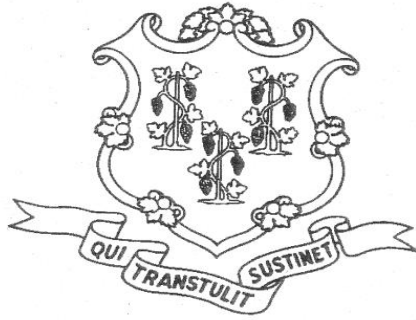


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2023

Name of Facility (as licensed) Glen Hill Care and Rehabilitation Center	
Address (No. & Street, City, State, Zip Code) 1 Glen Hill Road, Danbury, CT 06811	
Type of Facility Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input type="checkbox"/> (Specify) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2022	Report for Year Ending 9/30/2023

License Numbers:	CCNH / RHNS 2217-C	(Specify)	(Specify)	Medicare Provider 07-5031
------------------	-----------------------	-----------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH / RHNS 7153	(Specify)	(Specify)
----------------------------	---------------------	-----------	-----------

General Information

Name of Facility (as licensed) Glen Hill Care and Rehabilitation Center	License No.	Report for Year Ended 9/30/2023	Page 1	of 37
--	-------------	------------------------------------	-----------	----------

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 _____ [facility name], for the cost report period beginning _____ and ending _____, 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) Schiff,Shelly Renee			Printed Name (Owner) Diane Morris - VP Reimbursement		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Other Lines of Business	6
General Information and Questionnaire - Other Lines of Business (Continued)	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. 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. 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 Adjustment			Page 1A	of 37
Name of Facility Glen Hill Care and Rehabilitation Center		Period Covered:	From 10/1/2022	To 9/30/2023
Address of Facility 1 Glen Hill Road, Danbury, CT 06811				
Report Prepared By Rick Fink		Phone Number 410-494-7657	Date 12/28/2023	
Item	Total	CCNH / RHNS	(Specify)	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$	4,651,445	4,651,445	
5. All other wages paid	\$	806,703	806,703	
6. Total Wages Paid	\$	5,458,148	5,458,148	
7. Total salaries paid	\$	376,375	376,375	
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$	5,834,523	5,834,523	

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 203-744-2840		Report for Year Ended 9/30/2023	Page 2	of 37
Name of Facility (as shown on license) Glen Hill Care and Rehabilitation Center		Address (No. & Street, City, State, Zip) 1 Glen Hill Road, Danbury, CT 06811		
License Numbers:	CCNH / RHNS 2217-C	(Specify)	(Specify)	Medicare Provider No. 07-5031
Type of Facility (Check appropriate box(es)) Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input type="checkbox"/> (Specify) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box) <input type="checkbox"/> Proprietorship <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Profit Corp. <input type="checkbox"/> Non-Profit Corp. <input type="checkbox"/> Government <input type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Schiff, Shelly Renee		Nursing Home Administrator's License No.:	2181	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire
 Corporate Owners**

Name of Facility Glen Hill Care and Rehabilitation Center	License No.	Report for Year Ended 9/30/2023	Page 3A	of 37
--	-------------	------------------------------------	------------	----------

If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated	

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each

Names of Stockholders Owning at Least 10% of Shares			
---	--	--	--

See the attached			
------------------	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

**General Information and Questionnaire
 Related Parties***

Name of Facility Glen Hill Care and Rehabilitation Center	License No.	Report for Year Ended 9/30/2023	Page 4	of 37
--	-------------	------------------------------------	-----------	----------

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	%**				
Genesis Administrative Services LLC	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>		Home Office	Pg 16/m12	687,379	687,379
Genesis ElderCare Rehabilitation Services GRS	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	73%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	1,275,568	1,275,568
Genesis ElderCare Physician Services GPS_C	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	86%	Medical Director /NP	Pg 13/B8, Pg 10/A12		
Career Staffing Carstaff_C	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	60%	Nursing Agency/ Temporary Services	Pg 13/B11 pg 10-12, 1	30,379	30,379
Respiratory Health Services NCRHS C	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	50%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E		
Genesis Healthcare Ins Program	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>		Insurance	Pg 27/14	135,575	135,575
		<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 Glen Hill Care and Rehabilitation Center	License No.	Report for Year Ended 9/30/2023	Page 5	of 37
--	-------------	------------------------------------	-----------	----------

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 Glen Hill Care and Rehabilitation Ce	License No. 0	Report for Year Ended 9/30/2023	Page 6	of 37
Square footage of entire facility.		36,750		
Outpatient Therapy				
Does the Facility provide outpatient therapy services?		Yes		
<i>If yes, please complete the following:</i>				
0		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 Glen Hill Care and R	License No. 0	Report for Year Ended 9/30/2023	Page 7	of 37
--	------------------	------------------------------------	-----------	----------

Child Day Care

Does the Facility provide Child Day Care? No

If yes, please complete the following:

	Square footage of child day care space.
	Average number of daily participants.
	Number of meals per day provided to child day 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 Glen Hill Care and Rehabilitation Center			License No.		Report for Year Ended 9/30/2023				Page 8	of 37		
	Total All Levels	Total CCNH / RHNS Level	Total (Specify)	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH / RHNS	(Specify)	(Specify)	Total	CCNH / RHNS	(Specify)	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	100	100			100	100						
B. On last day of THIS report period	100	100							100	100		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	96	96			96	96						
B. As of midnight of THIS report period	84	84							84	84		
3. Total Number of Days Care Provided During Period												
A. Medicare	8,402	8,402			6,842	6,842			1,560	1,560		
B. Medicaid (Conn.)	17,536	17,536			12,628	12,628			4,908	4,908		
C. Medicaid (other states)												
D. Private Pay	2,037	2,037			1,472	1,472			565	565		
E. State SSI for RCH												
F. Other (Specify)	4,962	4,962			4,002	4,002			960	960		
G. Total Care Days During Period (3A thru F)	32,937	32,937			24,944	24,944			7,993	7,993		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	1	1			1	1						
B. Other Bed Reserve Days	26	26			26	26						
5. Total Resident Days (3G + 4A + 4B)	32,964	32,964			24,971	24,971			7,993	7,993		

Schedule of Resident Statistics (Cont'd)

Name of Facility Glen Hill Care and Rehabilitation Center			License No.			Report for Year Ended 9/30/2023			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> 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)	(Specify)	Lost			Gained			CCNH / RHNS	(Specify)		(Specify)
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	(Specify)	(Specify)		
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)	(Specify)		
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)	(Specify)	R.C.H.	ICF-MR					
No. of Residents	16	53		15									
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.	729.64	#####		543.30									
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments				TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)					
A. Medicare - Part B				3,382	3,382								
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments				294	294								
C. Other				18,410	18,410								
D. Total Physical Therapy Treatments				22,086	22,086								
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B				540	540								
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments				9	9								
C. Other				3,555	3,555								
D. Total Speech Therapy Treatments				4,104	4,104								
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B				2,490	2,490								
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments				48	48								
C. Other				17,915	17,915								
D. Total Occupational Therapy Treatments				20,453	20,453								

Annual Report of Long-Term Care Facility

CSP-10 Rev. 3/2023

Report of Expenditures - Salaries & Wages

Name of Facility Glen Hill Care and Rehabilitation Center	License No.	Report for Year Ended 9/30/2023	Page 10	of 37
--	-------------	------------------------------------	------------	----------

Are time records maintained by all individuals receiving compensation? Yes No

Item	Total Cost and Hours									
	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	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)	149,667	(49,858)	2,160							
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)										
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	348,251		11,913							
5. Dietary Service										
a. Head Dietitian										
b. Food Service Supervisor										
c. Dietary Workers										
6. Housekeeping Service										
a. Head Housekeeper										
b. Other Housekeeping Workers										
7. Repairs & Maintenance Services										
a. Engineer or Chief of Maintenance	52,634		1,481							
b. Other Maintenance Workers	25,231		1,126							
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	226,708		3,458							
b. RN										
1. Direct Care	1,615,158		30,463							
2. Administrative**	332,903		6,810							
c. LPN										
1. Direct Care	989,745		24,909							
2. Administrative**										
d. Aides and Attendants	1,635,357		67,787							
e. Physical Therapists										
f. Speech Therapists										
g. Occupational Therapists										
h. Recreation Workers	178,299		7,040							
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	202,288		6,761							
n. Marketing										
o. Other (Specify) See Attached Schedule	78,283		2,954							
A-13. Total Salary Expenditures	5,834,523	(49,858)	166,860							

* 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)			(Specify)		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
Coordinator-Staffing Centers	\$ 1,196		\$ 25						
Central Supply	\$ 15,288		\$ 708						
Medical Records	\$ 61,799		\$ 2,221						
Total	\$ 78,283	\$ -	2,954	\$ -	\$ -	-	\$ -	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH / RHNS			(Specify)			(Specify)		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
Consulting Fees	\$ 4,190		N/A						
Purchased Services	\$ 6,500	\$ (6,500)	N/A						
Purchased Services	\$ -	\$ -	N/A						
Purchased Services	\$ 795	\$ (795)	N/A						
Purchased Services	\$ 22,974		N/A						
Total	\$ 34,460	\$ (7,295)	-	\$ -	\$ -	-	\$ -	\$ -	-

- 1020620010
- 3010620020
- 3015620020
- 3155620020
- 3080620020

correct
 34,460
 \$ -

**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	
Glen Hill Care and Rehabilitation Center					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)	(Specify)							
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	
Glen Hill Care and Rehabilitation Center					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)	(Specify)							
Section III - Administrators***										
Schiff,Shelly Renee	86,244				Management of Center	1,280	2			
Kolenovic,Merisa	63,423				Management of Center	880	2			
Section IV - Assistant Administrators										
					Management of Center		2			

*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
Glen Hill Care and Rehabilitation Center		9/30/2023						13	37
Total Cost and Hours									
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	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	16,589		114						
3. Pharmacist	22,483		459						
4. Podiatrist									
5. Physical Therapy									
a. Resident Care	514,345	(514,345)	7,046						
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians									
a. Medical Director (entire facility)	69,323		367						
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)									
9. Speech Therapist									
a. Resident Care	252,086	(252,086)	3,232						
b. Other									
10. Occupational Therapist									
a. Resident Care	502,654	(502,654)	6,886						
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care	19,217	(836)	111						
2. Administrative***									
b. LPN									
1. Direct Care									
2. Administrative***									
c. Aides	12,543	(546)	307						
d. Other									
12. Other (Specify)									
See Attached Schedule	34,460	(7,295)							
B-13 Total Fees Paid in Lieu of Salaries	1,443,699	(1,277,761)	18,521						

* 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 Glen Hill Care and Rehabilitation Center		License No.		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			
Career Staffing	Nursing Agency	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Genesis Eldercare Rehabilitation Services	Physical, Occupational, and Speech Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Genesis Eldercare Physician Services	Medical Director	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Genesis Eldercare Staffing Services	Nursing Pool	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Respiratory Health Services	Respiratory and Oxygen Supplies	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
		<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"/>			
		<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
Glen Hill Care and Rehabilitation Center		9/30/2023					15	37
Item	Total Including Adjustment	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
I. Administrative and General								
a. Employee Health & Welfare Benefits								
1. Workmen's Compensation	\$ 179,265	196,298	(17,033)					
2. Disability Insurance	\$							
3. Unemployment Insurance	\$ 37,253	37,253						
4. Social Security (F.I.C.A.)	\$ 431,503	431,503						
5. Health Insurance	\$ 158,643	158,643						
6. Life Insurance (employees only) (not-owners and not-operators)	\$							
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 123,656	123,656						
8. Uniform Allowance	\$							
9. Other (<i>Specify</i>) See Attached Schedule	\$ 14,440	14,440						
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$							
c. Bad Debts*	\$	28,185	(28,185)					
d. Accounting and Auditing	\$							
e. Legal (<i>Services should be fully described on Page 15b</i>)	\$							
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$							
g. Office Supplies	\$ 29,675	29,675						
h. Telephone and Cellular Phones								
1. Telephone & Pagers	\$ 20,007	20,007						
2. Cellular Phones	\$ 876	876						
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	\$ 359	359						
3. Resident Day User Fee	\$ 422,775	422,775						
Subtotal	\$ 1,418,452	1,463,671	(45,218)					

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

(Carry Subtotals forward to next page)

Schedule of Other Employee Benefits

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Union Health & Welfare	\$ -					
Union Health & Welfare	\$ -					
Union Health & Welfare	\$ -					
Union Health & Welfare	\$ -					
Union Health & Welfare	\$ 14,440					
Union Health & Welfare	\$ -					
Union Health & Welfare	\$ -					
Benefit Allocations	\$ -					
Total	\$ 14,440	\$ -	\$ -	\$ -	\$ -	\$ -

1020520020
3080520020
3210520020
3215520020
3225520020
5035520020
3005520020
1020520060

10205200: Union Hea	5.57
30055200: Union Hea	327.34
30805200: Union Hea	151.77
32155200: Union Hea	5662.56
32255200: Union Hea	12980.05
50355200: Union Hea	466.59

correct

Schedule of Other Taxes

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Sales Tax	\$ 359					
Sales Tax	\$ -					
Total	\$ 359	\$ -	\$ -	\$ -	\$ -	\$ -

1020640110

correct

General Information and Questionnaire Accounting Basis

Name of Facility Glen Hill Care and Rehabilitation	License No.	Report for Year Ended 9/30/2023	Page 15b	of 37
---	-------------	------------------------------------	-------------	----------

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 Grant Thornton 2 3 4	Address (No. & Street, City, State, Zip Code) 1600 Market Street, Philadelphia, PA 19103
--	---

Services Provided by This Firm (*describe fully*)

1 Year end financial audit	\$
2	\$
3	\$
4	\$
Charge for Services Provided	\$

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

Legal Services Information

Name of Legal Firm or Independent Attorney 1 2 3 4 5	Telephone Number
---	------------------

Address (*No. & Street, City, State, Zip Code*)
 1
2
3
4
5

Services Provided by This Firm (*describe fully*)

1	\$
2	\$
3	\$
4	\$
5	\$
Charge for Services Provided	\$

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

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

Name of Facility	License No.	Report for Year Ended				Page	of
Glen Hill Care and Rehabilitation Center		9/30/2023				16	37
Item	Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Subtotals Brought Forward:	1,418,452	1,463,671	(45,218)				
I. Travel and Entertainment							
1. Resident Travel and Entertainment	\$						
2. Holiday Parties for Staff	\$ 598	598					
3. Gifts to Staff and Residents	\$						
4. Employee Travel	\$ 62,098	62,098					
5. Education Expenses Related to Seminars and Conventions	\$						
6. Automobile Expense (not purchase or depreciation)	\$						
7. Other (Specify) See Attached Schedule	\$						
m. Other Administrative and General Expenses							
1. Advertising Help Wanted (all such expenses)	\$						
2. Advertising Telephone Directory (all such expenses)**	\$						
3. Advertising Other (Specify)*** See Attached Schedule	\$	11,390	(11,390)				
4. Fund-Raising***	\$						
5. Medical Records	\$ 2,189	2,189					
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$						
7. Postage	\$ 1,943	1,943					
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$ 11,069	11,069					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$						
9. Subscriptions	\$ 35,593	35,593					
10. Contributions*** See Attached Schedule	\$	116	(116)				
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$ 15,022	15,022					
12. Administrative Management Services**	\$ 687,379	545,006	142,372				
13. Other (Specify) See Attached Schedule	\$ 94,007	102,268	(8,262)				
C-14 Total Administrative & General Expenditures	\$ 2,328,350	2,250,963	77,387				

* 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	(Specify)	Adjustment
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
Total Other Travel and Entertainment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

correct

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Advertising	\$ 4,217	\$ (4,217)				
Marketing Expense	\$ 886	\$ (886)				
Marketing Exp- Corporate Spend	\$ 6,141	\$ (6,141)				
Marketing Exp- Corporate Spend	\$ -	\$ -				
Marketing Expense	\$ 147	\$ (147)				
Total Other Advertising	\$ 11,390	\$ (11,390)	\$ -	\$ -	\$ -	\$ -

1020630020
1020630330
1020630331
3165630330
3080630330

correct

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Licenses & Certifications	\$ 11,069					
Dues to Chamber of Commerce	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
Total Dues	\$ 11,069	\$ -	\$ -	\$ -	\$ -	\$ -

1020630310

correct

Schedule of Contributions

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Contributions	\$ 116	\$ (116)				
Political Contributions	\$ -					
	\$ -					
Total Contributions	\$ 116	\$ (116)	\$ -	\$ -	\$ -	\$ -

1020630130
1020630135

correct

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Bank Service Charges	\$ 18,925					
Collection Fees	\$ 8,262	\$ (8,262)				
Education Expense	\$ -					
Employee Physicals	\$ 7,366					
Employee Relations	\$ 3,941					
Printing	\$ 382					
Training Expense	\$ 78					
Fines & Penalties	\$ -	\$ -				
Miscellaneous	\$ (184)					
Rental Expense	\$ 275					
Accrued Expense Estimation	\$ -	\$ -				
Landlord Operating Taxes	\$ -					
State Tax Annual Report Filing	\$ 80					
Recruiting Fees	\$ 56,174					
Recruiting Fees	\$ -					
Non-recurring Charges	\$ -	\$ -				
Interest Expense	\$ (0)					
Uniforms	\$ 1,087					
Equipment Non-Capitalized	\$ -					
Rental Expense	\$ 1,612					
Recruiting Fees	\$ -					
Software Maintenance	\$ 3,770					
Recruiting Fees	\$ 500					
	\$ -					
	\$ -					
Total Other Administrative and General	102,268	\$ (8,262)	\$ -	\$ -	\$ -	\$ -

1020630060 1020630060 Bank Servic 18,925.11 C01M13
1020630120 1020630120 Collection F 949.35 C01M13
1020630140 1020630120 Collection F 51.31 C01M13
1020630180 1020630180 Employee P 7,365.69 C01M13
1020630200 1020630200 Employee R 3,940.85 C01M13
1020630380 1020630380 Printing 382.30 C01M13
1020630610 1020630440 Recruiting F 1,612.32 C01M13
1020640080 3080630440 Recruiting F 56,799.44 C01M13
1020640090 1020640090 Recruiting F (800.00) C01M13
1020660080 3080630440 Recruiting F (25.00) C01M13
1020660990 3210630440 Recruiting F 500.00 C01M13
5095720090 1020630610 Training Exp 77.63 C01M13
1020720070 1020630640 Uniforms 1,086.90 C01M13
3080630440 1020640060 Equipment I 1,263.47 C01M13
3080630441 1020640060 Equipment I 1,263.47 C01M13
7010800030 1020640090 Miscellaneo (180.60) C01M13
7010730010 1020640090 Miscellaneo (3.51) C01M13
1020630640 1020660080 Rental Expe 275.42 C01M13
1020640060 1020660100 Repairs & M 3,635.24 C01M13
1020630440 1020660100 Repairs & M 135.00 C01M13
1020630520 1020660990 Accrued Exj 0.00 C01M13
1020660100 1020720070 State Tax A 80.00 C01M13
3210630440 7010730010 Interest Exp (0.12) C01M13
95,007
\$ 7,261.15

errors

Schedule C-1 - Management Services*

Name of Facility Glen Hill Care and Rehabilitation Center	License No.	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 #
Genesis Administrative Services LLC	687,379	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12

*** 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 Glen Hill Care and Rehabilitation Center		License No.	Report for Year Ended 9/30/2023				Page 18	of 37
Item	Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
2. Dietary								
a. In-House Preparation & Service								
1. Raw Food	\$ 192,176	192,176						
2. Non-Food Supplies	\$ 31,090	31,090						
3. Other (Specify) _____ Contra Meal Expense	\$							
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 641,643	641,643						
c. Other (Specify) _____ Books, Dues & Subscriptions	\$							
2D. Total Dietary Expenditures	\$ 864,909	864,909						
2E. Dietary Questionnaire		Total	CCNH / RHNS		(Specify)		(Specify)	
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 Glen Hill Care and Rehabilitation Center		License No.	Report for Year Ended 9/30/2023				Page 19	of 37
Item		Including Adjustment s	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	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. \$	7,260	7,260				
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. \$	8,529	8,529				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	123,799	123,799				
c. Other (Specify)		\$						
3D. Total Laundry Expenditures		\$	139,588	139,588				
3E. Laundry Questionnaire								
F. Is cost of employee laundry included in 3E		<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	
Glen Hill Care and Rehabilitation Center			9/30/2023				20	37	
Item			Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
4.	Housekeeping	Sq. Ft. Serviced by Personnel							
a.	In-House Care								
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt.	\$ 17,805	17,805					
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.	\$ 221,769	221,769					
C.	Other (<i>Specify</i>)		\$						
4D.	Total Housekeeping Expenditures		\$ 239,574	239,574					
5.	Resident Care (Supplies)**								
a.	Prescription Drugs***								
1.	Own Pharmacy		\$						
2.	Purchased from Omnicare		\$	299,039	(299,039)				
b.	Medicine Cabinet Drugs		\$ 24,938	24,938					
c.	Medical and Therapeutic Supplies		\$ 153,131	153,131					
d.	Ambulance/Limousine***		\$	766	(766)				
e.	Oxygen								
1.	For Emergency Use		\$						
2.	Other***		\$	6,170	(6,170)				
f.	X-rays and Related Radiological Procedures***		\$	23,855	(23,855)				
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$						
h.	Laboratory***		\$	30,732	(30,732)				
i.	Recreation		\$ 19,599	26,166	(6,567)				
j.	Direct Management Services*		\$						
k.	Indirect Management Services*		\$						
l.	Cable TV		\$						
m.	Other (Specify)**** See Attached Schedule		\$ 70,688	86,787	(16,099)				
n.	Physical Therapy Expense		\$						
o.	Speech Therapy Expense		\$						
5P.	Total Resident Care Expenditures (5a - 5o)		\$ 268,355	651,584	(383,230)				

* 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
Incontinency	\$ 34,633					
Advertising-Help Wanted	\$ -					
Advertising-Help Wanted	\$ 7,423					
Books, Dues & Subscriptions	\$ -					
Education Expense	\$ -					
Supplies	\$ 592					
Respiratory Supplies	\$ 3,445	\$ (3,445)				
Supplies	\$ 132					
Office Supplies	\$ -					
Office Supplies	\$ -					
Office Supplies	\$ -					
Training Expense	\$ 10,859					
Rental Expense	\$ -					
Rental Expense	\$ 1,982	\$ (1,982)				
Consolidated Billing	\$ 10,672	\$ (10,672)				
Tuition Reimbursement	\$ 1,500					
Tuition Reimbursement	\$ -					
Tuition Reimbursement	\$ -					
Office Supplies	\$ -					
Office Supplies	\$ -					
Supplies	\$ -					
T&E-Lodging/Transportation	\$ 15,549					
Total Other Resident Care	\$ 86,787	\$ (16,099)	\$ -	\$ -	\$ -	\$ -

3060610160	3060610160	3060610160	34,632.91
3060610161	3010610300	3010610300	10,672.43
3080630030	3080630030	3080630030	7,423.07
3080630080	3165630304	3165630304	0.00
3080630140	3120630530	3120630530	591.69
3120630530	3155630530	3155630530	3,409.35
3155630530	3155630530	3155630530	35.20
3170630530	3170630530	3170630530	132.40
3090630535	3080630550	3080630550	7,272.52
3120630535	3080630550	3080630550	8,276.34
3165630535	3080630610	3080630610	10,858.64
3080630610	3080630630	3080630630	1,500.00
3120660080	3155660080	3155660080	1,982.07
3155660080	3010610300	3010610300	
3080630630	3080630630	3080630630	
3210630630	3225630630	3225630630	86,786.62
3150630535	3155630535	3155630535	\$ -
3155630535	3165630530	3165630530	
3165630530	3080630550	3080630550	
correct	86,786.62		

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

Name of Facility Glen Hill Care and Rehabilitation Center			License No.		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)	(Specify)	Pg	Line
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Laundry Purchased Services	123,799			19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Housekeeping Purchased Services	221,769			20	4b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Dietary Purchased Services	639,030			18	2b
		<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"/>							

* 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
Glen Hill Care and Rehabilitation Cen		9/30/2023					22	37
Item		Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$	283,994	283,994					
b. Heat	\$	68,895	68,895					
c. Light & Power	\$	151,081	151,081					
d. Water	\$	55,884	55,884					
e. Equipment Lease (<i>Provide detail on page 22b</i>)	\$							
f. Other (<i>itemize</i>) See Attached Schedule	\$							
6g. Total Maint. & Operating Expense (6a - 6f)	\$	559,854	559,854					
7. Depreciation (<i>complete schedule page 23*</i>)								
a. Land Improvements	\$	13,137	18,644	(5,507)				
b. Building & Building Improvements	\$	267,258	241,910	25,349				
c. Non-Movable Equipment	\$		799	(799)				
d. Movable Equipment	\$	31,633	24,659	6,975				
*7e. Total Depreciation Costs (7a + b + c + d)	\$	312,028	286,011	26,018				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)								
a. Organization Expense	\$							
b. Mortgage Expense	\$							
c. Leasehold Improvements	\$							
d. Other (<i>Specify</i>)	\$							
*8e. Total Amortization Costs (8a + b + c + d)	\$							
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	1,518,675	1,518,675					
10. Property Taxes								
a. Real estate taxes paid by owner	\$							
b. Real estate taxes paid by lessor	\$	144,574	144,574					
c. Personal property taxes	\$							
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	1,975,277	1,949,259	26,018				

* 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
Total Other Repairs and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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 Glen Hill Care and Rehabilitation Center			License No.		Report for Year Ended 9/30/2023		Page 22b	of 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						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input checked="" type="radio"/>	<input 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"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input type="radio"/> No	Total ***

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

Depreciation Schedule

Name of Facility Glen Hill Care and Rehabilitation Center			License No.			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			2,856		2,856	2,246	S/L	Various	56	
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)			133,796		133,796				18,328	
A-4. Subtotal										18,384
B. Building and Building Improvements										
1. Acquired prior to this report period			21,591		21,591	3,229	S/L	Various	2,938	
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)			1,759,754		1,759,754				238,971	
B-4. Subtotal										241,910
C. Non-Movable Equipment										
1. Acquired prior to this report period			3,374		21,591	1,174	S/L	Various	352	
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)			9,830						447	
C-4. Subtotal										799
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					22,365				2,169	
d. Standard Resident										
e. Specialized Resident										
Total Acquired during this report period					22,365				2,169	
D-3. Subtotal										24,659
E. Total Depreciation										285,751

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/30/2022	Parking Repaving	\$ 133,796	06 01	\$ 18,328
Total additions for Land Improvements		\$ 133,796		\$ 18,328
Deletions:				
Total deletions for Land Improvements		\$ -		\$ -

150025 016372

*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:				
11/30/2022	New Surveillance Sys - 50% Deposit	\$ 5,181	06 01	\$ 710
11/30/2022	Meeting & Layout Work with Camera Com	\$ 596	06 01	\$ 82
11/30/2022	Smoke/ CO detectors all rooms & door ha	\$ 3,377	06 01	\$ 463
11/30/2022	Circuit panels/ Wiring/ Cabling & Conduit	\$ 20,635	06 01	\$ 2,827
11/30/2022	Marking Electrical Panels & All Devices	\$ 3,072	06 01	\$ 421
11/30/2022	Circuit panels/ Conduits/ Wiring for Basem	\$ 10,704	06 01	\$ 1,466
11/30/2022	Circuit panels/ Conduits/ Wiring for Basem	\$ 7,750	06 01	\$ 1,062
11/30/2022	Circuit panels & Conduits for 3 Wings	\$ 6,153	06 01	\$ 843
11/30/2022	New panel installation and wiring through	\$ 7,694	06 01	\$ 1,054
11/30/2022	New panel installation and wiring for all vi	\$ 38,764	06 01	\$ 5,310
11/30/2022	New Trough System in Kitchen for New p	\$ 2,989	06 01	\$ 410
11/30/2022	Collecting info & Extending PVC raceway	\$ 1,809	06 01	\$ 248
11/30/2022	Generator/electrical system design	\$ 12,500	06 01	\$ 1,712
11/30/2022	New Wiring Trough System Conduit for P	\$ 13,570	06 01	\$ 1,859
11/30/2022	40% switchgear and generator	\$ 166,757	06 01	\$ 22,843
11/30/2022	New Switchgear Extras - Foundation Pad	\$ 1,567	06 01	\$ 215
11/30/2022	Switch gear	\$ 104,223	06 01	\$ 14,277
11/30/2022	Final Invoice - New Switchgear and New	\$ 145,912	06 01	\$ 19,988
11/30/2022	9 - Branch Service Feeders & New CB fo	\$ 31,593	06 01	\$ 4,328
11/30/2022	New Transformer for Generator	\$ 4,060	06 01	\$ 556
11/30/2022	1 - New 3 Phase 4 Wire Service Feeder fo	\$ 2,483	06 01	\$ 340
11/30/2022	Printing & Shipping	\$ 332	06 01	\$ 46
11/30/2022	Panel Build Out	\$ 893	06 01	\$ 122
11/30/2022	Installing MC Panels	\$ 28,547	06 01	\$ 3,911
11/30/2022	Architectural Services	\$ 25,000	06 01	\$ 3,425
11/30/2022	Excavation Work to Move Generator	\$ 29,021	06 01	\$ 3,975
11/30/2022	Nurse Call System - Pmt 1	\$ 31,801	06 01	\$ 4,356
11/30/2022	Nurse Call System - Pmt 2	\$ 36,554	06 01	\$ 5,007
11/30/2022	Tree Removals for Generator	\$ 2,393	06 01	\$ 328
11/30/2022	Switchgear for Generator	\$ 1,107	06 01	\$ 152
11/30/2022	Meeting for Generator System, Panels, E	\$ 596	06 01	\$ 82
11/30/2022	GFI Outlets for 3 Wings	\$ 1,067	06 01	\$ 146
11/30/2022	Renovation Meeting w/Genesis Admin	\$ 766	06 01	\$ 105
11/30/2022	Bath/Shower Demo Nature Trail Wing - C	\$ 2,040	06 01	\$ 279
11/30/2022	Front Reception Area Renovations - CIP	\$ 3,701	06 01	\$ 507
11/30/2022	Fire Sprinkler System Pendant/ Plate rep	\$ 25,167	06 01	\$ 3,448
11/30/2022	Paint Bollards, Transformer & Generator -	\$ 9,189	06 01	\$ 1,259
11/30/2022	Baths, Nurses St 7, Recep Area Renovati	\$ 7,956	06 01	\$ 1,090
11/30/2022	Branch Circuits for Renovation	\$ 25,524	06 01	\$ 3,496
11/30/2022	Nurse Call, Flooring, Asbestos Renovatio	\$ 125,593	06 01	\$ 17,204

150057 016355

150057 016358

150050 016327

150050 016328

150050 016329

150050 016330

150050 016331

150050 016332

150050 016333

150050 016334

150050 016335

150050 016336

150050 016337

150050 016338

150050 016339

150050 016340

150050 016341

150050 016342

150050 016343

150050 016344

150050 016345

150050 016346

150050 016347

150050 016348

150050 016349

150050 016350

150050 016351

150050 016352

150050 016353

150050 016354

150050 016355

150050 016356

150050 016357

150050 016358

150050 016359

150050 016360

150050 016361

150050 016362

150050 016363

150050 016364

150050 016365

150050 016366

150050 016367

Attachment Pages 23 24
 150050 016368
 150050 016369
 150050 016370
 150050 016373
 150050 016374
 150050 016375
 150050 016376
 150050 016377
 150050 016390
 150050 016408
 150050 016435
 150050 016462
 150050 016508
 150050 016594

11/30/2022	Nurse Call, Flooring, Asbestos Renovatio	\$ 74,659	06 01	\$ 10,227
11/30/2022	Nurse Call, Flooring, Asbestos Renovatio	\$ 66,300	06 01	\$ 9,082
11/30/2022	Nurse Call, Flooring, Asbestos Renovatio	\$ 54,007	06 01	\$ 7,398
11/30/2022	interior decoration	\$ 39,978	06 01	\$ 5,476
11/30/2022	interior decoration	\$ 85,625	06 01	\$ 11,729
11/30/2022	Nurse Call, Flooring, Asbestos Renovatio	\$ 353,402	06 01	\$ 48,411
11/30/2022	Final Installment for The Air Survery Repa	\$ 28,720	06 01	\$ 3,934
11/30/2022	Mechanical Therapy Ventilation	\$ 22,900	06 01	\$ 3,137
11/30/2022	Roof Top Exhaust Fan - Kitchen	\$ 18,338	06 01	\$ 2,512
11/30/2022	Electrical System for Exhaust Fan	\$ 5,881	06 01	\$ 806
12/31/2022	Framing in common area rehab	\$ 18,926	06 00	\$ 2,366
1/31/2023	Mechanical ventilation therapy area	\$ 22,900	05 11	\$ 2,580
3/31/2023	Mechanical ventilation therapy area	\$ 11,470	05 09	\$ 997
6/30/2023	Grease Trap	\$ 8,013	05 06	\$ 364
				\$ -
Total additions for Building Improvements		\$ 1,759,754		\$ 238,971 *
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:				
6/30/2023	Carrier Rooftop Unit - Day Hall Unit	\$ 9,830	05 06	\$ 447
Total additions for Non-Movable Equipment		\$ 9,830		\$ 447 *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

150075 016593

*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:					
11/30/2022	10 - Overbed Table replacement tops	Administrative	\$ 649	06 01	\$ 89
11/30/2022	Cabling	Administrative	\$ 3,830	06 01	\$ 525
3/31/2023	Wiring for Time Clocks	Administrative	\$ 17,886	05 09	\$ 1,555
Total additions for Movable Equipment			\$ 22,365		\$ 2,169 *
Deletions:					
Total deletions for Movable Equipment			\$ -		\$ - **

150085 016354
 150117 016371
 150117 016509

*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
Additions:				
Total additions for Leasehold Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Glen Hill Care and Rehabilitation Center
 Depreciation Expense Report
 As of September 30, 2023

10,714,704.00

Locati	G/L Asset	Acct Desc	Sys	Ex	Description	In Svc Date
57002	150055	Bldg Imp	006798	000	Sun Valuat	12/1/2012
57002	150075	Non Movable Equip	006799	000	Sun Valuat	12/1/2012
57002	150080	Movable Equip	006800	000	Sun Valuat	12/1/2012
57002	150088	Movable Equip	006801	000	Sun Valuat	12/1/2012
57002	150110	Movable Equip	006802	000	Sun Valuat	12/1/2012
57002	150085	Movable Equip	007049	000	KITCHENE	12/31/2012
57002	150057	Bldg Imp	007147	000	Assurance I	1/31/2013
57002	150075	Non Movable Equip	007146	000	Circulator b	1/31/2013
57002	150057	Bldg Imp	007168	000	Flooring for	2/28/2013
57002	150057	Bldg Imp	007169	000	Mannington	2/28/2013
57002	150050	Bldg Imp	007264	000	Profenssion	4/30/2013
57002	150050	Bldg Imp	007267	000	3 in Turbine	4/30/2013
57002	150058	Bldg Imp	007266	000	Mannington	4/30/2013
57002	150075	Non Movable Equip	007265	000	Domestic w	4/30/2013
57002	150050	Bldg Imp	007357	000	Property Ma	5/31/2013
57002	150075	Non Movable Equip	007356	000	Condensing	5/31/2013
57002	150088	Movable Equip	007355	000	65 MATTR	5/31/2013
57002	150025	Land Imp	007489	000	Exterior sig	6/30/2013
57002	150050	Bldg Imp	007488	000	2 Big dipper	6/30/2013
57002	150050	Bldg Imp	007490	000	2 dedicated	6/30/2013
57002	150050	Bldg Imp	007647	000	Water meter	7/31/2013
57002	150075	Non Movable Equip	007649	000	Trane Varitr	7/31/2013
57002	150080	Movable Equip	007645	000	RCA 26i, L	7/31/2013
57002	150080	Movable Equip	007646	000	Frigidaire 2	7/31/2013
57002	150080	Movable Equip	007648	000	Kit inverter	7/31/2013
57002	150085	Movable Equip	007783	000	UCXT BED	8/31/2013
57002	150050	Bldg Imp	007891	000	(3) 1000FM	9/30/2013
57002	150057	Bldg Imp	007890	000	Mannington	9/30/2013
57002	150085	Movable Equip	008060	000	Blixer lid w	11/30/2013
57002	150085	Movable Equip	008163	000	Overbed Tal	12/31/2013
57002	150050	Bldg Imp	008325	000	Electric heat	1/31/2014
57002	150085	Movable Equip	008324	000	2 UCXT BE	1/31/2014
57002	150057	Bldg Imp	008417	000	Vapor tite fl	2/28/2014
57002	150050	Bldg Imp	008506	000	Fire rated in	3/31/2014
57002	150050	Bldg Imp	008507	000	Fire rated in	3/31/2014
57002	150085	Movable Equip	008503	000	Maxwell Th	3/31/2014

57002	150085	Movable Equip	008504	000	2 Tracer IV	3/31/2014
57002	150085	Movable Equip	008505	000	5 Tracer EX	3/31/2014
57002	150050	Bldg Imp	008595	000	Electrical w	4/30/2014
57002	150050	Bldg Imp	008596	000	Circulator p	4/30/2014
57002	150080	Movable Equip	008594	000	Actuator for	4/30/2014
57002	150085	Movable Equip	008593	000	Big Blue Bc	4/30/2014
57002	150050	Bldg Imp	008728	000	4 sprinkler h	5/31/2014
57002	150055	Bldg Imp	008727	000	Automatic d	5/31/2014
57002	150080	Movable Equip	008726	000	Spot Vital S	5/31/2014
57002	150100	Movable Equip	008725	000	Credit Card	5/31/2014
57002	150020	Land Imp	008842	000	Exterior ligh	6/30/2014
57002	150057	Bldg Imp	008841	000	Commercial	6/30/2014
57002	150075	Non Movable Equip	008840	000	10E11131U	6/30/2014
57002	150080	Movable Equip	008839	000	Flushing of	6/30/2014
57002	150085	Movable Equip	008837	000	Booster tank	6/30/2014
57002	150085	Movable Equip	008838	000	Blixer Lid w	6/30/2014
57002	150050	Bldg Imp	008939	000	3 in copper c	7/31/2014
57002	150050	Bldg Imp	008940	000	Wiring for C	7/31/2014
57002	150050	Bldg Imp	008941	000	Chime Stro	7/31/2014
57002	150057	Bldg Imp	008936	000	Acrovyn she	7/31/2014
57002	150057	Bldg Imp	008937	000	Crown mold	7/31/2014
57002	150057	Bldg Imp	008938	000	Various wal	7/31/2014
57002	150110	Movable Equip	009240	000	Mobil Iron l	11/30/2014
57002	150050	Bldg Imp	009292	000	Silent Knigh	12/31/2014
57002	150080	Movable Equip	009291	000	Left and righ	12/31/2014
57002	150085	Movable Equip	009288	000	Direct Choic	12/31/2014
57002	150085	Movable Equip	009290	000	1.6 cu ft me	12/31/2014
57002	150088	Movable Equip	009289	000	5 MATTRE	12/31/2014
57002	150110	Movable Equip	009287	000	Mobile Iron	12/31/2014
57002	150085	Movable Equip	009409	000	Direct Choic	1/31/2015
57002	150057	Bldg Imp	009499	000	Granite cou	2/28/2015
57002	150085	Movable Equip	009500	000	KleanSteam	2/28/2015
57002	150050	Bldg Imp	009506	000	Material anc	3/31/2015
57002	150080	Movable Equip	009507	000	Sales and U	3/31/2015
57002	150080	Movable Equip	009508	000	Medium Du	3/31/2015
57002	150085	Movable Equip	009504	000	Direct Choic	3/31/2015
57002	150088	Movable Equip	009505	000	2 Dermfloat	3/31/2015
57002	150050	Bldg Imp	009598	000	Install new C	4/30/2015
57002	150085	Movable Equip	009597	000	Evaporator a	4/30/2015
57002	150057	Bldg Imp	009663	000	Johnsonite F	5/31/2015
57002	150085	Movable Equip	009662	000	1 Tracer SX	5/31/2015
57002	150080	Movable Equip	009758	000	Reliant 450	6/30/2015
57002	150057	Bldg Imp	010003	000	Johnsonite F	8/31/2015
57002	150088	Movable Equip	010002	000	2 Dermfloat	8/31/2015
57002	150088	Movable Equip	010131	000	3 MATTRE	10/31/2015

57002	150050	Bldg Imp	010222	000	2 Pushbutton	11/30/2015
57002	150050	Bldg Imp	010223	000	Pushbutton	11/30/2015
57002	150050	Bldg Imp	010434	000	Upgrade circ	1/31/2016
57002	150050	Bldg Imp	010487	000	6 eyewash s	2/29/2016
57002	150055	Bldg Imp	010470	000	Upgrade boi	2/29/2016
57002	150085	Movable Equip	010469	000	4 PANACE	2/29/2016
57002	150100	Movable Equip	010486	000	office desk	2/29/2016
57002	150050	Bldg Imp	010618	000	Upgrade cic	3/31/2016
57002	150050	Bldg Imp	010619	000	Electric heat	3/31/2016
57002	150057	Bldg Imp	010617	000	Wall coveri	3/31/2016
57002	150085	Movable Equip	010616	000	Blixer, 7 qt'	3/31/2016
57002	150085	Movable Equip	010755	000	OmniCycle	4/30/2016
57002	150057	Bldg Imp	011009	000	19 resident f	7/31/2016
57002	150080	Movable Equip	011008	000	Frigidaire 10	7/31/2016
57002	150110	Movable Equip	011144	000	1 HP LaserJ	8/31/2016
57002	150025	Land Imp	011284	000	Parking lot c	10/31/2016
57002	150085	Movable Equip	011283	000	Direct Choic	10/31/2016
57002	150085	Movable Equip	011356	000	Stainless Ste	11/30/2016
57002	150085	Movable Equip	011357	000	Self-Contair	11/30/2016
57002	150020	Land Imp	011480	000	Led lighting	12/31/2016
57002	150050	Bldg Imp	011479	000	Upgrade circ	12/31/2016
57002	150085	Movable Equip	011619	000	Slicer, Com	2/28/2017
57002	150050	Bldg Imp	011819	000	Circulator r	3/31/2017
57002	150050	Bldg Imp	011820	000	New upgrad	3/31/2017
57002	150085	Movable Equip	011818	000	40 Kensingt	3/31/2017
57002	150080	Movable Equip	011884	000	55 lb drying	4/30/2017
57002	150080	Movable Equip	011885	000	30 lb gas dry	4/30/2017
57002	150080	Movable Equip	011886	000	85 lb washer	4/30/2017
57002	150085	Movable Equip	011883	000	Maxwell Th	4/30/2017
57002	150080	Movable Equip	011954	000	(3) 28i RCA	5/31/2017
57002	150085	Movable Equip	012032	000	Conveyor T	6/30/2017
57002	150057	Bldg Imp	012168	000	Carpeting in	8/31/2017
57002	150080	Movable Equip	012204	000	Bladder Sca	8/31/2017
57002	150110	Movable Equip	012235	000	1 Chrysler E	9/30/2017
57002	150110	Movable Equip	012278	000	1 Mouse	9/30/2017
57002	150050	Bldg Imp	012417	000	Pushbutton	11/30/2017
57002	150085	Movable Equip	012416	000	Dome Stora	11/30/2017
57002	150050	Bldg Imp	012466	000	3 Pushbutton	12/31/2017
57002	150050	Bldg Imp	012467	000	50% deposit	12/31/2017
57002	150050	Bldg Imp	012468	000	Final payme	12/31/2017
57002	150085	Movable Equip	012464	000	Double 3 Ga	12/31/2017
57002	150087	Movable Equip	012463	000	Echo line R	12/31/2017
57002	150088	Movable Equip	012465	000	30 MATTR	12/31/2017
57002	150085	Movable Equip	012527	000	4 Tracer EX	1/31/2018
57002	150088	Movable Equip	012528	000	Bubba Q. B	1/31/2018

57002	150080	Movable Equip	012599	000	RCA 42i Lo	2/28/2018
57002	150085	Movable Equip	012667	000	2 UCXT Be	3/31/2018
57002	150088	Movable Equip	012668	000	2 Panacea C	3/31/2018
57002	150110	Movable Equip	012724	000	1 LaserJet P	3/31/2018
57002	150088	Movable Equip	012756	000	Derma Float	4/30/2018
57002	150075	Non Movable Equip	012839	000	2 Circulator	5/31/2018
57002	150080	Movable Equip	012925	000	Digital Lift	6/30/2018
57002	150085	Movable Equip	012924	000	Robot Blade	6/30/2018
57002	150087	Movable Equip	012923	000	Pressure Wa	6/30/2018
57002	150075	Non Movable Equip	013010	000	2 ton Ductle	7/31/2018
57002	150075	Non Movable Equip	013011	000	New Air Ha	7/31/2018
57002	150057	Bldg Imp	013085	000	Surveillance	8/31/2018
57002	150080	Movable Equip	013166	000	Window A/C	9/30/2018
57002	150080	Movable Equip	013167	000	Rifton TRA	9/30/2018
57002	150057	Bldg Imp	013327		Installed wir	10/1/2018
57002	150057	Bldg Imp	013328		Camera Sys	10/1/2018
57002	150050	Bldg Imp	013494	000	Deposit for	01/31/19
57002	150088	Movable Equip	013584	000	2 ProMatt P	02/28/19
57002	150075	Non Movable Equip	013863	000	Circulator P	05/31/19
57002	150100	Movable Equip	013862	000	Paper Shred	05/31/19
57002	150130	Movable Equip	014163	000	2015 Honda	06/30/19
57002	150050	Bldg Imp	014241	000	Change of C	08/31/19
57002	150050	Bldg Imp	014245	000	Consulting I	08/31/19
57002	150088	Movable Equip	014171	000	5 ProMatt P	08/31/19
57002	150100	Movable Equip	014170	000	18 Logan O	08/31/19
57002	150020	Land Imp	014250	000	Added circu	09/30/19
57002	150050	Bldg Imp	014251	000	Consulting I	09/30/19
57002	150050	Bldg Imp	014252	000	Pre Rinse ur	09/30/19
57284	150028	Land Imp	014638	000	Line Stripin	01/31/20
57284	150050	Bldg Imp	014558	000	Balance pmt	12/31/19
57284	150050	Bldg Imp	014639	000	Smoke & C	01/31/20
57284	150050	Bldg Imp	014735	000	Electrical w	02/29/20
57284	150050	Bldg Imp	014831	000	Install New	03/31/20
57284	150050	Bldg Imp	014832	000	Marking of	03/31/20
57284	150050	Bldg Imp	014833	000	Delete Elect	03/31/20
57284	150050	Bldg Imp	014834	000	Install Cond	03/31/20
57284	150050	Bldg Imp	014913	000	Wiring insta	04/30/20
57284	150050	Bldg Imp	014914	000	Collecting ir	04/30/20
57284	150050	Bldg Imp	014915	000	New Trough	04/30/20
57284	150050	Bldg Imp	014916	000	New Electri	04/30/20
57284	150050	Bldg Imp	014917	000	Professional	04/30/20
57284	150050	Bldg Imp	014918	000	New Electri	04/30/20
57284	150080	Movable Equip	014912	000	60lb Comm	04/30/20
57284	150080	Movable Equip	015117	000	Wheelchair	06/30/20
57284	150080	Movable Equip	015207	000	15 - Keystor	07/31/20

57284	150080	Movable Equip	015277	000	Welch Allyr	08/31/20
57284	150085	Movable Equip	014640	000	Bariatric WI	01/31/20
57284	150085	Movable Equip	015355	000	Scotsman P1	09/30/20
57284	150055	Bldg Imp	015965	000	LP Gas Tank	06/30/21
57284	150080	Movable Equip	015654	000	2 - Welch A	01/31/21
57284	150080	Movable Equip	015869	000	Reliant Bari	04/30/21
57284	150080	Movable Equip	015968	000	12 - All We	06/30/21
57284	150085	Movable Equip	015653	000	40 - UltraCa	01/31/21
57284	150085	Movable Equip	015703	000	Chest Freez	02/28/21
57284	150085	Movable Equip	015868	000	Panacea Bar	04/30/21
57284	150085	Movable Equip	015966	000	Panacea Bar	06/30/21
57284	150085	Movable Equip	015967	000	Stationary T	06/30/21
57284	150085	Movable Equip	016028	000	Robot Coup	07/31/21
57284	150085	Movable Equip	016073	000	Simplicity H	08/31/21
57284	150087	Movable Equip	015651	000	2 - Genesis	01/31/21
57284	150087	Movable Equip	015652	000	40 - Panacea	01/31/21
57284	150088	Movable Equip	015527	000	Genesis 76i	10/31/20
57284	150057	Bldg Imp	016238	000	surveillance	6/30/2022
57284	150057	Bldg Imp	016278	000	Wiring for S	8/31/2022
57284	150085	Movable Equip	016295	000	1-Stainless S	9/30/2022
57284	150025	Land Imp	016372	000	Parkling Repa	11/30/22
57284	150050	Bldg Imp	016327	000	Smoke/ CO	11/30/2022
57284	150050	Bldg Imp	016328	000	Circuit pane	11/30/2022
57284	150050	Bldg Imp	016329	000	Marking Ele	11/30/2022
57284	150050	Bldg Imp	016330	000	Circuit pane	11/30/2022
57284	150050	Bldg Imp	016331	000	Circuit pane	11/30/2022
57284	150050	Bldg Imp	016332	000	Circuit pane	11/30/2022
57284	150050	Bldg Imp	016333	000	New panel i	11/30/2022
57284	150050	Bldg Imp	016334	000	New panel i	11/30/2022
57284	150050	Bldg Imp	016335	000	New Trough	11/30/2022
57284	150050	Bldg Imp	016336	000	Collecting in	11/30/2022
57284	150050	Bldg Imp	016337	000	Generator/el	11/30/2022
57284	150050	Bldg Imp	016338	000	New Wiring	11/30/2022
57284	150050	Bldg Imp	016339	000	40% switchg	11/30/2022
57284	150050	Bldg Imp	016340	000	New Switch	11/30/2022
57284	150050	Bldg Imp	016341	000	Switch gear	11/30/2022
57284	150050	Bldg Imp	016342	000	Final Invoic	11/30/2022
57284	150050	Bldg Imp	016343	000	9 - Branch S	11/30/2022
57284	150050	Bldg Imp	016344	000	New Transfo	11/30/2022
57284	150050	Bldg Imp	016345	000	1 - New 3 Pl	11/30/2022
57284	150050	Bldg Imp	016346	000	Printing & S	11/30/2022
57284	150050	Bldg Imp	016347	000	Panel Build	11/30/2022
57284	150050	Bldg Imp	016348	000	Installing M	11/30/2022
57284	150050	Bldg Imp	016349	000	Architectur	11/30/2022
57284	150050	Bldg Imp	016350	000	Excavation	11/30/2022

57284	150050	Bldg Imp	016351	000	Nurse Call S	11/30/2022
57284	150050	Bldg Imp	016352	000	Nurse Call S	11/30/2022
57284	150050	Bldg Imp	016353	000	Tree Remov	11/30/2022
57284	150050	Bldg Imp	016356	000	Switchgear 1	11/30/2022
57284	150050	Bldg Imp	016357	000	Meeting for	11/30/2022
57284	150050	Bldg Imp	016359	000	GFI Outlets	11/30/2022
57284	150050	Bldg Imp	016360	000	Renovation	11/30/2022
57284	150050	Bldg Imp	016361	000	Bath/Showe	11/30/2022
57284	150050	Bldg Imp	016362	000	Front Recpe	11/30/2022
57284	150050	Bldg Imp	016363	000	Fire Sprinkl	11/30/2022
57284	150050	Bldg Imp	016364	000	Paint Bollar	11/30/2022
57284	150050	Bldg Imp	016365	000	Baths, Nurs	11/30/2022
57284	150050	Bldg Imp	016366	000	Branch Circ	11/30/2022
57284	150050	Bldg Imp	016367	000	Nurse Call,	11/30/2022
57284	150050	Bldg Imp	016368	000	Nurse Call,	11/30/2022
57284	150050	Bldg Imp	016369	000	Nurse Call,	11/30/2022
57284	150050	Bldg Imp	016370	000	Nurse Call,	11/30/2022
57284	150050	Bldg Imp	016373	000	interior decc	11/30/2022
57284	150050	Bldg Imp	016374	000	interior decc	11/30/2022
57284	150050	Bldg Imp	016375	000	Nurse Call,	11/30/2022
57284	150050	Bldg Imp	016376	000	Final Install	11/30/2022
57284	150050	Bldg Imp	016377	000	Mechanical	11/30/2022
57284	150050	Bldg Imp	016390	000	Roof Top E	11/30/2022
57284	150050	Bldg Imp	016408	000	Electrical Sy	11/30/2022
57284	150050	Bldg Imp	016435	000	Framing in c	12/31/2022
57284	150050	Bldg Imp	016462	000	Mechanical	1/31/2023
57284	150050	Bldg Imp	016508	000	Mechanical	3/31/2023
57284	150050	Bldg Imp	016594	000	Grease Trap	6/30/2023
57284	150075	Non Movable Equip	016593	000	Carrier Roc	6/30/2023
57284	150085	Movable Equip	016354	000	10 - Overbed T	11/30/22
57284	150117	Movable Equip	016371	000	Cabling	11/30/22
57284	150117	Movable Equip	016509	000	Wiring for Time	03/31/23

nter

Sch 23 Total Deprn	285,751.24
Sch 22 total Deprn Adj	26,017.53
Total Deprn Expense	<u>311,768.77</u>

Acquired	Valu	PT	DeprMeth	EstLife	Depreciable Basis	Prior Accum Depreciation 10/1/2022	Current YTD Depreciation in 2023
					2,947,167.93	760,648.91	318,635.57
71,050.00	R	SLMM	10 01	71,050.00	69,288.42	1,761.58	
109,780.00	P	SLMM	10 00	109,780.00	107,950.33	1,829.67	
21,050.00	P	SLMM	07 00	21,050.00	21,050.00	-	
2,740.00	P	SLMM	03 00	2,740.00	2,740.00	-	
23,120.00	P	SLMM	02 00	23,120.00	23,120.00	-	
2,061.76	P	SLMM	10 00	2,061.76	2,010.26	51.50	
4,995.26	R	SLMM	09 11	4,995.26	4,869.30	125.96	
2,446.32	P	SLMM	09 11	2,446.32	2,384.67	61.65	
3,860.51	R	SLMM	09 10	3,860.51	3,762.41	98.10	
1,063.96	R	SLMM	09 10	1,063.96	1,036.92	27.04	
2,115.00	R	SLMM	09 08	2,115.00	2,060.27	54.73	
792.37	R	SLMM	09 08	792.37	771.89	20.48	
953.19	R	SLMM	05 00	953.19	953.19	-	
9,442.82	P	SLMM	09 08	9,442.82	9,198.58	244.24	
1,345.90	R	SLMM	09 07	1,345.90	1,310.78	35.12	
3,615.90	P	SLMM	09 07	3,615.90	3,521.56	94.34	
15,710.91	P	SLMM	03 00	15,710.91	15,710.91	-	
3,388.00	R	SLMM	09 06	3,388.00	3,298.83	89.17	
14,407.50	R	SLMM	09 06	14,407.50	14,028.37	379.13	
540.26	R	SLMM	09 06	540.26	526.05	14.21	
1,850.49	R	SLMM	09 05	1,850.49	1,801.34	49.15	
2,750.00	P	SLMM	09 05	2,750.00	2,677.03	72.97	
881.25	P	SLMM	07 00	881.25	881.25	-	
535.05	P	SLMM	07 00	535.05	535.05	-	
1,536.52	P	SLMM	07 00	1,536.52	1,536.52	-	
3,027.39	P	SLMM	09 04	3,027.39	2,946.27	81.12	
1,968.06	R	SLMM	09 03	1,968.06	1,914.84	53.22	
3,812.76	R	SLMM	09 03	3,812.76	3,709.71	103.05	
356.66	P	SLMM	09 01	356.66	346.88	9.78	
228.83	P	SLMM	09 00	228.83	222.51	6.32	
2,127.00	R	SLMM	08 11	2,127.00	2,067.35	59.65	
3,044.77	P	SLMM	08 11	3,044.77	2,959.40	85.37	
845.03	R	SLMM	08 10	845.03	821.09	23.94	
2,033.18	R	SLMM	08 09	2,033.18	1,975.06	58.12	
1,826.22	R	SLMM	08 09	1,826.22	1,774.03	52.19	
227.37	P	SLMM	08 09	227.37	220.91	6.46	

538.07	P	SLMM	08 09	538.07	522.67	15.40
903.90	P	SLMM	08 09	903.90	878.06	25.84
1,647.82	R	SLMM	08 08	1,647.82	1,600.27	47.55
2,036.34	R	SLMM	08 08	2,036.34	1,977.58	58.76
939.07	P	SLMM	07 00	939.07	939.07	-
461.68	P	SLMM	08 08	461.68	448.35	13.33
841.94	R	SLMM	08 07	841.94	817.42	24.52
4,230.39	R	SLMM	08 07	4,230.39	4,107.17	123.22
2,355.35	P	SLMM	07 00	2,355.35	2,355.35	-
73.07	P	SLMM	08 07	73.07	70.92	2.15
2,588.14	R	SLMM	08 06	2,588.14	2,512.04	76.10
21,732.99	R	SLMM	08 06	21,732.99	21,093.77	639.22
2,839.07	P	SLMM	08 06	2,839.07	2,755.59	83.48
3,938.14	P	SLMM	07 00	3,938.14	3,938.14	-
1,921.50	P	SLMM	08 06	1,921.50	1,865.00	56.50
315.32	P	SLMM	08 06	315.32	306.08	9.24
14,798.20	R	SLMM	08 05	14,798.20	14,358.64	439.56
2,892.72	R	SLMM	08 05	2,892.72	2,806.80	85.92
6,109.81	R	SLMM	08 05	6,109.81	5,928.35	181.46
1,238.98	R	SLMM	08 05	1,238.98	1,202.22	36.76
861.01	R	SLMM	08 05	861.01	835.46	25.55
3,562.72	R	SLMM	08 05	3,562.72	3,456.87	105.85
15.90	P	SLMM	03 00	15.90	15.90	-
3,860.00	R	SLMM	08 00	3,860.00	3,739.38	120.62
670.01	P	SLMM	07 00	670.01	670.01	-
69.35	P	SLMM	08 00	69.35	67.19	2.16
527.54	P	SLMM	08 00	527.54	511.04	16.50
1,568.66	P	SLMM	03 00	1,568.66	1,568.66	-
15.90	P	SLMM	03 00	15.90	15.90	-
73.57	P	SLMM	07 11	73.57	71.23	2.34
4,635.00	R	SLMM	07 10	4,635.00	4,487.07	147.93
1,090.09	P	SLMM	07 10	1,090.09	1,055.30	34.79
4,487.71	R	SLMM	07 09	4,487.71	4,342.96	144.75
294.00	P	SLMM	07 00	294.00	294.00	-
395.81	P	SLMM	07 00	395.81	395.81	-
134.46	P	SLMM	07 09	134.46	130.12	4.34
5,385.59	P	SLMM	03 00	5,385.59	5,385.59	-
3,728.39	R	SLMM	07 08	3,728.39	3,606.80	121.59
2,003.12	P	SLMM	07 08	2,003.12	1,937.83	65.29
1,089.02	R	SLMM	07 07	1,089.02	1,053.14	35.88
725.94	P	SLMM	07 07	725.94	702.02	23.92
8,505.30	P	SLMM	07 00	8,505.30	8,505.30	-
819.32	R	SLMM	07 04	819.32	791.42	27.90
4,995.75	P	SLMM	03 00	4,995.75	4,995.75	-
1,012.41	P	SLMM	03 00	1,012.41	1,012.41	-

1,029.45	R	SLMM	07 01	1,029.45	993.16	36.29
521.10	R	SLMM	07 01	521.10	502.73	18.37
2,372.14	R	SLMM	06 11	2,372.14	2,286.40	85.74
2,263.47	R	SLMM	06 10	2,263.47	2,180.66	82.81
1,156.29	R	SLMM	06 10	1,156.29	1,113.97	42.32
533.92	P	SLMM	06 10	533.92	514.42	19.50
122.28	P	SLMM	06 10	122.28	117.84	4.44
2,061.86	R	SLMM	06 09	2,061.86	1,985.50	76.36
1,185.21	R	SLMM	06 09	1,185.21	1,141.33	43.88
1,722.87	R	SLMM	06 09	1,722.87	1,659.06	63.81
3,198.40	P	SLMM	06 09	3,198.40	3,079.96	118.44
6,487.36	P	SLMM	06 08	6,487.36	6,244.07	243.29
13,327.78	R	SLMM	06 05	13,327.78	12,808.54	519.24
1,160.73	P	SLMM	06 05	1,160.73	1,115.49	45.24
381.10	P	SLMM	03 00	381.10	381.10	-
33,434.13	R	SLMM	06 02	33,434.13	32,078.69	1,355.44
223.91	P	SLMM	06 02	223.91	214.83	9.08
3,712.09	P	SLMM	06 01	3,712.09	3,559.56	152.53
9,238.64	P	SLMM	06 01	9,238.64	8,858.97	379.67
3,722.25	R	SLMM	06 00	3,722.25	3,567.19	155.06
2,499.23	R	SLMM	06 00	2,499.23	2,395.11	104.12
2,074.87	P	SLMM	05 10	2,074.87	1,985.94	88.93
1,415.25	R	SLMM	05 09	1,415.25	1,353.72	61.53
4,356.36	R	SLMM	05 09	4,356.36	4,166.96	189.40
12,787.95	P	SLMM	05 09	12,787.95	12,231.94	556.01
5,265.81	P	SLMM	05 08	5,265.81	5,033.54	232.27
3,585.59	P	SLMM	05 08	3,585.59	3,427.40	158.19
12,586.26	P	SLMM	05 08	12,586.26	12,031.01	555.25
4,891.25	P	SLMM	05 08	4,891.25	4,675.45	215.80
943.59	P	SLMM	05 07	943.59	901.33	42.26
563.08	P	SLMM	05 06	563.08	537.50	25.58
4,648.77	R	SLMM	05 04	4,648.77	4,430.89	217.88
7,672.05	P	SLMM	05 04	7,672.05	7,312.38	359.67
27.72	P	SLMM	03 00	27.72	27.72	-
18.77	P	SLMM	03 00	18.77	18.77	-
537.06	R	SLMM	5	537.06	517.70	107.41
1,216.62	P	SLMM	5	1,216.62	1,172.76	243.32
1,611.17	R	SLMM	5	1,611.17	1,530.61	322.23
18,778.22	R	SLMM	5	18,778.22	17,839.31	3,755.64
18,778.22	R	SLMM	5	18,778.22	17,839.31	3,755.64
2,447.42	P	SLMM	5	2,447.42	2,325.05	489.48
549.69	P	SLMM	5	549.69	522.21	109.94
7,242.75	P	SLMM	3	7,242.75	9,053.44	-
699.92	P	SLMM	5	699.92	654.84	139.98
2,769.35	P	SLMM	3	2,769.35	3,384.76	-

677.25	P	SLMM	5	677.25	623.54	135.45
4,050.87	P	SLMM	5	4,050.87	3,667.11	810.17
953.42	P	SLMM	3	953.42	1,112.33	-
132.26	P	SLMM	3	132.26	154.31	-
4,214.62	P	SLMM	3	4,214.62	4,799.98	-
6,061.95	P	SLMM	5	6,061.95	5,290.43	1,212.39
780.59	P	SLMM	5	780.59	667.84	156.12
754.02	P	SLMM	5	754.02	645.11	150.80
498.05	P	SLMM	5	498.05	426.11	99.61
5,428.10	P	SLMM	5	5,428.10	4,547.32	1,085.62
5,879.03	P	SLMM	5	5,879.03	4,925.07	1,175.81
1,701.60	R	SLMM	5	1,701.60	1,394.00	340.32
2,868.09	P	SLMM	5	2,868.09	2,294.47	573.62
4,923.85	P	SLMM	5	4,923.85	3,939.08	984.77
1,436.28	R	SLMM	5	1,436.28	1,125.09	287.26
3,813.39	R	SLMM	5	3,813.39	2,987.16	762.68
2,273.23	R	SLMM	10	2,273.23	833.52	227.32
3,615.59	P	SLMM	3	3,615.59	4,318.62	(703.03)
3,373.95	P	SLMM	10	3,373.95	1,124.65	337.40
850.00	P	SLMM	10	850.00	283.33	85.00
7,838.59	A	SLMM	3	7,838.59	8,491.81	(653.22)
1,329.38	R	SLMM	10	1,329.38	409.89	132.94
2,392.88	R	SLMM	10	2,392.88	737.80	239.29
9,038.97	P	SLMM	3	9,038.97	9,290.05	(251.08)
3,049.78	P	SLMM	10	3,049.78	940.35	304.98
517.80	R	SLMM	10	517.80	155.34	51.78
2,392.88	R	SLMM	10	2,392.88	717.86	239.29
664.95	R	SLMM	10	664.95	199.49	66.50
2,338.08	R	SLMM	3	2,338.08	2,078.29	259.79
2,273.23	R	SLMM	20	2,273.23	312.57	113.66
3,377.23	R	SLMM	20	3,377.23	450.30	168.86
20,634.68	R	SLMM	20	20,634.68	2,665.31	1,031.73
6,153.36	R	SLMM	20	6,153.36	769.17	307.67
3,072.44	R	SLMM	20	3,072.44	384.06	153.62
7,750.06	R	SLMM	20	7,750.06	968.76	387.50
10,703.83	R	SLMM	20	10,703.83	1,337.98	535.19
13,569.52	R	SLMM	20	13,569.52	1,639.65	678.48
1,808.74	R	SLMM	20	1,808.74	218.56	90.44
2,989.32	R	SLMM	20	2,989.32	361.21	149.47
38,764.17	R	SLMM	20	38,764.17	4,684.00	1,938.21
12,500.00	R	SLMM	20	12,500.00	1,510.42	625.00
7,693.87	R	SLMM	20	7,693.87	929.68	384.69
18,155.37	P	SLMM	7	18,155.37	6,267.93	2,593.62
1,880.38	P	SLMM	7	1,880.38	604.41	268.63
5,088.85	P	SLMM	7	5,088.85	1,575.12	726.98

2,332.82	P	SLMM	7	2,332.82	694.29	333.26
1,271.95	P	SLMM	10	1,271.95	339.19	127.20
3,782.83	P	SLMM	10	3,782.83	756.57	378.28
7,370.06	P	SLMM	7	7,370.06	1,316.08	1,052.87
4,639.54	P	SLMM	7	4,639.54	1,104.65	662.79
3,637.08	P	SLMM	7	3,637.08	736.08	519.58
4,811.78	P	SLMM	7	4,811.78	859.25	687.40
68,660.68	P	SLMM	7	68,660.68	16,347.78	9,808.67
637.04	P	SLMM	7	637.04	144.09	91.01
163.98	P	SLMM	7	163.98	33.19	23.43
614.98	P	SLMM	7	614.98	109.82	87.85
4,544.63	P	SLMM	7	4,544.63	811.54	649.23
3,813.69	P	SLMM	7	3,813.69	635.62	544.81
4,290.68	P	SLMM	5	4,290.68	929.65	858.14
3,609.32	P	SLMM	3	3,609.32	2,005.18	1,203.11
8,507.15	P	SLMM	3	8,507.15	4,726.19	2,835.72
324.37	P	SLMM	5	324.37	124.34	64.87
5,181.37	P	SLMM	7	5,181.37	185.05	740.20
3,828.60	P	SLMM	7	3,828.60	45.58	546.94
4,631.54	P	SLMM	7	4,631.54	-	661.65
133,796.04	P	SLMM	10	133,796.04	-	11,149.67
3,377.23	R	SLMM	6	3,377.23	-	469.06
20,634.68	R	SLMM	6	20,634.68	-	2,865.93
3,072.44	R	SLMM	6	3,072.44	-	426.73
10,703.83	R	SLMM	6	10,703.83	-	1,486.64
7,750.06	R	SLMM	6	7,750.06	-	1,076.40
6,153.36	R	SLMM	6	6,153.36	-	854.63
7,693.87	R	SLMM	6	7,693.87	-	1,068.59
38,764.17	R	SLMM	6	38,764.17	-	5,383.91
2,989.32	R	SLMM	6	2,989.32	-	415.18
1,808.74	R	SLMM	6	1,808.74	-	251.21
12,500.00	R	SLMM	6	12,500.00	-	1,736.11
13,569.52	R	SLMM	6	13,569.52	-	1,884.66
166,756.80	R	SLMM	6	166,756.80	-	23,160.67
1,566.54	R	SLMM	6	1,566.54	-	217.58
104,223.00	R	SLMM	6	104,223.00	-	14,475.42
145,912.20	R	SLMM	6	145,912.20	-	20,265.58
31,592.80	R	SLMM	6	31,592.80	-	4,387.89
4,060.38	R	SLMM	6	4,060.38	-	563.94
2,482.74	R	SLMM	6	2,482.74	-	344.83
332.47	R	SLMM	6	332.47	-	46.18
893.34	R	SLMM	6	893.34	-	124.08
28,546.84	R	SLMM	6	28,546.84	-	3,964.84
25,000.00	R	SLMM	6	25,000.00	-	3,472.22
29,020.79	R	SLMM	6	29,020.79	-	4,030.67

31,801.31	R	SLMM	6	31,801.31	-	4,416.85
36,554.09	R	SLMM	6	36,554.09	-	5,076.96
2,392.88	R	SLMM	6	2,392.88	-	332.34
1,106.99	R	SLMM	6	1,106.99	-	153.75
595.56	R	SLMM	6	595.56	-	82.72
1,067.36	R	SLMM	6	1,067.36	-	148.24
765.72	R	SLMM	6	765.72	-	106.35
2,040.11	R	SLMM	6	2,040.11	-	283.35
3,700.98	R	SLMM	6	3,700.98	-	514.03
25,166.98	R	SLMM	6	25,166.98	-	3,495.41
9,188.64	R	SLMM	6	9,188.64	-	1,276.20
7,956.28	R	SLMM	6	7,956.28	-	1,105.04
25,524.00	R	SLMM	6	25,524.00	-	3,545.00
125,592.65	R	SLMM	6	125,592.65	-	17,443.42
74,658.72	R	SLMM	6	74,658.72	-	10,369.27
66,299.55	R	SLMM	6	66,299.55	-	9,208.27
54,006.75	R	SLMM	6	54,006.75	-	7,500.94
39,978.14	R	SLMM	6	39,978.14	-	5,552.52
85,624.94	R	SLMM	6	85,624.94	-	11,892.35
353,401.85	R	SLMM	6	353,401.85	-	49,083.59
28,720.00	R	SLMM	6	28,720.00	-	3,988.89
22,900.00	R	SLMM	6	22,900.00	-	3,180.56
18,337.93	R	SLMM	6	18,337.93	-	2,546.93
5,881.16	R	SLMM	6	5,881.16	-	816.83
18,926.05	R	SLMM	6	18,926.05	-	2,365.76
22,900.00	R	SLMM	6	22,900.00	-	2,544.44
11,470.00	R	SLMM	6	11,470.00	-	955.83
8,013.13	R	SLMM	6	8,013.13	-	333.88
9,829.76	P	SLMM	6	9,829.76	-	409.57
649.10	P	SLMM	6	649.10	-	90.15
3,830.12	P	SLMM	6	3,830.12	-	531.96
17,886.17	P	SLMM	6	17,886.17	-	1,490.51
					-	-
					-	-
					-	-

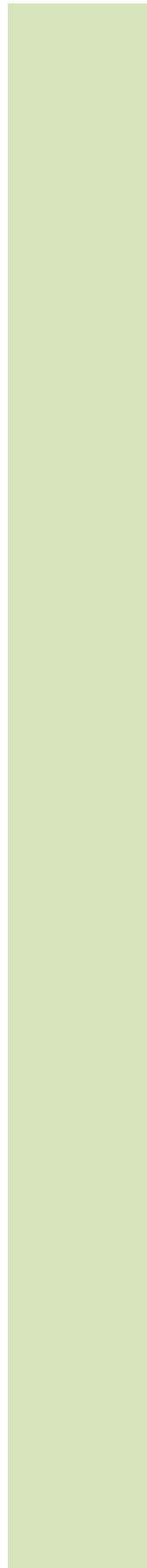
1,079,284.48

**Current Accum
Depreciation**

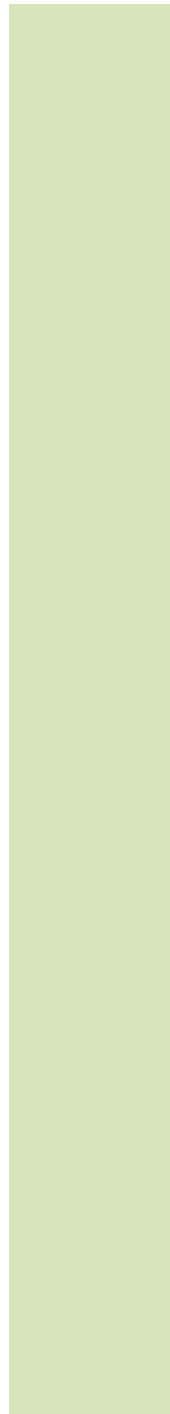
9/30/2023

71,050.00
109,780.00
21,050.00
2,740.00
23,120.00
2,061.76
4,995.26
2,446.32
3,860.51
1,063.96
2,115.00
792.37
953.19
9,442.82
1,345.90
3,615.90
15,710.91
3,388.00
14,407.50
540.26
1,850.49
2,750.00
881.25
535.05
1,536.52
3,027.39
1,968.06
3,812.76
356.66
228.83
2,127.00
3,044.77
845.03
2,033.18
1,826.22
227.37

538.07
903.90
1,647.82
2,036.34
939.07
461.68
841.94
4,230.39
2,355.35
73.07
2,588.14
21,732.99
2,839.07
3,938.14
1,921.50
315.32
14,798.20
2,892.72
6,109.81
1,238.98
861.01
3,562.72
15.90
3,860.00
670.01
69.35
527.54
1,568.66
15.90
73.57
4,635.00
1,090.09
4,487.71
294.00
395.81
134.46
5,385.59
3,728.39
2,003.12
1,089.02
725.94
8,505.30
819.32
4,995.75
1,012.41



1,029.45
521.10
2,372.14
2,263.47
1,156.29
533.92
122.28
2,061.86
1,185.21
1,722.87
3,198.40
6,487.36
13,327.78
1,160.73
381.10
33,434.13
223.91
3,712.09
9,238.64
3,722.25
2,499.23
2,074.87
1,415.25
4,356.36
12,787.95
5,265.81
3,585.59
12,586.26
4,891.25
943.59
563.08
4,648.77
7,672.05
27.72
18.77
625.11
1,416.08
1,852.84
21,594.95
21,594.95
2,814.53
632.15
9,053.44
794.82
3,384.76



758.99
4,477.28
1,112.33
154.31
4,799.98
6,502.82
823.96
795.91
525.72
5,632.94
6,100.88
1,734.32
2,868.09
4,923.85
1,412.34
3,749.83
1,060.84
3,615.59
1,462.05
368.33
7,838.59
542.83
977.09
9,038.97
1,245.33
207.12
957.15
265.98
2,338.08
426.23
619.16
3,697.05
1,076.84
537.68
1,356.26
1,873.17
2,318.13
308.99
510.68
6,622.21
2,135.42
1,314.37
8,861.55
873.03
2,302.10

1,027.55
466.38
1,134.85
2,368.95
1,767.44
1,255.66
1,546.64
26,156.45
235.10
56.61
197.67
1,460.77
1,180.43
1,787.78
3,208.28
7,561.91
189.22
925.24
592.52
661.65
11,149.67
469.06
2,865.93
426.73
1,486.64
1,076.40
854.63
1,068.59
5,383.91
415.18
251.21
1,736.11
1,884.66
23,160.67
217.58
14,475.42
20,265.58
4,387.89
563.94
344.83
46.18
124.08
3,964.84
3,472.22
4,030.67

4,416.85
5,076.96
332.34
153.75
82.72
148.24
106.35
283.35
514.03
3,495.41
1,276.20
1,105.04
3,545.00
17,443.42
10,369.27
9,208.27
7,500.94
5,552.52
11,892.35
49,083.59
3,988.89
3,180.56
2,546.93
816.83
2,365.76
2,544.44
955.83
333.88
409.57
90.15
531.96
1,490.51
-
-
-

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility Glen Hill Care and Rehabilitation Center			License No.		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									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* 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 Glen Hill Care and Rehabilitation Cer	License No.	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	n/a				
2. Date Structure Completed	n/a				
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	100				
6. Square Footage					
7. Acquisition Cost					
a. Land	n/a				
b. Building	n				
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	
GMF	Facility Lease	12/21/2018-12	10 years	1,518,675	
650 Madison Avenue New York, NY 10022					

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
Glen Hill Care and Rehabilitation Ce			9/30/2023				26	37
Item		Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	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		\$						

(Carry Subtotals forward to next page)

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

Name of Facility Glen Hill Care and Rehabilitation C			License No.	Report for Year Ended 9/30/2023				Page 27	of 37
Item			Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	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)			\$						
13. Total All Interest Expense			\$						
14. Insurance									
a. Insurance on Property (buildings only)			\$ 1,546	1,546					
b. Insurance on Automobiles			\$						
c. Insurance other than Property (as specified above)									
1. Umbrella (Blanket Coverage)			\$ 94,187	134,029	(39,842)				
2. Fire and Extended Coverage			\$						
3. Other (Specify)			\$						
14d. Total Insurance Expenditures			\$ 95,733	135,575	(39,842)				
15. Total All Expenditures (A-13 thru C-14)			\$ 12,422,243	14,069,529	(1,647,286)				

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Glen Hill Care and Rehabilitation Center		9/30/2023		30	37
Item	Total	CCNH / RHNS	(Specify)	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 9,217,236	9,217,236			
b. Medicaid Room and Board Contractual Allowance **	\$ (4,819,693)	(4,819,693)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 5,466,576	5,466,576			
b. Medicare Room and Board Contractual Allowance **	\$ (796,088)	(796,088)			
4. a. Private-Pay Residents and Other	\$ 4,577,016	4,577,016			
b. Private-Pay Room and Board Contractual Allowance **	\$ (1,328,679)	(1,328,679)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 185,479	185,479			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (27,011)	(27,011)			
c. Prescription Drugs - Non-Medicare	\$ 156,179	156,179			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (46,389)	(46,389)			
2. a. Medical Supplies - Medicare	\$ 7,841	7,841			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (1,142)	(1,142)			
c. Medical Supplies - Non-Medicare	\$ 1,769	1,769			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (853)	(853)			
3. a. Physical Therapy - Medicare	\$ 689,966	689,966			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (100,479)	(100,479)			
c. Physical Therapy - Non-Medicare	\$ 436,479	436,479			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (130,984)	(130,984)			
4. a. Speech Therapy - Medicare	\$ 345,732	345,732			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (50,348)	(50,348)			
c. Speech Therapy - Non-Medicare	\$ 162,316	162,316			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (49,360)	(49,360)			
5. a. Occupational Therapy - Medicare	\$ 680,670	680,670			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (99,125)	(99,125)			
c. Occupational Therapy - Non-Medicare	\$ 421,267	421,267			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (123,628)	(123,628)			
6. a. Other (<i>Specify</i>) - Medicare	\$ 37,675	37,675			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 12,263	12,263			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 14,824,684	14,824,684			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$ 517	517			
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 225	225			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 15,925	15,925			
V. Total Other Revenue (1 thru 8)	\$ 16,667	16,667			
VI. Total All Revenue (III +V)	\$ 14,841,351	14,841,351			

* 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.

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Cent		9/30/2023	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	26,372
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,277,451
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	62,729
4. Inventories			\$	41,884
5. Prepaid Expenses			\$	891,700
a. _____				
b. _____				
c. _____				
d. See Schedule		891,700		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,300,136
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	136,652	\$	115,762
	Accum. Depreciation	20,890		Net
3. Buildings	*Historical Cost	1,781,345	\$	1,536,207
	Accum. Depreciation	245,138		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	13,204	\$	11,231
	Accum. Depreciation	1,972		Net
6. Movable Equipment	*Historical Cost	184,318	\$	108,698
	Accum. Depreciation	75,620		Net
7. Motor Vehicles	*Historical Cost	7,839	\$	
	Accum. Depreciation	7,839		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,771,898

* 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	
31	A5	Prepaid Prop Taxes	\$ -
31	A5	Prepaid Escrow Real Estate	\$ 571,535
31	A5	Prepaid Escrow Insurance	\$ 93,674
31	A5	Prepaid Escrow Replace Reserve	\$ 226,491
31	A5	Prepaid Personal Property Tax	\$ -
			-
Total Prepaid Expenses			\$ 891,700

145040
145280
145290
145300
145310

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 Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	Line D7	Elimination Intercompany	\$ -
32	Line D7	I/C Due to/Due From GHCLLC	\$ 47,080,118
32	Line D7	I/C Due to/Due From GHCLLC PR	\$ (22,853,978)
32	Line D7	I/C Due to/Due From GHCLLC A/P	\$ (14,262,187)
32	Line D7	I/C Due to/Due From GHCLLC EX	\$ (601)
32	Line D7	I/C Due to/Due From GHCLLC AR	\$ (4,611,094)
32	Line D7	I/C Due to/Due From GHCLLC IN	\$ -
32	Line D7	O L/T A Suspense	\$ 5,460
32	Line D7	ROU Bldg Asset-Oper Lease	\$ 9,116,967
32	Line D7	AccumAmort-ROU Bldg OprLease	\$ (3,177,475)
32	Line D7		\$ -
32	Line D7		\$ -
32	Line D7		\$ -
32	Line D7		\$ -
Total Other Assets			\$ 11,297,210

Eliminati 190010
I/C Due t 198000
I/C Due t 198010
I/C Due t 198020
I/C Due t 198030
I/C Due t 198040
I/C Due t 198050
O L/T A : 180050
ROU Bld 150510
AccumAm 150511

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	
33	A12	Accr Exp Other	\$ 4,482
33	A12	Accr Exp Water and Sewer	\$ 34,468
33	A12	Accr Exp Gas	\$ 2,664
33	A12	Accr Exp Electricity	\$ 3,822
33	A12	Accr Exp Nursing Purchased Ser	\$ -
33	A12	Accr Exp Due to Prior Owner	\$ -
33	A12	Deferred Revenue	\$ 48,289
33	A12	A/R Credit Gross Up Liability	\$ 76,698
33	A12	Accrued Provider/Bed Tax	\$ 119,541
33	A12	Accr Sales and Use Tax - FY18	\$ (0)
33	A12	CP OprLease-Bldg Obligation	\$ 934,138
33	A12	CP-Self Insurance WC Reserve	\$ 53,502
33	A12	CP-Self Insurance GLPL Reserve	\$ 38,963
33	A12	Accr Exp Suspense	\$ -
Total Other Current Liabilities (Itemize)			\$ 1,316,567

Accr Exp 210010
Accr Exp 210090
Accr Exp 210100
Accr Exp 210110
Accr Exp 210130
Accr Exp 210330
Deferred 210340
A/R Crec 210345
Accrued 210350
Accr Sak 215418
CP OprL 227610
CP-Self I 220110
CP-Self I 220120
Accr Exp 210240

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

Page Ref	Line Ref	Description	
34	B4	LT OprLease-Bldg Obligation	\$ 5,371,041
34	B4	LT WC Case Reserves	\$ 99,024
34	B4	LT GLPL Case Reserves	\$ 89,239
34	B4	LT WC Insurance Recoveries	\$ 38,690
34	B4	LT GLPL Insurance Recoveries	\$ 2,223
34	B4	LT WC Development	\$ 116,655
34	B4	LT GLPL Development	\$ 32,468
34	B4	LT WC Discount	\$ (14,016)
34	B4	LT WC Gross-up to CP	\$ (53,502)
34	B4	LT GLPL Gross-up to CP	\$ (38,963)
34	B4-1	Escheatable Funds	\$ 5,503
Total Other Current Liabilities (Itemize)			\$ 5,648,362

LT OprLu 276010
LT WC C 287110
LT GLPL 287120
LT WC h 287210
LT GLPL 287220
LT WC C 287310
LT GLPL 287320
LT WC C 287410
LT WC C 287510
LT GLPL 287520
Escheatr 290060

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Cent		9/30/2023	32	37
Account			Amount	
Total Brought Forward:			\$	4,072,034
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			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	

7. Other Assets (<i>itemize</i>)			\$	11,297,210

See Schedule				11,297,210
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	11,297,210
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	15,369,244

* 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 Glen Hill Care and Rehabilitation Center		License No.	Report for Year Ended 9/30/2023	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,284,220
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>)				\$	194,096
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	381
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>)				\$	1,316,567

See Schedule					1,316,567
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	2,795,263

* 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 Glen Hill Care and Rehabilitation Center	License No.	Report for Year Ended 9/30/2023		Page 34	of 37
Account				Amount	
Total Brought Forward:				2,795,263	
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>)				\$ 5,648,362	
See Schedule		5,648,362			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 5,648,362	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 8,443,625	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center		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			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	6,153,797
6. Gain or Loss for Period			\$	771,822
	10/1/2022	thru	9/30/2023	
7. Total Net Worth			\$	6,925,619
C. Total Reserves and Net Worth			\$	6,925,619
D. Total Liabilities, Reserves, and Net Worth			\$	15,369,244

H. Changes in Total Net Worth

Name of Facility Glen Hill Care and Rehabilitation Center	License No.	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			\$	4,506,511
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	14,841,351
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	12,422,243
D. Net Income or Deficit			\$	2,419,108
E. Balance			\$	6,925,619
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			\$	6,925,619
				09/30/23

I. Preparer's/Reviewer's Certification

Name of Facility Glen Hill Care and Rehabilitation Center	License No.	Report for Year Ended 9/30/2023	Page 37	of 37
<i>Check appropriate category</i>				
Chronic and Convalescent Nursing <input checked="" type="checkbox"/> Home (CCNH) & RHNS Combined	<input type="checkbox"/> (Specify)	<input type="checkbox"/> (Specify)		
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				
Rick Fink				
Address Address			Phone Number	
515 Fairmount Avenue, STE 800, Towson, Maryland 21286				
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Rick Fink			410-494-7657	
Contact Email Address				
Rick.Fink@genesishcc.com				