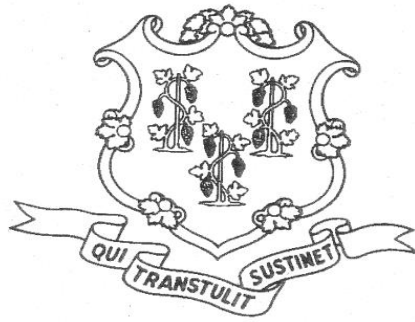


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2023

Name of Facility (as licensed) Greentree Manor & Nursing Rehabilitation Center	
Address (No. & Street, City, State, Zip Code) 4 Greentree Drive, Waterford, CT 06385	
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 842C	(Specify)	(Specify)	Medicare Provider 07-5113A
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Medicaid Provider Numbers:	CCNH / RHNS 8425	(Specify)	(Specify)
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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Greentree Manor & Nursing Rehabilitation Center	842C	9/30/2023	1	37

Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR 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 Greentree Manor & Nursing Rehabilitation Center [facility name], for the cost report period beginning October 1, 2022 and ending September 30, 2023, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Rebecca Fraser			Printed Name (Owner) Martin Sbriglio		
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 Greentree Manor & Nursing Rehabilitation Center		Period Covered:	From 10/1/2022	To 9/30/2023
Address of Facility 4 Greentree Drive, Waterford, CT 06385				
Report Prepared By Ryders Health Management		Phone Number 203-381-1327	Date 1/16/2024	
Item	Total	CCNH / RHNS	(Specify)	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-381-1327		Report for Year Ended 9/30/2023	Page 2	of 37
Name of Facility (as shown on license) Greentree Manor & Nursing Rehabilitation Center		Address (No. & Street, City, State, Zip) 4 Greentree Drive, Waterford, CT 06385		
License Numbers:	CCNH / RHNS 842C	(Specify)	(Specify)	Medicare Provider No. 07-5113A
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 type="checkbox"/> LLC <input type="checkbox"/> Partnership <input checked="" type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Rebecca Fraser		Nursing Home Administrator's License No.:	002133	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:	N/A	

General Information and Questionnaire Corporate Owners

Name of Facility Greentree Manor & Nursing Rehabilitation C	License No. 842C	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	
Greentree Manor & Nursing Rehabilitation Center	4 Greentree Drive, Waterford, CT 06385		CT	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Martin Sbriglio, RN, NHA	4 Greentree Drive, Waterford, CT 06385	Owner	50	
Robert Sbriglio, MD, MPH	4 Greentree Drive, Waterford, CT 06385	Owner	25	
Kenneth Kopchik	4 Greentree Drive, Waterford, CT 06385	Owner	25	
Names of Stockholders Owning at Least 10% of Shares				
Martin Sbriglio, RN, NHA	4 Greentree Drive, Waterford, CT 06385	Owner	50	
Robert Sbriglio, MD, MPH	4 Greentree Drive, Waterford, CT 06385	Owner	25	
Kenneth Kopchik	4 Greentree Drive, Waterford, CT 06385	Owner	25	

General Information and Questionnaire Related Parties*

Name of Facility Greentree Manor & Nursing Rehabilitation Center	License No. 842C	Report for Year Ended 9/30/2023	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

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

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Greentree Manor & Nursing Rehabilitation Cent	License No. 842C	Report for Year Ended 9/30/2023	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

General Information and Questionnaire
Other Lines of Business

Name of Facility Greentree Manor & Nursing Rehabil	License No. 842C	Report for Year Ended 9/30/2023	Page 6	of 37
Square footage of entire facility.		25,029		
Outpatient Therapy				
Does the Facility provide outpatient therapy services?		No		
<i>If yes, please complete the following:</i>				
Square footage of therapy space.				
Meals on Wheels				
Does the facility provide Meals on Wheels?		No		
<i>If yes, please complete the following:</i>				
Square footage of kitchen				
Number of meals served per week				
No	Are meals included in meals served on page 18 of the Annual Report?			
No	Are direct costs included in the Annual Report?			
<i>If yes, please state where costs are reported.</i>				
No	Are drivers for the program included in the facility's payroll?			
<i>If yes, please complete the following:</i>				
Amount Reported				
Annual Report page and line				
Please state the salary amounts of specific cooks and/or dietary aides				
Please state where the cooks and/or dietary aides are reported in the Annual Report				
Apartments, Independent Living, Assisted Living				
Does the facility have apartments, independent living, and/or assisted living?		No		
<i>If yes, please complete the following:</i>				
Square footage of apartments				
Square footage of independent living				
Square footage of assisted living				
Please identify the services provided:				

General Information and Questionnaire
Other Lines of Business (Continued)

Name of Facility Greentree Manor & N	License No. 842C	Report for Year Ended 9/30/2023	Page 7	of 37
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Child Day Care

Does the Facility provide Child Day Care? No

If yes, please complete the following:

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

Adult Day Care

Does the Facility provide Adult Day Care? No

If yes, please complete the following:

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

Schedule of Resident Statistics

Name of Facility Greentree Manor & Nursing Rehabilitation Center			License No. 842C		Report for Year Ended 9/30/2023				Page 8	of 37		
	Total All Levels	Total CCNH / RHNS Level	Total	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	90	90			90	90						
B. On last day of THIS report period	90	90							90	90		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	81	81			81	81						
B. As of midnight of THIS report period	77	77							77	77		
3. Total Number of Days Care Provided During Period												
A. Medicare	1,417	1,417			1,130	1,130			287	287		
B. Medicaid (Conn.)	20,381	20,381			15,192	15,192			5,189	5,189		
C. Medicaid (other states)												
D. Private Pay	4,731	4,731			3,567	3,567			1,164	1,164		
E. State SSI for RCH												
F. Other (Specify) Managed Care	2,156	2,156			1,785	1,785			371	371		
G. Total Care Days During Period (3A thru F)	28,685	28,685			21,674	21,674			7,011	7,011		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	294	294			177	177			117	117		
B. Other Bed Reserve Days	81	81			37	37			44	44		
5. Total Resident Days (3G + 4A + 4B)	29,060	29,060			21,888	21,888			7,172	7,172		

Schedule of Resident Statistics (Cont'd)

Name of Facility Greentree Manor & Nursing Rehabilitation Center	License No. 842C	Report for Year Ended 9/30/2023	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No
 If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change	
	CCNH / RHNS	(Specify)	(Specify)	Lost			Gained			CCNH / RHNS	(Specify)	(Specify)		
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH / RHNS	(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	5	57		15				
Per Diem Rate								
a. One bed rm.	Various	288.13		\$490.00/\$500.00				
b. Two bed rms.				\$453.00/\$484.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
A. Medicare - Part B	2,696	2,696			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other	4,087	4,087			
D. Total Physical Therapy Treatments	6,783	6,783			
8. Total Number of Speech Therapy Treatments					
A. Medicare - Part B	762	762			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other	550	550			
D. Total Speech Therapy Treatments	1,312	1,312			
9. Total Number of Occupational Therapy Treatments					
A. Medicare - Part B	1,781	1,781			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other	4,279	4,279			
D. Total Occupational Therapy Treatments	6,060	6,060			

Annual Report of Long-Term Care Facility

CSP-10 Rev. 3/2023

Report of Expenditures - Salaries & Wages

Name of Facility		License No.		Report for Year Ended		Page		of	
Greentree Manor & Nursing Rehabilitation Center		842C		9/30/2023		10		37	
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No									
Total Cost and Hours									
Item	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)	120,748		2,291						
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)									
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	239,429		10,289						
5. Dietary Service									
a. Head Dietitian	30,948		750						
b. Food Service Supervisor	62,726		2,120						
c. Dietary Workers	368,215		21,000						
6. Housekeeping Service									
a. Head Housekeeper	59,633		2,168						
b. Other Housekeeping Workers	180,065		10,240						
7. Repairs & Maintenance Services									
a. Engineer or Chief of Maintenance	48,638		1,767						
b. Other Maintenance Workers	11,963		644						
8. Laundry Service									
a. Supervisor									
b. Other Laundry Workers	36,106		2,188						
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	124,118		1,697						
b. RN									
1. Direct Care	791,068		16,714						
2. Administrative**									
c. LPN									
1. Direct Care	907,550		21,308						
2. Administrative**									
d. Aides and Attendants	1,257,086		54,458						
e. Physical Therapists	156,196		2,963						
f. Speech Therapists	72,323		1,373						
g. Occupational Therapists	136,619	(136,619)	3,300	-3,300					
h. Recreation Workers	94,663		3,835						
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	130,772		6,140						
n. Marketing									
o. Other (Specify) See Attached Schedule	31,306		1,341						
<i>A-13. Total Salary Expenditures</i>	4,860,169	(136,619)	166,586	-3,300					

* 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
Medical Records	\$ 31,306		1,341						
Total	\$ 31,306	\$ -	1,341	\$ -	\$ -	-	\$ -	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH / RHNS			(Specify)			(Specify)		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
Lauren Doherty MD	\$ 888								
Northeast Medical Group	\$ 5,625								
Total	\$ 6,513	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-

**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	
Greentree Manor & Nursing Rehabilitation Center				842C	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										
Dr. Robert Sbriglio, MD								Lord Chamberlain, 7003 Main St., Stratford, CT 06614	2,143	131,278
Mr. Martin Sbriglio, RN, NHA								Ryders Health Management, 88 Ryders Lane, Stratford, CT 06614	3,657	254,808
Kenneth Kopchik, MD, MPH								Mystic Healthcare, 475 High St., Mystic, CT 06355	884	48,770
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	
Greentree Manor & Nursing Rehabilitation Center				842C	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***										
Rebecca Frazier	96,949			Non Discriminatory	Administrative	1,891	A2			
Angela Ruple	23,799			Non Discriminatory	Administrative	400	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended						Page	of
Greentree Manor & Nursing Rehabilitation Center	842C	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	4,860		65						
3. Pharmacist	1,625		22						
4. Podiatrist									
5. Physical Therapy									
a. Resident Care									
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians									
a. Medical Director (entire facility)	49,200		180						
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)									
Medical Staff	500		5						
9. Speech Therapist									
a. Resident Care									
b. Other									
10. Occupational Therapist									
a. Resident Care									
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care	11,131		126						
2. Administrative***									
b. LPN									
1. Direct Care	330,217		4,553						
2. Administrative***									
c. Aides	525,798		11,826						
d. Other									
12. Other (Specify)									
See Attached Schedule	6,513								
B-13 Total Fees Paid in Lieu of Salaries	929,844		16,777						

* 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 Greentree Manor & Nursing Rehabilitation Center		License No. 842C		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				
LTC Management	Dental Consultant	<input type="radio"/>	<input checked="" type="radio"/>				
Dr. Lauren Doherty, IPD Hospitalist of New England, PO Box 92284, Los Angeles, CA	Medical Director/Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>				
ValueRx	Pharmacy	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership			
The Nurse Network	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>				
All American Healthcare Services, Inc	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>				
Norton and Associates	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>				
MAS Medical Staffing Corp	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>				
Mass Tex Imaging	ST	<input type="radio"/>	<input checked="" type="radio"/>				
Fusion Medical Staffing	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>				
Samba Care	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>				
Solomon Page Group	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>				
Genie Healthcare, Inc	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>				
Delta-T Group	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>				
Amidon Nursing Staffing	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>				
Pro Med Staff LLC	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>				
Ascendo Healthcare Staffing	Nurse Pool	<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
Greentree Manor & Nursing Rehabilitation Center	842C	9/30/2023					15	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
1. Administrative and General								
a. Employee Health & Welfare Benefits								
1. Workmen's Compensation	\$ 134,272	134,272						
2. Disability Insurance	\$							
3. Unemployment Insurance	\$							
4. Social Security (F.I.C.A.)	\$ 421,455	421,455						
5. Health Insurance	\$ 236,485	236,485						
6. Life Insurance (employees only) (not-owners and not-operators)	\$							
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 165,529	165,529						
8. Uniform Allowance	\$ 13,553	13,553						
9. Other (<i>Specify</i>) See Attached Schedule	\$							
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$							
c. Bad Debts*	\$	108,734	(108,734)					
d. Accounting and Auditing	\$ 10,249	10,249						
e. Legal (<i>Services should be fully described on Page 15b</i>)	\$ 14,958	60,860	(45,902)					
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$							
g. Office Supplies	\$ 11,952	11,952						
h. Telephone and Cellular Phones								
1. Telephone & Pagers	\$ 13,260	13,260						
2. Cellular Phones	\$ 3,246	3,246						
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$							
j. Corporation Business Taxes (<i>franchise tax</i>)	\$							
k. Other Taxes (<i>Not related to property - See Page 22</i>)								
1. Income*	\$							
2. Other (<i>Specify</i>) See Attached Schedule	\$							
3. Resident Day User Fee	\$ 542,188	542,188						
Subtotal	\$ 1,567,147	1,721,783	(154,636)					

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

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

General Information and Questionnaire

Accounting Basis

Name of Facility Greentree Manor & Nursing Rehab	License No. 842C	Report for Year Ended 9/30/2023	Page 15b	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 CJLC Consulting, LLC	225 Pitkin St., East Hartford, CT 06108
2 Marcum, LLP	555 Long Warf Dr., New Haven, CT 06511
3	
4	

Services Provided by This Firm (describe fully)

1 Tax Return, year end financial review, consulting	\$ 8,437
2 Consulting	\$ 1,813
3	\$
4	\$
	Charge for Services Provided
	\$ 10,249

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	Telephone Number
1 See Attached	
2	
3	
4	
5	

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
Greentree Manor & Nursing Rehabilitation Center	842C	9/30/2023					16	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
Subtotals Brought Forward:	1,567,147	1,721,783	(154,636)					
l. Travel and Entertainment								
1. Resident Travel and Entertainment \$								
2. Holiday Parties for Staff \$	7,107	7,107						
3. Gifts to Staff and Residents \$								
4. Employee Travel \$	1,990	1,990						
5. Education Expenses Related to Seminars and Conventions \$	22,019	22,019						
6. Automobile Expense (<i>not purchase or depreciation</i>) \$								
7. Other (<i>Specify</i>) \$		331	(331)					
See Attached Schedule								
m. Other Administrative and General Expenses								
1. Advertising Help Wanted (<i>all such expenses</i>) \$	21,232	21,232						
2. Advertising Telephone Directory (<i>all such expenses</i>)*** \$								
3. Advertising Other (<i>Specify</i>)*** \$		30,000	(30,000)					
See Attached Schedule								
4. Fund-Raising*** \$								
5. Medical Records \$								
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** \$								
7. Postage \$	4,203	4,203						
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) \$	7,206	7,206						
See Attached Schedule								
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$								
9. Subscriptions \$								
10. Contributions*** \$								
See Attached Schedule								
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>) \$	134,738	134,738						
12. Administrative Management Services** \$	375,033	375,033						
13. Other (<i>Specify</i>) \$	41,258	48,337	(7,079)					
See Attached Schedule								
C-14 Total Administrative & General Expenditures	\$ 2,181,933	2,373,980	(192,046)					

* 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
Meals & Entertainment	\$ 331	\$ (331)				
Total Other Travel and Entertainment	\$ 331	\$ (331)	\$ -	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Adv & Pub Relations Donations	\$ 30,000	\$ (30,000)				
Total Other Advertising	\$ 30,000	\$ (30,000)	\$ -	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
CAHCF	\$ 7,206					
Total Dues	\$ 7,206	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Bank Charges	\$ 23,064					
Physician Care Employees	\$ 13,060					
Fines & Penalties	\$ 7,079	\$ (7,079)				
American Express Renewal	\$ 50					
Crisis Prevention	\$ 200					
Zoom Renewal	\$ 481					
Fees & Licenses	\$ 2,370					
Unemployment Tax Management	\$ 1,524					
AR Consulting - Bookkeeping Services, Not Collections	\$ 309					
Donations	\$ 200					
Total Other Administrative and General	\$ 48,337	\$ (7,079)	\$ -	\$ -	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Greentree Manor & Nursing Rehabilitation	License No. 842C	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 #
Ryders Health Management, 88 Ryders Lane, Stratford, CT 06614	375,033	Financial and Managerial Support	Page 16, Line m12

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Greentree Manor & Nursing Rehabilitation Center		842C	9/30/2023				18	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
2. Dietary								
a. In-House Preparation & Service								
1. Raw Food	\$ 234,227	234,227						
2. Non-Food Supplies	\$ 24,222	24,222						
3. Other (Specify) _____	\$							
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$							
c. Other (Specify) _____ Dietary Equipment	\$ 545	545						
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 258,994	258,994						
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		License No.	Report for Year Ended				Page	of
Greentree Manor & Nursing Rehabilitation Center		842C	9/30/2023				19	37
Item		Total	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. \$						
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.						
		Amt. \$						
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.						
		Amt. \$						
4. Repair and/or purchase of linens.***		Lbs.						
		Amt. \$						
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	80,199	80,199				
c. Other (Specify)		\$						
3D. Total Laundry Expenditures (3a + b + c)		\$	80,199	80,199				
3E. Laundry Questionnaire								
F. Is cost of employee laundry included in 3D?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.				
G. Did you receive revenue from employees?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.				
H. Where is the revenue received reported in the Cost Report?		(Page/Line Item)						
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.				
J. Did you receive revenue from these people?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.				
K. Where is the revenue received reported in the Cost Report?		(Page/Line Item)						

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Greentree Manor & Nursing Rehabilitation Cen		842C	9/30/2023				20	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
4.	Housekeeping							
	a. In-House Care	Sq. Ft. Serviced by Personnel						
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	60,939	60,939				
	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. \$						
	C. Other (<i>Specify</i>)	\$						
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	60,939	60,939				
5.	Resident Care (Supplies)**							
	a. Prescription Drugs***							
	1. Own Pharmacy	\$						
	2. Purchased from ValueRx	\$		101,565	(101,565)			
	b. Medicine Cabinet Drugs	\$	46,035	46,035				
	c. Medical and Therapeutic Supplies	\$						
	d. Ambulance/Limousine***	\$		11,160	(11,160)			
	e. Oxygen							
	1. For Emergency Use	\$						
	2. Other***	\$		20,448	(20,448)			
	f. X-rays and Related Radiological Procedures***	\$		3,876	(3,876)			
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$						
	h. Laboratory***	\$		13,034	(13,034)			
	i. Recreation	\$	21,858	21,858				
	j. Direct Management Services*	\$						
	k. Indirect Management Services*	\$						
	l. Cable TV	\$						
	m. Other (Specify)**** See Attached Schedule	\$	219,385	222,721	(3,335)			
	n. Physical Therapy Expense	\$		9,767	(9,767)			
	o. Speech Therapy Expense	\$						
5P.	Total Resident Care Expenditures (5a - 5o)	\$	287,279	450,464	(163,185)			

* 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.

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

Name of Facility Greentree Manor & Nursing Rehabilitation Center			License No. 842C		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
United Textile Rental Services	Parkway, Mt. Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services	80,250			19	3b
All Waste, Inc	PO Box 4272, Hartford, CT 06146	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	26,641			22	6a
Point Click Care	PO Box 8500, Philadelphia, PA 19178	<input type="radio"/>	<input checked="" type="radio"/>		Computer Software Support Services	44,843			16	m11
ADP	1 ADP Plaza, Milford, CT 06460	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing Services	27,751			16	m11
Fraser's Lawncare	228 Bloomingdale Rd., Quaker Hill, CT 06375	<input type="radio"/>	<input checked="" type="radio"/>		Lawncare Services & Snow Removal	20,897			22	6a
		<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
Greentree Manor & Nursing Rehabilitation Cen	842C	9/30/2023					22	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$ 140,077	140,077						
b. Heat	\$ 48,813	48,813						
c. Light & Power	\$ 89,033	89,033						
d. Water	\$ 35,568	35,568						
e. Equipment Lease (Provide detail on page 22b)	\$ 9,557	9,557						
f. Other (itemize)	\$							
See Attached Schedule								
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 323,048	323,048						
7. Depreciation (complete schedule page 23*)								
a. Land Improvements	\$							
b. Building & Building Improvements	\$ 193,044	193,044						
c. Non-Movable Equipment	\$ 15,000	15,000						
d. Movable Equipment	\$ 7,956	7,956						
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 216,000	216,000						
8. Amortization (Complete att. Schedule Page 24*)								
a. Organization Expense	\$							
b. Mortgage Expense	\$							
c. Leasehold Improvements	\$							
d. Other (Specify)	\$							
*8e. Total Amortization Costs (8a + b + c + d)	\$							
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 480,000	480,000						
10. Property Taxes								
a. Real estate taxes paid by owner	\$							
b. Real estate taxes paid by lessor	\$ 52,568	52,568						
c. Personal property taxes	\$ 6,993	6,993						
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 755,560	755,560						

* Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of
Greentree Manor & Nursing Rehabilitation Center			842C	9/30/2023			22b	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
BBI Technologies	<input type="radio"/>	<input checked="" type="radio"/>	Copiers			5,398	5,398	
LEAF	<input type="radio"/>	<input checked="" type="radio"/>	Copiers			4,159	4,159	
	<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"/>						
							Total ***	9,557

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes No

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

Depreciation Schedule

Name of Facility Greentree Manor & Nursing Rehabilitation Center			License No. 842C		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			1,690		1,690	338	S/L	Various					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
B. Building and Building Improvements													
1. Acquired prior to this report period			7,304,391		7,304,391	3,757,874	S/L	Various					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			113,190		113,190		S/L	Various	5,033				
B-4. Subtotal										5,033			
C. Non-Movable Equipment													
1. Acquired prior to this report period			583,875		583,875	468,696	S/L	Various					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			24,115		24,115		S/L	Various	1,696				
C-4. Subtotal										1,696			
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.			x		10	2003	37,699	37,699	37,699	S/L	Various		
b.			x		5	198	28,601	28,601	28,601	S/L	Various		
c.			x		12	2008	31,531	31,531	31,531	S/L	Various		
d.			x		11	2010	3,000	3,000	3,000	S/L	Various		
2. Movable Equipment													
a. Acquired prior to this report period							626,756	626,756	578,789	S/L	Various		
b. Disposals (attach schedule)													
Acquired during this report period (attach schedule):													
c. Administrative													
d. Standard Resident							16,496	16,496		S/L	Various	1,437	
e. Specialized Resident													
Total Acquired during this report period							16,496	16,496				1,437	
D-3. Subtotal													1,437
E. Total Depreciation													8,166

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
12/12/2022	Roof	\$ 5,100	10	\$ 425
1/4/2023	Carpet	\$ 11,486	5	\$ 1,723
2/28/2023	Heat Exchanger RT Unit	\$ 12,100	10	\$ 706
3/10/2023	Asbestos Services	\$ 4,499	10	\$ 262
3/15/2023	Smoke Dectors	\$ 1,680	5	\$ 196
4/18/2023	Roof	\$ 2,400	10	\$ 120
4/18/2023	Roof	\$ 5,100	10	\$ 255
5/22/2023	Asbestos Services	\$ 6,626	10	\$ 276
7/28/2023	Roof	\$ 64,200	10	\$ 1,070
Total additions for Building Improvements		\$ 113,190		\$ 5,033
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:				
10/3/2023	Door Maglock	\$ 1,250	5	\$ 250
1/25/2023	Inducer & Igniter RT Unit	\$ 1,907	5	\$ 286
3/15/2023	Generator	\$ 560	5	\$ 65
4/3/2023	Motor	\$ 2,259	5	\$ 226
4/14/2023	Generator	\$ 1,011	5	\$ 101
6/30/2023	Door Maglock	\$ 1,189	5	\$ 59
7/17/2023	Ice Machine & Water Dispenser	\$ 10,603	5	\$ 530
7/31/2023	Parelllel Platform	\$ 1,358	5	\$ 45
8/11/2023	Amp Pole RT Unit	\$ 1,668	5	\$ 56
8/28/2023	Motor	\$ 2,310	5	\$ 77
Total additions for Non-Movable Equipment		\$ 24,115		\$ 1,696
Deletions:				

Total deletions for Non-Movable Equipment		\$ -		\$ -

ges 23 24

**

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2



Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
10/12/2022	Bed	Standard Resident	\$ 6,452	10	\$ 645
10/25/2022	TV's	Standard Resident	\$ 1,006	5	\$ 201
3/31/2023	Computer	Standard Resident	\$ 1,129	3	\$ 188
3/31/2023	Computer	Standard Resident	\$ 1,043	3	\$ 174
6/30/2023	Bed	Standard Resident	\$ 4,067	10	\$ 102
7/31/2023	Software Modern Email Security	Standard Resident	\$ 1,777	3	\$ 99
8/31/2023	Computer	Standard Resident	\$ 1,021	3	\$ 28
Total additions for Movable Equipment			\$ 16,496		\$ 1,437 *
Deletions:					
Total deletions for Movable Equipment			\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility Greentree Manor & Nursing Rehabilitation Center			License No. 842C		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 Greentree Manor & Nursing Rehabilia	License No. 842C	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.		
<small>*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.</small>					
Description		Total			
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase		05/04/98			
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity		90			
6. Square Footage		25,029			
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)		Variable			
b. Date Mortgage Obtained		05/01/11			
c. Interest Rate for the Cost Year		Variable			
d. Term of Mortgage (number of years)		10			
e. Amount of Principal Borrowed		6,000,000			
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	

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
Greentree Manor & Nursing Rehabil		842C	9/30/2023				26	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
12. Interest								
A. Building, Land Improvement & Non-Movable Equipment								
1. First Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
2. Second Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
3. Third Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
4. Fourth Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
B. CHEFA Loan Information								
1. Original Loan Amount		\$						
2. Loan Origination Date								
3. Interest Rate %								
4. Term								
5. CHEFA Interest Expense								
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$						

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended				Page	of	
Greentree Manor & Nursing Rehab		842C		9/30/2023				27	37	
Item				Total	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) Interest Expense				\$	13,691	13,691				
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	13,691	13,691				
14. Insurance										
a. Insurance on Property (buildings only)				\$	19,027	19,027				
b. Insurance on Automobiles				\$						
c. Insurance other than Property (as specified above)										
1. Umbrella (Blanket Coverage)				\$	83,799	83,799				
2. Fire and Extended Coverage				\$						
3. Other (Specify)				\$						
14d. Total Insurance Expenditures (14a + b + c)				\$	102,827	102,827				
15. Total All Expenditures (A-13 thru C-14)				\$	9,714,566	10,209,716	(491,850)	(3,300)		

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Greentree Manor & Nursing Rehabilitation	842C	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>)	\$ 7,678,435	7,678,435			
b. Medicaid Room and Board Contractual Allowance **	\$ (3,127,020)	(3,127,020)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 682,825	682,825			
b. Medicare Room and Board Contractual Allowance **	\$ 276,667	276,667			
4. a. Private-Pay Residents and Other	\$ 3,503,639	3,503,639			
b. Private-Pay Room and Board Contractual Allowance **	\$ (533,846)	(533,846)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 95,985	95,985			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (95,985)	(95,985)			
c. Prescription Drugs - Non-Medicare	\$ 41,608	41,608			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 81,699	81,699			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (81,699)	(81,699)			
c. Physical Therapy - Non-Medicare	\$ 179,111	179,111			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 27,656	27,656			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (27,656)	(27,656)			
c. Speech Therapy - Non-Medicare	\$ 84,085	84,085			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 89,641	89,641			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (89,641)	(89,641)			
c. Occupational Therapy - Non-Medicare	\$ 131,346	131,346			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (<i>Specify</i>) - Medicare	\$				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 102,402	102,402			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 9,019,251	9,019,251			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 99	99			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$				
V. Total Other Revenue (1 thru 8)	\$ 99	99			
VI. Total All Revenue (III +V)	\$ 9,019,349	9,019,349			

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
	Oxygen	\$ 189		
	X-Ray	\$ 2,594		
	Lab	\$ 11,977		
	Contractual Allowances	\$ (14,760)		
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
	Oxygen - Managed Care	\$ 60		
	X-Ray - Managed Care	\$ 74		
	Lab - Private Insurance	\$ 73		
	Lab - Managed Care	\$ 1,070		
	Optum Care Stipend	\$ 101,125		
Total Other Resident Revenue		\$ 102,402	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH / RHNS	(Specify)	(Specify)
	Interest Income		\$ 99		
Total Interest Income			\$ 99	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
Total Other Revenue		\$ -	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Greentree Manor & Nursing Rehabilitat	842C	9/30/2023	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	(27,647)
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,574,078
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	3,731
a. Prepaid Expenses	1,700			
b. Prepaid Insurance	2,031			
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	(233,742)
Refunds	8,537			
Medicaid Advances	12,810			
Loans & Exchanges	(255,089)			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,316,420
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	1,690	\$	1,352
	Accum. Depreciation	338		
	Net			
3. Buildings	*Historical Cost	7,417,581	\$	3,466,663
	Accum. Depreciation	3,950,918		
	Net			
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		
	Net			
5. Non-Movable Equipment	*Historical Cost	607,991	\$	124,295
	Accum. Depreciation	483,696		
	Net			
6. Movable Equipment	*Historical Cost	643,252	\$	56,508
	Accum. Depreciation	586,745		
	Net			
7. Motor Vehicles	*Historical Cost	100,831	\$	
	Accum. Depreciation	100,831		
	Net			
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	3,648,817

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		Due from Mystic Healthcare	\$ 19,687
		Due from Ryders Health Management	\$ 126,999
		Due from Lighthouse Home Care	\$ 58,000
		Due from Light Home Healthcare	\$ 121,000
Total Other Assets			\$ 325,686

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

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

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

Page Ref	Line Ref	Description	
		Due to Chamberlain Manor	\$ 837,634
		Due to Cheshire House	\$ 113,805
		Due to Douglas Manor	\$ 1,492
		Due to Lord Chamberlain	\$ 297,537
		Due to Ryders Health	\$ 24,326
		Due to GT Realty	\$ 2,944,216
Total Other Current Liabilities (Itemize)			\$ 4,219,009

G. Balance Sheet (cont'd)

Name of Facility Greentree Manor & Nursing Rehabilitat	License No. 842C	Report for Year Ended 9/30/2023	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 4,965,237	
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			\$ 33,466	
*Historical Cost 50,000 Accum. Depreciation 16,534 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>)			\$ 350,731	
Due from Bel-Air Manor			23,749	
Due from Douglas Manor			1,296	
See Schedule			325,686	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 384,197	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 5,349,434	

* 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 Greentree Manor & Nursing Rehabilitation Center		License No. 842C	Report for Year Ended 9/30/2023	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,420,304
2. Notes Payable (<i>itemize</i>)				\$	11,340
NP - HealthPro					11,340
_____ _____ _____ 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>)				\$	78,234
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	2,089,325
Patient Fund					38,396
Accrued Expenses					365,831
Accrued User Fee					1,598,879
Accrued PTO					86,219 See Schedule
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	3,599,204

* 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 Greentree Manor & Nursing Rehabilitation C	License No. 842C	Report for Year Ended 9/30/2023		Page 34	of 37
Account				Amount	
Total Brought Forward:				3,599,204	
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>)				\$ 5,190,481	
Due to Robert Sbriglio		308,750			
Due to Martin Sbriglio		421,250			
Due to Aaron Manor		241,472			
See Schedule		4,219,009			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 5,190,481	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 8,789,685	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Greentree Manor & Nursing Rehabilia	842C	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			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(2,250,884)
6. Gain or Loss for Period			\$	(1,190,367)
	10/1/2022	thru	9/30/2023	
7. Total Net Worth			\$	(3,440,251)
C. Total Reserves and Net Worth			\$	(3,440,251)
D. Total Liabilities, Reserves, and Net Worth			\$	5,349,434

H. Changes in Total Net Worth

Name of Facility Greentree Manor & Nursing Rehabilitatio	License No. 842C	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			\$	(1,752,801)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	9,019,349
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	10,209,716
D. Net Income or Deficit			\$	(1,190,367)
E. Balance			\$	(2,942,968)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Out of period adjustment	(497,283)			
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	(497,283)
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			\$	(3,440,251)
09/30/23				

I. Preparer's/Reviewer's Certification

Name of Facility Greentree Manor & Nursing Rehabilitation	License No. 842C	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				
Gennaro Evangelista				
Address Address		Phone Number		
88 Ryders Lane, Stratford, CT 06614		203-381-1327		
Contacted Person Regarding Additional Information Needed Regarding This Report		Phone Number		
Gennaro Evangelista		203-381-1327		
Contact Email Address				
gevangelista@rydershealth.com				