense>Supplies	151.00		151.00
68-700-00	Therapy Expense>Contracted Service	(35,645.00)	35,645.00	0.00
68-827-00	Therapy Expense>Respiratory	139.00 60,113.00		139.00 60,113.00
69-811-80 69-811-90	Social Services Expense>Director>Wages Social Services Expense>Director>Sick/Vacation Pay	8,193.00		8,193.00
69-811-91	Social Services Expense>Director>Holiday Pay	1,765.00		1,765.00
69-830-80	Social Services Expense>Assistant>Wages	34,218.00		34,218.00
69-830-81	Social Services Expense>Assistant>Overtime	68.00		68.00
69-830-82	Social Services Expense>Assistant>Shift Premium Pay	4.00		4.00
69-830-84	Social Services Expense>Assistant>Retro Pay/Adjustment Pay	60.00		60.00
69-830-90	Social Services Expense>Assistant>Sick/Vacation Pay	2,425.00		2,425.00 864.00
69-830-91	Social Services Expense>Assistant>Holiday Pay	864.00 24,057.00		24,057.00
70-177-00 70-178-00	Dietary Expense>Supplements Dietary Expense>Food	323,459.00		323,459.00
70-178-00	Dietary Expense>Supplies	37,429.00		37,429.00
70-191-00	Dietary Expenses Enteral Feeding Supplies	2,438.00		2,438.00
70-208-00	Dietary Expense>Equip-Rental	2,732.00		2,732.00
70-700-00	Dietary Expense>Contracted Service	120,706.00		120,706.00
70-831-80	Dietary Expense>Aide>Wages	268,157.00		268,157.00
70-831-81	Dietary Expense Aide Overtime	28,197.00 7,593.00		28,197.00 7,593.00
70-831-82 70-831-83	Dietary Expense>Aide>Shift Premium Pay Dietary Expense>Aide>Shift Bonus Pay	2,073.00		2,073.00
70-001-00	Distary Expenses made office being a dy	2,510,00		_, _, _, _,

Account	Description	ADJ JE Re	f# RJE FINAL
		9/30/2023	9/30/2023
70-831-84	Dietary Expense>Aide>Retro Pay/Adjustment Pay	6,315.00	6,315.00
70-831-88	Dietary Expense>Aide>Other Pay	396.00	396.00
70-831-90	Dietary Expense>Aide>Sick/Vacation Pay	14,748.00	14,748.00
70-831-91	Dietary Expense>Aide>Holiday Pay	21,411.00	21,411.00 90,301.00
70-832-80 70-832-81	Dietary Expense>Cook>Wages Dietary Expense>Cook>Overtime	90,301.00 16,187.00	16,187.00
70-832-81	Dietary Expense-Cook-Overtime Dietary Expense-Cook-Shift Premium Pay	5,304.00	5,304.00
70-832-83	Dietary Expense>Cook>Shift Bonus Pay	1,200.00	1,200.00
70-832-84	Dietary Expense>Cook>Retro Pay/Adjustment Pay	(94.00)	(94.00)
70-832-90	Dietary Expense>Cook>Sick/Vacation Pay	9,996.00	9,996.00
70-832-91	Dietary Expense>Cook>Holiday Pay	8,044.00	8,044.00
70-833-00 71-178-00	Dietary Expense>Contracted Dietician	37,030.00 762.00	37,030.00 762.00
71-178-00	Activity Expense>Food Activity Expense>Supplies	10,628.00	10,628.00
71-207-00	Activity Expense>Repairs & Maint	275,00	275.00
71-700-00	Activity Expense>Contracted Service	8,640.00	8,640.00
71-811-80	Activity Expense>Director>Wages	52,821.00	52,821.00
71-811-81	Activity Expense>Director>Overtime	235.00	235.00
71-811-84	Activity Expense>Director>Retro Pay/Adjustment Pay	209.00	209.00 256.00
71-811-88	Activity Expense>Director>Other Pay Activity Expense>Director>Sick/Vacation Pay	256.00 2,902.00	2,902.00
71-811-90 71-811-91	Activity Expense>Director>SickVacation Pay Activity Expense>Director>Holiday Pay	687.00	687.00
71-831-80	Activity Expense>Director=Honday 1 by Activity Expense>Aide>Wages	97,644.00	97,644.00
71-831-81	Activity Expense>Aide>Overtime	19,028.00	19,028.00
71-831-82	Activity Expense>Aide>Shift Premium Pay	782.00	782.00
71-831-83	Activity Expense>Aide>Shift Bonus Pay	2,180.00	2,180.00
71-831-84	Activity Expense>Aide>Retro Pay/Adjustment Pay	291.00	291.00 40.00
71-831-88	Activity Expense>Aide>Other Pay	40.00 15,965.00	15.965.00
71-831-90 71-831-91	Activity Expense>Aide>Sick/Vacation Pay Activity Expense>Aide>Holiday Pay	8,763.00	8.763.00
72-183-00	Housekeeping Expense>Supplies	244.00	244.00
72-183-74	Housekeeping Expense>Supplies>COVID	2,276.00	2,276.00
72-700-00	Housekeeping Expense>Contracted Service	459,875.00	459,875.00
73-700-00	Laundry Expense>Contracted Service	307,178.00	307,178.00
75-183-00	Maintenance Expense>Supplies	16,426.00	16,426.00 1,618.00
75-184-00 75-205-00	Maintenance Expense>Minor Equip Maintenance Expense>Sanitation & Incineration	1,618.00 32,575.00	32,575.00
75-207 - 00	Maintenance Expense>Samation & Mointenance Expense>Repairs & Maint	43,742.00	43,742.00
75-208-00	Maintenance Expense>Equip Rental	10,412.00	10,412.00
75-217-00	Maintenance Expense>Extermination	6,062.00	6,062.00
75-218-00	Maintenance Expense>Snow Removal	11,212.00	11,212.00
75-219-00	Maintenance Expense>Landscaping	15,114.00	15,114.00
75-219-83	Maintenance Expense>Landscaping>supplies	63.00 1,675.00	63.00 1,675.00
75-221-00 75-230-00	Maintenance Expense>Water Treatment Maintenance Expense>Data Processing	1,278,00	1,278.00
75-700-00	Maintenance Expense>Contracted Service	19,883.00	19,883.00
75-811-80	Maintenance Expense>Director>Wages	42,538.00	42,538.00
75-811-81	Maintenance Expense>Director>Overtime	2,842.00	2,842.00
75-811 - 84	Maintenance Expense>Director>Retro Pay/Adjustment Pay	78.00	78.00
75-811-90	Maintenance Expense>Director>Sick/Vacation Pay	4,056.00	4,056.00
75-811-91	Maintenance Expense>Director>Holiday Pay	1,375.00 20,053.00	1,375.00 20,053.00
75-829-80 75-829-81	Maintenance Expense>Staff>Wages Maintenance Expense>Staff>Overtime	1,606.00	1,606.00
75-829-82	Maintenance Expense>Staff>Shift Premium Pay	202.00	202.00
75-829-83	Maintenance Expense>Staff>Shift Bonus Pay	25.00	25.00
75-829-89	Maintenance Expense>Staff>On Call Pay	149.00	149.00
75-829-90	Maintenance Expense>Staff>Sick/Vacation Pay	985.00	985.00
75-829-91	Maintenance Expense>Staff>Holiday Pay	1,507.00	1,507.00
76-227-00	Utility Expense>Gas	20,444.00 275,845.00	20,444.00 275,845.00
76-228-00	Utility Expense>Electric Utility Expense>Water/Sewer	275,845.00 124,594.00	124,594.00
76-229-00 76-700-00	Utility Expense>vvater/Sewer Utility Expense>Contracted Service	5,569.00	5,569.00
80-111-16	Admin Expense>Medicaid>Bed Tax	889,336.00	889,336.00
80-153-00	Admin Expense>Financing Costs	2,161.00	2,161.00
80-162-00	Admin Expense>Insurance - General Liability & Other	84,606.00	84,606.00
80-163-00	Admin Expense>Insurance - EPLI	11,398.00	11,398.00
80-181-00	Admin Expense>Shredding	1,600.00	1,600.00 3,690.00
80-182-00	Admin Expense>Furnishing Admin Expense>Supplies	3,690.00 8,311.00	8,311.00
80-183-00	Admin Exhensesonbblies	0,011.00	0,011.00

Account	Description	ADJ	JE Ref# RJE	FINAL
		9/30/2023		9/30/2023
80-183-09	Admin Expense>Supplies>Toner	3,588,00		3,588.00
80-183-78	Admin Expense>Supplies>Paper	2,553.00		2,553.00
80-184-00	Admin Expense>Computer Hardware	5,127.00		5,127.00
80-202-00	Admin Expense>resident missing Items	53.00		53.00
80-208-00	Admin Expense>Equip-Rental	6,490.00		6,490.00 1,779.00
80-209-00	Admin Expense>Postage Admin Expense>Internet	1,779.00 4,563.00		4,563.00
80-210-00 80-230-00	Admin Expense>Data Processing	50,098.00		50,098.00
80 - 231-00	Admin Expense>Telephone	7,855.00		7,855.00
80-232-00	Admin Expense>Cable TV	13,074.00		13,074.00
80-234-00	Admin Expense>Licenses	118.00		118.00
80-235-00	Admin Expense>Dues & Subscriptions	9,840.00	(1,362.00)	8,478.00
80-236-00	Admin Expense>Travel	6,012.00 4,048.00	1,265.00	6,012.00 5,313.00
80-238-00 80-239-00	Admin Expense>Legal Fees Admin Expense>Accounting Fees	10,306.00	4,822.00	15,128.00
80-240-00	Admin Expense>Professional Fees	1,265.00	(1,265.00)	0.00
80-240-02	Admin Expense>Professional Fees>Add Back	178,131.00	130,963.00	309,094.00
80-241-00	Admin Expense>IT Fees	1,143.00		1,143.00
80-241-01	Admin Expense>IT Fees>Add Back	17,802.00		17,802.00
80-244-00	Admin Expense>Bank Fees	7,503.00 467.00		7,503.00 467.00
80-245-00	Admin Expense>Background Checks	3,403.00		3,403.00
80-245-06 80-249-00	Admin Expense>Background Checks Other (Fingerprinting) Admin Expense>Recruiting	8,365.00		8,365.00
80-250-00	Admin Expense>Marketing & Advertising	25,905.00		25,905.00
80-250-74	Admin Expense>Marketing & Advertising>COVID	1,639.00		1,639.00
80-251-00	Admin Expense>Bad Debt	137,967.00		137,967.00
80-252-00	Admin Expense>Startup Costs	135,785.00	(135,785.00)	0.00
80-255-00	Admin Expense>Startup Costs>Agency	0.00	(207 429 00)	0.00 402,704.00
80-279-00	Admin Expense>Management Fee	689,832.00 125.00	(287,128.00)	125.00
80-700-00 80-700-02	Admin Expense>Contracted Service Admin Expense>Contracted Service>Add Back	11,000.00		11,000.00
80-811-80	Admin Expense>Director>Wages	107,680.00		107,680.00
80-811-88	Admin Expense>Director>Other Pay	1,615.00		1,615.00
80-811-90	Admin Expense>Director>Sick/Vacation Pay	10,768.00		10,768.00
80-811-91	Admin Expense>Director>Holiday Pay	3,769.00		3,769.00
80-838-80	Admin Expense>Receptionist>Wages	41,171.00 243.00		41,171.00 243.00
80-838-81 80-838-84	Admin Expense>Receptionist>Overtime Admin Expense>Receptionist>Retro Pay/Adjustment Pay	430.00		430,00
80-838-90	Admin Expense>Receptionist>Sick/Vacation Pay	1,492.00		1,492.00
80-838-91	Admin Expense>Receptionist>Holiday Pay	2,044.00		2,044.00
80-839-80	Admin Expense>Admissions>Wages	35,571.00		35,571.00
80-839-83	Admin Expense>Admissions>Shift Bonus Pay	650.00		650.00
80-839-84	Admin Expense>Admissions>Retro Pay/Adjustment Pay	1,254.00		1,254.00 3,527.00
80-839-90	Admin Expense>Admissions>Sick/Vacation Pay	3,527.00 1,008.00		1,008.00
80-839 - 91 80-840 - 80	Admin Expense>Admissions>Holiday Pay Admin Expense>Business Office>Wages	76,720.00		76,720.00
80-840-81	Admin Expense>Business Office>Overtime	595.00		595.00
80-840-84	Admin Expense>Business Office>Retro Pay/Adjustment Pay	52.00		52.00
80-840-90	Admin Expense>Business Office>Sick/Vacation Pay	4,215.00		4,215.00
80-840-91	Admin Expense>Business Office>Holiday Pay	2,084.00		2,084.00
80-841-80	Admin Expense>Human Resources>Wages	27,564.00		27,564.00 47,822.00
80-843-80	Admin Expense>Regional Marketing/CAD>Wages Admin Expense>Recruiting>Wages	47,822.00 11,976.00		11,976.00
80-844-80 85-100 - 00	Employee Benefits Expense>Miscellaneous	23,387.00		23,387.00
85-156 - 61	Employee Benefits Expense>PR Taxes>Fica	483,564.00		483,564.00
85-156-62	Employee Benefits Expense>PR Taxes>SUI	74,919.00		74,919.00
85-156-63	Employee Benefits Expense>PR Taxes>FUI	11,949.00		11,949.00
85-178-00	Employee Benefits Expense>Food	6,617.00		6,617.00
85-200-79	Employee Benefits Expense>Union>Misc	42,007.00		42,007.00 378,210.00
85-255-79	Employee Benefits Expense>Pension>Union Employee Benefits Expense>Employee Physicals	378,210.00 535.00		535.00
85-257-00 85-881-00	Employee Benefits Expense>Employee Physicals Employee Benefits Expense>Workers Comp	153,962.00		153,962.00
85-882-00	Employee Benefits Expense>Workers Comp	251,099.00		251,099.00
85-884-00	Employee Benefits>Dental/Vision Insurance	2,656.00		2,656.00
85-885-00	Employee Benefits>Life Insurance	0.00		0.00
91-121-00	Property Expense>Rent	527,041.00		527,041.00
91-125-00	Property Expense>Personal Property Taxes	14,480.00		14,480.00
91-161-00	Property Expense>RE Taxes	87,359.00 21,661.00		87,359.00 21,661.00
91-165-00	Property Expense>Insurance - Property	21,001.00		2.,501.00

Account	Description	ADJ JE Ref	# RJE	FINAL
		9/30/2023		9/30/2023
92-000-00	Depreciation Expense	56,039.00	(1,592.00)	54,447.00
94-000-00	Interest Expense	61,926.00		61,926.00
98-999-99	Prior Period Expense	0.00		0.00
Marcum 101	Accum Depreciation>Leasehold Improvements	0.00	(1,592,00)	(1,592.00)
Marcum 102	Depreciation Expense>Leasehold Improvements	0.00	1,592.00	1,592.00
Marcum 103	Dentist	0.00	5,983.00	5,983.00
Marcum 104	Subscriptions	0.00	1,228.00	1,228.00
Marcum 105	Chamber Dues	0.00	134.00	134.00
Marcum 106	Sales Tax	0.00		0.00
Marcum 107	Leased Equipment	0.00		0.00
Marcum 108	Other Revenue>Prior Period Adjustment(s)	0.00	(35,645.00)	(35,645.00)
Total		0.00	0.00	0.00
	Net (Income) Loss	0.00	0.00	0.00

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

Trial Balance:	A,01 - TB-CCNH				
Workpaper:	A.03 - Grouping Report				F151.5.5
Account	Description	ADJ	JE Ref#	RJE	FINAL
		9/30/2023		9/30/2023	9/30/2023
Group : [10-A]	Salaries and Wages				
Subgroup : [2]	Administrators				
80-811-80	Admin Expense>Director>Wages	107,680.00		0,00	107,680.00
80-811-88	Admin Expense>Director>Other Pay	1,615.00		0.00	1,615.00
80-811-90	Admin Expense>Director>Sick/Vacation Pay	10,768.00		0.00	10,768.00
80-811-91	Admin Expense>Director>Holiday Pay	3,769,00		0,00	3,769,00
		123,832.00	-	0.00	123,832.00
Subtotal [2]	Administrators	123,032.00		5.00	120,000,00
Subgroup : [4]	Other Administrative Salaries				=
80-838-80	Admin Expense>Receptionist>Wages	41,171.00		0,00	41,171.00
80-838-81	Admin Expense>Receptionist>Overtime	243.00		0,00	243.00
80-838-84	Admin Expense>Receptionist>Retro Pay/Adjustment Pay	430.00		0,00	430.00
80-838-90	Admin Expense>Receptionist>Sick/Vacation Pay	1,492.00		0.00	1,492.00
80-838-91	Admin Expense>Receptionist>Holiday Pay	2,044.00		0,00	2,044.00
80-840-80	Admin Expense>Business Office>Wages	76,720.00		0.00	76,720.00
80-840-81	Admin Expense>Business Office>Overtime	595.00		0,00	595.00
	Admin Expense>Business Office>Retro Pay/Adjustment Pay	52.00		0.00	52.00
80-840-84	· · · · · · · · · · · · · · · · · · ·	4,215.00		0,00	4,215.00
80-840-90	Admin Expense>Business Office>Sick/Vacation Pay			0,00	2,084,00
80-840-91	Admin Expense>Business Office>Holiday Pay	2,084.00			
80-841-80	Admin Expense>Human Resources>Wages	27,564.00		0.00	27,564.00
80-844-80	Admin Expense>Recruiting>Wages	11,976.00_	_	0,00	11,976.00
Subtotal [4]	Other Administrative Salaries	168,586.00		0.00	168,586.00
Subgroup : [5C]	Dietary Workers				
70-831-80	Dietary Expense>Aide>Wages	268,157.00		0.00	268,157.00
70-831-81	Dietary Expense>Aide>Overtime	28,197.00		0.00	28,197.00
70-831-82	Dietary Expense>Aide>Shift Premium Pay	7,593,00		0.00	7,593,00
	• •	2,073.00		0.00	2,073.00
70-831-83	Dietary Expense>Aide>Shift Bonus Pay	6,315.00		0,00	6,315.00
70-831-84	Dietary Expense>Aide>Retro Pay/Adjustment Pay	· ·			396,00
70-831-86	Dielary Expense>Aide>Other Pay	396.00		0.00	
70-831-90	Dietary Expense>Aide>Sick/Vacation Pay	14,748.00		0.00	14,748.00
70-831-91	Dictary Expense>Aide>Holiday Pay	21,411.00		0.00	21,411,00
70-832-80	Dielary Expense>Cook>Wages	90,301.00		0.00	90,301.00
70-832-81	Dietary Expense>Cook>Overtime	16,187.00		0.00	16,187,00
70-832-82	Dielary Expense>Cook>Shift Premium Pay	5,304.00		0.00	5,304.00
70-832-83	Dietary Expense>Cook>Shift Bonus Pay	1,200.00		0.00	1,200.00
70-832-84	Dietary Expense>Cook>Retro Pay/Adjustment Pay	(94.00)		0.00	(94,00)
70-832-90	Dielary Expense>Cook>Sick/Vacation Pay	9,996.00		0.00	9,996,00
		8,044.00		0.00	8,044.00
70-832-91	Dietary Expense>Cook>Holiday Pay		100	0.00	479,828.00
Subtotal [5C]	Dietary Workers	479,828.00	_	0,00	475,424.05
Subgroup : [7A]	Engineer or Chief of Maintenance				15 500 00
75-811-80	Maintenance Expense>Director>Wages	42,538.00		0,00	42,538,00
75-811-81	Maintenance Expense>Director>Overtime	2,842.00		0.00	2,842,00
75-811-84	Maintenance Expense>Director>Retro Pay/Adjustment Pay	78.00		0.00	78,00
75-811-90	Maintenance Expense>Director>Sick/Vacation Pay	4,056.00		0.00	4,056,00
75-811-91	Maintenance Expense>Director>Holiday Pay	1,375.00		0.00	1,375.00
Subtotal [7A]	Engineer or Chief of Maintenance	50,889.00	-	0.00	50,889.00
uustotat [g		*	_		
Cuberous (F7D)	Other Maintenance Workers				
Subgroup : [7B]		20,053.00		0.00	20,053.00
75-829-80	Maintenance Expense>Staff>Wages	1,606,00		0.00	1,606,00
75-829-81	Maintenance Expense>Staff>Overtime	•			
75-829-82	Maintenance Expense>Staff>Shift Premium Pay	202,00		0.00	202.00
75-829-83	Maintenance Expense>Staff>Shift Bonus Pay	25,00		0.00	25,00
75-829-89	Maintenance Expense>Staff>On Call Pay	149.00		0.00	149.00
75-829-90	Maintenance Expense>Staff>Sick/Vacation Pay	985.00		0.00	985,00
75-829-91	Maintenance Expense>Staff>Holiday Pay	1,507.00		0.00	1,507.00
Subtotal [7B]	Other Maintenance Workers	24,527.00	-	0.00	24,527.00
Subgroup : [12A]	Director of Nurses/Assistant Director				
61-811-80	Nursing Admin Expense>Director (DON)>Wages	124,160,00		(15,684.00)	108,476.00
		· ·		0.00	538,00
61-811-84	Nursing Admin Expense>Director>Retro Pay/Adjustment Pay	538.00		0,00	3,298,00
61-811-88	Nursing Admin Expense>Director>Other Pay	3,298.00			
61-811-90	Nursing Admin Expense>Director>Sick/Vacation Pay	12,385.00		0.00	12,385,00
61-811-91	Nursing Admin Expense>Director>Holiday Pay	3,231.00		0.00	3,231,00
61-812-80	Nursing Admin Expense>Assistant Director (ADON)>Wages	102,844.00		0.00	102,844.00
61-812-84	Nursing Admin Expense>Assistant Director>Retro Pay/Adjustment Pay	6,448.00		0.00	6,448.00
61-812-88	Nursing Admin Expense>Assistant Director>Other Pay	606,00		0.00	606.00
61-812-89	Nursing Admin Expense>Assistant Director>On Call Pay	600,00		0.00	600.00
61-812-90	Nursing Admin Expense>Assistant Director>Sick/Vacation Pay	3,940,00		0.00	3,940.00
61-812-91	Nursing Admin Expense-Assistant Director>Holiday Pay	2,644.00		0.00	2,644.00
	,	260,694.00	-	(15,684.00)	245,010.00
Subtotal [12A]	Director of Nurses/Assistant Director	200,034.00	-	1.0,504.00	270,010100
Subgroup : [12B1]	RNs - Direct Care	F 10 000 00		2.22	240 000 00
60-808-80	Nursing Expense>RN>Wages	310,808.00		0,00	310,808,00

60-808-81		00 404 00	0,00	89,124.00
00-000-01	Nursing Expense>RN>Overtime	89,124_00		
60-808-82	Nursing Expense>RN>Shift Premium Pay	45,039_00	0.00	45,039,00
60-808-83	Nursing Expense>RN>Shift Bonus Pay	6,346_00	0.00	6,346.00
	Nursing Expense>RN>Retro Pay/Adjustment Pay	4,796.00	0,00	4,796.00
60-808-84				
60-808-88	Nursing Expense>RN>Other Pay	6,923_00	0.00	6,923.00
60-808-90	Nursing Expense>RN>Sick/Vacation Pay	25,184_00	0.00	25,184.00
60-808-91	Nursing Expense>RN>Holiday Pay	28,622,00	0.00	28,622.00
			0,00	207,334.00
60-809-80	Nursing Expense>RN Supervisor>Wages	207,334_00		
60-809-81	Nursing Expense>RN Supervisor>Overtime	22,727_00	0,00	22,727.00
60-809-82	Nursing Expense>RN Supervisor>Shift Premium Pay	68.00	0,00	68.00
			0.00	130.00
60-809-83	Nursing Expense>RN Supervisor>Shift Bonus Pay	130.00		
60-809-84	Nursing Expense>RN Supervisor>Retro Pay/Adjustment Pay	1,283.00	0,00	1,283.00
60-809-88	Nursing Expense>RN Supervisor>Other Pay	3,052,00	0.00	3,052.00
	• • • • • • • • • • • • • • • • • • • •	1,400.00	0.00	1,400,00
60-809-89	Nursing Expense>RN Supervisor>On Call Pay			
60-809-90	Nursing Expense>RN Supervisor>Sick/Vacation Pay	11,911.00	0,00	11,911.00
60-809-91	Nursing Expense>RN Supervisor>Holiday Pay	4,909.00	0.00	4,909.00
			0.00	769,556.00
Subtotal [12B1]	RNs - Direct Care	769,656.00	0.00	705,980.00
Subgroup : [12B2]	RNs - Administrative			
	Nursing Admin Expense>Infection Control>Wages	57,970.00	0,00	57,970,00
61-194-80	•			
61-194-88	Nursing Admin Expense>Infection Control>Other Pay	835,00	0.00	835,00
61-194-89	Nursing Admin Expense>Infection Control>On Call Pay	200.00	0.00	200,00
	Nursing Admin Expense>Infection Control>Sick/Vacation Pay	239,00	0.00	239.00
61-194-90	•			
61-194-91	Nursing Admin Expense>Infection Control>Holiday Pay	1,423.00	0.00	1,423.00
61-814-80	Nursing Admin Expense>Central Supply>Wages	14,596.00	0.00	14,596.00
	Nursing Admin Expense>MDS / RNAC>Wages	150,313.00	(18,943.00)	131,370.00
61-817-80				
61-817-84	Nursing Admin Expense>MDS / RNAC>Retro Pay/Adjustment Pay	461.00	0.00	461.00
61-817-87	Nursing Admin Expense>MDS / RNAC>Training Pay	234.00	0.00	234.00
		200.00	0.00	200.00
61-817-89	Nursing Admin Expense>MDS / RNAC>On Call Pay			
61-817-90	Nursing Admin Expense>MDS / RNAC>Sick/Vacation Pay	5,458.00	0.00	5,458.00
61-817-91	Nursing Admin Expense>MDS / RNAC>Holiday Pay	4,147.00	0.00	4,147.00
		32,895.00	0.00	32,895.00
61-821-80	Nursing Admin Expense>Nursing Secretary>Wages			
61-821-81	Nursing Admin Expense>Nursing Secretary>Overtime	51.00	0.00	51.00
61-821-84	Nursing Admin Expense>Nursing Secretary>Retro Pay/Adjustment Pay	143,00	0.00	143.00
		2,076.00	0.00	2,076.00
61-821-90	Nursing Admin Expense>Nursing Secretary>Sick/Vacation Pay	·		
61-821-91	Nursing Admin Expense>Nursing Secretary>Holiday Pay	1,691.00	0,00	1,691.00
61-823-80	Nursing Admin Expense>Staff Coordinator>Wages	47,566.00	0.00	47,566.00
		2,681.00	0.00	2,681.00
61-823-81	Nursing Admin Expense>Staff Coordinator>Overtime			
61-823-84	Nursing Admin Expense>Staff Coordinator>Retro Pay/Adjustment Pay	50.00	0.00	50.00
61-823-90	Nursing Admin Expense>Staff Coordinator>Sick/Vacation Pay	3,626.00	0.00	3,626.00
	•	1,281.00	0.00	1,281.00
61-823-91	Nursing Admin Expense>Staff Coordinator>Holiday Pay			
61-824-80	Nursing Admin Expense>Staff Devel Director>Wages	106,454.00	0.00	106,454.00
61-824-84	Nursing Admin Expense>Staff Devel Director>Retro Pay/Adjustment Pay	3,197.00	0.00	3,197.00
	Nursing Admin Expense>Staff Devel Director>Other Pay	424.00	0.00	424.00
61-824-88				
61-824-89	Nursing Admin Expense>Staff Devel Director>On Call Pay	500,00	0.00	500.00
61-824-90	Nursing Admin Expense>Staff Devel Director>Sick/Vacation Pay	3,860.00	0.00	3,860.00
	Nursing Admin Expense>Staff Devel Director>Holiday Pay	1,749.00	0.00	1,749.00
61-824-91			0.00	428 472 00
	Nursing Admin Expense> RN Unit Manager>Wages	128,473.00	0.00	128,473.00
61-824-91 61-825-80				128,473,00 50,00
61-824-91 61-825-80 61-825-83	Nursing Admin Expense> RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shift Bonus Pay	128,473.00 50.00	0.00 0.00	50.00
61-824-91 61-825-80 61-825-83 61-825-84	Nursing Admin Expense> RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shift Bonus Pay Nursing Admin Expense>Unit Manager>Retro Pay/Adjustment Pay	128,473.00 50.00 159,00	0.00 0.00 0.00	50.00 159.00
61-824-91 61-825-80 61-825-83	Nursing Admin Expense> RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shift Bonus Pay	128,473.00 50.00 159,00 705.00	0.00 0.00 0.00 0.00	50.00 159.00 705.00
61-824-91 61-825-80 61-825-83 61-825-84 61-825-89	Nursing Admin Expense> RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shift Bonus Pay Nursing Admin Expense>Unit Manager>Retro Pay/Adjustment Pay Nursing Admin Expense>Unit Manager>On Call Pay	128,473.00 50.00 159,00	0.00 0.00 0.00	50.00 159.00
61-824-91 61-825-80 61-825-83 61-825-84 61-825-89 61-825-90	Nursing Admin Expense> RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shift Bonus Pay Nursing Admin Expense>Unit Manager>Retro Pay/Adjustment Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>Sick/Vacation Pay	128,473.00 50.00 159,00 705.00 10,633.00	0.00 0.00 0.00 0.00 0.00	50.00 159.00 705.00 10,633.00
61-824-91 61-825-80 61-825-83 61-825-84 61-825-89 61-825-90 61-825-91	Nursing Admin Expense> RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shift Bonus Pay Nursing Admin Expense>Unit Manager>Shift Bonus Pay Nursing Admin Expense>Unit Manager>Con Call Pay Nursing Admin Expense>Unit Manager>Sick/Vacation Pay Nursing Admin Expense>Unit Manager>Holiday Pay	128,473.00 50.00 159,00 705.00 10,633.00 3,704.00	0.00 0.00 0.00 0.00 0.00 0.00	50.00 158.00 705.00 10,633.00 3,704.00
61-824-91 61-825-80 61-825-83 61-825-84 61-825-89 61-825-90	Nursing Admin Expense> RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shift Bonus Pay Nursing Admin Expense>Unit Manager>Retro Pay/Adjustment Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>Sick/Vacation Pay	128,473.00 50.00 159,00 705.00 10,633.00	0.00 0.00 0.00 0.00 0.00	50.00 159.00 705.00 10,633.00
61-824-91 61-825-80 61-825-83 61-825-84 61-825-89 61-825-90 61-825-91	Nursing Admin Expense> RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shift Bonus Pay Nursing Admin Expense>Unit Manager>Shift Bonus Pay Nursing Admin Expense>Unit Manager>Con Call Pay Nursing Admin Expense>Unit Manager>Sick/Vacation Pay Nursing Admin Expense>Unit Manager>Holiday Pay	128,473.00 50.00 159,00 705.00 10,633.00 3,704.00	0.00 0.00 0.00 0.00 0.00 0.00	50.00 159.00 705.00 10,633.00 3,704.00
61-824-91 61-825-80 61-825-83 61-825-84 61-825-89 61-825-90 61-825-91 Subtotal [1282]	Nursing Admin Expense> RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shift Bonus Pay Nursing Admin Expense>Unit Manager>Retro Pay/Adjustment Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>Sickt/Vacation Pay Nursing Admin Expense>Unit Manager>Holiday Pay Nursing Admin Expense>Unit Manager>Holiday Pay RNs - Administrative	128,473.00 50.00 159,00 705.00 10,633.00 3,704.00	0.00 0.00 0.00 0.00 0.00 0.00	50.00 159.00 705.00 10,633.00 3,704.00
61-824-91 61-825-80 61-825-83 61-825-84 61-825-89 61-825-90 61-825-91 Subtotal [12B2]	Nursing Admin Expense> RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shift Bonus Pay Nursing Admin Expense>Unit Manager>Retro Pay/Adjustment Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>Sick/Vacation Pay Nursing Admin Expense>Unit Manager>Holiday Pay RNs - Administrative LPNs - Direct Care	128,473.00 50.00 159,00 705.00 10,633.00 3,704.00	0.00 0.00 0.00 0.00 0.00 0.00 (18,943.00)	50.00 158.00 705.00 10,633.00 3,704.00 569,101.00
61-824-91 61-825-80 61-825-83 61-825-84 61-825-89 61-825-90 61-825-91 Subtotal [1282] Subgroup: [12C1] 60-805-80	Nursing Admin Expense> RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shift Bonus Pay Nursing Admin Expense>Unit Manager>Retro Pay/Adjustment Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>Sick/Vacation Pay Nursing Admin Expense>Unit Manager>Holiday Pay RNs - Administrative LPNs - Direct Care Nursing Expense>LPN>Wages	128,473.00 50,00 159,00 705.00 10,633.00 3,704.00 588,044,00	0.00 0.00 0.00 0.00 0.00 0.00 (18,943.00)	50.00 158.00 705.00 10,633.00 3,704.00 569,101.00
61-824-91 61-825-80 61-825-83 61-825-84 61-825-89 61-825-90 61-825-91 Subtotal [12B2]	Nursing Admin Expense> RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shift Bonus Pay Nursing Admin Expense>Unit Manager>Retro Pay/Adjustment Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>Sick/Vacation Pay Nursing Admin Expense>Unit Manager>Holiday Pay RNs - Administrative LPNs - Direct Care	128,473.00 50.00 159,00 705.00 10,633.00 3,704.00 588,044.00	0.00 0.00 0.00 0.00 0.00 0.00 (18,943.00)	50.00 159.00 705.00 10,633.00 3,704.00 569,101.00
61-824-91 61-825-80 61-825-83 61-825-84 61-825-80 61-825-90 61-825-91 Subtratal [1282] Subgroup: [12C1] 60-805-80 60-805-81	Nursing Admin Expense> RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shift Bonus Pay Nursing Admin Expense>Unit Manager>Retro PayAdjustment Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>Sick/Vacation Pay Nursing Admin Expense>Unit Manager>Holiday Pay RNs - Administrative LPNs - Direct Care Nursing Expense>LPN>Wages Nursing Expense>LPN>Overtime	128,473.00 50,00 159,00 705.00 10,633.00 3,704.00 588,044,00	0.00 0.00 0.00 0.00 0.00 0.00 (18,943.00)	50.00 158.00 705.00 10,633.00 3,704.00 569,101.00
61-824-91 61-825-80 61-825-83 61-825-84 61-825-89 61-825-90 51-825-91 Subtotal [12B2] Subgroup: [12C1] 60-805-80 60-805-81 60-805-82	Nursing Admin Expense> RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shift Bonus Pay Nursing Admin Expense>Unit Manager>Retro Pay/Adjustment Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>Sick/Vacation Pay Nursing Admin Expense>Unit Manager>Holiday Pay RNs - Administrative LPNs - Direct Care Nursing Expense>LPN>Wages Nursing Expense>LPN>Overtime Nursing Expense>LPN>Shift Premium Pay	128,473,00 50,00 159,00 705,00 10,633.00 3,704.00 588,044.00 870,859.00 273,628.00 54,551.00	0.00 0.00 0.00 0.00 0.00 0.00 (18,943.00)	50.00 159.00 705.00 10,633.00 3,704.00 569,101.00 870,859.00 273,628.00 54,551.00
61-824-91 61-825-80 61-825-84 61-825-84 61-825-90 61-825-91 Subtotal [1282] Subgroup: [12C1] 60-805-80 60-805-81 60-805-82 60-805-82	Nursing Admin Expense> RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shift Bonus Pay Nursing Admin Expense>Unit Manager>Retro Pay/Adjustment Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>Sick/Vacation Pay Nursing Admin Expense>Unit Manager>Holiday Pay RNs - Administrative LPNs - Direct Care Nursing Expense>LPN>Wages Nursing Expense>LPN>Overtime Nursing Expense>LPN>Shift Premium Pay Nursing Expense>LPN>Shift Bonus Pay	128,473.00 50.00 159,00 705.00 10,633.00 3,704.00 588,044,00 870,859.00 273,628.00 54,551.00 20,410.00	0.00 0.00 0.00 0.00 0.00 0.00 (18,943.00)	50.00 159.00 705.00 10,633.00 3,704.00 569,101.00 870,859.00 273,628.00 54,551.00 20,410.00
61-824-91 61-825-80 61-825-83 61-825-84 61-825-89 61-825-90 51-825-91 Subtotal [12B2] Subgroup: [12C1] 60-805-80 60-805-81 60-805-82	Nursing Admin Expense> RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shift Bonus Pay Nursing Admin Expense>Unit Manager>Retro Pay/Adjustment Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>Sick/Vacation Pay Nursing Admin Expense>Unit Manager>Holiday Pay RNs - Administrative LPNs - Direct Care Nursing Expense>LPN>Wages Nursing Expense>LPN>Overtime Nursing Expense>LPN>Shift Premium Pay	128,473,00 50,00 159,00 705,00 10,633.00 3,704.00 588,044.00 870,859.00 273,628.00 54,551.00	0.00 0.00 0.00 0.00 0.00 0.00 (18,943.00)	\$0.00 158.00 705.00 10,633.00 3,704.00 569,101.00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00
61-824-91 61-825-80 61-825-83 61-825-84 61-825-89 61-825-90 61-825-91 Subtotal [12B2] Subgroup : [12C1] 60-805-80 60-805-81 60-805-83 60-805-83	Nursing Admin Expense> RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shift Bonus Pay Nursing Admin Expense>Unit Manager>Patro Pay/Adjustment Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>Sick/Vacation Pay Nursing Admin Expense>Unit Manager>Holiday Pay RNs - Administrative LPNs - Direct Care Nursing Expense>LPN>Wages Nursing Expense>LPN>Overtime Nursing Expense>LPN>Shift Premium Pay Nursing Expense>LPN>Shift Bonus Pay Nursing Expense>LPN>Retro Pay/Adjustment Pay	128,473.00 50.00 159,00 705.00 10,633.00 3,704.00 588,044,00 870,859.00 273,628.00 54,551.00 20,410.00	0.00 0.00 0.00 0.00 0.00 0.00 (18,943.00)	50.00 159.00 705.00 10,633.00 3,704.00 569,101.00 870,859.00 273,628.00 54,551.00 20,410.00
61-824-91 61-825-80 61-825-84 61-825-80 61-825-90 61-825-91 Subtotal [12B2] Subgroup: [12C1] 60-805-80 60-805-81 60-805-82 60-805-84 60-805-84	Nursing Admin Expense> RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shift Bonus Pay Nursing Admin Expense>Unit Manager>Path Bonus Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>Sickt/Vacation Pay Nursing Admin Expense>Unit Manager>Holiday Pay RNs - Admin Expense>Unit Manager>Holiday Pay RNs - Administrative LPNs - Direct Care Nursing Expense>LPN>Wages Nursing Expense>LPN>Overtime Nursing Expense>LPN>Shift Bonus Pay Nursing Expense>LPN>Shift Bonus Pay Nursing Expense>LPN>Shift Bonus Pay Nursing Expense>LPN>Other Pay	128,473,00 50,00 159,00 705,00 10,633,00 3,704,00 588,044,00 870,859,00 273,628,00 54,551,00 20,410,00 9,648,00 5,961,00	0.00 0.00 0.00 0.00 0.00 0.00 (18,943.00)	50,00 159,00 705,00 10,633,00 3,704,00 569,101,00 870,859,00 273,628,00 54,551,00 20,410,00 9,648,00 5,961,00
61-824-91 61-825-83 61-825-84 61-825-89 61-825-90 61-825-91 Subtotal [12B2] Subgroup: [12C1] 60-805-80 60-805-81 60-805-82 60-805-83 60-805-88 60-805-88 60-805-88	Nursing Admin Expense> RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shift Bonus Pay Nursing Admin Expense>Unit Manager>PaylAdjustment Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>Sick/Vacation Pay Nursing Admin Expense>Unit Manager>Holiday Pay RNs - Administrative LPNs - Direct Care Nursing Expense>LPN>Wages Nursing Expense>LPN>Overtime Nursing Expense>LPN>Shift Premium Pay Nursing Expense>LPN>Shift Bonus Pay Nursing Expense>LPN>Ruro PaylAdjustment Pay Nursing Expense>LPN>Other Pay Nursing Expense>LPN>Other Pay Nursing Expense>LPN>Sick/Vacation Pay Nursing Expense>LPN>Sick/Vacation Pay	128,473,00 50,00 159,00 705,00 10,633.00 3,704.00 588,044.00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 5,961.00 54,927.00	0.00 0.00 0.00 0.00 0.00 0.00 (18,943.00)	50.00 159.00 705.00 3,704.00 569,101.00 870,859.00 273,628.00 24,551.00 20,410.00 9,648.00 5,981.00
61-824-91 61-825-80 61-825-84 61-825-80 61-825-90 61-825-91 Subtotal [12B2] Subgroup: [12C1] 60-805-80 60-805-81 60-805-82 60-805-84 60-805-84	Nursing Admin Expense> RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shift Bonus Pay Nursing Admin Expense>Unit Manager>Path Bonus Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>Sickt/Vacation Pay Nursing Admin Expense>Unit Manager>Holiday Pay RNs - Admin Expense>Unit Manager>Holiday Pay RNs - Administrative LPNs - Direct Care Nursing Expense>LPN>Wages Nursing Expense>LPN>Overtime Nursing Expense>LPN>Shift Bonus Pay Nursing Expense>LPN>Shift Bonus Pay Nursing Expense>LPN>Shift Bonus Pay Nursing Expense>LPN>Other Pay	128,473,00 50,00 159,00 705,00 10,633,00 3,704,00 588,044,00 870,859,00 273,628,00 54,551,00 20,410,00 9,648,00 5,961,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 (18,943.00) 0.00 0.00 0.00 0.00 0.00 0.00 0.0	50.00 159.00 705.00 10,633.00 3,704.00 569,101.00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 54,927.00 67,826.00
61-824-91 61-825-80 61-825-83 61-825-84 61-825-90 61-825-91 Subtotal [12B2] Subgroup: [12C1] 60-805-80 60-805-81 60-805-83 60-805-84 60-805-88 60-805-90 60-805-90	Nursing Admin Expense> RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shift Bonus Pay Nursing Admin Expense>Unit Manager>Patro Pay/Adjustment Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>Sick/Vacation Pay Nursing Admin Expense>Unit Manager>Holiday Pay RNs - Administrative LPNs - Direct Care Nursing Expense>LPN>Wages Nursing Expense>LPN>Overtime Nursing Expense>LPN>Overtime Nursing Expense>LPN>Shift Premium Pay Nursing Expense>LPN>Shift Bonus Pay Nursing Expense>LPN>Other Pay Nursing Expense>LPN>Other Pay Nursing Expense>LPN>Other Pay Nursing Expense>LPN>Other Pay Nursing Expense>LPN>Sick/Vacation Pay Nursing Expense>LPN>Sick/Vacation Pay Nursing Expense>LPN>Holiday Pay	128,473.00 50.00 159,00 705.00 10,633.00 3,704.00 588,044.00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 5,981.00 54,927.00 67,826.00	0.00 0.00 0.00 0.00 0.00 0.00 (18,943.00)	50.00 159.00 705.00 3,704.00 569,101.00 870,859.00 273,628.00 24,551.00 20,410.00 9,648.00 5,981.00
61-824-91 61-825-83 61-825-84 61-825-89 61-825-90 61-825-91 Subtotal [12B2] Subgroup: [12C1] 60-805-80 60-805-81 60-805-82 60-805-83 60-805-88 60-805-88 60-805-88	Nursing Admin Expense> RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shift Bonus Pay Nursing Admin Expense>Unit Manager>PaylAdjustment Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>Sick/Vacation Pay Nursing Admin Expense>Unit Manager>Holiday Pay RNs - Administrative LPNs - Direct Care Nursing Expense>LPN>Wages Nursing Expense>LPN>Overtime Nursing Expense>LPN>Shift Premium Pay Nursing Expense>LPN>Shift Bonus Pay Nursing Expense>LPN>Ruro PaylAdjustment Pay Nursing Expense>LPN>Other Pay Nursing Expense>LPN>Other Pay Nursing Expense>LPN>Sick/Vacation Pay Nursing Expense>LPN>Sick/Vacation Pay	128,473,00 50,00 159,00 705,00 10,633.00 3,704.00 588,044.00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 5,961.00 54,927.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 (18,943.00) 0.00 0.00 0.00 0.00 0.00 0.00 0.0	50.00 159.00 705.00 10,633.00 3,704.00 569,101.00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 54,927.00 67,826.00
61-824-91 61-825-83 61-825-84 61-825-89 61-825-90 61-825-91 Subtotal [12B2] Subgroup: [12C1] 60-805-80 60-805-81 60-805-82 60-805-84 60-805-84 60-805-84 80-805-90 80-805-91 Subtotal [12C1]	Nursing Admin Expense> RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shift Bonus Pay Nursing Admin Expense>Unit Manager>Patro Pay/Adjustment Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>Sick/Vacation Pay Nursing Admin Expense>Unit Manager>Holiday Pay RNs - Administrative LPNs - Direct Care Nursing Expense>LPN>Wages Nursing Expense>LPN>Overtime Nursing Expense>LPN>Shift Bonus Pay Nursing Expense>LPN>Shift Bonus Pay Nursing Expense>LPN>Other Pay Nursing Expense>LPN>Sick/Vacation Pay Nursing Expense>LPN>Sick/Vacation Pay Nursing Expense>LPN>Holiday Pay LPNs - Direct Care	128,473.00 50.00 159,00 705.00 10,633.00 3,704.00 588,044.00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 5,981.00 54,927.00 67,826.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 (18,943.00) 0.00 0.00 0.00 0.00 0.00 0.00 0.0	50.00 159.00 705.00 10,633.00 3,704.00 569,101.00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 54,927.00 67,826.00
61-824-91 61-825-80 61-825-83 61-825-84 61-825-90 61-825-91 Subtotal [12B2] Subgroup: [12C1] 60-805-80 60-805-81 60-805-83 60-805-84 60-805-88 60-805-90 60-805-90	Nursing Admin Expense> RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shift Bonus Pay Nursing Admin Expense>Unit Manager>Patro Pay/Adjustment Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>Sick/Vacation Pay Nursing Admin Expense>Unit Manager>Holiday Pay RNs - Administrative LPNs - Direct Care Nursing Expense>LPN>Wages Nursing Expense>LPN>Overtime Nursing Expense>LPN>Overtime Nursing Expense>LPN>Shift Premium Pay Nursing Expense>LPN>Shift Bonus Pay Nursing Expense>LPN>Other Pay Nursing Expense>LPN>Other Pay Nursing Expense>LPN>Other Pay Nursing Expense>LPN>Other Pay Nursing Expense>LPN>Sick/Vacation Pay Nursing Expense>LPN>Sick/Vacation Pay Nursing Expense>LPN>Holiday Pay	128,473,00 50,00 159,00 705,00 10,633.00 3,704.00 588,044.00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 54,927.00 67,826.00 1,357,810.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	50.00 159.00 705.00 10,633.00 3,704.00 569,101.00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 5,961.00 67,826.00
61-824-91 61-825-83 61-825-83 61-825-84 61-825-89 61-825-90 61-825-91 Subtotal [1282] Subgroup: [12C1] 60-805-80 60-805-81 60-805-83 60-805-84 60-805-88 60-805-90 50-805-91 Subtotal [12C1]	Nursing Admin Expense> RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shift Bonus Pay Nursing Admin Expense>Unit Manager>Patro Pay/Adjustment Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>Sick/Vacation Pay Nursing Admin Expense>Unit Manager>Holiday Pay RNs - Administrative LPNs - Direct Care Nursing Expense>LPN>Wages Nursing Expense>LPN>Overtime Nursing Expense>LPN>Shift Bonus Pay Nursing Expense>LPN>Shift Bonus Pay Nursing Expense>LPN>Other Pay Nursing Expense>LPN>Sick/Vacation Pay Nursing Expense>LPN>Sick/Vacation Pay Nursing Expense>LPN>Holiday Pay LPNs - Direct Care	128,473.00 50.00 159,00 705.00 10,633.00 3,704.00 588,044.00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 5,981.00 54,927.00 67,826.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 (18,943.00) 0.00 0.00 0.00 0.00 0.00 0.00 0.0	50.00 159.00 705.00 10,633.00 3,704.00 569,101.00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 54,927.00 67,826.00
61-824-91 61-825-80 61-825-83 61-825-84 61-825-89 61-825-90 61-825-91 Subtotal [12B2] Subgroup : [12C1] 60-805-80 60-805-81 60-805-83 60-805-84 60-805-88 60-805-90 50-805-91 Subtotal [12C1]	Nursing Admin Expense> RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shift Bonus Pay Nursing Admin Expense>Unit Manager>Con Call Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>Sick/Vacation Pay Nursing Admin Expense>Unit Manager>Holiday Pay RNs-Admin Expense>Unit Manager>Holiday Pay RNs-Admin Expense>Unit Manager>Holiday Pay RNs-Administrative LPNs-Direct Care Nursing Expense>LPN>Wages Nursing Expense>LPN>Shift Premium Pay Nursing Expense>LPN>Shift Premium Pay Nursing Expense>LPN>Shift Bonus Pay Nursing Expense>LPN>Shift Premium Pay Nursing Expense>LPN>Shift Premium Pay Nursing Expense>LPN>Shift Premium Pay Nursing Expense>LPN>Shift Premium Pay Nursing Expense>LPN>Shift Pay Nursing Expense>LPN>Dher Pay Nursing Expense>LPN>Holiday Pay LPNs-Direct Care Aides and Attendants Nursing Expense>CNA>Wages	128,473.00 50.00 159,00 705.00 10,633.00 3,704.00 588,044,00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 5,961.00 5,961.00 1,357,810.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	50.00 159.00 705.00 3,704.00 569,101.00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 5,961.00 54,927.00 67,826.00
61-824-91 61-825-80 61-825-83 61-825-84 61-825-90 61-825-91 Subtotal [1282] Subgroup : [12C1] 60-805-80 60-805-81 60-805-82 60-805-84 60-805-84 60-805-90 50-805-91 Subtotal [12C1] Subgroup : [12D] 60-801-80 60-801-80	Nursing Admin Expense> RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shift Bonus Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>SickVacation Pay Nursing Admin Expense>Unit Manager>SickVacation Pay Nursing Admin Expense>Unit Manager>Holiday Pay RNs - Administrative LPNs - Direct Care Nursing Expense>LPN>Wages Nursing Expense>LPN>Overtime Nursing Expense>LPN>Shift Premium Pay Nursing Expense>LPN>Shift Bonus Pay Nursing Expense>LPN>SlickVacation Pay Nursing Expense>LPN>SickVacation Pay Nursing Expense>LPN>SickVacation Pay Nursing Expense>LPN>Holiday Pay LPNs - Direct Care Aides and Attendants Nursing Expense>CNA>Wages Nursing Expense>CNA>Wages	128,473.00 50.00 159,00 705.00 10,633.00 3,704.00 588,044.00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 5,961.00 54,927.00 67,826.00 1,357,810.00 1,546,944.00 371,333.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	50.00 159.00 705.00 10,633.00 3,704.00 569,101.00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 54,927.00 67,826.00 1,357,810.00
61-824-91 61-825-80 61-825-83 61-825-84 61-825-89 61-825-90 61-825-91 Subtotal [12B2] Subgroup : [12C1] 60-805-80 60-805-81 60-805-83 60-805-84 60-805-88 60-805-90 50-805-91 Subtotal [12C1]	Nursing Admin Expense> RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shift Bonus Pay Nursing Admin Expense>Unit Manager>Con Call Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>Sick/Vacation Pay Nursing Admin Expense>Unit Manager>Holiday Pay RNs-Admin Expense>Unit Manager>Holiday Pay RNs-Admin Expense>Unit Manager>Holiday Pay RNs-Administrative LPNs-Direct Care Nursing Expense>LPN>Wages Nursing Expense>LPN>Shift Premium Pay Nursing Expense>LPN>Shift Premium Pay Nursing Expense>LPN>Shift Bonus Pay Nursing Expense>LPN>Shift Premium Pay Nursing Expense>LPN>Shift Premium Pay Nursing Expense>LPN>Shift Premium Pay Nursing Expense>LPN>Shift Premium Pay Nursing Expense>LPN>Shift Pay Nursing Expense>LPN>Dher Pay Nursing Expense>LPN>Holiday Pay LPNs-Direct Care Aides and Attendants Nursing Expense>CNA>Wages	128,473,00 50,00 159,00 705,00 10,633.00 3,704.00 588,044.00 870,859.00 273,628.00 54,551.00 20,410.00 9,848.00 5,961.00 54,927.00 67,828.00 1,357,810.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	50.00 159.00 705.00 10,633.00 3,704.00 569,101.00 870,859.00 273,628.00 20,410.00 9,648.00 5,961.00 54,927.00 67,826.00 1,357,810.00 1,548,944.00 371,333.00 30,987.00
61-824-91 61-825-80 61-825-83 61-825-84 61-825-90 61-825-91 Subtotal [1282] Subgroup : [12C1] 60-805-80 60-805-81 60-805-82 60-805-84 60-805-84 60-805-90 50-805-91 Subtotal [12C1] Subgroup : [12D] 60-801-80 60-801-80	Nursing Admin Expense> RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shift Bonus Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>SickVacation Pay Nursing Admin Expense>Unit Manager>SickVacation Pay Nursing Admin Expense>Unit Manager>Holiday Pay RNs - Administrative LPNs - Direct Care Nursing Expense>LPN>Wages Nursing Expense>LPN>Overtime Nursing Expense>LPN>Shift Premium Pay Nursing Expense>LPN>Shift Bonus Pay Nursing Expense>LPN>SlickVacation Pay Nursing Expense>LPN>SickVacation Pay Nursing Expense>LPN>SickVacation Pay Nursing Expense>LPN>Holiday Pay LPNs - Direct Care Aides and Attendants Nursing Expense>CNA>Wages Nursing Expense>CNA>Wages	128,473.00 50.00 159,00 705.00 10,633.00 3,704.00 588,044.00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 5,961.00 54,927.00 67,826.00 1,357,810.00 1,546,944.00 371,333.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	50.00 159.00 705.00 10,633.00 3,704.00 569,101.00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 54,927.00 67,826.00 1,357,810.00
61-824-91 61-825-83 61-825-83 61-825-84 61-825-90 61-825-91 Subtotal [12B2] Subgroup: [12C1] 60-805-80 60-805-81 60-805-83 60-805-84 60-805-88 60-805-90 60-805-91 Subtotal [12C1] Subgroup: [12D] 60-801-81 60-801-82 60-801-82	Nursing Admin Expense> RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shift Bonus Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>Sick/Vacation Pay Nursing Admin Expense>Unit Manager>Holiday Pay RNs - Administrative LPNs - Direct Care Nursing Expense>LPN>Wages Nursing Expense>LPN>Overtime Nursing Expense>LPN>Shift Premium Pay Nursing Expense>LPN>Shift Bonus Pay Nursing Expense>LPN>Retro Pay/Adjustment Pay Nursing Expense>LPN>Sick/Vacation Pay Nursing Expense>LPN>Sick/Vacation Pay Nursing Expense>LPN>Holiday Pay LPNs - Direct Care Aides and Attendants Nursing Expense>CNA>Overtime Nursing Expense>CNA>Overtime Nursing Expense>CNA>Overtime Nursing Expense>CNA>Overtime Nursing Expense>CNA>Overtime Nursing Expense>CNA>Shift Premium Pay Nursing Expense>CNA>Shift Premium Pay Nursing Expense>CNA>Shift Bonus Pay	128,473.00 50.00 159,00 705.00 10,633.00 3,704.00 588,044.00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 5,961.00 54,927.00 67,828.00 1,357,810.00 1,546,944.00 371,333.00 30,987.00 52,117.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	50.00 159.00 705.00 10,633.00 3,704.00 569,101.00 870,859.00 273,628.00 20,410.00 9,648.00 5,961.00 54,927.00 67,826.00 1,357,810.00 1,548,944.00 371,333.00 30,987.00
61-824-91 61-825-80 61-825-83 61-825-84 61-825-89 61-825-90 61-825-91 Subtotal [12B2] Subgroup : [12C1] 60-805-80 60-805-81 60-805-83 60-805-84 60-805-88 60-805-91 Subtotal [12C1] Subgroup : [12D] 60-801-80 60-801-81 60-801-83 60-801-83	Nursing Admin Expense> RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shitt Bonus Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>Sick/Vacation Pay Nursing Admin Expense>Unit Manager>Holiday Pay RNs - Administrative LPNs - Direct Care Nursing Expense>LPN>Wages Nursing Expense>LPN>Overtime Nursing Expense>LPN>Shit Premium Pay Nursing Expense>LPN>Shit Premium Pay Nursing Expense>LPN>Shit Bonus Pay Nursing Expense>LPN>Shit Premium Pay Nursing Expense>LPN>Sick/Vacation Pay Nursing Expense>LPN>Bick/Vacation Pay Nursing Expense>LPN>Holiday Pay LPNs - Direct Care Aides and Attendants Nursing Expense>CNA>Wages Nursing Expense>CNA>Shit Premium Pay Nursing Expense>CNA>Retro Pay/Adjustment Pay	128,473.00 50.00 159,00 705.00 10,633.00 3,704.00 588,044.00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 5,961.00 54,927.00 67,828.00 1,357,810.00 1,548,944.00 371,333.00 30,987.00 52,117.00 10,671.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	50.00 159.00 705.00 705.00 3,704.00 569,101.00 870,859.00 273,628.00 54,551.00 9,648.00 5,961.00 54,927.00 67,826.00 1,357,810.00
61-824-91 61-825-83 61-825-83 61-825-84 61-825-90 61-825-91 Subtotal [12B2] Subgroup: [12C1] 60-805-80 60-805-81 60-805-83 60-805-84 60-805-88 60-805-90 60-805-91 Subtotal [12C1] Subgroup: [12D] 60-801-81 60-801-82 60-801-82	Nursing Admin Expense> RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shift Bonus Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>Sick/Vacation Pay Nursing Admin Expense>Unit Manager>Holiday Pay RNs - Administrative LPNs - Direct Care Nursing Expense>LPN>Wages Nursing Expense>LPN>Overtime Nursing Expense>LPN>Shift Premium Pay Nursing Expense>LPN>Shift Bonus Pay Nursing Expense>LPN>Retro Pay/Adjustment Pay Nursing Expense>LPN>Sick/Vacation Pay Nursing Expense>LPN>Sick/Vacation Pay Nursing Expense>LPN>Holiday Pay LPNs - Direct Care Aides and Attendants Nursing Expense>CNA>Overtime Nursing Expense>CNA>Overtime Nursing Expense>CNA>Overtime Nursing Expense>CNA>Overtime Nursing Expense>CNA>Overtime Nursing Expense>CNA>Shift Premium Pay Nursing Expense>CNA>Shift Premium Pay Nursing Expense>CNA>Shift Bonus Pay	128,473.00 50.00 159,00 705.00 10,633.00 3,704.00 588,044,00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 5,961.00 67,826.00 1,357,810.00 1,548,944.00 371,333.00 30,987.00 52,117.00 10,671.00 680.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	50.00 159.00 705.00 10,633.00 3,704.00 569,101.00 870,859.00 273,628.00 273,628.00 20,410.00 9,648.00 5,961.00 54,927.00 67,826.00 1,357,810.00 1,548,944.00 371,333.00 30,987.00 52,117.00 10,671.00 680.00
61-824-91 61-825-80 61-825-83 61-825-84 61-825-90 61-825-91 Subtotal [1282] Subgroup : [12C1] 60-805-80 60-805-81 60-805-82 60-805-84 60-805-84 60-805-91 Subtotal [12C1] Subgroup : [12D] 60-801-80 60-801-80 60-801-80 60-801-84 60-801-84	Nursing Admin Expense> RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shitt Bonus Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>Sick/Vacation Pay Nursing Admin Expense>Unit Manager>Holiday Pay RNs - Administrative LPNs - Direct Care Nursing Expense>LPN>Wages Nursing Expense>LPN>Overtime Nursing Expense>LPN>Shit Premium Pay Nursing Expense>LPN>Shit Premium Pay Nursing Expense>LPN>Shit Bonus Pay Nursing Expense>LPN>Shit Premium Pay Nursing Expense>LPN>Sick/Vacation Pay Nursing Expense>LPN>Bick/Vacation Pay Nursing Expense>LPN>Holiday Pay LPNs - Direct Care Aides and Attendants Nursing Expense>CNA>Wages Nursing Expense>CNA>Shit Premium Pay Nursing Expense>CNA>Retro Pay/Adjustment Pay	128,473.00 50.00 159,00 705.00 10,633.00 3,704.00 588,044.00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 5,961.00 54,927.00 67,828.00 1,357,810.00 1,548,944.00 371,333.00 30,987.00 52,117.00 10,671.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	50.00 159.00 705.00 705.00 3,704.00 569,101.00 870,859.00 273,628.00 54,551.00 9,648.00 5,961.00 54,927.00 67,826.00 1,357,810.00
61-824-91 61-925-80 61-825-83 61-825-84 61-825-89 61-825-90 61-825-91 Subtotal [1282] Subgroup: [12C1] 60-805-80 60-805-81 60-805-83 60-805-84 60-805-84 60-805-90 80-805-91 Subtotal [12C1] Subgroup: [12D] 60-801-81 60-801-81 60-801-82 60-801-83 60-801-84 60-801-87 60-801-87	Nursing Admin Expense> RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shift Bonus Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>Sick/Vacation Pay Nursing Admin Expense>Unit Manager>Holiday Pay RNs - Administrative LPNs - Direct Care Nursing Expense>LPN>Wages Nursing Expense>LPN>Overtime Nursing Expense>LPN>Shift Premium Pay Nursing Expense>LPN>Shift Bonus Pay Nursing Expense>LPN>Shift Bonus Pay Nursing Expense>LPN>Retro Pay/Adjustment Pay Nursing Expense>LPN>Other Pay Nursing Expense>LPN>Other Pay Nursing Expense>LPN>Holiday Pay LPNs - Direct Care Aides and Attendants Nursing Expense>CNA>Wages Nursing Expense>CNA>Overtime Nursing Expense>CNA>Shift Premium Pay Nursing Expense>CNA>Retro Pay/Adjustment Pay Nursing Expense>CNA>Retro Pay/Adjustment Pay Nursing Expense>CNA>Patrin Pay Nursing Expense>CNA>Other Pay Nursing Expense>CNA>Other Pay	128,473.00 50.00 159,00 705.00 10,633.00 3,704.00 588,044.00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 54,927.00 67,828.00 1,357,810.00 1,548,944.00 371,333.00 30,987.00 52,117.00 10,671.00 680.00 5,558.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	50.00 159.00 705.00 10,633.00 3,704.00 569,101.00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 5,981.00 54,927.00 67,826.00 1,357,810.00 1,548,944.00 371,333.00 30,987.00 52,117.00 10,671.00 680.00 5,558.00
61-824-91 61-825-80 61-825-83 61-825-84 61-825-89 61-825-90 61-825-91 Subtotal [12B2] Subgroup : [12C1] 60-805-80 60-805-81 60-805-83 60-805-83 60-805-84 60-805-86 60-805-90 60-805-91 Subtotal [12C1] Subgroup : [12D] 60-801-80 60-801-82 60-801-83 60-801-83 60-801-84 60-801-88 60-801-88 60-801-88	Nursing Admin Expense> RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shitt Bonus Pay Nursing Admin Expense>Unit Manager>Cell Pay Nursing Admin Expense>Unit Manager>On Cell Pay Nursing Admin Expense>Unit Manager>Con Cell Pay Nursing Admin Expense>Unit Manager>Sick/Vacation Pay Nursing Admin Expense>Unit Manager>Holiday Pay RNs - Administrative LPNs - Direct Care Nursing Expense>LPN>Wages Nursing Expense>LPN>Wages Nursing Expense>LPN>Shift Premium Pay Nursing Expense>LPN>Shift Bonus Pay Nursing Expense>LPN>Shift Bonus Pay Nursing Expense>LPN>Shift DaylAdjustment Pay Nursing Expense>LPN>Shift DaylAdjustment Pay Nursing Expense>LPN>Celro Pay/Adjustment Pay Nursing Expense>LPN>Holiday Pay LPNs - Direct Care Aides and Attendants Nursing Expense>CNA>Nwages Nursing Expense>CNA>Overtime Nursing Expense>CNA>Overtime Nursing Expense>CNA>Shift Premium Pay Nursing Expense>CNA>Shift Bonus Pay Nursing Expense>CNA>Retro Pay/Adjustment Pay Nursing Expense>CNA>Retro Pay/Adjustment Pay Nursing Expense>CNA>Retro Pay/Adjustment Pay Nursing Expense>CNA>Naretro Pay/Adjustment Pay Nursing Expense>CNA>Naretro Pay/Adjustment Pay Nursing Expense>CNA>Shift Pormium Pay Nursing Expense>CNA>Shift Parmium Pay	128,473.00 50.00 159,00 705.00 10,633.00 3,704.00 588,044.00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 5,961.00 54,927.00 67,826.00 1,357,810.00 1,548,944.00 371,333.00 30,987.00 52,117.00 10,671.00 680.00 5,558.00 160,519.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	50.00 159.00 705.00 705.00 3,704.00 569,101.00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 5,981.00 67,826.00 1,357,810.00 1,548,944.00 371,333.00 30,987.00 52,117.00 680.00 5,558.00 160,519.00
61-824-91 61-925-80 61-825-83 61-825-84 61-825-89 61-825-90 61-825-91 Subtotal [1282] Subgroup: [12C1] 60-805-80 60-805-81 60-805-83 60-805-84 60-805-84 60-805-90 80-805-91 Subtotal [12C1] Subgroup: [12D] 60-801-81 60-801-81 60-801-82 60-801-83 60-801-84 60-801-87 60-801-87	Nursing Admin Expense>RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shitt Bonus Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>Sick/Vacation Pay Nursing Admin Expense>Unit Manager>Holiday Pay RNs - Admin Expense>Unit Manager>Holiday Pay RNs - Administrative LPNs - Direct Care Nursing Expense>LPN>Wages Nursing Expense>LPN>Overtime Nursing Expense>LPN>Shith Premium Pay Nursing Expense>LPN>Retro Pay/Adjustment Pay Nursing Expense>LPN>Retro Pay/Adjustment Pay Nursing Expense>LPN>Sick/Vacation Pay Nursing Expense>LPN>Betro Pay/Adjustment Pay Nursing Expense>CNA>Nursing Expense>CNA>Shith Premium Pay Nursing Expense>CNA>Shith Premium Pay Nursing Expense>CNA>Shith Premium Pay Nursing Expense>CNA>Shith Bonus Pay Nursing Expense>CNA>Shith Bonus Pay Nursing Expense>CNA>Shith Bonus Pay Nursing Expense>CNA>Retro Pay/Adjustment Pay Nursing Expense>CNA>Retro Pay/Adjustment Pay Nursing Expense>CNA>CNA>Training Pay Nursing Expense>CNA>CNA>Clher Pay Nursing Expense>CNA>Olther Pay Nursing Expense>CNA>Olther Pay Nursing Expense>CNA>Holiday Pay	128,473.00 50.00 159,00 705.00 10,633.00 3,704.00 588,044,00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 5,961.00 67,826.00 1,357,810.00 1,548,944.00 371,333.00 30,987.00 52,117.00 10,671.00 680.00 5,580.00 160,519.00 131,354.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	50.00 159.00 705.00 705.00 10,633.00 3,704.00 569,101.00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 5,961.00 54,927.00 67,826.00 1,357,810.00 1,548,944.00 371,333.00 30,987.00 52,117.00 680.00 5,558.00 180,519.00 131,354.00
61-824-91 61-825-80 61-825-83 61-825-84 61-825-80 61-825-90 61-825-91 Subtotal [12B2] Subgroup : [12C1] 60-805-80 60-805-81 60-805-83 60-805-84 60-805-84 60-805-91 Subtotal [12C1] Subgroup : [12D] 60-801-81 60-801-81 60-801-81 60-801-85 60-801-81 60-801-81 60-801-85 60-801-81	Nursing Admin Expense> RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shitt Bonus Pay Nursing Admin Expense>Unit Manager>Cell Pay Nursing Admin Expense>Unit Manager>On Cell Pay Nursing Admin Expense>Unit Manager>Con Cell Pay Nursing Admin Expense>Unit Manager>Sick/Vacation Pay Nursing Admin Expense>Unit Manager>Holiday Pay RNs - Administrative LPNs - Direct Care Nursing Expense>LPN>Wages Nursing Expense>LPN>Wages Nursing Expense>LPN>Shift Premium Pay Nursing Expense>LPN>Shift Bonus Pay Nursing Expense>LPN>Shift Bonus Pay Nursing Expense>LPN>Shift DaylAdjustment Pay Nursing Expense>LPN>Shift DaylAdjustment Pay Nursing Expense>LPN>Celro Pay/Adjustment Pay Nursing Expense>LPN>Holiday Pay LPNs - Direct Care Aides and Attendants Nursing Expense>CNA>Nwages Nursing Expense>CNA>Overtime Nursing Expense>CNA>Overtime Nursing Expense>CNA>Shift Premium Pay Nursing Expense>CNA>Shift Bonus Pay Nursing Expense>CNA>Retro Pay/Adjustment Pay Nursing Expense>CNA>Retro Pay/Adjustment Pay Nursing Expense>CNA>Retro Pay/Adjustment Pay Nursing Expense>CNA>Naretro Pay/Adjustment Pay Nursing Expense>CNA>Naretro Pay/Adjustment Pay Nursing Expense>CNA>Shift Pormium Pay Nursing Expense>CNA>Shift Parmium Pay	128,473.00 50.00 159,00 705.00 10,633.00 3,704.00 588,044.00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 5,961.00 54,927.00 67,826.00 1,357,810.00 1,548,944.00 371,333.00 30,987.00 52,117.00 10,671.00 680.00 5,558.00 160,519.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	50.00 159.00 705.00 10,633.00 3,704.00 569,101.00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 5,961.00 67,826.00 1,357,810.00 1,548,944.00 371,333.00 30,987.00 52,117.00 10,671.00 680.00 5,558.00 160,519.00
61-824-91 61-825-80 61-825-83 61-825-84 61-825-89 61-825-90 61-825-91 Subtotal [12B2] Subgroup : [12C1] 60-805-80 60-805-81 60-805-83 60-805-83 60-805-84 60-805-86 60-805-90 60-805-91 Subtotal [12C1] Subgroup : [12D] 60-801-80 60-801-82 60-801-83 60-801-83 60-801-84 60-801-88 60-801-88 60-801-88	Nursing Admin Expense>RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shitt Bonus Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>Sick/Vacation Pay Nursing Admin Expense>Unit Manager>Holiday Pay RNs - Admin Expense>Unit Manager>Holiday Pay RNs - Administrative LPNs - Direct Care Nursing Expense>LPN>Wages Nursing Expense>LPN>Overtime Nursing Expense>LPN>Shith Premium Pay Nursing Expense>LPN>Retro Pay/Adjustment Pay Nursing Expense>LPN>Retro Pay/Adjustment Pay Nursing Expense>LPN>Sick/Vacation Pay Nursing Expense>LPN>Betro Pay/Adjustment Pay Nursing Expense>CNA>Nursing Expense>CNA>Shith Premium Pay Nursing Expense>CNA>Shith Premium Pay Nursing Expense>CNA>Shith Premium Pay Nursing Expense>CNA>Shith Bonus Pay Nursing Expense>CNA>Shith Bonus Pay Nursing Expense>CNA>Shith Bonus Pay Nursing Expense>CNA>Retro Pay/Adjustment Pay Nursing Expense>CNA>Retro Pay/Adjustment Pay Nursing Expense>CNA>CNA>Training Pay Nursing Expense>CNA>CNA>Clher Pay Nursing Expense>CNA>Olther Pay Nursing Expense>CNA>Olther Pay Nursing Expense>CNA>Holiday Pay	128,473.00 50.00 159,00 705.00 10,633.00 3,704.00 588,044,00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 5,961.00 67,826.00 1,357,810.00 1,548,944.00 371,333.00 30,987.00 52,117.00 10,671.00 680.00 5,580.00 160,519.00 131,354.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	50.00 159.00 705.00 705.00 10,633.00 3,704.00 569,101.00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 5,961.00 54,927.00 67,826.00 1,357,810.00 1,548,944.00 371,333.00 30,987.00 52,117.00 680.00 5,558.00 180,519.00 131,354.00
61-824-91 61-925-80 61-825-83 61-825-84 61-825-89 61-825-90 61-825-91 Subtotal [12B2] Subgroup: [12C1] 60-805-80 60-805-81 60-805-83 60-805-84 60-805-90 60-805-91 Subtotal [12C1] Subgroup: [12D] 60-801-81 60-801-82 60-801-83 60-801-82 60-801-83 60-801-83 60-801-87 60-801-88 60-801-87 60-801-81 Subtotal [12D]	Nursing Admin Expense> RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shitt Bonus Pay Nursing Admin Expense>Unit Manager>Patro Pay/Adjustment Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>Sick/Vacation Pay Nursing Admin Expense>Unit Manager>Foliday Pay RNs - Admin Expense>Unit Manager>Holiday Pay RNs - Administrative LPNs - Direct Care Nursing Expense>LPN>Wages Nursing Expense>LPN>Shitt Premium Pay Nursing Expense>LPN>Dother Pay Nursing Expense>LPN>Holiday Pay LPNs - Direct Care Aides and Attendants Nursing Expense>CNA>Wages Nursing Expense>CNA>Overtime Nursing Expense>CNA>Shitt Premium Pay Nursing Expense>CNA>Shitt Bonus Pay Nursing Expense>CNA>CNA>Shitt Bonus Pay Nursing Expense>CNA>CNA>Cher Pay Nursing Expense>CNA>Oler Pay Nursing Expense>CNA>Sick/Vacation Pay Nursing Expense>CNA>Holiday Pay Aides and Attendants	128,473.00 50.00 159,00 705.00 10,633.00 3,704.00 588,044,00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 5,961.00 67,826.00 1,357,810.00 1,548,944.00 371,333.00 30,987.00 52,117.00 10,671.00 680.00 5,580.00 160,519.00 131,354.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	50.00 159.00 705.00 705.00 10,633.00 3,704.00 569,101.00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 5,961.00 54,927.00 67,826.00 1,357,810.00 1,548,944.00 371,333.00 30,987.00 52,117.00 10,671.00 680.00 5,558.00 160,519.00 131,354.00
61-824-91 61-825-80 61-825-83 61-825-84 61-825-80 61-825-90 61-825-91 Subtotal [12B2] Subgroup : [12C1] 60-805-80 60-805-81 60-805-83 60-805-84 60-805-84 60-805-91 Subtotal [12C1] Subgroup : [12D] 60-801-81 60-801-81 60-801-81 60-801-85 60-801-81 60-801-81 60-801-85 60-801-81	Nursing Admin Expense>RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shitt Bonus Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>Sick/Vacation Pay Nursing Admin Expense>Unit Manager>Holiday Pay RNs - Admin Expense>Unit Manager>Holiday Pay RNs - Administrative LPNs - Direct Care Nursing Expense>LPN>Wages Nursing Expense>LPN>Overtime Nursing Expense>LPN>Shith Premium Pay Nursing Expense>LPN>Retro Pay/Adjustment Pay Nursing Expense>LPN>Retro Pay/Adjustment Pay Nursing Expense>LPN>Sick/Vacation Pay Nursing Expense>LPN>Betro Pay/Adjustment Pay Nursing Expense>CNA>Nursing Expense>CNA>Shith Premium Pay Nursing Expense>CNA>Shith Premium Pay Nursing Expense>CNA>Shith Premium Pay Nursing Expense>CNA>Shith Bonus Pay Nursing Expense>CNA>Shith Bonus Pay Nursing Expense>CNA>Shith Bonus Pay Nursing Expense>CNA>Retro Pay/Adjustment Pay Nursing Expense>CNA>Retro Pay/Adjustment Pay Nursing Expense>CNA>CNA>Training Pay Nursing Expense>CNA>CNA>Clher Pay Nursing Expense>CNA>Olther Pay Nursing Expense>CNA>Olther Pay Nursing Expense>CNA>Holiday Pay	128,473.00 50.00 159,00 705.00 10,633.00 3,704.00 588,044.00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 5,981.00 54,927.00 67,828.00 1,357,810.00 1,546,944.00 371,333.00 30,987.00 52,117.00 10,671.00 680.00 5,558.00 160,519.00 131,354.00 2,312,163.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	50.00 159.00 705.00 705.00 10,633.00 3,704.00 569,101.00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 5,961.00 54,927.00 67,826.00 1,357,810.00 1,548,944.00 371,333.00 30,987.00 52,117.00 680.00 5,558.00 160,519.00 131,354.00 2,312,163.00
61-824-91 61-925-80 61-825-83 61-825-84 61-825-89 61-825-90 61-825-91 Subtotal [12B2] Subgroup: [12C1] 60-805-80 60-805-81 60-805-83 60-805-84 60-805-90 60-805-91 Subtotal [12C1] Subgroup: [12D] 60-801-81 60-801-82 60-801-83 60-801-82 60-801-83 60-801-83 60-801-87 60-801-88 60-801-87 60-801-81 Subtotal [12D]	Nursing Admin Expense> RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shitt Bonus Pay Nursing Admin Expense>Unit Manager>Patro Pay/Adjustment Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>Sick/Vacation Pay Nursing Admin Expense>Unit Manager>Foliday Pay RNs - Admin Expense>Unit Manager>Holiday Pay RNs - Administrative LPNs - Direct Care Nursing Expense>LPN>Wages Nursing Expense>LPN>Shitt Premium Pay Nursing Expense>LPN>Dother Pay Nursing Expense>LPN>Holiday Pay LPNs - Direct Care Aides and Attendants Nursing Expense>CNA>Wages Nursing Expense>CNA>Overtime Nursing Expense>CNA>Shitt Premium Pay Nursing Expense>CNA>Shitt Bonus Pay Nursing Expense>CNA>CNA>Shitt Bonus Pay Nursing Expense>CNA>CNA>Cher Pay Nursing Expense>CNA>Oler Pay Nursing Expense>CNA>Sick/Vacation Pay Nursing Expense>CNA>Holiday Pay Aides and Attendants	128,473.00 50.00 159,00 705.00 10,633.00 3,704.00 588,044,00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 5,961.00 67,826.00 1,357,810.00 1,548,944.00 371,333.00 30,987.00 52,117.00 10,671.00 680.00 5,580.00 160,519.00 131,354.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	50.00 159.00 705.00 705.00 10,633.00 3,704.00 569,101.00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 5,961.00 54,927.00 67,826.00 1,357,810.00 1,548,944.00 371,333.00 30,987.00 52,117.00 10,671.00 680.00 5,558.00 160,519.00 131,354.00
61-824-91 61-825-80 61-825-83 61-825-84 61-825-80 61-825-90 61-825-91 Subtotal [12B2] Subgroup: [12C1] 60-805-80 60-805-81 60-805-84 60-805-84 60-805-91 Subtotal [12C1] Subgroup: [12D] 60-801-80 60-801-80 60-801-80 60-801-81 60-801-83 60-801-81 50-801-83 60-801-81 Subtotal [12D] Subgroup: [12D] Subgroup: [12D] Subgroup: [12D] Subgroup: [12D] Subgroup: [12D] Subgroup: [12D]	Nursing Admin Expense> RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shift Bonus Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>Sick/Vacation Pay Nursing Admin Expense>Unit Manager>Sick/Vacation Pay Nursing Admin Expense>Unit Manager>Holiday Pay RNs - Admin Expense>Unit Manager>Holiday Pay RNs - Administrative LPNs - Direct Care Nursing Expense>LPN>Wages Nursing Expense>LPN>Overtime Nursing Expense>LPN>Shift Premium Pay Nursing Expense>LPN>Shift Bonus Pay Nursing Expense>LPN>Slick/Vacation Pay Nursing Expense>LPN>Sick/Vacation Pay Nursing Expense>LPN>Sick/Vacation Pay Nursing Expense>LPN>Holiday Pay LPNs - Direct Care Aides and Attendants Nursing Expense>CNA>Shift Bonus Pay Nursing Expense>CNA>CNA>Retro Pay/Adjustment Pay Nursing Expense>CNA>CNA>Retro Pay/Adjustment Pay Nursing Expense>CNA>CNA>Retro Pay/Adjustment Pay Nursing Expense>CNA>CNA>Holiday Pay Aides and Attendants Recreation Workers Activity Expense>Director>Wages	128,473.00 50.00 159,00 705.00 10,633.00 3,704.00 588,044,00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 55,961.00 67,826.00 1,357,810.00 1,548,944.00 371,333.00 30,987.00 52,117.00 10,671.00 680.00 5,558.00 113,1354.00 2,312,163.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	50.00 159.00 705.00 705.00 10,633.00 3,704.00 569,101.00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 5,961.00 54,927.00 67,826.00 1,357,810.00 1,548,944.00 371,333.00 30,987.00 52,117.00 680.00 5,558.00 160,519.00 131,354.00 2,312,163.00
61-824-91 61-925-80 61-825-83 61-825-84 61-825-89 61-825-90 61-825-91 Subtotal [12B2] Subgroup: [12C1] 60-805-81 60-805-81 60-805-83 60-805-84 60-805-90 60-805-91 Subtotal [12C1] Subgroup: [12D] 60-801-80 60-801-81 60-801-82 60-801-83 60-801-83 60-801-87 60-801-87 60-801-91 Subtotal [12D] Subgroup: [12D] Subgroup: [12D] 50-801-81 50-801-82 50-801-83 50-801-87 50-801-81 50-801-81 50-801-91 Subtotal [12D]	Nursing Admin Expense>RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shift Bonus Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>Sick/Vacation Pay Nursing Admin Expense>Unit Manager>Floitage Nursing Admin Expense>Unit Manager>Floitage RNs - Administrative LPNs - Direct Care Nursing Expense>LPN>Wages Nursing Expense>LPN>Overtime Nursing Expense>LPN>Shift Premium Pay Nursing Expense>LPN>Shift Bonus Pay Nursing Expense>LPN>Shift Bonus Pay Nursing Expense>LPN>Bhorter Pay Nursing Expense>LPN>Holiday Pay LPNs - Direct Care Aides and Attendants Nursing Expense>CNA>Wages Nursing Expense>CNA>Wages Nursing Expense>CNA>Shift Premium Pay Nursing Expense>CNA>Shift Pay Nursing Expense>CNA>Shift Pay Nursing Expense>CNA>Sick/Vacation Pay Nursing Expense>CNA>Floitage Pay Aides and Attendants Recreation Workers Activity Expense>Director>Overtime	128,473,00 50,00 159,00 705,00 10,633.00 3,704.00 588,044.00 870,859.00 273,628.00 54,551.00 20,410.00 9,848.00 5,961.00 54,927.00 67,828.00 1,357,810.00 1,548,944.00 371,333.00 30,987.00 52,117.00 10,571.00 680.00 5,558.00 160,519.00 131,354.00 2,312,163.00 52,821.00 235.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	50.00 159.00 705.00 10,633.00 3,704.00 569,101.00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 54,927.00 67,826.00 1,357,810.00 1,548,944.00 371,333.00 30,987.00 52,117.00 10,671.00 680.00 5,558.00 160,519.00 131,354.00 2,312,163.00
61-824-91 61-825-80 61-825-83 61-825-84 61-825-80 61-825-90 61-825-91 Subtotal [12B2] Subgroup: [12C1] 60-805-80 60-805-81 60-805-84 60-805-84 60-805-91 Subtotal [12C1] Subgroup: [12D] 60-801-80 60-801-80 60-801-80 60-801-81 60-801-83 60-801-81 50-801-83 60-801-81 Subtotal [12D] Subgroup: [12D] Subgroup: [12D] Subgroup: [12D] Subgroup: [12D] Subgroup: [12D] Subgroup: [12D]	Nursing Admin Expense> RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shift Bonus Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>Sick/Vacation Pay Nursing Admin Expense>Unit Manager>Sick/Vacation Pay Nursing Admin Expense>Unit Manager>Holiday Pay RNs - Admin Expense>Unit Manager>Holiday Pay RNs - Administrative LPNs - Direct Care Nursing Expense>LPN>Wages Nursing Expense>LPN>Overtime Nursing Expense>LPN>Shift Premium Pay Nursing Expense>LPN>Shift Bonus Pay Nursing Expense>LPN>Slick/Vacation Pay Nursing Expense>LPN>Sick/Vacation Pay Nursing Expense>LPN>Sick/Vacation Pay Nursing Expense>LPN>Holiday Pay LPNs - Direct Care Aides and Attendants Nursing Expense>CNA>Shift Bonus Pay Nursing Expense>CNA>CNA>Retro Pay/Adjustment Pay Nursing Expense>CNA>CNA>Retro Pay/Adjustment Pay Nursing Expense>CNA>CNA>Retro Pay/Adjustment Pay Nursing Expense>CNA>CNA>Holiday Pay Aides and Attendants Recreation Workers Activity Expense>Director>Wages	128,473.00 50.00 159,00 705.00 10,633.00 3,704.00 588,044.00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 5,961.00 67,826.00 1,357,810.00 1,548,944.00 371,333.00 30,987.00 52,117.00 10,671.00 680.00 5,558.00 160,518.00 131,354.00 2,312,163.00 52,821.00 235.00 209,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	50.00 159.00 705.00 705.00 3,704.00 569,101.00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 5,961.00 67,826.00 1,357,810.00 1,548,944.00 371,333.00 30,987.00 52,117.00 680.00 10,671.00 680.00 131,354.00 2,312,163.00 235,00 209,00
61-824-91 61-925-80 61-825-83 61-825-84 61-825-89 61-825-90 61-825-91 Subtotal [12B2] Subgroup: [12C1] 60-805-81 60-805-81 60-805-83 60-805-84 60-805-90 60-805-91 Subtotal [12C1] Subgroup: [12D] 60-801-80 60-801-81 60-801-82 60-801-83 60-801-83 60-801-87 60-801-87 60-801-91 Subtotal [12D] Subgroup: [12D] Subgroup: [12D] 50-801-81 50-801-82 50-801-83 50-801-87 50-801-81 50-801-81 50-801-91 Subtotal [12D]	Nursing Admin Expense>RN Unit Manager>Wages Nursing Admin Expense>Unit Manager>Shift Bonus Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>Sick/Vacation Pay Nursing Admin Expense>Unit Manager>Floitage Nursing Admin Expense>Unit Manager>Floitage RNs - Administrative LPNs - Direct Care Nursing Expense>LPN>Wages Nursing Expense>LPN>Overtime Nursing Expense>LPN>Shift Premium Pay Nursing Expense>LPN>Shift Bonus Pay Nursing Expense>LPN>Shift Bonus Pay Nursing Expense>LPN>Bhorter Pay Nursing Expense>LPN>Holiday Pay LPNs - Direct Care Aides and Attendants Nursing Expense>CNA>Wages Nursing Expense>CNA>Wages Nursing Expense>CNA>Shift Premium Pay Nursing Expense>CNA>Shift Pay Nursing Expense>CNA>Shift Pay Nursing Expense>CNA>Sick/Vacation Pay Nursing Expense>CNA>Floitage Pay Aides and Attendants Recreation Workers Activity Expense>Director>Overtime	128,473,00 50,00 159,00 705,00 10,633.00 3,704.00 588,044.00 870,859.00 273,628.00 54,551.00 20,410.00 9,848.00 5,961.00 54,927.00 67,828.00 1,357,810.00 1,548,944.00 371,333.00 30,987.00 52,117.00 10,571.00 680.00 5,558.00 160,519.00 131,354.00 2,312,163.00 52,821.00 235.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	50.00 159.00 705.00 10,633.00 3,704.00 569,101.00 870,859.00 273,628.00 54,551.00 20,410.00 9,648.00 54,927.00 67,826.00 1,357,810.00 1,548,944.00 371,333.00 30,987.00 52,117.00 10,671.00 680.00 5,558.00 160,519.00 131,354.00 2,312,163.00

71-811-90	Activity Expense>Director>Sick/Vacation Pay	2,902_00	0,00	2,902,00
71-811-91	Activity Expense>Director>Holiday Pay	687.00	0,00	687,00
71-831-80	Activity Expense>Aide>Wages	97,644.00	0,00	97,644,00
71-831-81	Activity Expense>Aide>Overtime	19,028,00	0.00	19,028.00
71-831-82	Activity Expense>Aide>Shift Premium Pay	782,00	0,00	782.00
	Activity Expense>Aide>Shift Bonus Pay	2,180,00	0,00	2,180.00
71-831-83	• •	291,00	0,00	291.00
71-831-84	Activity Expense>Aide>Retro Pay/Adjustment Pay		0.00	40.00
71-831-88	Activity Expense>Aide>Other Pay	40.00		
71-831-90	Activity Expense>Aide>Sick/Vacation Pay	15,965.00	0,00	15,965.00
71-831-91	Activity Expense>Aide>Holiday Pay	8,763.00	0,00	B,763.00
Subtotal [12H]	Recreation Workers	201,803.00	0.00	201,803.00
Subgroup ; [12M]	Social Workers/Case Management			
69-811-80	Social Services Expense>Director>Wages	60,113.00	0.00	60,113.00
69-811-90	Social Services Expense>Director>Sick/Vacation Pay	8,193.00	0.00	B,193.00
69-811-91	Social Services Expense>Director>Holiday Pay	1,765.00	0.00	1,765.00
		34,218.00	0.00	34,218.00
69-830-80	Social Services Expense>Assistant>Wages	68.00	0.00	68.00
69-830-81	Social Services Expense>Assistant>Overtime			4.00
69-830-82	Social Services Expense>Assistant>Shift Premium Pay	4.00	0.00	
69-830-84	Social Services Expense>Assistant>Retro Pay/Adjustment Pay	60.00	0.00	60,00
69-830-90	Social Services Expense>Assistant>Sick/Vacation Pay	2,425.00	0.00	2,425.00
69-830-91	Social Services Expense>Assistant>Holiday Pay	864,00	0.00	864.00
Subtotal [12M]	Social Workers/Case Management	107,710.00	0.00	107,710.00
) = :	
Subgroup : [12N]	Marketing			
80-843-80	Admin Expense>Regional Marketing/CAD>Wages	47,822.00	0.00	47,822,00
	Marketing	47,822.00	0.00	47,822,00
Subtotal [12N]	Marketing	41,022,00		
	Oak			
Subgroup : [120]	Other	45	2.00	45 200 00
61-818-80	Nursing Admin Expense>Medical Records>Wages	15,299.00	0.00	15,299.00
80-839-80	Admin Expense>Admissions>Wages	35,571.00	0.00	35,571.00
80-839-83	Admin Expense>Admissions>Shift Bonus Pay	650.00	0.00	650,00
80-839-84	Admin Expense>Admissions>Retro Pay/Adjustment Pay	1,254.00	0.00	1,254.00
80-839-90	Admin Expense>Admissions>Sick/Vacation Pay	3,527.00	0.00	3,527.00
80-839-91	·	1,008.00	0.00	1,008.00
	Admin Expense>Admissions>Holiday Pay	57,309.00	0.00	57,309.00
Subtotal [120]	Other	31,303.00	- 0.00	01/000/01
		4 550 670 00	(24 617 00)	C E45 D45 DD
Total [10-A]	Salaries and Wages	6,550,673.00	(34,627.00)	6,516,046.00
Group : [13-B]	Professional Fees			
Subgroup : [1]	Dietitian			
70-833-00	Dietary Expense>Contracted Dietician	37,030.00	0.00	37,030.00
Subtotal (4)	Dietitian	37,030,00	0.00	37,030.00
Subtotal [1]	Dietitian	37,030.00	0.00	37,030.00
		37,030.00	0.00	37,030.00
Subgroup : [2]	Dentist			
Subgroup : [2] Marcum 103	Dentist Dentist	0.00	5,983.00	5,983.00
Subgroup : [2]	Dentist			
Subgroup : [2] Marcum 103 Subtotal [2]	Dentist Dentist Dentist	0.00	5,983.00	5,983.00
Subgroup : [2] Marcum 103	Dentist Dentist Pharmacist	0.00	5,983.00 5,983.00	5,983.00 5,983.00
Subgroup : [2] Marcum 103 Subtotal [2]	Dentist Dentist Dentist	0,00 0,00 32,575.00	5,983.00 5,983.00	5,983.00 5,983.00 32,575.00
Subgroup : [2] Marcum 103 Subtotal [2] Subgroup : [3]	Dentist Dentist Pharmacist	0.00	5,983.00 5,983.00	5,983.00 5,983.00
Subgroup : [2] Marcum 103 Subtotal [2] Subgroup : [3] 62-700-00	Dentist Dentist Dentist Pharmacist Pharmacy Expense>Contracted Service	0,00 0,00 32,575.00	5,983.00 5,983.00	5,983.00 5,983.00 32,575.00
Subgroup : [2] Marcum 103 Subtotal [2] Subgroup : [3] 62-700-00 Subtotal [3]	Dentist Dentist Pharmacist Pharmacy Expense>Contracted Service Pharmacist	0,00 0,00 32,575.00	5,983.00 5,983.00	5,983.00 5,983.00 32,575.00
Subgroup : [2] Marcum 103 Subtotal [2] Subgroup : [3] 62-700-00 Subtotal [3] Subgroup : [5A]	Dentist Dentist Pharmacist Pharmacy Expense>Contracted Service Pharmacist PT - Resident Care	0,00 0,00 32,575.00	5,983.00 5,983.00	5,983.00 5,983.00 32,575.00
Subgroup : [2] Marcum 103 Subtotal [2] Subgroup : [3] 62-700-00 Subtotal [3] Subgroup : [5A] 65-102-00	Dentist Dentist Dentist Pharmacist Pharmacy Expense>Contracted Service Pharmacist PT - Resident Care PT Expense>Medicare A	0,00 0,00 32,575.00 32,576.00	5,983.00 5,983.00 0.00 0.00	5,983.00 5,983.00 32,575.00 32,575.00
Subgroup : [2] Marcum 103 Subtotal [2] Subgroup : [3] 62-700-00 Subtotal [3] Subgroup : [5A] 65-102-00 65-103-00	Dentist Dentist Dentist Pharmacist Pharmacy Expense>Contracted Service Pharmacist PT - Resident Care PT Expense>Medicare A PT Expense>Med B	0,00 0,00 32,575.00 32,575.00 27,402.00 59,052.00	5,983.00 5,983.00 0.00 0.00	5,983.00 5,983.00 32,575.00 32,575.00 27,402.00 59,052.00
Subgroup : [2] Marcum 103 Subtotal [2] Subgroup : [3] 62-700-00 Subtotal [3] Subgroup : [5A] 65-102-00 65-103-00 65-105-00	Dentist Dentist Pharmacist Pharmacy Expense>Contracted Service Pharmacist PT - Resident Care PT Expense>Medicare A PT Expense>Med B PT Expense>HMO B	0,00 0,00 32,575.00 32,575.00 27,402.00 59,052.00 63,345.00	5,983.00 5,983.00 0.00 0.00	5,983.00 5,983.00 32,575.00 32,575.00 27,402.00 59,052.00 63,346.00
Subgroup : [2] Marcum 103 Subtotal [2] Subgroup : [3] 62-700-00 Subtotal [3] Subgroup : [5A] 65-102-00 65-103-00 65-105-00 65-106-00	Dentist Dentist Dentist Pharmacist Pharmacy Expense>Contracted Service Pharmacist PT - Resident Care PT Expense>Medicare A PT Expense>Med B PT Expense>HMO B PT Expense>HMO A	0,00 0,00 32,575.00 32,575.00 27,402.00 59,052.00 63,345.00 24,665.00	5,983.00 5,983.00 0.00 0.00 0.00 0.00 0.00	5,883,00 5,983.00 32,575.00 32,575.00 27,402.00 59,052.00 63,346,00 24,665.00
Subgroup : [2] Marcum 103 Subtotal [2] Subgroup : [3] 62-700-00 Subtotal [3] Subgroup : [5A] 65-102-00 65-103-00 65-105-00 65-106-00	Dentist Dentist Dentist Pharmacist Pharmacy Expense>Contracted Service Pharmacist PT - Resident Care PT Expense>Medicare A PT Expense>Med B PT Expense>HMO B PT Expense>HMO A PT Expense>Hospice	22,575.00 32,575.00 32,575.00 27,402.00 59,052.00 63,345.00 24,685.00 32,00	5,983.00 5,983.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	5,983.00 5,983.00 32,575.00 32,575.00 27,402.00 59,052.00 63,346.00 24,665.00 32.00
Subgroup : [2] Marcum 103 Subtotal [2] Subgroup : [3] 62-700-00 Subtotal [3] Subgroup : [5A] 65-102-00 65-103-00 65-105-00 65-106-00	Dentist Dentist Dentist Pharmacist Pharmacy Expense>Contracted Service Pharmacist PT - Resident Care PT Expense>Medicare A PT Expense>HMO B PT Expense>HMO A PT Expense>HMO A PT Expense>Hoos A	0,00 0,00 32,575.00 32,575.00 27,402.00 59,052.00 63,345,00 24,665.00 32.00 2,151.00	5,983.00 5,983.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	5,983.00 5,983.00 32,575.00 32,575.00 27,402.00 59,052.00 63,346.00 24,665.00 32.00 2,151.00
Subgroup : [2] Marcum 103 Subtotal [2] Subgroup : [3] 62-700-00 Subtotal [3] Subgroup : [5A] 65-102-00 65-103-00 65-105-00 65-106-00	Dentist Dentist Dentist Pharmacist Pharmacy Expense>Contracted Service Pharmacist PT - Resident Care PT Expense>Medicare A PT Expense>Med B PT Expense>HMO B PT Expense>HMO A PT Expense>Hospice	22,575.00 32,575.00 32,575.00 27,402.00 59,052.00 63,346.00 24,685.00 32,00	5,983.00 5,983.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	5,983.00 5,983.00 32,575.00 32,575.00 27,402.00 59,052.00 63,346.00 24,665.00 32.00
Subgroup: [2] Marcum 103 Subtotal [2] Subgroup: [3] 62-700-00 Subtotal [3] Subgroup: [5A] 65-102-00 65-103-00 65-105-00 65-106-00 65-109-00 65-111-00	Dentist Dentist Dentist Pharmacist Pharmacy Expense>Contracted Service Pharmacist PT - Resident Care PT Expense>Medicare A PT Expense>HMO B PT Expense>HMO A PT Expense>HMO A PT Expense>Hoos A	0,00 0,00 32,575.00 32,575.00 27,402.00 59,052.00 63,345,00 24,665.00 32.00 2,151.00	5,983.00 5,983.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	5,983.00 5,983.00 32,575.00 32,575.00 27,402.00 59,052.00 63,346.00 24,665.00 32.00 2,151.00
Subgroup : [2] Marcum 103 Subtotal [2] Subgroup : [3] 62-700-00 Subtotal [3] Subgroup : [5A] 65-102-00 65-103-00 65-105-00 65-106-00 65-111-00 Subtotal [5A]	Dentist Dentist Dentist Pharmacist Pharmacy Expense>Contracted Service Pharmacist PT - Resident Care PT Expense>Medicare A PT Expense>HMO B PT Expense>HMO B PT Expense>HOSpice PT Expense>Medicaid PT - Resident Care	0,00 0,00 32,575.00 32,575.00 27,402.00 59,052.00 63,345,00 24,665.00 32.00 2,151.00	5,983.00 5,983.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	5,983.00 5,983.00 32,575.00 32,575.00 27,402.00 59,052.00 63,346.00 24,665.00 32.00 2,151.00
Subgroup: [2] Marcum 103 Subtotal [2] Subgroup: [3] 62-700-00 Subtotal [3] Subgroup: [5A] 65-102-00 65-103-00 65-105-00 65-106-00 65-111-00 Subtotal [5A] Subgroup: [6A]	Dentist Dentist Dentist Pharmacist Pharmacy Expense>Contracted Service Pharmacist PT - Resident Care PT Expense>Medicare A PT Expense>HMO B PT Expense>HMO B PT Expense>HMO A PT Expense>Hospice PT Expense>Medicaid PT - Resident Care	22,575.00 32,575.00 27,402.00 59,052.00 63,345.00 24,665.00 32.00 2,151.00 176,648.00	5,983.00 5,983.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	5,983.00 5,983.00 32,575.00 32,575.00 27,402.00 59,052.00 63,346.00 24,665.00 32.00 2,151.00
Subgroup: [2] Marcum 103 Subtotal [2] Subgroup: [3] 62-700-00 Subtotal [3] Subgroup: [5A] 65-102-00 65-103-00 65-105-00 65-106-00 65-109-00 65-111-00 Subtotal [5A] Subgroup: [8A] 61-750-00	Dentist Dentist Dentist Pharmacist Pharmacy Expense>Contracted Service Pharmacist PT - Resident Care PT Expense>Medicare A PT Expense>Med B PT Expense>HMO B PT Expense>HMO A PT Expense>HO A PT Expense>Medicaid PT - Resident Care	0,00 0,00 32,575.00 32,575.00 27,402.00 59,052.00 63,345,00 24,665.00 32,00 2,151.00 176,648.00	5,983.00 5,983.00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00	5,983.00 5,983.00 32,575.00 32,575.00 27,402.00 59,052.00 63,346.00 24,665.00 32.00 2,151.00 176,648.00
Subgroup: [2] Marcum 103 Subtotal [2] Subgroup: [3] 62-700-00 Subtotal [3] Subgroup: [5A] 65-102-00 65-103-00 65-105-00 65-106-00 65-111-00 Subtotal [5A] Subgroup: [6A]	Dentist Dentist Dentist Pharmacist Pharmacy Expense>Contracted Service Pharmacist PT - Resident Care PT Expense>Medicare A PT Expense>HMO B PT Expense>HMO B PT Expense>HMO A PT Expense>Hospice PT Expense>Medicaid PT - Resident Care	22,575.00 32,575.00 27,402.00 59,052.00 63,345.00 24,665.00 32.00 2,151.00 176,648.00	5,983.00 5,983.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	5,983.00 5,983.00 32,575.00 32,575.00 27,402.00 59,052.00 63,346.00 24,655.00 32.00 2,151.00 176,648.00
Subgroup: [2] Marcum 103 Subtotal [2] Subgroup: [3] 62-700-00 Subtotal [3] Subgroup: [5A] 65-102-00 65-103-00 65-105-00 65-105-00 65-111-00 Subtotal [5A] Subgroup: [6A] 61-750-00 Subtotal [8A]	Dentist Dentist Dentist Pharmacist Pharmacy Expense>Contracted Service Pharmacist PT - Resident Care PT Expense>Medicare A PT Expense>Med B PT Expense>HMO B PT Expense>HMO B PT Expense>HMO A PT Expense>Hospice PT Expense>Medicaid PT - Resident Care Medical Director Nursing Admin Expense>Medical Director Medical Director	0,00 0,00 32,575.00 32,575.00 27,402.00 59,052.00 63,345,00 24,665.00 32,00 2,151.00 176,648.00	5,983.00 5,983.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	5,983.00 5,983.00 32,575.00 32,575.00 27,402.00 59,052.00 63,346.00 24,655.00 32.00 2,151.00 176,648.00
Subgroup : [2] Marcum 103 Subtotal [2] Subgroup : [3] 62-700-00 Subtotal [3] Subgroup : [5A] 65-102-00 65-103-00 65-105-00 65-106-00 65-109-00 Subtotal [5A] Subgroup : [8A] 61-750-00 Subtotal [8A] Subgroup : [9A]	Dentist Dentist Dentist Pharmacist Pharmacy Expense>Contracted Service Pharmacist PT - Resident Care PT Expense>Medicare A PT Expense>Med B PT Expense>HMO B PT Expense>HMO A PT Expense>Hoo A PT Expense>Hoo A PT Expense>Medicaid PT - Resident Care Medical Director Nursing Admin Expense>Medical Director Medical Director ST - Resident Care	0,00 0,00 32,575.00 32,575.00 27,402.00 59,052.00 63,345.00 24,665.00 32,00 2,151.00 176,648.00	5,983.00 5,983.00 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	5,983.00 5,983.00 32,575.00 32,575.00 27,402.00 59,052.00 63,346.00 24,665.00 32.00 2,151.00 176,648.00 26,650.00
Subgroup: [2] Marcum 103 Subtotal [2] Subgroup: [3] 62-700-00 Subtotal [3] Subgroup: [5A] 65-102-00 65-103-00 65-105-00 65-106-00 65-111-00 Subtotal [5A] Subgroup: [6A] 61-750-00 Subtotal [5A] Subgroup: [9A] 67-101-01	Dentist Dentist Dentist Pharmacist Pharmacy Expense>Contracted Service Pharmacist PT - Resident Care PT Expense>Medicare A PT Expense>Med B PT Expense>HMO B PT Expense>HMO A PT Expense>Hol Care PT Expense>Medicaid PT - Resident Care Medical Director Nursing Admin Expense>Medical Director Medical Director ST - Resident Care ST Expense>Optum>Part B	0,00 0,00 32,575.00 32,575.00 27,402.00 59,052.00 53,345.00 24,665.00 32,00 2,151.00 176,648.00 32,633.00 32,633.00	5,983.00 5,983.00 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	5,883,00 5,983.00 32,575.00 32,575.00 27,402.00 59,052.00 63,346,00 24,665.00 32,00 2,151.00 176,648.00 26,650.00
Subgroup: [2] Marcum 103 Subtotal [2] Subgroup: [3] 62-700-00 Subtotal [3] Subgroup: [5A] 65-102-00 65-105-00 65-105-00 65-105-00 65-111-00 Subtotal [5A] Subgroup: [8A] 61-750-00 Subtotal [8A] Subgroup: [9A] 67-101-01	Dentist Dentist Dentist Pharmacist Pharmacy Expense>Contracted Service Pharmacist PT - Resident Care PT Expense>Medicare A PT Expense>HMO B PT Expense>HMO B PT Expense>HMO B PT Expense>Hospice PT Expense>Medicaid PT - Resident Care Medical Director Nursing Admin Expense>Medical Director Medical Director ST - Resident Care ST Expense>Optum>Part B ST Expense>Optum>Part B ST Expense>Optum>Part B	0,00 0,00 32,575.00 32,575.00 27,402.00 59,052.00 63,346.00 24,665.00 32,00 2,151.00 176,648.00 32,633.00 32,633.00 32,633.00	5,983.00 5,983.00 0,00	5,983.00 5,983.00 32,575.00 32,575.00 27,402.00 59,052.00 63,346.00 24,665.00 32.00 2,151.00 176,648.00 26,650.00 1,620.00 7,494.00
Subgroup: [2] Marcum 103 Subtotal [2] Subgroup: [3] 62-700-00 Subtotal [3] Subgroup: [5A] 65-102-00 65-103-00 65-105-00 65-106-00 65-111-00 Subtotal [5A] Subgroup: [6A] 61-750-00 Subtotal [5A] Subgroup: [9A] 67-101-01	Dentist Dentist Dentist Pharmacist Pharmacy Expense>Contracted Service Pharmacist PT - Resident Care PT Expense>Medicare A PT Expense>Med B PT Expense>HMO B PT Expense>HMO A PT Expense>Hol Care PT Expense>Medicaid PT - Resident Care Medical Director Nursing Admin Expense>Medical Director Medical Director ST - Resident Care ST Expense>Optum>Part B	0,00 0,00 32,575.00 32,575.00 27,402.00 59,052.00 63,345.00 24,665.00 32.00 2,151.00 176,648.00 32,633.00 32,633.00 1,520.00 7,494.00 13,470.00	5,983.00 5,983.00 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	5,983.00 5,983.00 32,575.00 32,575.00 27,402.00 59,052.00 63,346.00 24,665.00 32.00 2,151.00 176,648.00 26,650.00 26,650.00 1,620.00 7,494.00 13,470.00
Subgroup: [2] Marcum 103 Subtotal [2] Subgroup: [3] 62-700-00 Subtotal [3] Subgroup: [5A] 65-102-00 65-105-00 65-105-00 65-105-00 65-111-00 Subtotal [5A] Subgroup: [8A] 61-750-00 Subtotal [8A] Subgroup: [9A] 67-101-01	Dentist Dentist Dentist Pharmacist Pharmacy Expense>Contracted Service Pharmacist PT - Resident Care PT Expense>Medicare A PT Expense>HMO B PT Expense>HMO B PT Expense>HMO B PT Expense>Hospice PT Expense>Medicaid PT - Resident Care Medical Director Nursing Admin Expense>Medical Director Medical Director ST - Resident Care ST Expense>Optum>Part B ST Expense>Optum>Part B ST Expense>Optum>Part B	0,00 0,00 32,575.00 32,575.00 27,402.00 59,052.00 63,346.00 24,665.00 32,00 2,151.00 176,648.00 32,633.00 32,633.00 32,633.00	5,983.00 5,983.00 0,00	5,983.00 5,983.00 32,575.00 32,575.00 27,402.00 59,052.00 63,346.00 24,665.00 32.00 2,151.00 176,648.00 26,650.00 26,650.00 1,620.00 7,484.00 13,470.00 19,117.00
Subgroup: [2] Marcum 103 Subtotal [2] Subgroup: [3] 62-700-00 Subtotal [3] Subgroup: [5A] 65-102-00 65-103-00 65-105-00 65-106-00 65-109-00 85-111-00 Subtotal [5A] Subgroup: [8A] 61-750-00 Subtotal [8A] Subgroup: [9A] 67-101-01 67-102-00 67-103-00 67-105-00	Dentist Dentist Dentist Pharmacist Pharmacy Expense>Contracted Service Pharmacist PT - Resident Care PT Expense>Medicare A PT Expense>Med B PT Expense>HMO B PT Expense>HMO A PT Expense>Hospice PT Expense>Medicaid PT - Resident Care Medical Director Nursing Admin Expense>Medical Director Medical Director ST - Resident Care ST Expense>Optum>Part B ST Expense>Medicare A ST Expense>Medicare A ST Expense>Medicare A ST Expense>Part B ST Expense>Part B ST Expense>HMO B	0,00 0,00 32,575.00 32,575.00 27,402.00 59,052.00 63,345.00 24,665.00 32.00 2,151.00 176,648.00 32,633.00 32,633.00 1,520.00 7,494.00 13,470.00	5,983.00 5,983.00 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	5,983.00 5,983.00 32,575.00 32,575.00 27,402.00 59,052.00 63,346.00 24,665.00 32.00 2,151.00 176,648.00 26,650.00 26,650.00 1,620.00 7,494.00 13,470.00
Subgroup: [2] Marcum 103 Subtotal [2] Subgroup: [3] 62-700-00 Subtotal [3] Subgroup: [5A] 65-102-00 65-103-00 65-105-00 65-105-00 65-111-00 Subtotal [5A] Subgroup: [8A] 61-750-00 Subtotal [8A] Subgroup: [9A] 67-101-01 67-102-00 67-103-00 67-105-00 67-105-00	Dentist Dentist Dentist Pharmacist Pharmacy Expense>Contracted Service Pharmacist PT - Resident Care PT Expense>Medicare A PT Expense>HMO B PT Expense>HMO B PT Expense>HMO G PT Expense>Hospice PT Expense>Medicaid PT - Resident Care Medical Director Nursing Admin Expense>Medical Director Medical Director ST - Resident Care ST Expense>Optum>Part B ST Expense>Part B ST Expense>HMO B ST Expense>HMO B ST Expense>HMO B ST Expense>HMO A	0,00 0,00 32,575.00 32,575.00 27,402.00 59,052.00 63,345.00 24,665.00 32.00 2,151.00 176,648.00 32,633.00 32,633.00 32,633.00 1,520.00 7,494.00 13,470.00 19,117.00 5,536.00	5,983.00 5,983.00 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	5,983.00 5,983.00 32,575.00 32,575.00 27,402.00 59,052.00 63,346.00 24,665.00 32.00 2,151.00 176,648.00 26,650.00 26,650.00 1,620.00 7,484.00 13,470.00 19,117.00
Subgroup: [2] Marcum 103 Subtotal [2] Subgroup: [3] 62-700-00 Subtotal [3] Subgroup: [5A] 65-102-00 65-105-00 65-105-00 65-110-00 Subtotal [5A] Subgroup: [6A] 61-750-00 Subtotal [8A] Subgroup: [9A] 67-101-01 67-102-00 67-105-00 67-105-00 67-105-00 67-105-00 67-109-00	Dentist Dentist Dentist Pharmacist Pharmacy Expense>Contracted Service Pharmacist PT - Resident Care PT Expense>Medicare A PT Expense>Med B PT Expense>HMO B PT Expense>HMO B PT Expense>Hospice PT Expense>Medicaid PT - Resident Care Medical Director Nursing Admin Expense>Medical Director Medical Director ST - Resident Care ST Expense>Optum>Part B ST Expense>HMO A ST Expense>HOSpice	0,00 0,00 32,575.00 32,575.00 27,402.00 59,052.00 53,345.00 24,665.00 32.00 2,151.00 176,648.00 32,633.00 32,633.00 1,520.00 7,494.00 13,470.00 19,117.00 5,536.00 32.00	5,983.00 5,983.00 0.00	5,983.00 5,983.00 32,575.00 32,575.00 27,402.00 59,052.00 63,346.00 24,665.00 32.00 2,151.00 176,648.00 26,650.00 26,650.00 1,404.00 13,470.00 19,117.00 5,538.00 332.00
Subgroup: [2] Marcum 103 Subtotal [2] Subgroup: [3] 62-700-00 Subtotal [3] Subgroup: [5A] 65-102-00 65-103-00 65-105-00 65-105-00 65-111-00 Subtotal [5A] Subgroup: [6A] 61-750-00 Subtotal [8A] Subgroup: [9A] 67-101-01 67-102-00 67-103-00 67-105-00 67-105-00 67-109-00 67-111-00	Dentist Dentist Dentist Dentist Pharmacist Pharmacy Expense>Contracted Service Pharmacist PT - Resident Care PT Expense>Medicare A PT Expense>Med B PT Expense>HMO B PT Expense>HMO A PT Expense>Hospice PT Expense>Medicaid PT - Resident Care Medical Director Nursing Admin Expense>Medical Director Medical Director ST - Resident Care ST Expense>Optum>Part B ST Expense>Medicare A ST Expense>HMO B ST Expense>HMO B ST Expense>HMO A ST Expense>Hospice ST Expense>Medicaid	0,00 0,00 32,575.00 32,575.00 27,402.00 59,052.00 63,345.00 24,665.00 32,00 2,151.00 176,648.00 32,633.00 32,633.00 1,620.00 7,494.00 13,470.00 19,117.00 5,536.00 322.00 535.00	5,983.00 5,983.00 0.00	5,983.00 5,983.00 32,575.00 32,575.00 27,402.00 59,052.00 63,346.00 24,665.00 2,151.00 176,648.00 26,650.00 1,620.00 7,494.00 13,470.00 19,117.00 5,538.00 332.00 535.00
Subgroup: [2] Marcum 103 Subtotal [2] Subgroup: [3] 62-700-00 Subtotal [3] Subgroup: [5A] 65-102-00 65-103-00 65-105-00 65-106-00 65-111-00 Subtotal [5A] Subgroup: [6A] 61-750-00 Subtotal [8A] Subgroup: [9A] 67-101-01 67-102-00 67-105-00 67-105-00 67-106-00 67-109-00 67-109-00 67-700-00	Dentist Dentist Dentist Pharmacist Pharmacy Expense>Contracted Service Pharmacist PT - Resident Care PT Expense>Medicare A PT Expense>Med B PT Expense>HMO B PT Expense>HMO A PT Expense>Medicaid PT - Resident Care Medical Director Nursing Admin Expense>Medical Director Medical Director ST - Resident Care ST Expense>Poptum>Part B ST Expense>Poptum>Part B ST Expense>Poptum>Part B ST Expense>Poptum>Part B ST Expense>HMO B ST Expense>Poptum>Part	0,00 0,00 32,575.00 32,575.00 27,402.00 59,052.00 53,346.00 24,665.00 32,00 2,151.00 176,648.00 32,633.00 32,633.00 1,620.00 7,494.00 13,470.00 19,117.00 5,536.00 332.00 535.00 730.00	5,983.00 5,983.00 0.00	5,983,00 5,983.00 32,575.00 32,575.00 27,402.00 59,052.00 63,346.00 24,655.00 32,00 2,151.00 176,648.00 26,650.00 27,400.00 1,400.00 13,470.00 19,117.00 5,538.00 332,00 535.00 730.00
Subgroup: [2] Marcum 103 Subtotal [2] Subgroup: [3] 62-700-00 Subtotal [3] Subgroup: [5A] 65-102-00 65-103-00 65-105-00 65-105-00 65-111-00 Subtotal [5A] Subgroup: [6A] 61-750-00 Subtotal [8A] Subgroup: [9A] 67-101-01 67-102-00 67-103-00 67-105-00 67-105-00 67-109-00 67-111-00	Dentist Dentist Dentist Dentist Pharmacist Pharmacy Expense>Contracted Service Pharmacist PT - Resident Care PT Expense>Medicare A PT Expense>Med B PT Expense>HMO B PT Expense>HMO A PT Expense>Hospice PT Expense>Medicaid PT - Resident Care Medical Director Nursing Admin Expense>Medical Director Medical Director ST - Resident Care ST Expense>Optum>Part B ST Expense>Medicare A ST Expense>HMO B ST Expense>HMO B ST Expense>HMO A ST Expense>Hospice ST Expense>Medicaid	0,00 0,00 32,575.00 32,575.00 27,402.00 59,052.00 63,345.00 24,665.00 32,00 2,151.00 176,648.00 32,633.00 32,633.00 1,620.00 7,494.00 13,470.00 19,117.00 5,536.00 322.00 535.00	5,983.00 5,983.00 0.00	5,983.00 5,983.00 32,575.00 32,575.00 27,402.00 59,052.00 63,346.00 24,665.00 2,151.00 176,648.00 26,650.00 1,620.00 7,494.00 13,470.00 19,117.00 5,538.00 332.00 535.00
Subgroup: [2] Marcum 103 Subtotal [2] Subgroup: [3] 62-700-00 Subtotal [3] Subgroup: [5A] 65-102-00 65-103-00 65-105-00 65-105-00 85-111-00 Subtotal [5A] Subgroup: [6A] 61-750-00 Subtotal [8A] Subgroup: [9A] 67-101-01 67-102-00 67-105-00 67-106-00 67-106-00 67-110-00 67-700-00 Subtotal [9A]	Dentist Dentist Dentist Dentist Pharmacist Pharmacy Expense>Contracted Service Pharmacist PT - Resident Care PT Expense>Medicare A PT Expense>Med B PT Expense>HMO B PT Expense>HMO B PT Expense>Hospice PT Expense>Medicaid PT - Resident Care Medical Director Nursing Admin Expense>Medical Director Medical Director ST - Resident Care ST Expense>Optum>Part B ST Expense>Medicare A ST Expense>HMO B ST Expense>HMO B ST Expense>HMO A ST Expense>HMO A ST Expense>HMO A ST Expense>Hospice ST Expense>Medicaid ST Expense>Medicaid ST Expense>Contracted Service ST - Resident Care	0,00 0,00 32,575.00 32,575.00 27,402.00 59,052.00 53,346.00 24,665.00 32,00 2,151.00 176,648.00 32,633.00 32,633.00 1,620.00 7,494.00 13,470.00 19,117.00 5,536.00 332.00 535.00 730.00	5,983.00 5,983.00 0.00	5,983,00 5,983.00 32,575.00 32,575.00 27,402.00 59,052.00 63,346.00 24,655.00 32,00 2,151.00 176,648.00 26,650.00 27,400.00 1,400.00 13,470.00 19,117.00 5,538.00 332,00 535.00 730.00
Subgroup: [2] Marcum 103 Subtotal [2] Subgroup: [3] 62-700-00 Subtotal [3] Subgroup: [5A] 65-102-00 65-103-00 65-105-00 65-106-00 65-111-00 Subtotal [5A] Subgroup: [6A] 61-750-00 Subtotal [8A] Subgroup: [9A] 67-101-01 67-102-00 67-105-00 67-105-00 67-106-00 67-109-00 67-109-00 67-700-00	Dentist Dentist Dentist Pharmacist Pharmacy Expense>Contracted Service Pharmacist PT - Resident Care PT Expense>Medicare A PT Expense>Med B PT Expense>HMO B PT Expense>HMO A PT Expense>Medicaid PT - Resident Care Medical Director Nursing Admin Expense>Medical Director Medical Director ST - Resident Care ST Expense>Poptum>Part B ST Expense>Poptum>Part B ST Expense>Poptum>Part B ST Expense>Poptum>Part B ST Expense>HMO B ST Expense>Poptum>Part	0,00 0,00 32,575.00 32,575.00 27,402.00 59,052.00 53,346.00 24,665.00 32,00 2,151.00 176,648.00 32,633.00 32,633.00 32,633.00 1,520.00 7,494.00 13,470.00 19,117.00 5,536.00 332.00 535.00 730.00 48,836.00	5,983.00 5,983.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	5,883,00 5,983.00 32,575.00 32,575.00 27,402.00 59,052.00 63,346,00 24,665.00 32,00 2,151.00 176,648.00 26,650.00 26,650.00 1,620.00 7,494.00 13,470.00 19,117.00 5,538.00 332.00 535.00 730.00 48,836.00
Subgroup: [2] Marcum 103 Subtotal [2] Subgroup: [3] 62-700-00 Subtotal [3] Subgroup: [5A] 65-102-00 65-103-00 65-105-00 65-105-00 85-111-00 Subtotal [5A] Subgroup: [6A] 61-750-00 Subtotal [8A] Subgroup: [9A] 67-101-01 67-102-00 67-105-00 67-106-00 67-106-00 67-110-00 67-700-00 Subtotal [9A]	Dentist Dentist Dentist Dentist Pharmacist Pharmacy Expense>Contracted Service Pharmacist PT - Resident Care PT Expense>Medicare A PT Expense>Med B PT Expense>HMO B PT Expense>HMO B PT Expense>Hospice PT Expense>Medicaid PT - Resident Care Medical Director Nursing Admin Expense>Medical Director Medical Director ST - Resident Care ST Expense>Optum>Part B ST Expense>Medicare A ST Expense>HMO B ST Expense>HMO B ST Expense>HMO A ST Expense>HMO A ST Expense>HMO A ST Expense>Hospice ST Expense>Medicaid ST Expense>Medicaid ST Expense>Contracted Service ST - Resident Care	0,00 0,00 32,575.00 32,575.00 27,402.00 59,052.00 53,346.00 24,665.00 32,00 2,151.00 176,648.00 32,633.00 32,633.00 1,620.00 7,494.00 13,470.00 19,117.00 5,536.00 332.00 535.00 730.00	5,983.00 5,983.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	5,983,00 5,983,00 32,575,00 32,575,00 32,575,00 27,402,00 59,052,00 63,346,00 24,665,00 22,00 2,151,00 176,648,00 26,650,00 26,650,00 1,620,00 7,494,00 13,470,00 19,117,00 19,117,00 5,538,00 332,00 535,00 730,00 48,836,00
Subgroup: [2] Marcum 103 Subtotal [2] Subgroup: [3] 62-700-00 Subtotal [3] Subgroup: [5A] 65-102-00 65-103-00 65-105-00 65-106-00 65-111-00 Subtotal [5A] Subgroup: [6A] 61-750-00 Subtotal [5A] Subgroup: [9A] 67-101-01 67-102-00 67-103-00 67-105-00 67-106-00 67-1109-00 67-1109-00 57-111-00 67-700-00 Subtotal [9A] Subgroup: [10A]	Dentist Dentist Dentist Dentist Pharmacist Pharmacy Expense>Contracted Service Pharmacist PT - Resident Care PT Expense>Medicare A PT Expense>Med B PT Expense>HMO B PT Expense>HMO A PT Expense>Hospice PT Expense>Medicaid PT - Resident Care Medical Director Nursing Admin Expense>Medical Director Medical Director ST - Resident Care ST Expense>Medicare A ST Expense>Part B ST Expense>HMO B ST Expense>HMO B ST Expense>HMO A ST Expense>Medicaid ST Expense>Medicaid ST Expense>Medicaid ST Expense>Medicaid ST Expense>Medicaid ST Expense>Medicaid ST Expense>Contracted Service ST - Resident Care	0,00 0,00 32,575.00 32,575.00 27,402.00 59,052.00 53,346.00 24,665.00 32,00 2,151.00 176,648.00 32,633.00 32,633.00 32,633.00 1,520.00 7,494.00 13,470.00 19,117.00 5,536.00 332.00 535.00 730.00 48,836.00	5,983.00 5,983.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	5,883,00 5,983.00 32,575.00 32,575.00 27,402.00 59,052.00 63,346,00 24,665.00 32,00 2,151.00 176,648.00 26,650.00 26,650.00 1,620.00 7,494.00 13,470.00 19,117.00 5,538.00 332.00 535.00 730.00 48,836.00
Subgroup: [2] Marcum 103 Subtotal [2] Subgroup: [3] 62-700-00 Subtotal [3] Subgroup: [5A] 65-102-00 65-105-00 65-105-00 65-110-00 Subtotal [5A] Subgroup: [6A] 61-750-00 Subtotal [8A] Subgroup: [9A] 67-101-01 67-102-00 67-105-00 67-106-00 67-109-00 57-1700-00 Subtotal [9A] Subgroup: [10A]	Dentist Dentist Dentist Pharmacist Pharmacy Expense>Contracted Service Pharmacist PT - Resident Care PT Expense>Medicare A PT Expense>Medicare A PT Expense>HMO B PT Expense>HMO B PT Expense>Medicaid PT - Resident Care Medical Director Nursing Admin Expense>Medical Director Medical Director ST - Resident Care ST Expense>Poptum>Part B ST Expense>Medicare A ST Expense>HMO B ST Expense>HMO B ST Expense>HMO A ST Expense>HMO A ST Expense>HMO A ST Expense>HMO A ST Expense>Medicaid ST Expense>Medicaid ST Expense>Medicaid ST Expense>HMO A ST Expense>HMO A ST Expense>Medicaid ST Expense>Medicaid ST Expense>Medicaid	0,00 0,00 32,575.00 32,575.00 27,402.00 59,052.00 63,345.00 24,655.00 32,00 2,151.00 176,648.00 32,633.00 32,633.00 32,633.00 1,520.00 7,494.00 13,470.00 19,117.00 5,536.00 332.00 535.00 730.00 48,836.00	5,983.00 5,983.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	5,983,00 5,983,00 32,575,00 32,575,00 32,575,00 27,402,00 59,052,00 63,346,00 24,665,00 22,00 2,151,00 176,648,00 26,650,00 26,650,00 1,620,00 7,494,00 13,470,00 19,117,00 19,117,00 5,538,00 332,00 535,00 730,00 48,836,00
Subgroup: [2] Marcum 103 Subtotal [2] Subgroup: [3] 62-700-00 Subtotal [3] Subgroup: [5A] 65-102-00 65-103-00 65-105-00 65-109-00 85-111-00 Subtotal [5A] Subgroup: [8A] 61-750-00 Subtotal [8A] Subgroup: [9A] 67-101-01 67-102-00 67-105-00 67-105-00 67-105-00 57-109-00 67-109-00 57-700-00 Subtotal [9A] Subgroup: [10A] 66-102-00 66-103-00 66-105-00	Dentist Dentist Dentist Dentist Pharmacist Pharmacy Expense>Contracted Service Pharmacist PT - Resident Care PT Expense>Medicare A PT Expense>Med B PT Expense>HMO B PT Expense>HMO B PT Expense>HMO G PT Expense>HMO G PT Expense>HO spice PT Expense>Medicaid PT - Resident Care Medical Director Nursing Admin Expense>Medical Director Medical Director ST - Resident Care ST Expense>Popum>Part B ST Expense>Medicare A ST Expense>HMO B ST Expense>HMO B ST Expense>HMO A ST Expense>HMO A ST Expense>Hopice ST Expense>Contracted Service ST - Resident Care OT - Resident Care OT - Resident Care OT - Resident Care OT Expense>Medicare A OT Expense>PAIT B OT Expense>PAIT B	0,00 0,00 32,575.00 32,575.00 27,402.00 59,052.00 63,345.00 24,665.00 32.00 2,151.00 176,648.00 32,633.00 32,633.00 1,520.00 7,494.00 13,470.00 19,117.00 5,538.00 322.00 332.00 332.00 34,886.00 34,489.00 184,170.00 91,488.00	5,983.00 5,983.00 0.00	5,983.00 5,983.00 32,575.00 32,575.00 27,402.00 59,052.00 63,346.00 24,665.00 21,51.00 25,650.00 26,650.00 26,650.00 1,620.00 7,494.00 13,470.00 19,117.00 5,538.00 332.00 535.00 730.00 48,836.00
Subgroup: [2] Marcum 103 Subtotal [2] Subgroup: [3] 62-700-00 Subtotal [3] Subgroup: [5A] 65-102-00 65-103-00 65-105-00 65-105-00 65-111-00 Subtotal [5A] Subgroup: [8A] 61-750-00 Subtotal [8A] Subgroup: [9A] 67-101-01 67-102-00 67-105-00 67-105-00 67-110-00 Subtotal [9A] Subgroup: [10A] 66-102-00 66-103-00 66-105-00 66-105-00 66-105-00 66-105-00	Dentist Dentist Dentist Pharmacist Pharmacy Expense>Contracted Service Pharmacist PT - Resident Care PT Expense>Medicare A PT Expense>Med B PT Expense>HMO B PT Expense>HMO A PT Expense>Medicaid PT - Resident Care Medical Director Nursing Admin Expense>Medical Director Medical Director ST - Resident Care ST Expense>Part B ST Expense>Part B ST Expense>Part B ST Expense>HMO A ST Expense>HMO A ST Expense>HMO B ST Expense>HMO B ST Expense>HMO A ST Expense>Contracted Service ST - Resident Care OT - Resident Care OT - Resident Care OT - Resident Care OT Expense>Part B OT Expense>Medicaid ST Expense>Part B OT - Resident Care OT Expense>Medicare A OT Expense>HMO B OT Expense>HMO B	0,00 0,00 32,575.00 32,575.00 27,402.00 59,052.00 53,346.00 24,665.00 32,00 2,151.00 176,648.00 32,633.00 32,633.00 32,633.00 1,620.00 7,494.00 13,470.00 19,117.00 5,536.00 332.00 535.00 730.00 48,836.00 34,489.00 194,480.00 29,211.00	5,983.00 5,983.00 0.00	5,983.00 5,983.00 32,575.00 32,575.00 32,575.00 27,402.00 59,052.00 63,346.00 24,655.00 32,00 2,151.00 176,648.00 26,650.00 27,494.00 13,470.00 19,117.00 5,538.00 332.00 535.00 730.00 48,836.00
Subgroup: [2] Marcum 103 Subtotal [2] Subgroup: [3] 62-700-00 Subtotal [3] Subgroup: [5A] 65-102-00 65-103-00 65-105-00 65-109-00 85-111-00 Subtotal [5A] Subgroup: [8A] 61-750-00 Subtotal [8A] Subgroup: [9A] 67-101-01 67-102-00 67-105-00 67-105-00 67-105-00 57-109-00 67-109-00 57-700-00 Subtotal [9A] Subgroup: [10A] 66-102-00 66-103-00 66-105-00	Dentist Dentist Dentist Dentist Pharmacist Pharmacy Expense>Contracted Service Pharmacist PT - Resident Care PT Expense>Medicare A PT Expense>Med B PT Expense>HMO B PT Expense>HMO B PT Expense>HMO G PT Expense>HMO G PT Expense>HO spice PT Expense>Medicaid PT - Resident Care Medical Director Nursing Admin Expense>Medical Director Medical Director ST - Resident Care ST Expense>Popum>Part B ST Expense>Medicare A ST Expense>HMO B ST Expense>HMO B ST Expense>HMO A ST Expense>HMO A ST Expense>Hopice ST Expense>Contracted Service ST - Resident Care OT - Resident Care OT - Resident Care OT - Resident Care OT Expense>Medicare A OT Expense>PAIT B OT Expense>PAIT B	0,00 0,00 32,575.00 32,575.00 27,402.00 59,052.00 63,345.00 24,665.00 32.00 2,151.00 176,648.00 32,633.00 32,633.00 1,520.00 7,494.00 13,470.00 19,117.00 5,538.00 322.00 332.00 332.00 34,886.00 34,489.00 184,170.00 91,488.00	5,983.00 5,983.00 0.00	5,983.00 5,983.00 32,575.00 32,575.00 27,402.00 59,052.00 63,346.00 24,665.00 21,51.00 25,650.00 26,650.00 26,650.00 1,620.00 7,494.00 13,470.00 19,117.00 5,538.00 332.00 535.00 730.00 48,836.00

Subtotal [10A]	OT - Resident Care	342,098.00	0.00	342,098.00
Subgroup : [11A1]	RN's - Direct Care			
60-700-18	Nursing Expense>Contracted Service>RN	2,119.00	0,00	2,119,00
Subtotal [11A1]	RN's - Direct Care	2,119.00	0.00	2,119.00
Subgroup : [11B1] 60-700-19	LPN's - Direct Care Nursing Expense>Contracted Service>LPN	110,606.00	0.00	110,606.00
Subtotal [11B1]	LPN's - Direct Care	110,606.00	0,00	110,606.00
		= ====		
Subgroup : [11C] 60-700-20	Aides Nursing Expense>Contracted Service>CNA	214,603.00	0,00	214,603.00
50-700-23	Nursing Expense>Contracted Service>CNA Overtime	1,873.00	0,00	1,873,00
Subtotal [11C]	Aides	216,476.00	0.00	216,476.00
Subgroup : [12] 60-263-02	Other Nursing Expense>Consulting Fees>Add Back	39,110.00	0.00	39,110.00
68-700-00	Therapy Expense>Contracted Service	(35,645.00)	35,645.00	0.00
68-827-00	Therapy Expense>Respiratory	139.00	0.00	139.00
Subtotal [12]	Other	3,604.00	35,645.00	39,249.00
Total [13-B]	Professional Fees	1,002,625.00	35,645.00	1,038,270.00
Group : [15]	Expenditures Other than Salaries			
Subgroup : [1A1]	Workmen's Compensation	153,962.00	0.00	153,962.00
85-861-00 Subtotal [1A1]	Employee Benefils Expense>Workers Comp Workmen's Compensation	153,962.00	0.00	153,962.00
Cabiciai [171]		-	-	
Subgroup : [1A3]	Unemployment insurance	74.540.00	0.00	74,919.00
85-156-62	Employee Benefits Expenses PR Taxes>SUI	74,919.00 11,949.00	0.00 0.00	11,849.00
85-156-63 Subtotal [1A3]	Employee Benefits Expense>PR Taxes>FUI Unemployment Insurance	86,868.00	0.00	86,868.00
		S 3)======================================	
Subgroup : [1A4]	Social Security (FICA)	400 504 00	0.00	483,564.00
85-156-61 Subtotal [1A4]	Employee Benefils Expense>PR Taxes>Fica Social Security (FICA)	483,564,00 483,564,00	0.00	483,564.00
Subtotal [1A4]	Social Security (1971)			
Subgroup : [1A5]	Health Insurance			754 000 00
85-882-00	Employee Benefits Expense>Health Insurance	251,099.00 2,656.00	0.00	251,099.00 2,656.00
85-884-00 Subtotal [1A5]	Employee Benefits>Dental/Vision Insurance Health Insurance	253,755.00	0.00	253,755.00
paptotal [170]	I SOUTH THE STATE OF THE STATE	S		
Subgroup : [1A7]	Pensions	070.040.00	0.00	279 210 00
85-255-79	Employee Benefits Expense>Pension>Union	378,210.00 378,210.00	0,00	378,210.00 378,210.00
Subtotal [1A7]	Pensions	0.012.0.00		
Subgroup : [1A9]	Other			
85-100-00	Employee Benefits Expense>Miscellaneous	23,387.00 6,617.00	0.00 0.00	23,387.00 6,617.00
85-178-00 85-200-79	Employee Benefils Expense>Food Employee Benefils Expense>Union>Misc	42,007.00	0.00	42,007.00
85-257-00	Employee Benefits Expense>Employee Physicals	535,00	0,00	535.00
Subtotal [1A9]	Other	72,546.00	0,00	72,546.00
B. 1 1401	Bad Debts			
Subgroup : [1C] 80-251-00	Admin Expense>Bad Debt	137,967.00	0.00	137,967.00
Subtotal [1C]	Bad Debts	137,967.00	0,00	137,967.00
	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
Subgroup : [1D] 80-239-00	Accounting and Auditing Admin Expense>Accounting Fees	10,306.00	4,822.00	15,128.00
Subtotal [1D]	Accounting and Auditing	10,306.00	4,822.00	15,128.00
Subgroup : [1E]	Legal	4_048.00	1,265.00	5,313,00
80-238-00 Subtotal [1E]	Admin Expense>Legal Fees Legal	4,048.00	1,265.00	5,313.00
	5			
Subgroup : [1G]	Office Supplies	2 000 00	0,00	3,690.00
80-182-00	Admin Expense>Furnishing Admin Expense>Supplies	3,690.00 8,311.00	0.00	8,311.00
80-183-00 80-183-09	Admin Expense>Supplies>Toner	3,588.00	0.00	3,588.00
80-183-78	Admin Expense>Supplies>Paper	2,553.00	0.00	2,553.00
80-184-00	Admin Expense>Computer Hardware	5,127.00 23,269.00	0.00	5,127.00 23,269.00
Subtotal [1G]	Office Supplies	23,263.00	0.00	20,200,00
Subgroup : [1H1]	Telephone and Telegraph			
80-210-00	Admin Expense>Internet	4,563.00	0.00	4,563.00
80-231-00 Subtotal (4H41	Admin Expense>Telephone	7,855.00 12,418.00	0.00	7,855.00 12,418.00
Subtotal [1H1]	Telephone and Telegraph	12/710/00		
Subgroup : [1K3]	Resident Day User Fee			
80-111-16	Admin Expense>Medicaid>Bed Tax	889,336,00 889,336,00	0.00	889,336.00 889,336.00
Subtotal [1K3]	Resident Day User Fee	007,000,00	0.00	200,000.00

Total [15]	Expenditures Other than Salaries	2,506,249.00	6,087.00	2,512,336.00
Group : [16]	Expenditures Other than Salaries (cont'd) - Admin, and General			
Subgroup : [4]	Employee Travel	6,012.00	0.00	6,012.00
80-236-00 Subtotal [4]	Admin Expense>Travel Employee Travel	6,012.00	0,00	6,012.00
Babtotai [4]	Employee Have	-	·	
Subgroup : [M1]	Advertising Help Wanted			
80-249-00	Admin Expense>Recruiting	8,365.00	0.00	8,365.00
Subtotal [M1]	Advertising Help Wanted	8,365.00	0,00	8,365.00
Subgroup : [M3]	Advertising Other			
80-250-00	Admin Expense>Marketing & Advertising	25,905.00	0,00	25,905.00
80-250-74	Admin Expense>Marketing & Advertising>COVID	1,639,00	0,00	1,639.00
Subtotal [M3]	Advertising Other	27,544.00	0,00	27,544.00
Subgroup : [M7] 80-209-00	Postage Admin Expense>Postage	1,779.00	0.00	1,779.00
Subtotal [M7]	Postage	1,779.00	0.00	1,779.00
oublotal []	·		**************************************	
Subgroup : [M8]	Dues and Membership Fees to Professional Associations		1001 DV81014410 =	1/21/22/21/21
80-235-00	Admin Expense>Dues & Subscriptions	9,840.00	(1,362,00)	8,478.00
Subtotal [M8]	Dues and Membership Fees to Professional Associations	9,840.00	(1,362,00)	8,478.00
Subgroup : [M8A]	Dues to Chamber of Commerce			
Marcum 105	Chamber Dues	0.00	134,00	134.00
Subtotal [MBA]	Dues to Chamber of Commerce	0.00	134.00	134.00
Subgroup : [M9]	Subscriptions	0.00	1,228.00	1,228.00
Marcum 104 Subtotal [M9]	Subscriptions Subscriptions	0.00	1,228.00	1,228.00
Subtotal [ms]	Oubstriptions	-		
Subgroup : [M11]	Services Provided by Contract			
80-181-00	Admin Expense>Shredding	1,600.00	0.00	1,600.00
80-230-00	Admin Expense>Data Processing	50,098.00	0,00 (1,265,00)	50,098.00 0.00
80-240-00 80-240-02	Admin Expense>Professional Fees Admin Expense>Professional Fees>Add Back	1,265,00 178,131.00	130,963.00	309,094.00
80-241-00	Admin Expense>IT Fees	1,143.00	0,00	1,143.00
80-241-01	Admin Expense>IT Fees>Add Back	17,802.00	0.00	17,902.00
80-700-00	Admin Expense>Contracted Service	125,00	0,00	125.00
80-700-02	Admin Expense>Contracted Service>Add Back	11,000.00 261,164.00	129,698.00	11,000.00 390,862.00
Subtotal [M11]	Services Provided by Contract	201,184.00	123,030.00	030,002.00
Subgroup : [M12]	Administrative Management Services			
80-279-00	Admin Expense>Management Fee	689,832.00	(287,128,00)	402,704.00
Subtotal [M12]	Administrative Management Services	689,832.00	(287,128.00)	402,704.00
Out B4421	Cth			
Subgroup ; [M13] 80-153-00	Other Admin Expense>Financing Costs	2,161-00	0.00	2,161.00
80-202-00	Admin Expense>resident missing Items	53.00	0.00	53.00
80-234-00	Admin Expense>Licenses	118,00	0.00	
80-244-00	Admin Expense>Bank Fees		0.00	118.00
80-245-00 80-245-06		7,503.00	0,00	7,503,00
	Admin Expense>Background Checks	467.00	0.00 0.00	7,503.00 467.00
	Admin Expense>Background Checks Olher (Fingerprinting)	467.00 3,403.00	0,00	7,503,00
80-252-00 Subtotal [M13]		467.00	0,00 0,00 0,00	7,503.00 467.00 3,403.00
80-252-00 Subtotal [M13]	Admin Expense>Background Checks Olher (Fingerprinting) Admin Expense>Startup Costs Other	467.00 3,403.00 135,785.00 149,490.00	0,00 0,00 0,00 (135,785,00) (135,785,00)	7,503.00 467.00 3,403.00 0.00 13,705.00
80-252-00	Admin Expense>Background Checks Olher (Fingerprinting) Admin Expense>Startup Costs	467.00 3,403.00 135,785,00	0.00 0.00 0.00 (135,785.00)	7,503.00 467.00 3,403.00 0.00
80-252-00 Subtotal [M13] Total [16]	Admin Expense>Background Checks Olher (Fingerprinting) Admin Expense>Startup Costs Other Expenditures Other than Salaries (cont'd) - Admin. and General	467.00 3,403.00 135,785.00 149,490.00	0,00 0,00 0,00 (135,785,00) (135,785,00)	7,503.00 467.00 3,403.00 0.00 13,705.00
80-252-00 Subtotal [M13] Total [16] Group : [18]	Admin Expense>Background Checks Olher (Fingerprinting) Admin Expense>Startup Costs Other Expenditures Other than Salaries (cont'd) - Admin. and General Dietary Basis for Allocation of Costs	467.00 3,403.00 135,785.00 149,490.00	0,00 0,00 0,00 (135,785,00) (135,785,00)	7,503.00 467.00 3,403.00 0.00 13,705.00
80-252-00 Subtotal [M13] Total [16]	Admin Expense>Background Checks Olher (Fingerprinting) Admin Expense>Startup Costs Other Expenditures Other than Salaries (cont'd) - Admin. and General	467.00 3,403.00 135,785.00 149,490.00	0,00 0,00 0,00 (135,785,00) (135,785,00)	7,503,00 467.00 3,403,00 0.00 13,705,00 860,811.00
80-252-00 Subtotal [M13] Total [16] Group : [18] Subgroup : [2A1]	Admin Expense>Background Checks Olher (Fingerprinting) Admin Expense>Startup Costs Other Expenditures Other than Salaries (cont'd) - Admin. and General Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food	467.00 3,403.00 135,785.00 149,490.00 1,154,025.00	0,00 0,00 0,00 (135,785.00) (135,785.00) (293,215.00)	7,503,00 467,00 3,403,00 0.00 13,705,00 360,811,00
80-252-00 Subtotal [M13] Total [16] Group : [18] Subgroup : [2A1] 70-177-00 70-178-00 71-178-00	Admin Expense>Background Checks Olher (Fingerprinting) Admin Expense>Startup Costs Other Expenditures Other than Salaries (cont'd) - Admin. and General Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food Activity Expense>Food	467.00 3,403.00 135,785.00 149,490.00 1,154,026.00 24,057.00 323,459.00 762.00	0,00 0,00 0,00 (135,785,00) (135,785,00) (293,215,00)	7,503.00 467.00 3,403.00 0.00 13,705.00 860,811.00 24,057.00 323,459.00 762.00
80-252-00 Subtotal [M13] Total [16] Group: [18] Subgroup: [2A1] 70-177-00 70-178-00	Admin Expense>Background Checks Olher (Fingerprinting) Admin Expense>Startup Costs Other Expenditures Other than Salaries (cont'd) - Admin. and General Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food	467.00 3,403.00 135,785.00 149,490.00 1,154,025.00	0,00 0,00 0,00 (135,785.00) (135,785.00) (293,215.00)	7,503,00 467,00 3,403,00 0.00 13,705,00 360,811,00
80-252-00 Subtotal [M13] Total [16] Group: [18] Subgroup: [2A1] 70-177-00 70-178-00 71-178-00 Subtotal [2A1]	Admin Expense>Background Checks Olher (Fingerprinting) Admin Expense>Startup Costs Other Expenditures Other than Salaries (cont'd) - Admin. and General Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food Activity Expense>Food Raw Food	467.00 3,403.00 135,785.00 149,490.00 1,154,026.00 24,057.00 323,459.00 762.00	0,00 0,00 0,00 (135,785,00) (135,785,00) (293,215,00)	7,503.00 467.00 3,403.00 0.00 13,705.00 860,811.00 24,057.00 323,459.00 762.00
80-252-00 Subtotal [M13] Total [16] Group : [18] Subgroup : [2A1] 70-177-00 70-178-00 71-178-00	Admin Expense>Background Checks Olher (Fingerprinting) Admin Expense>Startup Costs Other Expenditures Other than Salaries (cont'd) - Admin. and General Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food Activity Expense>Food	467.00 3,403.00 135,785.00 149,490.00 1,154,026.00 24,057.00 323,459.00 762.00	0,00 0,00 0,00 (135,785,00) (135,785,00) (293,215,00)	7,503,00 467,00 3,403,00 0,00 13,705,00 860,811,00 24,057,00 323,459,00 762,00 348,278,00
80-252-00 Subtotal [M13] Total [16] Group: [16] Subgroup: [2A1] 70-177-00 70-178-00 71-178-00 Subtotal [2A1] Subgroup: [2A2] 70-183-00 70-191-00	Admin Expense>Background Checks Olher (Fingerprinting) Admin Expense>Startup Costs Other Expenditures Other than Salaries (cont'd) - Admin. and General Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Food Activity Expense>Food Activity Expense>Food Non-Food Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Enteral Feeding Supplies	467.00 3,403.00 135,785.00 149,490.00 1,154,026.00 24,057.00 323,459.00 762.00 346,278.00 37,429.00 2,438.00	0,00 0,00 0,00 (135,785.00) (135,785.00) (293,215.00) 0.00 0.00 0.00	7,503,00 467.00 3,403,00 0.00 13,705,00 860,811.00 24,057.00 323,459.00 762.00 348,278.00 37,429.00 2,438.00
80-252-00 Subtotal [M13] Total [16] Group: [18] Subgroup: [2A1] 70-177-00 70-178-00 71-178-00 Subtotal [2A1] Subgroup: [2A2] 70-183-00	Admin Expense>Background Checks Olher (Fingerprinting) Admin Expense>Startup Costs Other Expenditures Other than Salaries (cont'd) - Admin. and General Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food Activity Expense>Food Raw Food Non-Food Supplies Dietary Expense>Supplies	467.00 3,403.00 135,785.00 149,490.00 1,154,026.00 24,057.00 323,459.00 762.00 348,278.00	0,00 0,00 0,00 (135,785,00) (135,785,00) (293,215,00) 0,00 0,00 0,00	7,503,00 467,00 3,403,00 0,00 13,705,00 860,811,00 24,057,00 323,459,00 762,00 348,278,00
80-252-00 Subtotal [M13] Total [16] Group: [18] Subgroup: [2A1] 70-177-00 70-178-00 71-178-00 Subtotal [2A1] Subgroup: [2A2] 70-183-00 70-191-00 Subtotal [2A2]	Admin Expense>Background Checks Olher (Fingerprinting) Admin Expense>Startup Costs Other Expenditures Other than Salaries (cont'd) - Admin. and General Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food Activity Expense>Food Raw Food Non-Food Supplies Dietary Expense>Supplies Dietary Expense>Enteral Feeding Supplies Non-Food Supplies	467.00 3,403.00 135,785.00 149,490.00 1,154,026.00 24,057.00 323,459.00 762.00 346,278.00 37,429.00 2,438.00	0,00 0,00 0,00 (135,785.00) (135,785.00) (293,215.00) 0.00 0.00 0.00	7,503,00 467.00 3,403,00 0.00 13,705,00 860,811.00 24,057.00 323,459.00 762.00 348,278.00 37,429.00 2,438.00
80-252-00 Subtotal [M13] Total [16] Group: [16] Subgroup: [2A1] 70-177-00 70-178-00 71-178-00 Subtotal [2A1] Subgroup: [2A2] 70-183-00 70-191-00	Admin Expense>Background Checks Olher (Fingerprinting) Admin Expense>Startup Costs Other Expenditures Other than Salaries (cont'd) - Admin. and General Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Food Activity Expense>Food Activity Expense>Food Non-Food Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Enteral Feeding Supplies	467.00 3,403.00 135,785.00 149,490.00 1,154,026.00 24,057.00 323,459.00 762.00 346,278.00 37,429.00 2,438.00	0,00 0,00 0,00 (135,785.00) (135,785.00) (293,215.00) 0.00 0.00 0.00	7,503,00 467.00 3,403,00 0.00 13,705,00 860,811.00 24,057.00 323,459.00 762.00 348,278.00 37,429.00 2,438.00
80-252-00 Subtotal [M13] Total [16] Group: [18] Subgroup: [2A1] 70-177-00 70-178-00 71-178-00 Subtotal [2A1] Subgroup: [2A2] 70-183-00 70-191-00 Subtotal [ZA2] Subgroup: [2B]	Admin Expense>Background Checks Olher (Fingerprinting) Admin Expense>Startup Costs Other Expenditures Other than Salaries (cont'd) - Admin. and General Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food Activity Expense>Food Raw Food Non-Food Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Enteral Feeding Supplies Non-Food Supplies	467.00 3,403.00 135,785.00 149,490.00 1,154,026.00 24,057.00 323,459.00 762.00 348,278.00 37,429.00 2,438.00 39,857.00	0,00 0,00 (135,785,00) (135,785,00) (135,785,00) (293,215,00) 0,00 0,00 0,00 0,00 0,00	7,503,00 467.00 3,403,00 0.00 13,705,00 860,811,00 24,057.00 323,459.00 762.00 348,276.00 37,429.00 2,438.00 39,867.00
80-252-00 Subtotal [M13] Total [16] Group: [18] Subgroup: [2A1] 70-177-00 70-178-00 71-178-00 Subtotal [2A1] Subgroup: [2A2] 70-183-00 70-191-00 Subtotal [2A2] Subgroup: [2B] 70-700-00 Subtotal [2B]	Admin Expense>Background Checks Olher (Fingerprinting) Admin Expense>Startup Costs Other Expenditures Other than Salaries (cont'd) - Admin. and General Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food Activity Expense>Food Raw Food Non-Food Supplies Dietary Expense>Supplies Dietary Expense>Enteral Feeding Supplies Non-Food Supplies Purchased Services Dietary Expense>Contracted Service Purchased Services	3,403,00 3,403,00 135,785,00 149,490,00 1,154,025,00 24,057,00 323,459,00 762,00 346,278,00 37,429,00 2,438,00 39,857,00	0,00 0,00 0,00 (135,785,00) (135,785,00) (293,215,00) 0,00 0,00 0,00 0,00 0,00 0,00	7,503,00 467.00 3,403,00 0.00 13,705,00 360,811,00 24,057.00 323,459.00 762.00 348,278.00 37,429.00 2,438.00 39,867.00
80-252-00 Subtotal [M13] Total [16] Group: [18] Subgroup: [2A1] 70-177-00 70-178-00 71-178-00 Subtotal [2A1] Subgroup: [2A2] 70-183-00 70-191-00 Subtotal [2A2] Subgroup: [2B] 70-700-00 Subtotal [2B] Subgroup: [2B]	Admin Expense>Background Checks Olher (Fingerprinting) Admin Expense>Startup Costs Other Expenditures Other than Salaries (cont'd) - Admin. and General Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food Activity Expense>Food Raw Food Non-Food Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Enteral Feeding Supplies Non-Food Supplies Purchased Services Dietary Expense>Contracted Service Purchased Services Other	467.00 3,403.00 135,785.00 149,490.00 1,154,026.00 24,057.00 323,459.00 762.00 348,278.00 37,429.00 2,438.00 39,867.00 120,706.00 120,706.00	0,00 0,00 0,00 (135,785.00) (135,785.00) (293,215.00) 0.00 0.00 0.00 0.00 0.00 0.00	7,503,00 467.00 3,403,00 0.00 13,705,00 860,811.00 24,057.00 323,459.00 762.00 348,278.00 37,429.00 2,438.00 39,867.00
80-252-00 Subtotal [M13] Total [16] Group: [18] Subgroup: [2A1] 70-177-00 70-178-00 71-178-00 Subtotal [2A1] Subgroup: [2A2] 70-183-00 70-191-00 Subtotal [2A2] Subgroup: [2B] 70-700-00 Subtotal [2B] Subgroup: [2C] 70-208-00	Admin Expense>Background Checks Olher (Fingerprinting) Admin Expense>Startup Costs Other Expenditures Other than Salaries (cont'd) - Admin. and General Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Food Activity Expense>Food Activity Expense>Food Non-Food Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Enteral Feeding Supplies Non-Food Supplies Purchased Services Dietary Expense>Contracted Service Purchased Services Other Dietary Expense>Equip-Rental	467.00 3,403.00 135,785.00 149,490.00 1,154,026.00 24,057.00 323,459.00 762.00 348,278.00 37,429.00 2,438.00 39,867.00 120,706.00 120,706.00 2,732.00	0.00 0.00 0.00 (135,785.00) (135,785.00) (293,215.00) 0.00 0.00 0.00 0.00 0.00 0.00 0.0	7,503,00 467,00 3,403,00 0.00 13,705,00 860,811.00 24,057,00 323,459,00 762,00 348,278,00 37,429,00 2,438,00 39,867,00
80-252-00 Subtotal [M13] Total [16] Group: [18] Subgroup: [2A1] 70-177-00 70-178-00 71-178-00 Subtotal [2A1] Subgroup: [2A2] 70-183-00 70-191-00 Subtotal [2A2] Subgroup: [2B] 70-700-00 Subtotal [2B] Subgroup: [2B]	Admin Expense>Background Checks Olher (Fingerprinting) Admin Expense>Startup Costs Other Expenditures Other than Salaries (cont'd) - Admin. and General Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food Activity Expense>Food Raw Food Non-Food Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Enteral Feeding Supplies Non-Food Supplies Purchased Services Dietary Expense>Contracted Service Purchased Services Other	467.00 3,403.00 135,785.00 149,490.00 1,154,026.00 24,057.00 323,459.00 762.00 348,278.00 37,429.00 2,438.00 39,867.00 120,706.00 120,706.00	0,00 0,00 0,00 (135,785.00) (135,785.00) (293,215.00) 0.00 0.00 0.00 0.00 0.00 0.00	7,503,00 467.00 3,403,00 0.00 13,705.00 860,811.00 24,057.00 323,459.00 762.00 348,276.00 37,429.00 2,438.00 39,867.00
80-252-00 Subtotal [M13] Total [16] Group: [18] Subgroup: [2A1] 70-177-00 70-178-00 71-178-00 Subtotal [2A1] Subgroup: [2A2] 70-183-00 70-191-00 Subtotal [2A2] Subgroup: [2B] 70-700-00 Subtotal [2B] Subgroup: [2C] 70-208-00	Admin Expense>Background Checks Olher (Fingerprinting) Admin Expense>Startup Costs Other Expenditures Other than Salaries (cont'd) - Admin. and General Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Food Activity Expense>Food Activity Expense>Food Non-Food Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Enteral Feeding Supplies Non-Food Supplies Purchased Services Dietary Expense>Contracted Service Purchased Services Other Dietary Expense>Equip-Rental	467.00 3,403.00 135,785.00 149,490.00 1,154,026.00 24,057.00 323,459.00 762.00 348,278.00 37,429.00 2,438.00 39,867.00 120,706.00 120,706.00 2,732.00	0.00 0.00 0.00 (135,785.00) (135,785.00) (293,215.00) 0.00 0.00 0.00 0.00 0.00 0.00 0.0	7,503,00 467,00 3,403,00 0.00 13,705,00 860,811.00 24,057,00 323,459,00 762,00 348,278,00 37,429,00 2,438,00 39,867,00
80-252-00 Subtotal [M13] Total [16] Group: [18] Subgroup: [2A1] 70-177-00 70-178-00 71-178-00 Subtotal [2A1] Subgroup: [2A2] 70-183-00 70-191-00 Subtotal [2A2] Subgroup: [2B] 70-700-00 Subtotal [2B] Subgroup: [2C] 70-208-00 Subtotal [2C]	Admin Expense>Background Checks Olher (Fingerprinting) Admin Expense>Startup Costs Other Expenditures Other than Salaries (cont'd) - Admin. and General Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food Activity Expense>Food Raw Food Non-Food Supplies Dietary Expense>Supplies Dietary Expense>Enteral Feeding Supplies Non-Food Supplies Dietary Expense>Enteral Feeding Supplies Output Purchased Services Dietary Expense>Contracted Service Purchased Services Other Dietary Expense>Equip-Rental Other	467.00 3,403.00 135,785.00 149,490.00 1,154,026.00 24,057.00 323,459.00 762.00 348,278.00 37,429.00 2,438.00 39,857.00 120,706.00 120,706.00 2,732.00 2,732.00	0.00 0.00 0.00 (135,785.00) (135,785.00) (293,215.00) 0.00 0.00 0.00 0.00 0.00 0.00 0.0	7,503,00 467.00 3,403,00 0.00 13,705,00 860,811.00 24,057.00 323,459.00 762.00 348,278.00 2,438.00 39,867.00 120,706.00 120,706.00 2,732.00 2,732.00
80-252-00 Subtotal [M13] Total [16] Group: [18] Subgroup: [2A1] 70-177-00 71-178-00 71-178-00 Subtotal [2A1] Subgroup: [2A2] 70-181-00 Subtotal [2A2] Subgroup: [2B] 70-700-00 Subtotal [2B] Subgroup: [2C] 70-208-00 Subtotal [2C]	Admin Expense>Background Checks Olher (Fingerprinting) Admin Expense>Startup Costs Other Expenditures Other than Salaries (cont'd) - Admin. and General Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food Activity Expense>Food Raw Food Non-Food Supplies Dietary Expense>Supplies Dietary Expense>Enteral Feeding Supplies Non-Food Supplies Purchased Services Dietary Expense>Contracted Service Purchased Services Other Dietary Expense>Equip-Rental Other	467.00 3,403.00 135,785.00 149,490.00 1,154,026.00 24,057.00 323,459.00 762.00 348,278.00 37,429.00 2,438.00 39,857.00 120,706.00 120,706.00 2,732.00 2,732.00	0.00 0.00 0.00 (135,785.00) (135,785.00) (293,215.00) 0.00 0.00 0.00 0.00 0.00 0.00 0.0	7,503,00 467.00 3,403,00 0.00 13,705.00 860,811.00 24,057.00 323,459.00 762.00 348,276.00 2,438.00 39,867.00 120,706.00 120,706.00 2,732.00 2,732.00

Subgroup : [3B]	Purchased Services			
73-700-00	Laundry Expense>Contracted Service	307,178,00	0.00	307,178.00
Subtotal [3B]	Purchased Services	307,178.00	0.00	307,178,00
		•		
Total [19]	Laundry-Basis for Allocation of Costs	307,178.00	0.00	307,178.00
			;=====================================	
Group : [20]	Housekeeping and Resident Care Basis for Allocation of Costs			
Subgroup : [4A1]	In-House Care Supplies			
72-183-00	Housekeeping Expense>Supplies	244.00	0.00	244_00
72-183-74	Housekeeping Expense>Supplies>COVID	2,276.00	0.00	2,276.00
Subtotal [4A1]	In-House Care Supplies	2,520,00	0.00	2,520.00
Subtotal [4A1]	III-Tibuse care supplies	Tiornion		
Subgroup : [4B]	Purchased Services			
72-700-00	Housekeeping Expense>Contracted Service	459,875.00	0.00	459,875,00
		459,875,00	0,00	459,875.00
Subtotal [4B]	Purchased Services	455,075,00	- 5,00	433,073.00
Subgroup : [5A2]	Purchased from			44.004.00
62-102-00	Pharmacy Expense>Medicare A	14,921.00	0.00	14,921.00
62-104-00	Pharmacy Expense>Private	181,00	0.00	181_00
62-105-00	Pharmacy Expense>HMO	13,603.00	0.00	13,603.00
62-111-00	Pharmacy Expense>Medicaid	2,283.00	0.00	2,283.00
62-145-00	Pharmacy Expense>RX	2,847.00	0,00	2,847.00
62-145-32	Pharmacy Expense>RX>Vaccines	10,007.00	0.00	10,007.00
Subtotal [5A2]	Purchased from	43,842.00	0.00	43,842,00
	·	· · · · · · · · · · · · · · · · · · ·		
Subgroup : [5B]	Medicine Cabinet Drugs			
62-222-00	Pharmacy Expense>OTC	408.00	0.00	408.00
	· ·	408.00	0.00	408.00
Subtotal [5B]	Medicine Cabinet Drugs	408.00	0,00	400,00
Subgroup : [5C]	Medical and Therapeutic Supplies			
60-183-00	Nursing Expense>Supplies-Disposable	9,356.00	0.00	9,356.00
60-183-76	Nursing Expense>Supplies>PPD	112,143.00	0.00	112,143.00
60-184-00	Nursing Expense>Supplies-Non Disposable	15,467.00	0.00	15,467.00
60-185-00	Nursing Expense>Incontinence Supplies	52,00	0.00	52.00
Subtotal [5C]	Medical and Therapeutic Supplies	137,018.00	0.00	137,018.00
	(madal, and the apostopp.			
Subgroup : [5D]	Ambulance/Limousine			
	Nursing Expense>Transportation	967.00	0.00	967.00
60-213-00		967,00	0.00	967,00
Subtotal [5D]	Ambulance/Limousine	367,00		301,00
Subgroup : [5E2]	Oxygen - Other			
57-000-00	Oxygen Expense	2,365.00	0.00	2,365.00
Subtotal [5E2]	Oxygen - Other	2,365.00	0.00	2,365,00
Subgroup : [5F]	X-Rays and related radiological			
59-000-00	Radiology Expense	3,353.00	0.00	3,353.00
Subtotal [5F]	X-Rays and related radiological	3,353.00	0.00	3,353.00
	·			
Subgroup : [5H]	Laboratory			
56-000-00	Lab Expense	33,247.00	0.00	33,247,00
Subtotal [5H]	Laboratory	33,247.00	0.00	33,247.00
anniniai faul	Laboratory	00 247:00		
Subgroup : [51]	Recreation	40.000.00	0.00	10 528 00
71-183-00	Activity Expense>Supplies	10,628.00	0 00	10,628.00
71-207-00	Activity Expense>Repairs & Maint	275.00	0.00	275.00
71-700-00	Activity Expense>Contracted Service	8,640,00	0.00	8,640.00
Subtotal [51]	Recreation	19,543.00	0.00	19,543.00
Subgroup : [5M]	Other			
55-000-00	Nursing Rental Expense	7,931.00	0.00	7,931.00
60-183-07	Nursing Expense>Supplies>Bariatric	1,713.00	0.00	1,713.00
60-183-74	Nursing Expense>Supplies>COVID	31,793.00	0,00	31,793.00
60-204-00	Nursing Expense>Training & Education	5,724.00	0.00	5,724.00
		4,758.00	0.00	4,758,00
60-205-00	Nursing Expense>Sanitation & Incineration	407.00	0,00	407.00
60-207-00	Nursing Expense>Repairs & Maint			
60-212-00	Nursing Expense>Clinical Services	9,315.00	0.00	9,315.00
60-230-00	Nursing Expense>Data Processing	40,330.00	0.00	40,330.00
66-101-01	OT Expense>Oplum>Parl B	8,717,00	0.00	8,717.00
68-183-00	Therapy Expense>Supplies	151.00	0.00	151.00
Subtotal [5M]	Other	110,839.00	0.00	110,839.00
Subgroup : [5L]	Cable TV			
80-232-00	Admin Expense>Cable TV	13,074.00	0.00	13,074.00
Subtotal [5L]	Cable TV	13,074,00	0.00	13,074.00
contour for]				
Cubaran - FEMI	Physical Therapy Expense			
Subgroup : [5N] 65-101-01		5,507.00	0.00	5,507.00
	PT Expense>Oplum>Part B	5,507.00	0.00	5,507.00
Subtotal [5N]	Physical Therapy Expense	9,507.00	0.00	9,307,00
T-1-1 700*	Hamadayaday and Budda and Budda (1997) at 1997 at 1997	ess ere as	0,00	822 550 00
Total [20]	Housekeeping and Resident Care Basis for Allocation of Costs	832,558.00	0,00	832,558.00
Group : [22]	Maintenance and Property			

Subgroup : [6A]	Repairs and Maintenance			
75-207-00	Maintenance Expense>Repairs & Maint	43,742.00	0.00	43,742.00
Subtotal [6A]	Repairs and Maintenance	43,742,00	0,00	43,742.00
		-		
Subgroup : [68]	Heat			
76-227-00 Subsect (SD1	Utility Expense>Gas	20,444.00	0,00	20,444.00
Subtotal [6B]	Heat	20,444.00	0,00	20,444.00
Subgroup : [6C]	Light & Power			
76-228-00	Utility Expense>Electric	275,845.00	0,00	275,845,00
Subtotal [6C]	Light & Power	275,845.00	0.00	275,845.00
		\$	* · · · · · · · · · · · · · · · · · · ·	
Subgroup : [6D]	Water			
76-229-00	Utility Expense>Water/Sewer	124,594.00	0.00	124,594.00
Subtotal [6D]	Water	124,594.00	0,00	124,594.00
0	F-vi			
Subgroup : [6E] 80-208-00	Equipment Lease Admin Expense>Equip-Rental	0.400.00		
Subtotal [6E]	Equipment Lease	6,490.00 6,490.00	0.00	6,490,00 6,490.00
0.000.00.00.00.00.00.00.00.00.00.00.00.		4,450,00	- U.00	0,430.00
Subgroup : [6F]	Other			
75-183-00	Maintenance Expense>Supplies	16,426,00	0.00	16,426,00
75-184-00	Maintenance Expense>Minor Equip	1,618.00	0.00	1,618.00
75-205-00	Maintenance Expense>Sanitation & Incineration	32,575.00	0.00	32,575.00
75-208-00	Maintenance Expense>Equip Rental	10,412.00	0.00	10,412.00
75-217-00	Maintenance Expense>Extermination	6,062.00	0.00	6,062.00
75-218-00	Maintenance Expense>Snow Removal	11,212,00	0.00	11,212.00
75-219-00 75-219-83	Maintenance Expense>Landscaping Maintenance Expense>Landscaping>supplies	15,114.00 63.00	0.00	15,114.00
75-221-00	Maintenance Expense>Landscaping>supplies Maintenance Expense>Water Treatment	1,675.00	0.00 0.00	63.00 1,675.00
75-230-00	Maintenance Expense>Data Processing	1,278,00	0.00	1,278.00
75-700-00	Maintenance Expense>Contracted Service	19,883,00	0.00	19,883.00
76-700-00	Utility Expense>Contracted Service	5,569,00	0,00	5,569.00
Subtotal [6F]	Other	121,887.00	0.00	121,887.00
			7	
Subgroup : [7D]	Movable Equipment			
92-000-00	Depreciation Expense	56,039.00	(1,592.00)	54,447.00
Subtotal [7D]	Movable Equipment	56,039.00	(1,592.00)	54,447.00
Subgroup : [8C]	Leasehold Improvements			
Marcum 102	Depreciation Expense>Leasehold Improvements	0.00	1,592.00	1,592.00
Subtotal [8C]	Leasehold Improvements	0.00	1,592.00	1,592.00
	·		-	1,100.000
Subgroup : [9]	Rental Payments			
91-121-00	Property Expense>Rent	527,041.00	0.00	527,041.00
Subtotal [9]	Rental Payments	527,041.00	0,00	527,041.00
Subgroup : [10B] 91-161-00	Real estate taxes paid by lessor	57.050.00		27.052.22
Subtotal [10B]	Property Expense>RE Taxes Real estate taxes paid by lessor	87,359.00 87,359.00	0.00	87,359,00 87,359,00
00010101111001	real estate taxes para by lessor	01,003.00	0.00	81,333,00
Subgroup : [10C]	Personal property taxes			
91-125-00	Property Expense>Personal Property Taxes	14,480.00	0.00	14,480.00
Subtotal [10C]	Personal property taxes	14,480.00	0.00	14,480,00
Total [22]	Maintenance and Property	1,277,921.00	0.00	1,277,921.00
Group : [27]	Interest and Insurance			
Subgroup : [12D] 94-000-00	Other Interest Expense	C4 885 88	2.22	
Subtotal [12D]	Interest Expense Other Interest Expense	61,926.00 61,926.00	0.00	61,926.00
00510101 [125]	add men at Expense	01/323300	0.00	61,926,00
Subgroup : [14A]	Insurance on Property			
91-165-00	Property Expense>Insurance - Property	21,661.00	0.00	21,661.00
Subtotal [14A]	Insurance on Property	21,661.00	0.00	21,661.00
Subgroup : [14C3]	Other			
80-162-00	Admin Expense>Insurance - General Liability & Other	84,606.00	0,00	84,606.00
80-163-00	Admin Expense>Insurance - EPLI	11,398.00	0,00	11,398,00
Subtotal [14C3]	Other	96,004.00	0.00	96,004.00
Total [27]	Interest and Insurance	179,591.00	0.00	179,591,00
		17 9/00 1:00		110,001,00
Group : [30]	Statement of Revenue			
Subgroup : [1A]	Medicaid Residents (CT only)			
40-111-00	Room & Board Revenue>Medicaid	(9,292,693.00)	0,00	(9,292,693,00)
40-111-09	Room & Board Revenue>Medicaid>Sales Adjustments	(62,721.00)	0.00	(62,721.00)
Subtotal [1A]	Medicaid Residents (CT only)	(9,355,414.00)	0.00	(9,355,414.00)
Culturatur - FO 43	Madiana Paridada (MII inclusio			
Subgroup : [3A]	Medicare Residents (All inclusive)	(204 270 00)	2.02	(BD4 676 0C)
Subgroup : [3A] 40-102-00 40-102-09	Medicare Residents (All inclusive) Room & Board Revenue>Medicare A Room & Board Revenue>Medicare A>Sales Adjustments	(891,379.00) 5,002.00	0.00 0.00	(891,379,00) 5,002,00

Subtotal [3A]	Medicare Residents (All inclusive)	(886,377.00)	0.00	(886,177.00)
Subgroup : [3B]	Medicare room and board contractual allowance			
40-102-14	Room & Board Revenue>Medicare A>Sequester	15,602,00	0.00	15,602,00
Subtotal [3B]	Medicare room and board contractual allowance	15,602.00	0.00	15,602.00
Subgroup : [4A]	Private-pay residents and other			
40-104-00	Room & Board Revenue>Private	(1,726,095_00)	0.00	(1,726,095,00)
40-104-09	Room & Board Revenue>Private>Sales Adjustments	32,087,00	0.00	32,087.00
40-105-00	Room & Board Revenue>Medicare HMO	(549,748.00)	0,00	(549,748,00)
40-106-09 40-109-00	Room & Board Revenue>Medicare HMO>Sales Adjustments	41,134,00	0.00	41,134.00
40-109-09	Room & Board Revenue>Hospice Room & Board Revenue>Hospice>Sales Adjustments	(357,418,00) 5,401.00	0.00	(357,418.00)
Subtotal [4A]	Private-pay residents and other	(2,554,639.00)	0,00	5,401.00 (2,554,639.00)
				- 2
Subgroup : [4B] 40-106-14	Private-pay room and board contractual allowance			
Subtotal [4B]	Room & Board Revenue>Medicare HMO>Sequester Private-pay room and board contractual allowance	2,360.00 2,360.00	0.00	2,360.00 2,360.00
	• • • • • • • • • • • • • • • • • • • •		- 0,00	2,300,00
Subgroup : [5A]	Prescription Drugs - Medicare			
41-102-00 Subtotal [5A]	Pharmacy Rev>Medicare A Prescription Drugs - Medicare	(12,951.00)	0,00	(12,951,00)
Subtotal [SA]	Prescription Drugs - Medicale	(12,951,00)	0.00	(12,951.00)
Subgroup : [5B]	Prescription Drugs - Medicare Contractual Allowance			
41-102-01	Pharmacy Rev>Medicare A>C/A	12,951.00	0.00	12,951.00
Subtotal [5B]	Prescription Drugs - Medicare Contractual Allowance	12,951.00	0,00	12,951.00
Subgroup : [7A]	Physical Therapy - Medicare			
42-102-00	PT Revenue>Medicare A	(41,806_00)	0.00	(41,806.00)
42-103-00	PT Revenue>Part B	(150,173.00)	0.00	(150,173.00)
Subtotat [7A]	Physical Therapy - Medicare	(191,979.00)	0.00	(191,979.00)
Subgroup : [7B]	Physical Therapy - Medicare Contractual Allowance			
42-102-01	PT Revenue>Medicare A>C/A	41,806.00	0.00	41,806.00
Subtotal [7B]	Physical Therapy - Medicare Contractual Allowance	41,806.00	0.00	41,806.00
Subgroup : [7C]	District Transcon No. 11 P			
42-106-00	Physical Therapy - Non-medicare PT Revenue>Medicare HMO	(83,313.00)	0.00	(82 242 00)
42-111-00	PT Revenue>Medicald	(7,986,00)	0.00	(83,313.00) (7,996,00)
Subtotal [7C]	Physical Therapy - Non-medicare	(91,309.00)	0.00	(91,309.00)
Subgroup : [7D]	Physical Therapy - Non-medicare Contractual Allowance			
42-106-01	PT Revenue>Medicare HMO>C/A	83,313,00	0,00	83,313.00
42-111-01	PT Revenue>Medicaid>C/A	7,996.00	0.00	7,996.00
Subtotal [7D]	Physical Therapy - Non-medicare Contractual Allowance	91,309.00	0.00	91,309.00
Subgroup : [BA]	Speech Therapy - Medicare			
44-102-00	ST Revenue>Medicare A	(21,232,00)	0.00	(21,232.00)
44-103-00	ST Revenue>Part B	(41,914.00)	0.00	(41,914.00)
Subtotal [8A]	Speech Therapy - Medicare	(63,146.00)	0.00	(63,146.00)
Subgroup : [8B]	Speech Therapy - Medicare Contractual Allowance			
44-102-01	ST Revenue>Medicare A>C/A	21,232.00	0.00	21,232.00
Subtotal [8B]	Speech Therapy - Medicare Contractual Allowance	21,232.00	0.00	21,232,00
Subgroup : [8C]	Speech Therapy - Non-medicare			
44-106-00	ST Revenue>Medicare HMO	(28,731.00)	0.00	(28.731.00)
44-111-00	ST Revenue>Medicaid	(1,567.00)	0.00	(1,567.00)
Subtotal [BC]	Speech Therapy - Non-medicare	(30,298.00)	0.00	(30,298.00)
Subgroup : [8D]	Speech Therapy - Non-medicare Contractual Allowance			
44-106-01	ST Revenue>Medicare HMO>C/A	28,731.00	0.00	28,731.00
44-111 01	ST Revenue>Medicaid>C/A	1,567.00	0.00	1,567,00
Subtotal [8D]	Speech Therapy - Non-medicare Contractual Allowance	30,298.00	0.00	30,298.00
Subgroup : [9A]	Occupational Therapy - Medicare			
43-102-00	OT Revenue>Medicare A	(50,825,00)	0.00	(50,825.00)
43-103-00	OT Revenue>Part B	(349,252.00)	0.00	(349,252.00)
Subtotal [9A]	Occupational Therapy - Medicare	(400,077.00)	0.00	(400,077.00)
Subgroup : [9B]	Occupational Therapy - Medicare Contractual Allowance			
43-102-01	OT Revenue>Medicare A>C/A	50,825.00	0.00	50,825.00
Subtotal [98]	Occupational Therapy - Medicare Contractual Allowance	50,825.00	0.00	50,825.00
Subgroup : [9C]	Occupational Thorany, Non-madienra			
43-106-00	Occupational Therapy - Non-medicare OT Revenue>Medicare HMO	(110,482.00)	0.00	(110,482,00)
43-106-01	OT Revenue>Medicare HMO	110,482.00	0.00	110,482.00
43-111-00	OT Revenue>Medicaid	(6,703.00)	0.00	(6,703.00)
Subtotal [9C]	Occupational Therapy - Non-medicare	(6,703.00)	0.00	(6,703.00)
Subgroup : [9D]	Occupational Therapy - Non-medicare Contractual Allowance			
43-111-01	OT Revenue>Medicaid>C/A	6,703.00	0.00	6,703.00
Subtotal [9D]	Occupational Therapy - Non-medicare Contractual Allowance	6,703.00	0.00	6,703.00

Subgroup : [10A]	Other - Medicare			
45-102-00	Radiology Rev>Medicare A	(1,375,00)	0,00	(1,375.00)
45-102-01	Radiology Rev>Medicare A>C/A	1,375.00	0,00	1,375.00
46-102-00	Lab Rev>Medicare A	(6,666,00)	0_00	(6,566.00)
46-102-01	Lab Rev>Medicare A>C/A	6,666,00	0,00	6,666.00
47-103-00	Other Ancillary Rev>Part B	(1,794.00)	0,00	(1,794.00)
47-103-14	Other Ancillary Rev>Part B>Sequester	5,240,00	0.00	5,240.00
48-103-00	Vaccine Rev>Part B	(3,105,00)	0.00	(3,105.00)
52-102-00	Revenue Adjustments>Medicare A	(12.00)	0,00	(12.00)
52-103-00	Revenue Adjustments>Part B	10,556.00	0.00	10,556.00
Subtotal [10A]	Other - Medicare	10,885.00	0.00	10,688,01
Subgroup : [10B]	Other - Non-medicare			
47-103-24	Other Ancillary Rev>Part B>Capitated Payments	(233,225,00)	0.00	(233,225.00)
47-104-00	Other Ancillary Rev>Private	(350.00)	0.00	(350.00)
47-260-00	Other Ancillary Rev>PICC Insertion	(495.00)	0,00	(495.00)
51-105-13	Other Rev>HMO>Incentive Payments	(300.00)	0.00	(300.00)
52-106-00	Revenue Adjustments>Medicare HMO	(565.00)	0,00	(565.00)
Subtotal [108]	Other - Non-medicare	(234,935.00)	0.00	(234,935.00)
Subgroup : [15]	Interest Income	(450.00)	0.00	(169.00)
51-160-00	Other Rev>Interest	(169.00)	0.00	(169.00)
Subtotal [15]	Interest Income	(163.00)	0.00	(183.00)
Subgroup : [18]	Other Revenue			
51-100-00	Other Rev>Miscellaneous	(7,713.00)	0,00	(7,713,00)
51-121-00	Other Rev>Rent	(18,622.00)	0,00	(18,622.00)
51-157-00	Other Revenue>Carryover PTO	(309,638.00)	0,00	(309,638,00)
51-181-00	Other Rev>Vending Machines	(224.00)	0.00	(224,00)
51-818-00	Other Rev>Medical Records	(27,00)	0,00	(27.00)
Marcum 108	Other Revenue>Prior Period Adjustment(s)	0,00	(35,645.00)	(35,645.00)
Subtotal [18]	Other Revenue	(336,224,00)	(35,645.00)	(371,869.00)
Total [30]	Statement of Revenue	(13,880,250.00)	(35,645.00)	(13,915,895.00)
C (24 27)	Assets			
Group : [31-32] Subgroup : [A1]	Cash			
10-001-02	Cash>Clearing>Payroll	(244,665,00)	0,00	(244,865,00)
10-010-16	Cash>Operating>North Kimberly Hall	115,455.00	0,00	115,455.00
10-011-16	Cash>Petly Cash>North Kimberly Hall			2,321.00
		2,321.00	0,00	2,321.00
10-020-15	Cash>Payroll>Fox Hill	2,321.00 (20,939.00)	0,00 0,00	(20,839.00)
10-020-15	Cash>Payroll>Fox Hill	(20,939.00)	0,00	(20,839.00) 108,192.00 500.00
10-020-15 10-060-16	Cash>Payroll>Fox Hill Cash>Resident Trust>North kimberty Hall	(20,939.00) 108,192.00	0,00 0,00	(20,939.00) 108,192.00
10-020-15 10-060-16 10-061-16	Cash>Payroll>Fox Hill Cash>Resident Trust>North kimberly Hall Cash>Care Cost>North kimberly Hall Cash	(20,939.00) 108,192.00 500.00	0,00 0,00 0,00	(20,839.00) 108,192.00 500.00
10-020-15 10-060-16 10-061-16 Subtotal [A1] Subgroup : [A2]	Cash>Payroll>Fox Hill Cash>Resident Trust>North kimberly Hall Cash>Care Cost>North kimberly Hall Cash Resident Accounts Receivable	(20,939.00) 108,192.00 500.00 (39,136.00)	0,00 0,00 0,00 0.00	(20,839.00) 108,192.00 500.00 (39,136.00)
10-020-15 10-060-16 10-061-16 Subtotal [A1] Subgroup: [A2] 11-100-00	Cash>Payroll>Fox Hill Cash>Resident Trust>North kimberty Hall Cash>Care Cost>North kimberty Hall Cash Resident Accounts Receivable Accounts Receivable>Miscellaneous	(20,939.00) 108,192.00 500.00 (39,136.00)	0,00 0,00 0,00 0.00	(20,839.00) 108,182.00 500.00 (39,136.00)
10-020-15 10-060-16 10-061-16 Subtotal [A1] Subgroup : [A2] 11-100-00 11-102-00	Cash>Payroll>Fox Hill Cash>Resident Trust>North kimberly Hall Cash>Care Cost>North kimberly Hall Cash Resident Accounts Receivable Accounts Receivable>Miscellaneous Accounts Receivable>Medicare A	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00	0,00 0,00 0,00 0,00 0,00	(20,839.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00
10-020-15 10-060-16 10-061-16 Subtotal [A1] Subgroup : [A2] 11-100-00 11-103-00	Cash>Payroll>Fox Hill Cash>Resident Trust>North kimberty Hall Cash>Care Cost>North kimberty Hall Cash Resident Accounts Receivable Accounts Receivable>Miscellaneous Accounts Receivable>Medicare A Accounts Receivable>Part B	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00	0,00 0,00 0,00 0,00 0,00	(20,838.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 166,900,00
10-020-15 10-060-16 10-061-16 Subtotal [A1] Subgroup : [A2] 11-100-00 11-102-00 11-103-00 11-104-00	Cash>Payroll>Fox Hill Cash>Case Cost>North kimberly Hall Cash>Care Cost>North kimberly Hall Cash Resident Accounts Receivable Accounts Receivable>Miscellaneous Accounts Receivable>Medicare A Accounts Receivable>Part B Accounts Receivable>Part B Accounts Receivable>Private	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 156,900.00 74,722.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	(20,838.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 166,800,00 74,722.00
10-020-15 10-060-16 10-061-16 Subtotal [A1] Subgroup : [A2] 11-100-00 11-102-00 11-103-00 11-104-00 11-105-00	Cash>Payroll>Fox Hill Cash>Care Cost>North kimberly Hall Cash>Care Cost>North kimberly Hall Cash Resident Accounts Receivable Accounts Receivable>Miscellaneous Accounts Receivable>Medicare A Accounts Receivable>Part B Accounts Receivable>Part B Accounts Receivable>Commercial HMO	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 156,900.00 74,722.00 10,000.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 166,900,00 74,722.00 10,000.00
10-020-15 10-060-16 10-061-16 Subtotal [A1] Subgroup : [A2] 11-102-00 11-103-00 11-104-00 11-105-00 11-106-00	Cash>Payroll>Fox Hill Cash>Resident Trust>North kimberly Hall Cash>Care Cost>North kimberly Hall Cash Resident Accounts Receivable Accounts Receivable>Miscellaneous Accounts Receivable>Part B Accounts Receivable>Part B Accounts Receivable>Private Accounts Receivable>Commercial HMO Accounts Receivable>Commercial HMO	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 166,900.00 74,722.00 10,000.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	(20,838.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 166,800,00 74,722.00
10-020-15 10-060-16 10-061-16 Subtotal [A1] Subgroup : [A2] 11-100-00 11-102-00 11-103-00 11-104-00 11-105-00 11-106-00	Cash>Payroll>Fox Hill Cash>Care Cost>North kimberly Hall Cash>Care Cost>North kimberly Hall Cash Resident Accounts Receivable Accounts Receivable>Miscellaneous Accounts Receivable>Medicare A Accounts Receivable>Part B Accounts Receivable>Part B Accounts Receivable>Commercial HMO	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 156,900.00 74,722.00 10,000.00	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 166,900.00 74,722.00 10,000.00 110,339.00
10-020-15 10-060-16 10-061-16 Subtotal [A1] Subgroup : [A2] 11-102-00 11-103-00 11-104-00 11-105-00 11-106-00	Cash>Payroll>Fox Hill Cash>Resident Trust>North kimberty Hall Cash>Care Cost>North kimberty Hall Cash Resident Accounts Receivable Accounts Receivable>Miscellaneous Accounts Receivable>Medicare A Accounts Receivable>Private Accounts Receivable>Private Accounts Receivable>Commercial HMO Accounts Receivable>Medicare HMO Accounts Receivable>Hospice	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 165,900.00 74,722.00 10,000.00 110,339.00 74,096.00	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0	(20,839.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 166,900,00 74,722.00 10,000,00 110,339.00 74,096.00
10-020-15 10-060-16 10-061-16 Subtotal [A1] Subgroup : [A2] 11-100-00 11-102-00 11-103-00 11-104-00 11-105-00 11-106-00 11-108-00 11-111-00	Cash>Payroll>Fox Hill Cash>Resident Trust>North kimberly Hall Cash>Care Cost>North kimberly Hall Cash Resident Accounts Receivable Accounts Receivable>Miscellaneous Accounts Receivable>Medicare A Accounts Receivable>Part B Accounts Receivable>Private Accounts Receivable>Commercial HMO Accounts Receivable>Medicare	(20, 939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 166,900.00 74,722.00 10,000.00 110,339.00 74,096.00 1,466,654.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,849.00 166,900,00 74,722.00 10,000.00 110,339.00 74,996.00 1,466,654.00
10-020-15 10-060-16 10-061-16 Subtotal [A1] 11-100-00 11-102-00 11-103-00 11-105-00 11-106-00 11-108-00 11-1108-00 11-111-00	Cash>Payroll>Fox Hill Cash>Resident Trust>North kimberly Hall Cash>Care Cost>North kimberly Hall Cash Resident Accounts Receivable Accounts Receivable>Miscellaneous Accounts Receivable>Part B Accounts Receivable>Part B Accounts Receivable>Private Accounts Receivable>Private Accounts Receivable>Medicare HMO Accounts Receivable>Hospice Accounts Receivable>Medicare HMO Accounts Receivable>Medicaid Accounts Receivable>Income	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 156,900.00 74,722.00 10,000.00 110,339.00 74,096.00 1,466,654.00 (116,857.00)	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0	(20,839.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 166,900,00 74,722.00 10,000,00 110,339.00 74,096.00 1,466,654.00 (116,857.00) (137,967.00) 195.00
10-020-15 10-060-16 10-061-16 Subtotal [A1] Subgroup : [A2] 11-100-00 11-102-00 11-103-00 11-105-00 11-106-00 11-108-00 11-111-00 11-112-00	Cash>Payroll>Fox Hill Cash>Resident Trust>North kimberly Hall Cash>Care Cost>North kimberly Hall Cash Resident Accounts Receivable Accounts Receivable>Miscellaneous Accounts Receivable>Medicare A Accounts Receivable>Part B Accounts Receivable>Private Accounts Receivable>Commercial HIMO Accounts Receivable>Medicare Accounts Receivable>Medicard	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 166,800.00 74,722.00 10,000.00 110,339.00 74,096.00 1,466,654.00 (116,857.00) (137,967.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 166,800,00 74,722.00 10,000,00 110,339.00 74,096.00 1,466,654.00 (118,857.00) (137,967.00)
10-020-15 10-060-16 10-061-16 Subtotal [A1] Subgroup: [A2] 11-102-00 11-102-00 11-105-00 11-106-00 11-108-00 11-112-00 11-112-00 11-12-00 Subtotal [A2]	Cash>Payroll>Fox Hill Cash>Resident Trust>North kimberly Hall Cash>Care Cost>North kimberly Hall Cash Resident Accounts Receivable Accounts Receivable>Miscellaneous Accounts Receivable>Part B Accounts Receivable>Part B Accounts Receivable>Part B Accounts Receivable>Pormercial HMO Accounts Receivable>Medicare Colors Accounts Receivable>Medicare Colors Accounts Receivable>Medicare Colors Write Off Resident Accounts Receivable	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 165,900.00 74,722.00 10,000.00 110,339.00 74,096.00 1,466,654.00 (116,857.00) (137,967.00)	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0	(20,839.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 166,900,00 74,722.00 10,000,00 110,339.00 74,096.00 1,466,654.00 (116,857.00) (137,967.00) 195.00
10-020-15 10-060-16 10-061-16 Subtotal [A1] Subgroup: [A2] 11-100-00 11-102-00 11-105-00 11-105-00 11-108-00 11-1108-00 11-111-00 11-112-00 11-122-00 Subtotal [A2] Subgroup: [A5]	Cash>Payroll>Fox Hill Cash>Resident Trust>North kimberty Hall Cash>Care Cost>North kimberty Hall Cash Resident Accounts Receivable Accounts Receivable>Miscellaneous Accounts Receivable>Medicare A Accounts Receivable>Part B Accounts Receivable>Private Accounts Receivable>Private Accounts Receivable>Deficiare HMO Accounts Receivable>Medicare HMO Accounts Receivable>Medicare HMO Accounts Receivable>Medicare HMO Accounts Receivable>Medicare HMO Accounts Receivable>Hospice Accounts Receivable>Medicaid Accounts Receivable>Medicaid Accounts Receivable>Medicare Colns Write Off Resident Accounts Receivable	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 166,800.00 74,722.00 10,000.00 110,339.00 74,096.00 1,466,654.00 (116,857.00) (137,967.00) 195.00 1,720,749.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 166,800,00 74,722.00 10,000,00 110,339.00 74,096.00 1,466,654.00 (118,857.00) (137,967.00) 195.00 1,720,749.00
10-020-15 10-060-16 10-061-16 Subtotal [A1] Subgroup: [A2] 11-100-00 11-102-00 11-105-00 11-105-00 11-105-00 11-112-00 11-112-00 11-12-00 Subtotal [A2] Subgroup: [A5] 12-000-00	Cash>Payroll>Fox Hill Cash>Care Cost>North kimberly Hall Cash>Care Cost>North kimberly Hall Cash Resident Accounts Receivable Accounts Receivable>Miscellaneous Accounts Receivable>Medicare A Accounts Receivable>Part B Accounts Receivable>Part B Accounts Receivable>Pivate Accounts Receivable>Commercial HMO Accounts Receivable>Medicare HMO Accounts Receivable>Haspice Accounts Receivable>Hospice Accounts Receivable>Income Accounts Receivable>Allow for Doubtful Accts Accounts Receivable>Allow for Doubtful Accts Accounts Receivable>Medicare Colns Write Off Resident Accounts Receivable	(20, 939.00) 108, 192.00 500.00 (39,136.00) 2,018.00 70,649.00 166,900.00 74,722.00 10,000.00 110,339.00 74,096.00 1,466,654.00 (116,857.00) (137,967.00) 195.00 1,720,749.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 166,900,00 74,722.00 10,000,00 110,339.00 74,096.00 (118,857.00) (137,967.00) 195.00 1,720,749.00
10-020-15 10-060-16 10-061-16 Subtrotal [A1] 11-100-00 11-102-00 11-103-00 11-105-00 11-106-00 11-112-00 11-112-00 11-12-00 11-12-00 Subtrotal [A2] Subgroup: [A5] 12-000-00 12-12-000-00 12-12-000-00 12-12-12-00	Cash>Payroll>Fox Hill Cash>Resident Trust>North kimberly Hall Cash>Care Cost>North kimberly Hall Cash Resident Accounts Receivable Accounts Receivable>Miscellaneous Accounts Receivable>Perside Accounts Receivable>Part B Accounts Receivable>Part B Accounts Receivable>Private Accounts Receivable>Private Accounts Receivable>Medicare HMO Accounts Receivable>Medicare HMO Accounts Receivable>Medicare HMO Accounts Receivable>Medicare HMO Accounts Receivable>Medicare Consulta Accounts Receivable>Medicare Accounts Receivable>Medicare Accounts Receivable>Morior Doubtful Accts Accounts Receivable>Medicare Colns Write Off Resident Accounts Receivable Prepaid Expenses Prepaid Expenses Prepaid Expenses>Insurance	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 156,900.00 74,722.00 10,000.00 110,339.00 74,096.00 (146,854.00 (116,857.00) (137,967.00) 1,720,749.00 41,263.00 1,525.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 166,900,00 74,722.00 10,000,00 110,339.00 74,096.00 1,466,654.00 (116,857.00) (137,967.00) 1,720,749.00 41,263.00 1,525.00
10-020-15 10-060-16 10-061-16 Subtotal [A1] Subgroup: [A2] 11-100-00 11-102-00 11-105-00 11-105-00 11-106-00 11-112-00 11-112-00 11-122-00 Subtotal [A2] Subgroup: [A5] 12-00-00 12-122-00 12-125-00	Cash>Payroll>Fox Hill Cash>Resident Trust>North kimberty Hall Cash>Care Cost>North kimberty Hall Cash Resident Accounts Receivable Accounts Receivable>Medicare A Accounts Receivable>Part B Accounts Receivable>Part B Accounts Receivable>Provate Accounts Receivable>Provate Accounts Receivable>Medicare HMO Accounts Receivable>Medicare HMO Accounts Receivable>Medicare HMO Accounts Receivable>Medicare HMO Accounts Receivable>Medicare Consults Accounts Receivable>Medicare Accounts Receivable>Medicare Cacounts Receivable>Medicare Consults Receivable>Medicare Consults Receivable>Medicare Consults Receivable>Medicare Accounts Receivable>Medicare Consults Receivable>Medicare Accounts Receivable>Medicare Accounts Receivable Prepaid Expenses Prepaid Expenses>Prepaid Expenses>Personal Property Taxes	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 166,800.00 74,722.00 10,000.00 110,339.00 74,096.00 1,466,654.00 (116,857.00) (137,967.00) 195.00 1,720,749.00 41,263.00 1,525.00 12,512,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 166,900,00 74,722.00 10,000,00 110,339.00 74,096.00 1,466,654.00 (118,857.00) (137,967.00) 1,720,749.00 41,263.00 1,525.00 12,512.00
10-020-15 10-060-16 10-061-16 Subtroup: [A2] 11-100-00 11-102-00 11-103-00 11-105-00 11-105-00 11-105-00 11-112-00 11-122-00 Subtroup: [A5] 12-000-00 12-124-00 12-125-00 12-153-00	Cash>Payroll>Fox Hill Cash>Resident Trust>North kimberly Hall Cash>Care Cost>North kimberly Hall Cash Resident Accounts Receivable Accounts Receivable>Miscellaneous Accounts Receivable>Medicare A Accounts Receivable>Part B Accounts Receivable>Private Accounts Receivable>Private Accounts Receivable>Private Accounts Receivable>Hadicare HMO Accounts Receivable>Medicare HMO Accounts Receivable>Medicare HMO Accounts Receivable>Income Accounts Receivable>Income Accounts Receivable>Allow for Doubtful Accts Accounts Receivable>Allow for Doubtful Accts Accounts Receivable>Medicare Colns Write Off Resident Accounts Receivable Prepaid Expenses Prepaid Expenses>Personal Property Taxes Prepaid Expenses>Financing Costs	(20, 939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 166,900.00 74,722.00 10,000.00 110,339.00 74,096.00 1,466,654.00 (116,857.00) (137,967.00) 1,720,749.00 41,253.00 1,525.00 12,512.00 1,462.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,849.00 166,900,00 74,722.00 10,000,00 110,339.00 74,996.00 (118,857.00) (137,967.00) 1,525.00 1,525.00 12,512.00 1,462.00
10-020-15 10-060-16 10-061-16 Subtrotal [A1] 11-100-00 11-102-00 11-103-00 11-105-00 11-105-00 11-105-00 11-112-00 11-112-00 11-112-00 11-122-00 Subtrotal [A2] Subgroup: [A5] 12-000-00 12-125-00 12-125-00 12-155-00 12-161-00	Cash>Payroll>Fox Hill Cash>Resident Trust>North kimberly Hall Cash>Care Cost>North kimberly Hall Cash Resident Accounts Receivable Accounts Receivable>Miscellaneous Accounts Receivable>Perit B Accounts Receivable>Part B Accounts Receivable>Private Accounts Receivable>Private Accounts Receivable>Medicare HMO Accounts Receivable>Medicare HMO Accounts Receivable>Medicare HMO Accounts Receivable>Medicaid Accounts Receivable>Medicaid Accounts Receivable>Medicaid Accounts Receivable>Medicaid Accounts Receivable>Medicaid Accounts Receivable>Medicare Colns Write Off Resident Accounts Receivable>Medicare Colns Write Off Resident Accounts Receivable Prepaid Expenses Prepaid Expenses Prepaid Expenses>Personal Property Taxes Prepaid Expenses>Personal Property Taxes Prepaid Expenses>Re Taxes	(20, 939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 156,900.00 74,722.00 10,000.00 110,339,00 74,095.00 (146,857.00) (137,967.00) 1,950.00 1,720,749.00 41,263.00 1,525.00 12,512.00 1,462.00 75,437.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,849.00 166,800,00 74,722.00 10,000,00 110,339.00 74,096.00 1,468,654.00 (116,857.00) (137,967.00) 1,720,749.00 41,263.00 1,525.00 12,512.00 1,462.00 75,437,00
10-020-15 10-060-16 10-061-16 Subtotal [A1] Subgroup: [A2] 11-100-00 11-102-00 11-105-00 11-106-00 11-108-00 11-112-00 11-112-00 11-122-00 Subtotal [A2] Subgroup: [A5] 12-000-00 12-125-00 12-125-00 12-153-00 12-162-00	Cash>Payroll>Fox Hill Cash>Resident Trust>North kimberly Hall Cash>Care Cost>North kimberly Hall Cash Resident Accounts Receivable Accounts Receivable>Miscellaneous Accounts Receivable>Part B Accounts Receivable>Part B Accounts Receivable>Part B Accounts Receivable>Private Accounts Receivable>Private Accounts Receivable>Medicare HMO Accounts Receivable>Medicare HMO Accounts Receivable>Medicare HMO Accounts Receivable>Medicare HMO Accounts Receivable>Medicare Constant Receivable>Medicare Accounts Receivable>Medicare Constant Receivable>Medicare Accounts Receivable>Medicare Constant Receivable>Medicare Accounts Receivable>Medicare Constant Write Off Resident Accounts Receivable Prepaid Expenses Prepaid Expenses>Insurance Prepaid Expenses>Fersonal Property Taxes	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 166,900.00 74,722.00 10,000.00 110,339.00 74,096.00 1,466,654.00 (116,857.00) (137,967.00) 1,95.00 1,720,749.00 41,263.00 1,525.00 12,512.00 1,452.00 75,437.00 36,075.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 166,900,00 74,722.00 10,000.00 110,339.00 74,096.00 1,466,654.00 (116,857.00) (137,967.00) 1,720,749.00 41,263.00 1,525.00 1,525.00 1,525.00 1,462.00 75,437.00 36,075.00
10-020-15 10-060-16 10-061-16 Subtotal [A1] Subgroup: [A2] 11-100-00 11-102-00 11-105-00 11-105-00 11-106-00 11-108-00 11-112-00 11-122-00 Subtotal [A2] Subgroup: [A5] 12-000-00 12-125-00 12-125-00 12-125-00 12-125-00 12-126-00 12-126-00 12-126-00 12-126-00	Cash>Payroll>Fox Hill Cash>Resident Trust>North kimberly Hall Cash>Care Cost>North kimberly Hall Cash>Care Cash Resident Accounts Receivable Accounts Receivable>Miscellaneous Accounts Receivable>Part B Accounts Receivable>Part B Accounts Receivable>Private Accounts Receivable>Private Accounts Receivable>Homerical HMO Accounts Receivable>Medicare HMO Accounts Receivable>Medicare HMO Accounts Receivable>Medicare HMO Accounts Receivable>Medicare Consumerical Hild Accounts Receivable>Prepaid Expenses Prepaid Expenses>Insurance Prepaid Expenses>Frenoial Property Taxes Prepaid Expenses>Financing Costs Prepaid Expenses>Insurance - General Liability & Other Prepaid Expenses>Insurance - General Liability & Other>Contra	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 166,800.00 74,722.00 10,000.00 110,339.00 74,096.00 (146,857.00) (137,967.00) 1,525.00 1,525.00 12,512.00 1,462.00 75,437.00 36,075.00 (34,098.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 166,900,00 74,722.00 10,000,00 110,339.00 74,096.00 1,466,654,00 (118,657.00) 1,720,749.00 41,263.00 1,525.00 12,512.00 1,462.00 75,437,00 36,075.00 (34,098.00)
10-020-15 10-060-16 Subtroup: [AZ] 11-100-00 11-102-00 11-102-00 11-103-00 11-105-00 11-105-00 11-105-00 11-105-00 11-112-00 11-112-00 11-112-00 11-12-00	Cash>Payroll>Fox Hill Cash>Case Cost>North kimberly Hall Cash>Care Cost>North kimberly Hall Cash Resident Accounts Receivable Accounts Receivable>Miscellaneous Accounts Receivable>Medicare A Accounts Receivable>Part B Accounts Receivable>Part B Accounts Receivable>Private Accounts Receivable>Commercial HMO Accounts Receivable>Haspice Accounts Receivable>Hospice Accounts Receivable>Hospice Accounts Receivable>Medicare Colls Write Off Resident Accounts Receivable>Allow for Doubtful Accts Accounts Receivable>Medicare Colls Write Off Resident Accounts Receivable>Nedicare Colls Write Off Resident Accounts Receivable Prepaid Expenses Prepaid Expenses>Insurance Prepaid Expenses>Financing Costs Prepaid Expenses>RE Taxes Prepaid Expenses>Insurance - General Liability & Other>Contra Prepaid Expenses>Insurance - General Liability & Other>Contra Prepaid Expenses>Insurance - EPLI	(20, 939.00) 108, 192.00 500.00 (39,136.00) 2,018.00 70,649.00 166,900.00 74,722.00 10,000.00 110,339,00 74,096.00 1,466,654.00 (116,857.00) (137,967.00) 195.00 1,720,749.00 41,263.00 1,525.00 12,512.00 1,462.00 75,437.00 36,075.00 (34,098.00) 1,596.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 166,900,00 74,722.00 10,000,00 110,339.00 74,096.00 (137,967.00) 195.00 1,720,749.00 41,263.00 1,525.00 12,512.00 1,462.00 75,437.00 36,075.00 (34,096.00) 1,596.00
10-020-15 10-060-16 10-061-16 Subtrotal [A1] 11-100-00 11-102-00 11-103-00 11-105-00 11-105-00 11-105-00 11-1120-00 11-1120-00 11-122-00 11-122-00 11-122-00 11-122-00 12-125-00 12-153-00 12-162-00	Cash>Payroll>Fox Hill Cash>Resident Trust>North kimberly Hall Cash>Care Cost>North kimberly Hall Cash Cash Resident Accounts Receivable Accounts Receivable>Miscellaneous Accounts Receivable>Part B Accounts Receivable>Part B Accounts Receivable>Part B Accounts Receivable>Private Accounts Receivable>Private Accounts Receivable>Homerical HMO Accounts Receivable>Hodicare HMO Accounts Receivable>Hodicare HMO Accounts Receivable>Medicare Consumerical Hild Accounts Receivable>Medicare Accounts Receivable>Med	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 156,900.00 74,722.00 10,000.00 110,339.00 74,096.00 (146,857.00) (137,967.00) 195.00 1,720,749.00 41,263.00 1,525.00 12,512,00 1,462.00 75,437.00 36,075.00 (34,098.00) 1,596.00 13,623.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 166,900,00 74,722.00 10,000,00 110,339.00 74,096.00 1,466,654.00 (116,857.00) (137,967.00) 1,720,749.00 41,263.00 1,525.00 12,512.00 1,462.00 75,437.00 36,075.00 (34,096.00) 1,596.00 13,693.00
10-020-15 10-060-16 10-061-16 Subtotal [A1] Subgroup: [A2] 11-100-00 11-102-00 11-105-00 11-105-00 11-105-00 11-112-00 11-112-00 11-122-00 Subtotal [A2] Subgroup: [A5] 12-000-00 12-152-00 12-152-00 12-162-01 12-162-01 12-162-01 12-162-01 12-162-01 12-162-01 12-163-00	Cash>Payroll>Fox Hill Cash>Resident Trust>North kimberly Hall Cash>Care Cost>North kimberly Hall Cash>Care Cost>North kimberly Hall Cash Resident Accounts Receivable Accounts Receivable>Miscellaneous Accounts Receivable>Part B Accounts Receivable>Part B Accounts Receivable>Part B Accounts Receivable>Private Accounts Receivable>Medicare HMO Accounts Receivable>Medicare HMO Accounts Receivable>Medicare HMO Accounts Receivable>Medicare HMO Accounts Receivable>Medicare Consumerical Hill Accounts Receivable>Medicare Consumerical Hill Accounts Receivable>Medicare Consumerical Hill Accounts Receivable>Medicare Consumerical Hill Accounts Receivable>Medicare Accounts Receivable>Nedicare Accounts Receivable>Nedicare Consumerical Hill Accounts Receivable>Nedicare Consumerical Hill Accounts Receivable>Prepaid Expenses Prepaid Expenses Prepaid Expenses>Insurance Prepaid Expenses>Financing Costs Prepaid Expenses>Financing Costs Prepaid Expenses>Insurance - General Liability & Other Prepaid Expenses>Insurance - General Liability & Other Prepaid Expenses>Insurance - FPLI Prepaid Expenses>Insur	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 166,900.00 74,722.00 10,000.00 110,339.00 74,096.00 1,466,654.00 (116,857.00) (137,967.00) 1,95.00 1,720,749.00 41,263.00 1,525.00 12,512.00 1,452.00 75,437.00 36,075.00 (34,098.00) 1,596.00 13,623.00 65,825.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 166,900,00 74,722.00 10,000.00 110,339.00 74,096.00 1,466,654.00 (118,857.00) (137,967.00) 1,720,749.00 41,263.00 1,525.00
10-020-15 10-060-16 10-061-16 Subtotal [A1] Subgroup: [A2] 11-100-00 11-102-00 11-103-00 11-105-00 11-106-00 11-112-00 11-112-00 11-112-00 Subtotal [A2] Subgroup: [A5] 12-000-00 12-124-00 12-153-00 12-162-00 12-162-01 12-162-01 12-163-00 12-165-00 12-168-00 12-881-00 12-881-00	Cash>Payroll>Fox Hill Cash>Resident Trust>North kimberly Hall Cash>Care Cost>North kimberly Hall Cash Cash Resident Accounts Receivable Accounts Receivable>Miscellaneous Accounts Receivable>Part B Accounts Receivable>Part B Accounts Receivable>Part B Accounts Receivable>Private Accounts Receivable>Private Accounts Receivable>Homerical HMO Accounts Receivable>Hodicare HMO Accounts Receivable>Hodicare HMO Accounts Receivable>Medicare Consumerical Hild Accounts Receivable>Medicare Accounts Receivable>Med	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 156,900.00 74,722.00 10,000.00 110,339.00 74,096.00 (146,857.00) (137,967.00) 195.00 1,720,749.00 41,263.00 1,525.00 12,512,00 1,462.00 75,437.00 36,075.00 (34,098.00) 1,596.00 13,623.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 166,900,00 74,722.00 10,000,00 110,339.00 74,096.00 1,466,654.00 (116,857.00) (137,967.00) 1,720,749.00 41,263.00 1,525.00 12,512.00 1,462.00 75,437.00 36,075.00 (34,096.00) 1,596.00 13,693.00
10-020-15 10-060-16 10-061-16 Subtotal [A1] Subgroup: [A2] 11-100-00 11-102-00 11-105-00 11-105-00 11-105-00 11-112-00 11-112-00 11-122-00 Subtotal [A2] Subgroup: [A5] 12-000-00 12-152-00 12-152-00 12-162-01 12-162-01 12-162-01 12-162-01 12-162-01 12-162-01 12-163-00	Cash>Payroll>Fox Hill Cash>Care Cost>North kimberly Hall Cash>Care Cost>North kimberly Hall Cash Care Resident Accounts Receivable Accounts Receivable>Miscellaneous Accounts Receivable>Medicare A Accounts Receivable>Part B Accounts Receivable>Part B Accounts Receivable>Private Accounts Receivable>Commercial HMO Accounts Receivable>Medicare HMO Accounts Receivable>Medicare HMO Accounts Receivable>Medicaid Accounts Receivable>Medicaid Accounts Receivable>Allow for Doubtful Accts Accounts Receivable>Allow for Doubtful Accts Accounts Receivable>Medicare Colns Write Off Resident Accounts Receivable Prepaid Expenses>Insurance Prepaid Expenses>Personal Property Taxes Prepaid Expenses>Financing Costs Prepaid Expenses>RE Taxes Prepaid Expenses>Insurance - General Liability & Other> Prepaid Expenses>Insurance - General Liability & Other> Prepaid Expenses>Insurance - EPLI Prepaid Expenses>Insurance - Froperty Prepaid Expenses>Insurance - Property Prepaid Expenses>Insurance - Property Prepaid Expenses>Insurance - Property Prepaid Expenses>Insurance - Property Prepaid Expenses>Norkers Comp Prepaid Expenses>Workers Comp	(20, 939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 166,900.00 74,722.00 10,000.00 110,339.00 74,096.00 1,466,654.00 (116,857.00) (137,967.00) 195.00 1,720,749.00 41,263.00 1,525.00 12,512.00 1,462,00 75,437.00 36,075.00 (34,098.00) 1,596.00 13,623.00 65,826.00 (32,802.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,849.00 166,900,00 74,722.00 10,000,00 110,339.00 74,096.00 (148,857.00) (137,967.00) 1,525.00 1,720,749.00 41,263.00 1,525.00
10-020-15 10-060-16 10-061-16 Subtotal [A1] Subgroup: [A2] 11-100-00 11-102-00 11-103-00 11-105-00 11-106-00 11-112-00 11-112-00 11-112-00 Subtotal [A2] Subgroup: [A5] 12-000-00 12-124-00 12-153-00 12-162-00 12-162-01 12-162-01 12-163-00 12-165-00 12-168-00 12-881-00 12-881-00	Cash>Payroll>Fox Hill Cash>Care Cost>North kimberly Hall Cash>Care Cost>North kimberly Hall Cash Care Resident Accounts Receivable Accounts Receivable>Miscellaneous Accounts Receivable>Medicare A Accounts Receivable>Part B Accounts Receivable>Part B Accounts Receivable>Private Accounts Receivable>Commercial HMO Accounts Receivable>Medicare HMO Accounts Receivable>Medicare HMO Accounts Receivable>Medicaid Accounts Receivable>Medicaid Accounts Receivable>Allow for Doubtful Accts Accounts Receivable>Allow for Doubtful Accts Accounts Receivable>Medicare Colns Write Off Resident Accounts Receivable Prepaid Expenses>Insurance Prepaid Expenses>Personal Property Taxes Prepaid Expenses>Financing Costs Prepaid Expenses>RE Taxes Prepaid Expenses>Insurance - General Liability & Other> Prepaid Expenses>Insurance - General Liability & Other> Prepaid Expenses>Insurance - EPLI Prepaid Expenses>Insurance - Froperty Prepaid Expenses>Insurance - Property Prepaid Expenses>Insurance - Property Prepaid Expenses>Insurance - Property Prepaid Expenses>Insurance - Property Prepaid Expenses>Norkers Comp Prepaid Expenses>Workers Comp	(20, 939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 166,900.00 74,722.00 10,000.00 110,339.00 74,096.00 1,466,654.00 (116,857.00) (137,967.00) 195.00 1,720,749.00 41,263.00 1,525.00 12,512.00 1,462,00 75,437.00 36,075.00 (34,098.00) 1,596.00 13,623.00 65,826.00 (32,802.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,849.00 166,900,00 74,722.00 10,000,00 110,339.00 74,996.00 1,466,554.00 (118,857.00) (137,967.00) 1,525.00 1,720,749.00 41,263.00 1,525.00 1,525.00 1,462.00 75,437.00 36,075.00 (34,098.00) 1,598.00 13,523.00 65,826.00 (32,802.00)
10-020-15 10-060-16 10-061-16 Subtroup: [A2] 11-100-00 11-102-00 11-103-00 11-105-00 11-105-00 11-105-00 11-112-00 11-112-00 11-112-00 11-	Cash>Payroll>Fox Hill Cash>Care Cost>North kimberly Hall Cash>Care Cost>North kimberly Hall Cash Care Resident Accounts Receivable Accounts Receivable>Miscellaneous Accounts Receivable>Medicare A Accounts Receivable>Part B Accounts Receivable>Part B Accounts Receivable>Commercial HMO Accounts Receivable>Medicare HMO Accounts Receivable>Hospice Accounts Receivable>Hospice Accounts Receivable>Medicaid Accounts Receivable>Medicaid Accounts Receivable>Medicaid Accounts Receivable>Medicare Colns Write Off Resident Accounts Receivable>Now for Doubtful Accts Accounts Receivable>Medicare Colns Write Off Resident Accounts Receivable Prepaid Expenses>Prepaid Expenses>Prepaid Expenses>Prepaid Expenses>Insurance Prepaid Expenses>Insurance Prepaid Expenses>Insurance - General Liability & Other>Contra Prepaid Expenses>Insurance - EPLI Prepaid Expenses>Insurance - EPLI Prepaid Expenses>Insurance - Property Prepaid Expenses>Workers Comp Prepaid Expenses>Workers Comp Prepaid Expenses> Ueasehold Improvements Fixed Assets>Leasehold Improvements	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 166,900.00 74,722.00 10,000.00 110,339.00 74,096.00 1,466,654.00 (116,857.00) (137,967.00) 195.00 1,720,749.00 41,263.00 1,525.00 12,512.00 1,462.00 75,437.00 36,075.00 (34,098.00) 1,596.00 13,623.00 65,825.00 (32,802.00) 182,419.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 166,800,00 74,722.00 10,000,00 110,339.00 74,096.00 (146,654.00 (118,657.00) (137,967.00) 1,525.00 1,525.00 12,512.00 1,462.00 75,437.00 36,075.00 (34,096.00) 1,596.00 13,523.00 65,826.00 (38,802.00) 182,419.00
10-020-15 10-060-16 10-061-16 Subtroup: [A2] 11-100-00 11-102-00 11-103-00 11-104-00 11-105-00 11-105-00 11-105-00 11-112-00 11-112-00 11-	Cash>Payroll>Fox Hill Cash>Cash>Care Cost>North kimberly Hall Cash>Care Cost>North kimberly Hall Cash Resident Accounts Receivable Accounts Receivable>Miscellaneous Accounts Receivable>Part B Accounts Receivable>Part B Accounts Receivable>Part B Accounts Receivable>Private Accounts Receivable>Private Accounts Receivable>Hodicare HMO Accounts Receivable>Hodicare HMO Accounts Receivable>Medicare HMO Accounts Receivable>Medicare Cons Write Off Resident Accounts Receivable>Medicare Off Resident Accounts Receivable>Medicare Cons Write Off Resident Accounts Receivable>Receivable Prepaid Expenses Prepaid Expenses>Personal Property Taxes Prepaid Expenses>Personal Property Taxes Prepaid Expenses>Pinancing Costs Prepaid Expenses>Insurance - General Liability & Other> Prepaid Expenses>Insurance - General Liability & Other> Prepaid Expenses>Insurance - Property Prepaid Expenses>Insurance - Property Prepaid Expenses>Insurance - Property Prepaid Expenses>Norkers Comp Prepaid Expenses>Workers Comp Prepaid Expenses> Leasehold Improvements Fixed Assets>Leasehold Improvements Accum Depreciation>Leasehold Improvements	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 156,900.00 74,722.00 10,000.00 110,339.00 74,096.00 1,466,654.00 (116,857.00) (137,967.00) 195.00 1,720,749.00 41,263.00 1,525.00 12,512,00 1,462.00 75,437.00 36,075.00 (34,098.00) 1,596.00 13,623.00 65,826.00 (32,802.00) 182,419.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 166,900,00 74,722.00 10,000,00 110,339.00 74,096.00 1,466,654.00 (116,857.00) 1,720,749.00 41,263.00 1,525.00 12,512.00 1,462.00 75,437.00 (34,096.00) 1,596.00 13,523.00 65,826.00 (32,802.00) 182,419.00
10-020-15 10-060-16 10-061-16 Subtroup: [A2] 11-100-00 11-102-00 11-103-00 11-105-00 11-105-00 11-105-00 11-112-00 11-112-00 11-112-00 11-	Cash>Payroll>Fox Hill Cash>Care Cost>North kimberly Hall Cash>Care Cost>North kimberly Hall Cash Care Resident Accounts Receivable Accounts Receivable>Miscellaneous Accounts Receivable>Medicare A Accounts Receivable>Part B Accounts Receivable>Part B Accounts Receivable>Commercial HMO Accounts Receivable>Medicare HMO Accounts Receivable>Hospice Accounts Receivable>Hospice Accounts Receivable>Medicaid Accounts Receivable>Medicaid Accounts Receivable>Medicaid Accounts Receivable>Medicare Colns Write Off Resident Accounts Receivable>Now for Doubtful Accts Accounts Receivable>Medicare Colns Write Off Resident Accounts Receivable Prepaid Expenses>Prepaid Expenses>Prepaid Expenses>Prepaid Expenses>Insurance Prepaid Expenses>Insurance Prepaid Expenses>Insurance - General Liability & Other>Contra Prepaid Expenses>Insurance - EPLI Prepaid Expenses>Insurance - EPLI Prepaid Expenses>Insurance - Property Prepaid Expenses>Workers Comp Prepaid Expenses>Workers Comp Prepaid Expenses> Ueasehold Improvements Fixed Assets>Leasehold Improvements	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 166,900.00 74,722.00 10,000.00 110,339.00 74,096.00 1,466,654.00 (116,857.00) (137,967.00) 195.00 1,720,749.00 41,263.00 1,525.00 12,512.00 1,462.00 75,437.00 36,075.00 (34,098.00) 1,596.00 13,623.00 65,825.00 (32,802.00) 182,419.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 166,800,00 74,722.00 10,000,00 110,339.00 74,096.00 (146,654.00 (118,657.00) (137,967.00) 1,525.00 1,525.00 12,512.00 1,462.00 75,437.00 36,075.00 (34,096.00) 1,596.00 13,523.00 65,826.00 (38,802.00) 182,419.00
10-020-15 10-060-16 10-061-16 Subtotal [A1] Subgroup: [A2] 11-100-00 11-102-00 11-102-00 11-105-00 11-105-00 11-105-00 11-112-00 11-112-00 11-112-00 11-12-01 11-12-00 11-12-	Cash>Payroll>Fox Hill Cash>Care Cost>North kimberly Hall Cash>Care Cost>North kimberly Hall Cash Care Resident Accounts Receivable Accounts Receivable>Miscellaneous Accounts Receivable>Medicare A Accounts Receivable>Part B Accounts Receivable>Part B Accounts Receivable>Portivate Accounts Receivable>Commercial HMO Accounts Receivable>Haspice Accounts Receivable>Hospice Accounts Receivable>Hospice Accounts Receivable>Hospice Accounts Receivable>Medicare Colns Write Off Resident Accounts Receivable>Allow for Doubtful Accts Accounts Receivable>Nedicare Colns Write Off Resident Accounts Receivable Prepaid Expenses Prepaid Expenses>Personal Property Taxes Prepaid Expenses>Personal Property Taxes Prepaid Expenses>Neurance Prepaid Expenses>Neurance - General Liability & Other>Contra Prepaid Expenses>Insurance - Froperty Prepaid Expenses>Insurance - Property Prepaid Expenses>Norkers Comp Prepaid Expenses>Workers Comp>Contra Prepaid Expenses> Leasehold Improvements Fixed Assets>Leasehold Improvements Leasehold Improvements	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 156,900.00 74,722.00 10,000.00 110,339.00 74,096.00 1,466,654.00 (116,857.00) (137,967.00) 195.00 1,720,749.00 41,263.00 1,525.00 12,512,00 1,462.00 75,437.00 36,075.00 (34,098.00) 1,596.00 13,623.00 65,826.00 (32,802.00) 182,419.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 166,900,00 74,722.00 10,000,00 110,339.00 74,096.00 1,466,654.00 (116,857.00) 1,720,749.00 41,263.00 1,525.00 12,512.00 1,462.00 75,437.00 (34,096.00) 1,596.00 13,523.00 65,826.00 (32,802.00) 182,419.00
10-020-15 10-060-16 10-061-16 Subtrotal [A1] 11-100-00 11-102-00 11-103-00 11-104-00 11-105-00 11-105-00 11-105-00 11-112-00 11-112-00 11-112-00 11-12-00 11	Cash>Payroll>Fox Hill Cash>Care Cost>North kimberly Hall Cash>Care Cost>North kimberly Hall Cash>Care Cash Resident Accounts Receivable Accounts Receivable>Miscellaneous Accounts Receivable>Part B Accounts Receivable>Part B Accounts Receivable>Part B Accounts Receivable>Pormercial HMO Accounts Receivable>Medicare HMO Accounts Receivable>Medicare HMO Accounts Receivable>Medicare HMO Accounts Receivable>Medicare Composition of the Medicare Accounts Receivable>Medicare Accounts Receivable>Medicare Composition of the Medicare Accounts Receivable>Medicare Accounts Receivable>Medicare Cons Write Off Resident Accounts Receivable>Medicare Cons Write Off Resident Accounts Receivable Prepaid Expenses Prepaid Expenses>Personal Property Taxes Prepaid Expenses>Personal Property Taxes Prepaid Expenses>Insurance Prepaid Expenses>Insurance - General Liability & Other Prepaid Expenses>Insurance - General Liability & Other>Contra Prepaid Expenses>Insurance - Property Prepaid Expenses>Vorkers Comp Prepaid Expenses>Workers Comp Prepaid Expenses>Workers Comp Prepaid Expenses>Workers Comp Prepaid Expenses>Workers Comp Prepaid Expenses> Leasehold Improvements Fixed Assets>Leasehold Improvements Leasehold Improvements Movable Equipment	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 156,900.00 74,722.00 10,000.00 110,339,00 74,095.00 (146,857.00) (137,967.00) 195.00 1,720,749.00 41,263.00 1,525.00 12,512.00 1,462.00 75,437.00 36,075.00 (34,098.00) 1,596.00 13,623.00 65,926.00 32,802.00) 182,419.00 33,175.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 166,900,00 74,722.00 10,000.00 110,339.00 74,096.00 (116,857.00) (137,967.00) 1,720,749.00 41,263.00 1,525.00 1,525.00 1,525.00 1,525.00 13,523.00 65,826.00 (34,098.00) 1,596.00 13,623.00 65,826.00 (32,802.00) 182,419.00 33,175.00 (1,592.00) 31,583.00
10-020-15 10-060-16 10-061-16 Subtotal [A1] Subgroup: [A2] 11-100-00 11-102-00 11-103-00 11-105-00 11-106-00 11-108-00 11-112-00 11-112-00 11-12-00	Cash>Payroll>Fox Hill Cash>Cash>Care Cost>North kimberly Hall Cash>Care Cost>North kimberly Hall Cash Resident Accounts Receivable Accounts Receivable>Miscellaneous Accounts Receivable>Private Accounts Receivable>Part B Accounts Receivable>Private Accounts Receivable>Private Accounts Receivable>Medicare HMO Accounts Receivable>Medicare HMO Accounts Receivable>Medicare HMO Accounts Receivable>Medicare HMO Accounts Receivable>Medicare Consumer Consume	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 156,900.00 74,722.00 10,000.00 110,339.00 74,096.00 (146,857.00) (137,967.00) 195.00 1,720,749.00 41,263.00 1,525.00 12,512,00 1,462.00 75,437.00 36,075.00 (34,098.00) 1,596.00 13,623.00 65,826.00 (32,802.00) 182,419.00 33,175.00 0.00 33,175.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 166,900,00 74,722.00 10,000.00 110,339.00 74,096.00 1,466,654.00 (116,857.00) 1,720,749.00 41,263.00 1,525.00 12,512.00 1,462.00 75,437.00 36,075.00 (34,096.00) 1,596.00 13,623.00 68,926.00 (32,802.00) 182,419.00 31,583.00
10-020-15 10-060-16 10-061-16 Subtrotal [A1] 11-100-00 11-102-00 11-103-00 11-104-00 11-105-00 11-105-00 11-105-00 11-112-00 11-112-00 11-112-00 11-12-00 11	Cash>Payroll>Fox Hill Cash>Care Cost>North kimberly Hall Cash>Care Cost>North kimberly Hall Cash>Care Cash Resident Accounts Receivable Accounts Receivable>Miscellaneous Accounts Receivable>Part B Accounts Receivable>Part B Accounts Receivable>Part B Accounts Receivable>Pormercial HMO Accounts Receivable>Medicare HMO Accounts Receivable>Medicare HMO Accounts Receivable>Medicare HMO Accounts Receivable>Medicare Composition of the Medicare Accounts Receivable>Medicare Accounts Receivable>Medicare Composition of the Medicare Accounts Receivable>Medicare Accounts Receivable>Medicare Cons Write Off Resident Accounts Receivable>Medicare Cons Write Off Resident Accounts Receivable Prepaid Expenses Prepaid Expenses>Personal Property Taxes Prepaid Expenses>Personal Property Taxes Prepaid Expenses>Insurance Prepaid Expenses>Insurance - General Liability & Other Prepaid Expenses>Insurance - General Liability & Other>Contra Prepaid Expenses>Insurance - Property Prepaid Expenses>Vorkers Comp Prepaid Expenses>Workers Comp Prepaid Expenses>Workers Comp Prepaid Expenses>Workers Comp Prepaid Expenses>Workers Comp Prepaid Expenses> Leasehold Improvements Fixed Assets>Leasehold Improvements Leasehold Improvements Movable Equipment	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,649.00 156,900.00 74,722.00 10,000.00 110,339,00 74,095.00 (146,857.00) (137,967.00) 195.00 1,720,749.00 41,263.00 1,525.00 12,512.00 1,462.00 75,437.00 36,075.00 (34,098.00) 1,596.00 13,623.00 65,926.00 32,802.00) 182,419.00 33,175.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(20,939.00) 108,192.00 500.00 (39,136.00) 2,018.00 70,849.00 166,800,00 74,722.00 10,000,00 110,339.00 74,096.00 1,468,654.00 (116,857.00) (137,967.00) 1,720,749.00 41,263.00 1,525.00 12,512.00 1,462.00 (34,098.00) 1,596.00 13,623.00 65,826.00 (32,802.00) 182,419.00 33,175.00 (1,592.00) 31,583.00

15-100-00	Accum Depn>Miscellaneous	(56,039,00)	1,592.00	(54,447.00)
Subtotal [B6]	Movable Equipment	337,791.00	1,592.00	339,383.00
Subgroup : [B9] 14-136-00	Other Fixed Assets Fixed Assets>CIP	10,458,00	0.00	10,458.00
Subtotal [B9]	Other Fixed Assets	10,458,00	0.00	10,458.00
Subtotal [DV]	Office Lives Masera)	
Subgroup : [D6]	Loans to Owners or Related Parties			
13-127-10	Due From>Old Owner>AP Items	15,680,00	0.00	15,680.00
27-902-11	Due To/(From)>Interfacility>CT4 and CT3	11,570,00	339,555.00	351,125.00
27-902-52	Due To/(From)>Interfacility>CT3 and WI3	441.00	0.00	441,00
Subtotal [D6]	Loans to Owners or Related Parties	27,691.00	339,555.00	367,246.00
Subgroup : [D7]	Other Assets			
27-109-00	Due To/(From)>Hospice	1,00	0,00	1.00
27-111-00	Due To/(From)>Medicaid	293.00	0,00	293.00
Subtotal [D7]	Other Assets	294.00	0.00	294.00
		· · · · · · · · · · · · · · · · · · ·		*
Total [31-32]	Assels	2,273,441.00	339,555.00	2,612,996,00
Group : [33-34]	Liabilities			
Subgroup : [A1]	Trade Accounts Payable	(918,564.00)	0,00	(918,564.00)
20-000-00 Subtotal [A1]	Accounts Payable Trade Accounts Payable	(918,564.00)	0,00	(918,564.00)
Suntotal [A1]	Trade Accounts Payable	(314,004107)		(
Subgroup : [A12]	Other Current Liabilities			
21-148-00	Other Current Payables>401K	(6,231.00)	0.00	(6,231.00)
21-149-00	Other Current Payables>Misc. PR Deduction	91.00	0.00	91.00
21-150-00	Other Current Payables>Union Dues W/H	(1,322.00)	0,00	(1,322.00)
21-350-00	Other Current Payables>Resident Funds	(108,192.00)	0.00	(108,192.00)
24-000-00	Accrued Expenses	(134,030.00)	0.00	(134,030.00)
24-111-16	Accrued Expense>Medicald>Bed Tax	(258,000.00)	0,00	(258,000.00)
24-279-00	Accrued Expenses>Management Fee	(780,488.00)	(17,800.00)	(798,288.00)
Subtotal [A12]	Other Current Liabilities	(1,288,172.00)	(17,800.00)	(1,305,972.00)
Subgroup : [83]	Loans from Owners or Related Parties			
27-800-16	Due To/(From)>Opco/Propco>CT3	(48,004.00)	0.00	(48,004.00)
27-902-15	Due To/(From)>Interfacility>NJ4 and CT3	(3,198.00)	0.00	(3,198.00)
27-902-16	Due To/(From)>Interfacility>NJ14 and CT3	(9,590.00)	0,00	(9,590.00)
27-902-17	Due To/(From)>Interfacility>PA4 and CT3	(1,533.00)	0.00	(1,533.00)
27-902-18	Due To/(From)>Interfacility>NJ3 and CT3	(1,431.00)	0.00	(1,431.00)
27-902-25	Due To/(From)>Interfacility>Barn Hill and CT3	(403.00)	0.00	(403.00)
27-902-26	Due To/(From)>Interfacility>CT3	(408,397.00)	0.00	(408,397.00)
27-902-36	Due To/(From)>Interfacility>CT3 and IL3	(763.00)	0,00	(763.00)
27-902-66	Due To/(From)>Interfacility>HMH10 and CT3	(1,168.00)	0.00	(1,168.00)
Subtotal [B3]	Loans from Owners or Related Parties	(474,487.00)	0.00	(474,487,00)
Sub-serve (ID 4)	Other Lang Town Lightitian			
Subgroup : [B4] 27-000-31	Other Long-Term Liabilities Due To/(From)>North Kimberly Hall Amex	(2,480.00)	0.00	(2,480.00)
27-000-31	Due To/(From)>Vendor	(23,863,00)	0.00	(23,863.00)
27-102-00	Due To/(From)>Medicare A	(6,616.00)	0.00	(6,616.00)
27-102-14	Due To/(From)>Medicare A>Sequester	(1,413.00)	0.00	(1,413.00)
Subtotal [B4]	Other Long-Term Liabilities	(34,372.00)	0.00	(34,372.00)
		1.,		
Total [33-34]	Liabilities	(2,715,595.00)	(17,800.00)	(2,733,395.00)
	NET (INCOME) LOSS	0.00	0.00	0,00
	Sum of Account Groups	0.00	0.00	0.00

Client: Complete Care Management Medicaid - Complete Care at Kimberly North, LLC Engagement: 9/30/2023 Period Ending: A.01 - TB-CCNH Trial Balance: Workpaper: H.01 - Combined Journal Entries Report W/P Ref Debit Credit Description Account Reclassifying Journal Entries K.02 Reclassifying Journal Entries JE # 1 To reclass Depreciation and accum depreciation to correct lines of cost report Accum Depn>Miscellaneous 1,592.00 15-100-00 1.592.00 Depreciation Expense>Leasehold Improvements Marcum 102 1,592.00 92-000-00 Depreciation Expense 1,592,00 Accum Depreciation>Leasehold Improvements Marcum 101 3,184,00 3,184,00 Total Reclassifying Journal Entries JE # 2 D.01a To reclass contract dentist into correct line of cost report 5,983.00 Marcum 103 Dentist Nursing Admin Expense>Medical Director 5,983,00 61-750-00 5,983.00 5,983.00 E.02 ReclassifyIng Journal Entries JE # 3 to reclass subscriptions, chamber dues and sales tax to correct lines of cost report 1,228,00 Marcum 104 Subscriptions Chamber Dues 134,00 Marcum 105 1,362.00 80-235-00 Admin Expense>Dues & Subscriptions Marcum 106 Sales Tax 1,362.00 1,362.00 Total Reclassifying Journal Entries JE # 4 A.02 To record AJE PBC 27-901-49 Due To/(From)>Interfacility>CT4 58-000-00 Lab Expense Nursing Expense>Data Processing 60-230-00 60-263-02 Nursing Expense>Consulting Fees>Add Back 60-263-02 Nursing Expense>Consulting Fees>Add Back 50-700-06 Nursing Expense>Contracted Service>Other Nursing Expense>Contracted Service>LPN 60-700-19 Nursing Expense>Contracted Service>CNA 60-700-20 60-700-21 Nursing Expense>Contracted Service>RN Overtime 60-700-22 Nursing Expense>Contracted Service>LPN Overtime Maintenance Expense>Repairs & Maint 75-207-00 Maintenance Expense>Repairs & Maint 75-207-00 Utility Expense>Water/Sewer 76-229-00 80-183-00 Admin Expense>Supplies 80-208-00 Admin Expense>Equip-Rental Admin Expense>Postage 80-209-00 Admin Expense>Data Processing 80-230-00 80-230-00 Admin Expense>Data Processing 80-231-00 Admin Expense>Telephone Admin Expense>Dues & Subscriptions 80-235-00 Admin Expense>Dues & Subscriptions 80-235-00 Admin Expense>Legal Fees 80-238-00 Admin Expense>Professional Fees>Add Back 80-240-02 80-241-00 Admin Expense>IT Fees Admin Expense>Marketing & Advertising 80-250-00 80-250-00 Admin Expense>Marketing & Advertising 80-250-00 Admin Expense>Marketing & Advertising 80-252-00 Admin Expense>Startup Costs 80-252-00 Admin Expense>Startup Costs Admin Expense>Startup Costs 80-252-00 Admin Expense>Startup Costs>Agency 80-255-00 80-255-00 Admin Expense>Startup Costs>Agency 80-255-00 Admin Expense>Startup Costs>Agency 80-279-00 Admin Expense>Management Fee Employee Benefits>Life Insurance 85-885-00 Prior Period Expense 98-999-99 0.00 0.00 N,01a Reclassifying Journal Entries JE # 5 To reclass leased equipment to correct line of the cost report 80-208-00 Admin Expense>Equip-Rental Marcum 107 Leased Equipment 0.00 0.00 Total A.02a Reclassifying Journal Entries JE # 6 To record additional AJE PBC 27-901-49 Due To/(From)>Interfacility>CT4 60-801-87 Nursing Expense>CNA>Training Pay 80-279-00 Admin Expense>Management Fee

85-200-79	Employee Benefits Expense>Union>Misc			
Total	Employee Delicins Expenses Official Miles		0.00	0.00
		-		
Reclassifying Journ	al Entries JE # 7 Irue up credita out of expenses	D.01 Tab I		
68-700-00	Therapy Expense>Contracted Service		35,645,00	
Marcum 108	Other Revenue>Prior Period Adjustment(s)			35,645.00
Total	, ,,	:-	35,645.00	35,645.00
		_		
Reclassifying Journ	al Entries JE # 8	E,01		
	g Fees out of Prof. Fees			
80-239-00	Admin Expense>Accounting Fees		4,822.00	
80-240-02	Admin Expense>Professional Fees>Add Back			4,822,00
Total			4,822.00	4,822.00
		· -		
Reclassifying Journ	al Entries JE # 9	N.03a		
To reclass LTC Ally fo	es into appropriate account			
80-240-02	Admin Expense>Professional Fees>Add Back		135,785,00	
80-252-00	Admin Expense>Startup Costs	<u> </u>		135,785.00
Total		<u></u>	135,785.00	135,785.00
Reclassifying Journ	al Entries JE # 10	H,02		
To perform CT04 clie	nt JEs			
27-902-11	Due To/(From)>Interfacility>CT4 and CT3		15,684,00	
27-902-11	Due To/(From)>Interfacility>CT4 and CT3		17,800.00	
27-902-11	Due To/(From)>Interfacility>CT4 and CT3		18,943.00	
61-811-80	Nursing Admin Expense>Director (DON)>Wages		17,800.00	
24-279-00	Accrued Expenses>Management Fee			17,800.00
61-811-80	Nursing Admin Expense>Director (DON)>Wages			15,684.00
61-811-80	Nursing Admin Expense>Director (DON)>Wages			17,800.00
61-817-80	Nursing Admin Expense>MDS / RNAC>Wages			18,943.00
Total		<u>=</u>	70,227.00	70,227.00
Reclassifying Journ		H.02		
To perform CT03 clie	nt JEs			
27-902-11	Due To/(From)>Interfacility>CT4 and CT3		287,128.00	
80-278-00	Admin Expense>Management Fee	: 		287,128.00
Total			287,128.00	287,128.00
	17.1	E.01		
Reclassifying Journ To reclass legal fees		201		
_			1,265,00	
80-238-00	Admin Expense>Legal Fees		1,400,00	1,265,00
80-240-00 Total	Admin Expense>Professional Fees	÷	1,265.00	1,265,00
Total		:	1,000,00	.,
	Total Reclassifying Journal Entries	:==	545,401,00	545,401.00
	rom recommyning opening connec	: 		
	Total All Journal Entries		545,401.00	545,401,00
		_		



Workpaper Index:

400.2

Prepared By:

Run Date:

Reviewed By: Workpaper Date:

2/14/2024

Provider Name:

Complete Care at Kimberly Hall North, LLC

Provider Number:

10769

Period Ended: 9/30/23

Name of Workpaper:

of Workpaper: VHCL CKLST

VEHICLE COMPLIANCE CHECKLIST

PURPOSE:

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

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

Conclusion: