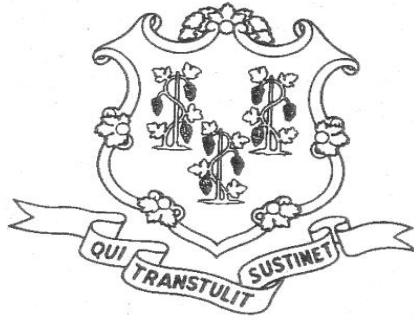


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2023

Name of Facility (as licensed) Kettle Brook Care Center, LLC	
Address (No. & Street, City, State, Zip Code) 96 Prospect Hill Road, East Windsor, CT 06088	
Type of Facility Chronic and Convalescent <input type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input checked="" type="checkbox"/> (Specify) <input checked="" type="checkbox"/> Other	
Report for Year Beginning 10/1/2022	Report for Year Ending 9/30/2023

License Numbers:	CCNH / RHNS 2219-C	(Specify)	Other	Medicare Provider 07-5359
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Medicaid Provider Numbers:	CCNH / RHNS 9530	(Specify)	Other
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General Information

Name of Facility (as licensed) Kettle Brook Care Center, LLC	License No. 2219-C	Report for Year Ended 9/30/2023	Page 1	of 37
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Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Kettle Brook Care Center, LLC [facility name], for the cost report period beginning October 1, 2022 and ending September 30, 2023, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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.

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Lisa Rivard			Printed Name (Owner) Chris Wright		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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State of Connecticut
Department of Social Services
 55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Kettle Brook Care Center, LLC		Period Covered:	From 10/1/2022	To 9/30/2023
Address of Facility 96 Prospect Hill Road, East Windsor, CT 06088				
Report Prepared By iCare Management, LLC		Phone Number 860-570-2140	Date 2/15/2024	
Item	Total	CCNH / RHNS	(Specify)	Other
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-623-9846		Report for Year Ended 9/30/2023	Page 2	of 37
Name of Facility (as shown on license) Kettle Brook Care Center, LLC		Address (No. & Street, City, State, Zip) 96 Prospect Hill Road, East Windsor, CT 06088		
License Numbers:	CCNH / RHNS 2219-C	(Specify)	Other	Medicare Provider No. 07-5359
Type of Facility (Check appropriate box(es)) Chronic and Convalescent <input type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input checked="" type="checkbox"/> (Specify) <input checked="" type="checkbox"/> Other				
Type of Ownership (Check appropriate box) <input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Lisa Rivard		Nursing Home Administrator's License No.:	002046	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire
Partners/Members

Name of Facility Kettle Brook Care Center, LLC		License No. 2219-C	Report for Year Ended 9/30/2023	Page 3	of 37
Legal Name of Partnership/LLC Kettle Brook Care Center, LLC		Business Address 96 Prospect Hill Road, East Windsor, CT 06088		State(s) and/or Town(s) in Which Registered CT	
Name of Partners/Members	Business Address	Title		% Owned	
V. Robert Salazar	2500 18th Street, Suite 200, Denver, CO 80211	Member		31.3	
David Sebbag	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member		21.4	
Ari Krausz	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member		21.3	
Solomon Melamed	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member		1	
Christopher Wright	341 Bidwell Street, Manchester, Ct 06040	Member		5	
Premier First Investors	245 S. Benton Street, Lakewood, CO 80226	Member		10	
Global World Investors	245 S. Benton Street, Lakewood, CO 80226	Member		10	

General Information and Questionnaire Related Parties*

Name of Facility Kettle Brook Care Center, LLC	License No. 2219-C	Report for Year Ended 9/30/2023	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? Yes No If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
See Attached.		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Kettle Brook Care Center, LLC	License No. 2219-C	Report for Year Ended 9/30/2023	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes No If "No," explain fully why such allocation was not made.

General Information and Questionnaire
Other Lines of Business

Name of Facility Kettle Brook Care Center, LLC	License No. 2219-C	Report for Year Ended 9/30/2023	Page 6	of 37
Square footage of entire facility. 0				
Outpatient Therapy				
Does the Facility provide outpatient therapy services?		No		
<i>If yes, please complete the following:</i>				
	Square footage of therapy space.			
Meals on Wheels				
Does the facility provide Meals on Wheels?		No		
<i>If yes, please complete the following:</i>				
	Square footage of kitchen			
	Number of meals served per week			
No	Are meals included in meals served on page 18 of the Annual Report?			
No	Are direct costs included in the Annual Report?			
<i>If yes, please state where costs are reported.</i>				
No	Are drivers for the program included in the facility's payroll?			
<i>If yes, please complete the following:</i>				
		Amount Reported		
		Annual Report page and line		
Please state the salary amounts of specific cooks and/or dietary aides				
Please state where the cooks and/or dietary aides are reported in the Annual Report				
Apartments, Independent Living, Assisted Living				
Does the facility have apartments, independent living, and/or assisted living?		No		
<i>If yes, please complete the following:</i>				
	Square footage of apartments			
	Square footage of independent living			
	Square footage of assisted living			
Please identify the services provided:				

General Information and Questionnaire
Other Lines of Business (Continued)

Name of Facility Kettle Brook Care Ce	License No. 2219-C	Report for Year Ended 9/30/2023	Page 7	of 37
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Child Day Care

Does the Facility provide Child Day Care? No

If yes, please complete the following:

	Square footage of child day care space.
	Average number of daily participants.
	Number of meals per day provided to child day care.
	Nature of services provided:

Adult Day Care

Does the Facility provide Adult Day Care? No

If yes, please complete the following:

	Square footage of adult day care space.
	Please state where it is located in relation to the facility.
	Average number of daily participants.
	Number of meals per day provided to adult day care.
	Nature of services provided:

Schedule of Resident Statistics

Name of Facility Kettle Brook Care Center, LLC			License No. 2219-C			Report for Year Ended 9/30/2023				Page 8		of 37	
	Total All Levels	Total CCNH / RHNS Level	Total (Specify)	Total	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH / RHNS	(Specify)	Other	Total	CCNH / RHNS	(Specify)	Other	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	140	140			140	140							
B. On last day of THIS report period	134	134							134	134			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	114	114			114	114							
B. As of midnight of THIS report period	119	119							119	119			
3. Total Number of Days Care Provided During Period													
A. Medicare	1,546	1,546			1,358	1,358			188	188			
B. Medicaid (Conn.)	40,083	40,083			30,057	30,057			10,026	10,026			
C. Medicaid (other states)													
D. Private Pay	2,410	2,410			1,846	1,846			564	564			
E. State SSI for RCH													
F. Other (Specify) Insurance	247	247			131	131			116	116			
G. Total Care Days During Period (3A thru F)	44,286	44,286			33,392	33,392			10,894	10,894			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	44,286	44,286			33,392	33,392			10,894	10,894			

Schedule of Resident Statistics (Cont'd)

Name of Facility Kettle Brook Care Center, LLC	License No. 2219-C	Report for Year Ended 9/30/2023	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No
 If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH / RHNS	(Specify)	Other	Lost			Gained			CCNH / RHNS	(Specify)	Other	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	(Specify)	(Specify)	(Specify)	
5/1/2023	X			(6)									

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

Change in Resident Days	CCNH / RHNS	(Specify)	Other
1st change			
2nd change			
3rd change			
4th change			

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH / RHNS	CCNH / RHNS	(Specify)	CCNH / RHNS	(Specify)	Other	R.C.H.	ICF-MR
No. of Residents	2	109		8				
Per Diem Rate								
a. One bed rm.	539.00	#####		447.00				
b. Two bed rms.								
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH / RHNS	(Specify)	Outpatient	Other
A. Medicare - Part B	3,900	3,900			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	1,610	1,610			
2. Restorative Treatments	831	831			
C. Other	4,153	4,153			
D. Total Physical Therapy Treatments	10,494	10,494			
8. Total Number of Speech Therapy Treatments					
A. Medicare - Part B	511	511			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	304	304			
2. Restorative Treatments	155	155			
C. Other	538	538			
D. Total Speech Therapy Treatments	1,508	1,508			
9. Total Number of Occupational Therapy Treatments					
A. Medicare - Part B	2,808	2,808			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	1,448	1,448			
2. Restorative Treatments	758	758			
C. Other	3,280	3,280			
D. Total Occupational Therapy Treatments	8,294	8,294			

Annual Report of Long-Term Care Facility

CSP-10 Rev. 3/2023

Report of Expenditures - Salaries & Wages

Name of Facility Kettle Brook Care Center, LLC	License No. 2219-C	Report for Year Ended 9/30/2023	Page 10	of 37
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Are time records maintained by all individuals receiving compensation? Yes No

Item	Total Cost and Hours								
	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	Other	Adjustment	Hours
A. Salaries and Wages*									
1. Operators/Owners (Complete also Sec. I of Schedule A1)									
2. Administrator(s) (Complete also Sec. III of Schedule A1)	155,850		2,171						
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)									
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	374,449		14,139						
5. Dietary Service									
a. Head Dietitian	28,405		652						
b. Food Service Supervisor	70,001		2,129						
c. Dietary Workers	375,616		20,606						
6. Housekeeping Service									
a. Head Housekeeper									
b. Other Housekeeping Workers									
7. Repairs & Maintenance Services									
a. Engineer or Chief of Maintenance	48,640		1,314						
b. Other Maintenance Workers	63,977		2,194						
8. Laundry Service									
a. Supervisor									
b. Other Laundry Workers									
9. Barber and Beautician Services									
10. Protective Services									
11. Accounting Services									
a. Head Accountant									
b. Other Accountants									
12. Professional Care of Residents									
a. Directors and Assistant Director of Nurses	261,494		4,175						
b. RN									
1. Direct Care	609,823		8,878						
2. Administrative**	329,324		6,262						
c. LPN									
1. Direct Care	1,373,413		34,764						
2. Administrative**	32,764		782						
d. Aides and Attendants	2,528,752		98,006						
e. Physical Therapists									
f. Speech Therapists									
g. Occupational Therapists									
h. Recreation Workers	142,421		6,005						
i. Physicians									
1. Medical Director									
2. Utilization Review									
3. Resident Care***									
4. Other (Specify)									
j. Dentists									
k. Pharmacists									
l. Podiatrists									
m. Social Workers/Case Management	178,455		4,636						
n. Marketing									
o. Other (Specify) See Attached Schedule	49,715		2,189						
<i>A-13. Total Salary Expenditures</i>	6,623,099		208,902						

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH / RHNS			(Specify)			Other		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
UNIT SECRETARIES SALARIES	\$ 3,791		238				\$ -		-
MEDICAL RECORDS SALARIES	\$ 359		19				\$ -		-
CENTRAL SUPPLY SALARIES	\$ 45,566		1,932				\$ -		-
RESPIRATORY THERAPY SALARIES	\$ -		-				\$ -		-
PLANT SECURITY SALARIES	\$ -		-				\$ -		-
MEDICAL RECORDS SALARIES SPCL	\$ -		-				\$ -		-
Total	\$ 49,715	\$ -	2,189	\$ -	\$ -	-	\$ -	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH / RHNS			(Specify)			Other		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
MEDICAL RECORDS CONTRACT SERVICE	\$ 13,371		Storage				\$ -		Storage
ADMISSIONS C/S LABOR	\$ 59,150		1,090				\$ -		-
CENTRAL SUPPLY CONTRACT SERVICE	\$ 6,784		175				\$ -		-
ADMINISTRATIVE CONTRACT SERVICE LABOR	\$ 64,689		1,511				\$ -		-
RESPIRATORY THERAPY CONTRACT SERVICES	\$ 2,931		-				\$ -		-
PHYSICAL THERAPY C/S MEDICIAD	\$ -		-				\$ -		-
SPEECH THERAPY C/S Medicaid	\$ -		-				\$ -		-
OCCUPATIONAL THERAPY C/S MEDICIAD	\$ -	-	-				\$ -		-
Total	\$ 146,925	\$ -	2,776	\$ -	\$ -	-	\$ -	\$ -	-

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

Name of Facility				License No.	Report for Year Ended			Page	of	
Kettle Brook Care Center, LLC				2219-C	9/30/2023			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH / RHNS	(Specify)	Other							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

** Include **all** employment worked during the cost year.

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Kettle Brook Care Center, LLC				2219-C	9/30/2023			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH / RHNS	(Specify)	Other							
Section III - Administrators***										
Lisa Rivard	155,850			Administrator		2,171	same as empl			
				Administrator			same as empl			
				Administrator			same as empl			
Section IV - Assistant Administrators										

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

** Include all other employment worked during the cost year.

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended						Page	of
Kettle Brook Care Center, LLC	2219-C	9/30/2023						13	37
Total Cost and Hours									
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	Other	Adjustment	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)									
1. Dietitian									
2. Dentist									
3. Pharmacist	24,114		194						
4. Podiatrist									
5. Physical Therapy									
a. Resident Care	182,772		3,501						
b. Other									
6. Social Worker	13,205		151						
7. Recreation Worker	25,866		78 Hours +C						
8. Physicians									
a. Medical Director (entire facility)	43,200		331						
b. Utilization Review (Title 18 and 19 only) monthly meeting									
c. Resident Care**									
d. Administrative Services facility									
1. Infection Control Committee (Quarterly meetings)									
2. Pharmaceutical Committee (Quarterly meetings)									
3. Staff Development Committee (Once annually)									
e. Other (Specify) Physician Care Contract Services	24,852		36						
9. Speech Therapist									
a. Resident Care	55,325		1,060						
b. Other									
10. Occupational Therapist									
a. Resident Care	131,359		2,516						
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care	118,628		1,250						
2. Administrative***	(57,224)		(603)						
b. LPN									
1. Direct Care	188,146		3,040						
2. Administrative***									
c. Aides	168,202		4,272						
d. Other									
12. Other (Specify) See Attached Schedule	146,925		2,776						
B-13 Total Fees Paid in Lieu of Salaries	1,065,370		18,525						

* 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 Kettle Brook Care Center, LLC		License No. 2219-C		Report for Year Ended 9/30/2023	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Tocuhpoints Therapy	Therapy for residents, also Therapy for Workers comp for staff	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Chelsea Place, Chestnut Point, Kettle Brook, Trinity Hill, Wintonbury, Farmington, Silver	Shared Employees	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Pharm Scripts	Pharmacy Contract	<input type="radio"/>	<input checked="" type="radio"/>			
Guardian Consulting Srv	Pharmacy Consulting	<input type="radio"/>	<input checked="" type="radio"/>			
Healthdrive Physician Services	Audiology, Dental and Podiatry	<input type="radio"/>	<input checked="" type="radio"/>			
Trinity Health of New England	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended					Page	of
Kettle Brook Care Center, LLC	2219-C	9/30/2023					15	37
Item	Total Including Adjustment	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment	
I. Administrative and General								
a. Employee Health & Welfare Benefits								
1. Workmen's Compensation	\$ 83,121	83,121						
2. Disability Insurance	\$							
3. Unemployment Insurance	\$							
4. Social Security (F.I.C.A.)	\$ 530,441	530,441						
5. Health Insurance	\$ 679,854	679,854						
6. Life Insurance (employees only) (not-owners and not-operators)	\$							
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 430,734	430,734						
8. Uniform Allowance	\$							
9. Other (<i>Specify</i>) See Attached Schedule	\$ 41,391	41,391						
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$							
c. Bad Debts*	\$ 126,016	126,016						
d. Accounting and Auditing	\$ 39,072	39,072						
e. Legal (<i>Services should be fully described on Page 15b</i>)	\$ 78,755	78,755						
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$							
g. Office Supplies	\$ 20,896	20,896						
h. Telephone and Cellular Phones								
1. Telephone & Pagers	\$ 24,659	24,659						
2. Cellular Phones	\$ 1,553	1,553						
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$							
j. Corporation Business Taxes (<i>franchise tax</i>)	\$							
k. Other Taxes (<i>Not related to property - See Page 22</i>)								
1. Income*	\$							
2. Other (<i>Specify</i>) See Attached Schedule	\$							
3. Resident Day User Fee	\$ 903,691	903,691						
Subtotal	\$ 2,960,182	2,960,182						

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

(Carry Subtotals forward to next page)

***** DO NOT Include Holiday Parties / Awards / Gifts to Staff**

Schedule of Other Employee Benefits

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
UNION TRAINING	\$ 41,391				\$ -	
Total	\$ 41,391	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Other Taxes

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

General Information and Questionnaire
Accounting Basis

Name of Facility Kettle Brook Care Center, LLC	License No. 2219-C	Report for Year Ended 9/30/2023	Page 15b	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

Is the accounting basis for this period the same as for the previous period? Yes No If "No," explain.

Independent Accounting Firm

Name of Accounting Firm 1 Plante & Moran, PLLC 2 3 4	Address (No. & Street, City, State, Zip Code) PO Box 307 3000 Town Center, Suite 100 Southfield, MI 48075
------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------

Services Provided by This Firm (*describe fully*)

1 Taxes, financial statements, accounting support	\$ 39,072
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 39,072

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.

Yes No 15D

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Senior Care Valuation LLC 2 Kainen,Escalera&Michael PC, Cicchiello & Cicciello LLP,Murtha Cullianl LLP 3 Various others (American Arbitration , Various Arbitration) 4 5	Telephone Number
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------

Address (*No. & Street, City, State, Zip Code*)

1
2
3
4
5

Services Provided by This Firm (*describe fully*)

1 Lease and contract issues, general legal advice, Labor Law	\$ 1,000
2 General legal advice, union funds advice, employment law	\$ 75,093
3 Employment Arbitrations, healthcare law & Conservatorships	\$ 2,661
4	\$
5 Collections	\$ (0)
	Charge for Services Provided
	\$ 78,755

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.

Yes No 15E

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

Name of Facility	License No.	Report for Year Ended					Page	of
Kettle Brook Care Center, LLC	2219-C	9/30/2023					16	37
Item	Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment	
Subtotals Brought Forward:	2,960,182	2,960,182						
l. Travel and Entertainment								
1. Resident Travel and Entertainment	\$							
2. Holiday Parties for Staff	\$ 1,057	1,057						
3. Gifts to Staff and Residents	\$ 541	541						
4. Employee Travel	\$ 2,938	2,938						
5. Education Expenses Related to Seminars and Conventions	\$ 948	948						
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$							
7. Other (<i>Specify</i>) See Attached Schedule	\$ 251	251						
m. Other Administrative and General Expenses								
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 24,318	24,318						
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$							
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 20,828	20,828						
4. Fund-Raising***	\$							
5. Medical Records	\$							
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$							
7. Postage	\$ 4,456	4,456						
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 9,512	9,512						
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$							
9. Subscriptions	\$ 992	992						
10. Contributions*** See Attached Schedule	\$ 200	200						
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 144,278	144,278						
12. Administrative Management Services**	\$ 433,990	433,990						
13. Other (<i>Specify</i>) See Attached Schedule	\$ 19,466	19,466						
C-14 Total Administrative & General Expenditures	\$ 3,623,956	3,623,956						

* Do not include Subscriptions, which should go in item 9.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.
 *** Facility should self-disallow the expense in the Adjustment column.

Schedule of Other Travel and Entertainment

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
MEALS	\$ 251				\$ -	
Total Other Travel and Entertainment	\$ 251	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
COMMUNICATIONS SPECIAL EVENTS	\$ 20,828				\$ -	
Total Other Advertising	\$ 20,828	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
ALTCFM						
CAHCF Dues	\$ 9,512				\$ -	
OTHER DUES						
Total Dues	\$ 9,512	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Contributions

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
CONTRIBUTIONS	\$ 200				\$ -	
Total Contributions	\$ 200	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
SOCIAL SERVICE SUPPLIES	\$ -				\$ -	
SOC SVC MINOR EQUIPMENT	\$ -				\$ -	
ADMINISTRATIVE MINOR EQUIPMENT	\$ 2,289				\$ -	
EMPLOYEE RELATIONS	\$ (264)				\$ -	
EMPLOYEE RELATIONS-OTHER	\$ 36				\$ -	
PERMITS & LICENSES	\$ 2,689				\$ -	
VOLUNTEER EXPENSE	\$ -				\$ -	
BANK FEES	\$ 7,177				\$ -	
CMS REVISIT USER FEES	\$ -				\$ -	
PENALTIES	\$ -				\$ -	
LATE FEES	\$ (176)				\$ -	
INTERNET EXPENSES	\$ 7,715				\$ -	
Rounding	\$ -					
Total Other Administrative and General	\$ 19,466	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Kettle Brook Care Center, LLC	License No. 2219-C	Report for Year Ended 9/30/2023	Page of 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 #
iCare Management, LLC/iCare Health Management, LLC	433,990	Management of financial statements, A/R, A/P, Payroll, Financial Accounting and Management, Clinical	Pg 16 M12
iCare Management, LLC/iCare Health Management, LLC	139,400	MANAGEMENT FEES- DIRECT CARE	Pg 20 j
iCare Management, LLC/iCare Health Management, LLC	34,539	MANAGEMENT FEES- INDIRECT CARE	Pg 20 k

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Kettle Brook Care Center, LLC		2219-C	9/30/2023				18	37
Item	Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment	
2. Dietary								
a. In-House Preparation & Service								
1. Raw Food	\$ 349,075	349,075						
2. Non-Food Supplies	\$ 58,654	58,654						
3. Other (Specify) _____ DIETARY SUPPLEMENTS	\$ 11,950	11,950						
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 1,381	1,381						
c. Other (Specify) _____ DIETARY MINOR EQUIPMENT	\$ 11,191	11,191						
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 432,252	432,252						
2E. Dietary Questionnaire		Total	CCNH / RHNS	(Specify)		Other		
F. Resident Meals:	Total no. of meals served per day:*							
G. Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No						
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.			
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)								
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify cost.			
K. Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.			
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)								
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify cost.			
N. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.			
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)								

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Kettle Brook Care Center, LLC		2219-C	9/30/2023				19	37
Item		Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
3. Laundry								
a. In-House Processing*	Lbs.							
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	290	290					
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.							
	Amt. \$							
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.							
	Amt. \$							
4. Repair and/or purchase of linens.***	Lbs.							
	Amt. \$							
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	277,079	277,079					
c. Other (Specify) LAUNDRY MINOR EQUIPMENT	\$	261	261					
3D. Total Laundry Expenditures (3a + b + c)	\$	277,630	277,630					
3E. Laundry Questionnaire								
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes		<input checked="" type="radio"/> No		If yes, specify cost.			
G. Did you receive revenue from employees?	<input type="radio"/> Yes		<input checked="" type="radio"/> No		If yes, specify amt.			
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)							
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes		<input checked="" type="radio"/> No		If yes, specify cost.			
J. Did you receive revenue from these people?	<input type="radio"/> Yes		<input checked="" type="radio"/> No		If yes, specify amt.			
K. Where is the revenue received reported in the Cost Report?	(Page/Line Item)							

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3D.

*** Pounds of Laundry only required for multi-level facilities.

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

Name of Facility		License No.	Report for Year Ended				Page	of	
Kettle Brook Care Center, LLC		2219-C	9/30/2023				20	37	
Item			Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
4.	Housekeeping	Sq. Ft. Serviced by Personnel							
a.	In-House Care								
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt.	\$ 24,232	24,232					
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel							
		Amt.	\$ 294,073	294,073					
	C. Other (<i>Specify</i>)								
	HOUSEKEEPING MINOR EQUIPMENT								
4D.	Total Housekeeping Expenditures (4a + b + c)		\$ 318,305	318,305					
5.	Resident Care (Supplies)**								
a.	Prescription Drugs***								
	1. Own Pharmacy		\$						
	2. Purchased from PHARMACY		\$ 59,312	59,312					
b.	Medicine Cabinet Drugs		\$ 4,797	4,797					
c.	Medical and Therapeutic Supplies		\$ 98,144	98,144					
d.	Ambulance/Limousine***		\$ 1,267	1,267					
e.	Oxygen								
	1. For Emergency Use		\$ 1,754	1,754					
	2. Other***		\$						
f.	X-rays and Related Radiological Procedures***		\$ 965	965					
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$						
h.	Laboratory***		\$ 3,138	3,138					
i.	Recreation		\$						
j.	Direct Management Services*		\$ 139,400	139,400					
k.	Indirect Management Services*		\$ 34,539	34,539					
l.	Cable TV		\$						
m.	Other (Specify)**** See Attached Schedule		\$ 52,754	52,754					
n.	Physical Therapy Expense		\$						
o.	Speech Therapy Expense		\$						
5P.	Total Resident Care Expenditures (5a - 5o)		\$ 396,070	396,070					

* 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	Other	Adjustment
NURSING ADMIN SUPPLIES	\$ 485				\$ -	
NURSING MINOR EQUIP	\$ 2,023				\$ -	
MEDICAL RECORDS SUPPLIES	\$ -				\$ -	
MEDICAL RECORDS MINOR EQUIPMENT	\$ -				\$ -	
NON-COVERED PPS DR. VISITS	\$ 134				\$ -	
RESIDENT CARE SUPPLIES	\$ -				\$ -	
CENTRAL SUPPLY MINOR EQUIPMENT	\$ 11,063				\$ -	
PERSONAL CARE SUPPLIES	\$ 635				\$ -	
INCONTINENCY SUPPLIES	\$ -				\$ -	
VACCINE RESIDENTS	\$ 5,521				\$ -	
PATIENT SPECIAL NEEDS	\$ 339				\$ -	
PHYSICAL THERAPY SUPPLIES	\$ -				\$ -	
PHYSICAL THERAPY EQUIPMENT RENT	\$ -				\$ -	
PHYSICAL THERAPY MINOR EQUIPMENT	\$ -				\$ -	
OCCUPATIONAL THERAPY SUPPLIES	\$ -				\$ -	
OCCUPATIONAL THERAPY EQUIP RENTAL	\$ -				\$ -	
OCCUPATIONAL THERAPY MINOR EQUIP	\$ -				\$ -	
SPEECH THERAPY SUPPLIES	\$ -				\$ -	
SPEECH THERAPY EQUIPMENT RENT	\$ -				\$ -	
SPEECH THERAPY MINOR EQUIPMENT	\$ -				\$ -	
RENTALS FOR NURSING EQUIPMENT NON BILLABLE	\$ 15,141				\$ -	
EQUIPMENT RENTAL: AIDS UNIT	\$ -				\$ -	
PEN THERAPY SUPPLIES - NOT BILLABLE TO PART B	\$ -				\$ -	
PEN THERAPY FOOD NOT BILLABLE TO PART B	\$ 5,343				\$ -	
HI LOW BED RENTAL & MATTRESSES	\$ -				\$ -	
IV THERAPY SUPPLIES	\$ 6,055				\$ -	
IV THERAPY CONTRACT SERVICE	\$ -				\$ -	
MEDICAL WASTE CONTRACT SERVICE	\$ 707				\$ -	
ACTIVITIES SUPPLIES	\$ 5,308				\$ -	
ACTIVITIES MINOR EQUIPMENT	\$ -				\$ -	
ADMISSIONS SUPPLIES	\$ -				\$ -	
MEDICAL COURIER SERVICES FOR SPECIAL PRESCRIPTIONS						
STRIKE COSTS NON REIMBURSABLE	\$ -				\$ -	
COVID NON REIMBURSABLE	\$ -				\$ -	
Total Other Resident Care	\$ 52,754	\$ -	\$ -	\$ -	\$ -	\$ -

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

Name of Facility Kettle Brook Care Center, LLC			License No. 2219-C		Report for Year Ended 9/30/2023				Page of 21 37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH / RHNS	(Specify)	Other	Pg	Line
Health Services Group	3220 Tillman Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Housekeeping Services	294,073			20	4b
Health Services Group/Unitex Textile Rental Services	3220 Tillman Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Laundry Services	277,079			19	3b
Eagle Elevator		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Elevator Contract	10,358			22	6F
Brightview Landscapes LLC		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Landscaping	8,480			22	6F
Halpin Christopher		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Snow Removal	9,000			22	6F
CWPM LLC		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Trash removal	41,866			22	6F
Facility Complainece		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Plant Contract Services	23,093			22	6F
American HealthTech	P.O. Box 9001006, Louisville, KY 40290	<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Software Maintenance Contract	22,951			16	M11
Automatic Data Processing		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Payroll Services	41,720			16	M11
National Datacare Corp		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Resident Trust Software	4,568			16	M11
Prime Care Technology services		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Computer Consulting Services	46,376			16	M11
Priotiry Express		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Courier Services	3,178			16	M11
Point Right Inc		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR	Nursing Software	5,149			16	M11
		<input type="radio"/>	<input checked="" type="radio"/>	VENDOR						

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

** Refer to Page 4 for definition of related.

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

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

Name of Facility	License No.	Report for Year Ended					Page	of
Kettle Brook Care Center, LLC	2219-C	9/30/2023					22	37
Item		Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$	38,547	38,547					
b. Heat	\$	67,400	67,400					
c. Light & Power	\$	99,154	99,154					
d. Water	\$	27,376	27,376					
e. Equipment Lease (<i>Provide detail on page 22b</i>)	\$	19,557	19,557					
f. Other (<i>itemize</i>)	\$	134,581	134,581					
See Attached Schedule								
6g. Total Maint. & Operating Expense (6a - 6f)	\$	386,615	386,615					
7. Depreciation (<i>complete schedule page 23*</i>)								
a. Land Improvements	\$							
b. Building & Building Improvements	\$	25,094	25,094					
c. Non-Movable Equipment	\$							
d. Movable Equipment	\$	42,573	42,573					
*7e. Total Depreciation Costs (7a + b + c + d)	\$	67,666	67,666					
8. Amortization (<i>Complete att. Schedule Page 24*</i>)								
a. Organization Expense	\$							
b. Mortgage Expense	\$							
c. Leasehold Improvements	\$	38,737	38,737					
d. Other (<i>Specify</i>)	\$							
*8e. Total Amortization Costs (8a + b + c + d)	\$	38,737	38,737					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	867,033	867,033					
10. Property Taxes								
a. Real estate taxes paid by owner	\$							
b. Real estate taxes paid by lessor	\$	119,731	119,731					
c. Personal property taxes	\$	14,545	14,545					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	1,107,713	1,107,713					

* 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	Other	Adjustment
PLANT SUPPLIES	\$ 15,303				\$ -	
PLANT CONTRACT SERVICE LABOR	\$ -				\$ -	
ELEVATOR CONTRACT SERVICE	\$ 10,358				\$ -	
FIRE/SPRINKLER CONTRACT SERVICE	\$ 8,470				\$ -	
LANDSCAPING CONTRACT SERVICE	\$ 8,480				\$ -	
SNOW REMOVAL CONTRACT SERVICE	\$ 9,000				\$ -	
TRASH REMOVAL CONTRACT SERVICE	\$ 41,866				\$ -	
PLANT (POOL) CONTRACT SERVICES OTHER	\$ 23,093				\$ -	
SECURITY CONTRACT SERVICE	\$ -				\$ -	
PLANT CONTRACT SERVICE OTHER	\$ 9,915				\$ -	
PLANT MINOR EQUIPMENT	\$ 6,172				\$ -	
RENT AUTO	\$ -				\$ -	
RENT EQUIPMENT	\$ 1,923				\$ -	
RENT OTHER	\$ -				\$ -	
Total Other Repairs and Maintenance	\$ 134,581	\$ -	\$ -	\$ -	\$ -	\$ -

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of
Kettle Brook Care Center, LLC			2219-C	9/30/2023			22b	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease		Amount Claimed
	Yes	No						
ADP, Inc., One ADP Drive MS-100, Augusta, GA 30909	<input type="radio"/>	<input checked="" type="radio"/>	Time Clocks and Payroll Punch Equip	06/01/10	automatic renewals	9,178		9,178
GE Capital C/O Ricoh USA, P.O.Box 41564, Philadelphai, PA 19101	<input type="radio"/>	<input checked="" type="radio"/>	Copier	05/09/14	automatic renewals	9,262		9,262
GE Capital C/O Ricoh USA, P.O.Box 41564, Philadelphai, PA 19101	<input type="radio"/>	<input checked="" type="radio"/>	Copier	03/01/14	automatic renewals	340		340
Pitney Bowes	<input type="radio"/>	<input checked="" type="radio"/>	Postage Meter Rental		Monthly	777		777
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
							Total ***	19,557

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes No

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
 ** Attach copies of newly acquired leases.
 *** Amount should agree to Page 22, Line 6e.

Depreciation Schedule

Name of Facility Kettle Brook Care Center, LLC		License No. 2219-C		Report for Year Ended 9/30/2023				Page 23	of 37			
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
A. Land Improvements												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
B. Building and Building Improvements												
1. Acquired prior to this report period		524,673		524,673	196,353			25,094				
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
B-4. Subtotal									25,094			
C. Non-Movable Equipment												
1. Acquired prior to this report period		13,309		13,309	13,309							
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal												
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
D. Movable Equipment												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period												
b. Disposals (attach schedule)												
Acquired during this report period (attach schedule):												
c. Administrative												
d. Standard Resident												
e. Specialized Resident												
Total Acquired during this report period												
D-3. Subtotal												
E. Total Depreciation												

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
10/31/2022	Beds: Direct Supply	Standard Resident	\$ 15,814	60	\$ 2,899
1/27/2023	Beds, Head/Foot: Direct Supply	Standard Resident	\$ 9,204	60	\$ 1,227
4/30/2023	Wound Vac: H&R Healthcare	Standard Resident	\$ 4,669	60	\$ 389
4/18/2023	Steam Prep Table: Warehouse Store Fixture	Standard Resident	\$ 4,776	180	\$ 133
4/18/2023	Oven Replacement: Warehouse Store Fixture	Standard Resident	\$ 3,801	120	\$ 158
4/18/2023	Refridgerator Replacement (Reach-in Fridge): HPC	Standard Resident	\$ 3,193	120	\$ 133
1/30/2023	Dryer Repair: Daniels Equipment	Standard Resident	\$ 4,977	120	\$ 332
7/17/2023	Mattresses: Direct Supply	Standard Resident	\$ 3,426	60	\$ 114
7/12/2023	Ice Machine: HPC	Standard Resident	\$ 2,795	120	\$ 47
6/29/2023	Laptop & Access Points: Primecare	Administrative	\$ 4,778	36	\$ 398
1/31/2023	IT Upgrade Prjt: Trenching for wireless Comm Mgt System	Administrative	\$ 15,411	36	\$ 3,425
4/13/2023	IT Upgrade project: Activation for internet Comm Mgt System	Administrative	\$ 2,661	36	\$ 370
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
Total additions for Movable Equipment			\$ 75,506		\$ 9,625 *
Deletions:					
Total deletions for Movable Equipment			\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
8/9/2022	Tree stumps/Debris removal: Brightview Landscaping	\$ 1,493	120	\$ 162
1/12/2023	Circulator Pump: Saucier	\$ 5,775	120	\$ 385
5/15/2023	Sprinkler heads Replacement: Facilities Compliance	\$ 4,631	300	\$ 62
5/24/2023	Boiler Repair: Fahrenheit Mechanical	\$ 7,311	240	\$ 122
7/14/2023	Exhaust Hood Kitchen: Fahrenheit Mechanical	\$ 5,052	120	\$ 84
6/7/2023	Circulator Pump: Fahrenheit Mechanical	\$ 10,960	120	\$ 274
7/16/2023	Security Locks: S&S Wired	\$ 7,976	120	\$ 133
6/13/2023	Elevator Repairs: Excel Elevator & Direct Supply	\$ 8,784	240	\$ 110
9/11/2023	Circulator Pump: Fahrenheit Mechanical	\$ 2,600	120	-
8/22/2023	Resident Room Renovation: Shani Painting	\$ 17,000	120	\$ 142
Total additions for Leasehold Improvement		\$ 71,582		\$ 1,473 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility Kettle Brook Care Center, LLC			License No. 2219-C		Report for Year Ended 9/30/2023			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period				915,320	562,816			37,264	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				71,582				1,473	
C-4. Subtotal									38,737
D. Total Amortization									38,737

* 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.

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

Name of Facility Kettle Brook Care Center, LLC	License No. 2219-C	Report for Year Ended 9/30/2023	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased	04/01/99				
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	134				
6. Square Footage	57,744				
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of _____					
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	
Summit East Windsor, LLC	96 Prospect Hill Road, East Windsor, CT	08/09/17	15 year with 2	599,034	

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Kettle Brook Care Center, LLC		2219-C	9/30/2023				26	37
Item		Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
12. Interest								
A. Building, Land Improvement & Non-Movable Equipment								
1. First Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
2. Second Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
3. Third Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
4. Fourth Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
B. CHEFA Loan Information								
1. Original Loan Amount		\$						
2. Loan Origination Date								
3. Interest Rate %								
4. Term								
5. CHEFA Interest Expense								
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$						

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended				Page	of	
Kettle Brook Care Center, LLC		2219-C		9/30/2023				27	37	
Item				Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
Subtotals Brought Forward:										
12. C. Movable Equipment										
1. Automotive Equipment				\$						
A. Item		Rate	Amount							
Lender										
Address of Lender										
2. Other (Specify)				\$						
A. Item		Rate	Amount							
Lender										
Address of Lender										
B. Item		Rate	Amount							
Lender										
Address of Lender										
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$						
12. D. Other Interest Expense (Specify)				\$						
INTEREST										
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$						
14. Insurance										
a. Insurance on Property (buildings only)				\$ 10,343	10,343					
b. Insurance on Automobiles				\$ 2,165	2,165					
c. Insurance other than Property (as specified above)										
1. Umbrella (Blanket Coverage)				\$ 106,757	106,757					
2. Fire and Extended Coverage				\$						
3. Other (Specify)				\$ 14,723	14,723					
Other insurance, crime										
14d. Total Insurance Expenditures (14a + b + c)				\$ 133,988	133,988					
15. Total All Expenditures (A-13 thru C-14)				\$ 14,364,998	14,364,998					

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Kettle Brook Care Center, LLC	2219-C	9/30/2023		30	37
Item	Total	CCNH / RHNS	(Specify)	Other	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 11,963,349	11,963,349			
b. Medicaid Room and Board Contractual Allowance **	\$				
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,137,567	1,137,567			
b. Medicare Room and Board Contractual Allowance **	\$				
4. a. Private-Pay Residents and Other	\$ 1,076,778	1,076,778			
b. Private-Pay Room and Board Contractual Allowance **	\$				
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 45,737	45,737			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (45,637)	(45,637)			
c. Prescription Drugs - Non-Medicare	\$ 10,852	10,852			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (10,852)	(10,852)			
2. a. Medical Supplies - Medicare	\$ 593	593			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (593)	(593)			
c. Medical Supplies - Non-Medicare	\$ 489	489			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (489)	(489)			
3. a. Physical Therapy - Medicare	\$ 142,543	142,543			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (88,524)	(88,524)			
c. Physical Therapy - Non-Medicare	\$ 102,150	102,150			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (102,150)	(102,150)			
4. a. Speech Therapy - Medicare	\$ 34,552	34,552			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (19,227)	(19,227)			
c. Speech Therapy - Non-Medicare	\$ 41,633	41,633			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (41,633)	(41,633)			
5. a. Occupational Therapy - Medicare	\$ 112,991	112,991			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (69,425)	(69,425)			
c. Occupational Therapy - Non-Medicare	\$ 89,612	89,612			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (89,520)	(89,520)			
6. a. Other (<i>Specify</i>) - Medicare	\$ (306,261)	(306,261)			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 250,412	250,412			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 14,234,947	14,234,947			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 17,093	17,093			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 71,560	71,560			
V. Total Other Revenue (1 thru 8)	\$ 88,653	88,653			
VI. Total All Revenue (III +V)	\$ 14,323,600	14,323,600			

* 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 / RHINS	(Specify)	Other
	Lab Medicare	\$ 2,588		
	Lab Medicare CA	\$ (2,588)		
	Oxygen Medicare	\$ -		
	Oxygen Medicare CA	\$ -		
	Equipment rental	\$ 945		
	Equipment rental CA	\$ (945)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds Medicare	\$ -		
	Therapy Beds Medicare CA	\$ -		
	Radiology Medicare	\$ 965		
	Radiology Medicare CA	\$ (965)		
	IV Therapy	\$ 8,355		
	IV Therapy CA	\$ (8,355)		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose testing	\$ -		
	Glucose testing CA	\$ -		
	Outpatient therapy Medicare	\$ -		
	MEDICAID COVID REVENUE	\$ -		
	CRF MEDICAID REVENUE	\$ -		
	MEDICAID WAGE & ENHANCEMENT RESERVE	\$ (306,261)		
Total Other Resident Revenue - Medicare		\$ (306,261)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH / RHINS	(Specify)	Other
	Lab	37		
	Lab CA	(37)		
	Oxygen	\$ -		\$ -
	Oxygen CA	\$ -		\$ -
	Equipment rental	\$ 6,670		
	Equipment rental CA	\$ (6,670)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds	\$ -		
	Therapy Beds CA	\$ -		
	Radiology	\$ -		
	Radiology CA	\$ -		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose Testing	\$ -		
	Glucose Testing CA	\$ -		
	IV therapy	\$ 5,721		\$ -
	IV therapy CA	\$ (5,721)		\$ -
	Flu shot revenue	\$ 2,251		
	Outpatient therapy	\$ -		
	prior period revenue	\$ 44,661		
	Optum B	\$ 346,865		
	Optum B CA	\$ (143,365)		
	C/A VBP	\$ -		
	rounding	\$ (0)		
Total Other Resident Revenue		\$ 250,412	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH / RHINS	(Specify)	Other
	INTEREST INCOME		\$ 17,093		
Total Interest Income			\$ 17,093	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH / RHINS	(Specify)	Other
	MEALS	\$ -		
	TELEVISION INCOME	\$ -		
	OTHER INCOME: DMHAS OPERATING REVENUE	\$ -		
	OTHER INCOME: DMHAS ORGANIZATIONAL REV	\$ -		
	OTHER INCOME: DEFERRED REVENUE	\$ -		
	MEDICARE COVID STIMULUS REVENUE	\$ -		
	CONCESSIONS / VENDING INCOME	\$ -		
	RESIDENT LATE FEE REVENUE	\$ -		
	RESIDENT ATTORNEY FEE REVENUE	\$ -		
	TELEPHONE INCOME	\$ -		
	OTHER INCOME	\$ 600		
	OPTUM DIVIDENDS REVENUE	\$ 70,960		
	OPTUM OUTLIERS	\$ -		
	HHS GENERAL FUND REVENUE	\$ -		
	HHS INFECTION CONTROL REVENUE	\$ -		
	CARES ACT REVENUE	\$ -		
	EMPLOYEE TESTING REVENUE	\$ -		
	COVID ECHO TRAINING REVENUE	\$ -		
Total Other Revenue		\$ 71,560	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Kettle Brook Care Center, LLC	2219-C	9/30/2023	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	354,355
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,190,345
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	13,407
5. Prepaid Expenses			\$	150,863
a. Prepaid Insurance	96,773			
b. Prepaid Property Taxes	41,000			
c. Prepaid Expenses Other	13,090			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	(274,776)
Due From (to) Related Parties	112,723			
Other Owners reserves	(387,499)			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,434,193
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		
	Net			
3. Buildings	*Historical Cost	524,673	\$	303,226
	Accum. Depreciation	221,446		
	Net			
4. Leasehold Improvements	*Historical Cost	986,902	\$	385,349
	Accum. Depreciation	601,553		
	Net			
5. Non-Movable Equipment	*Historical Cost	13,309	\$	(0)
	Accum. Depreciation	13,309		
	Net			
6. Movable Equipment	*Historical Cost	617,526	\$	72,084
	Accum. Depreciation	545,442		
	Net			
7. Motor Vehicles	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		
	Net			
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	9,367
Construction in Progress	9,367			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	770,026

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

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

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

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Kettle Brook Care Center, LLC	2219-C	9/30/2023	32	37
Account			Amount	
Total Brought Forward:			\$	2,204,219
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	621,170
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	167,011
	Patient Trust Funds	157,156		
	Long Term Deposit - primicare	9,855		
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	4,901,141
	RIGHT TO USE ASSET	5,752,798		
	ACCUM RIGHT TO USE ASSET	(851,657)		
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	5,689,322
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	7,893,541

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

G. Balance Sheet (cont'd)

Name of Facility Kettle Brook Care Center, LLC		License No. 2219-C	Report for Year Ended 9/30/2023	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	162,444
2. Notes Payable (<i>itemize</i>)				\$	

See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	256,292
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	6,417,931
Related Party Payables		6,232,181			
Accrued Expenses		126,919			
Accrued Resident User Fees					
Accrued Workers Comp Expense		58,832	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	6,836,667

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Kettle Brook Care Center, LLC	License No. 2219-C	Report for Year Ended 9/30/2023	Page 34	of 37
Account				Amount
Total Brought Forward:				6,836,667
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$
Patient Trust Funds		157,156		
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 157,156
C. Total All Liabilities (Lines A-13 + B-5)				\$ 6,993,823

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

Name of Facility	License No.	Report for Year Ended	Page	of
Kettle Brook Care Center, LLC	2219-C	9/30/2023	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	1,000
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	940,117
6. Gain or Loss for Period			\$	(41,399)
	10/1/2022	thru	9/30/2023	
7. Total Net Worth			\$	899,718
C. Total Reserves and Net Worth			\$	899,718
D. Total Liabilities, Reserves, and Net Worth			\$	7,893,541

H. Changes in Total Net Worth

Name of Facility Kettle Brook Care Center, LLC	License No. 2219-C	Report for Year Ended 9/30/2023	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2022			\$	
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$ 14,323,600	
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$ 14,364,998	
D. Net Income or Deficit			\$ (41,399)	
E. Balance			\$ (41,399)	
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions				
G. Deductions			\$	
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$ (41,399)	
			09/30/23	

I. Preparer's/Reviewer's Certification

Name of Facility Kettle Brook Care Center, LLC	License No. 2219-C	Report for Year Ended 9/30/2023	Page 37	of 37
<i>Check appropriate category</i>				
<input type="checkbox"/> Chronic and Convalescent Nursing <input type="checkbox"/> Home (CCNH) & RHNS <input type="checkbox"/> Combined	<input checked="" type="checkbox"/> (Specify)	<input checked="" type="checkbox"/> Other		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
iCare Management, LLC				
Address Address			Phone Number	
341 Bidwell Street, Manchester, CT 06040			860-570-2140	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Kartik Patel			860-570-2140	
Contact Email Address				
kpatel@icarehn.com				