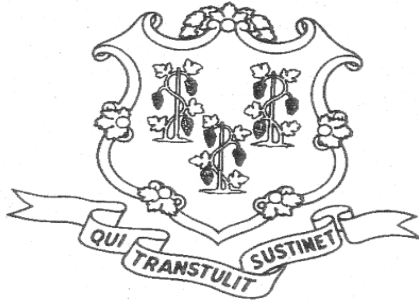


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2023

Name of Facility (as licensed) Hamden Rehabilitation, LLC	
Address (No. & Street, City, State, Zip Code) 1270 Sherman Avenue, Hamden, CT 06514	
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 9902	(Specify)	(Specify)	Medicare Provider 07-5366
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Medicaid Provider Numbers:	CCNH / RHNS 9902	(Specify)	(Specify)
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General Information

Name of Facility (as licensed) Hamden Rehabilitation, LLC	License No. 9902	Report for Year Ended 9/30/2023	Page 1	of 37
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Administrator's/Owner's Certification

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

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

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Nickeisha Bewry-Clarke			Printed Name (Owner) Moshe Bernstein		
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 Hamden Rehabilitation, LLC	Period Covered:	From 10/1/2022	To 9/30/2023	
Address of Facility 1270 Sherman Avenue, Hamden, CT 06514				
Report Prepared By Zella Healthcare Consulting, LLC	Phone Number 203-808-8197	Date 1/15/2024		
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 860-561-4000		Report for Year Ended 9/30/2023	Page 2	of 37
Name of Facility (as shown on license) Hamden Rehabilitation, LLC		Address (No. & Street, City, State, Zip) 1270 Sherman Avenue, Hamden, CT 06514		
License Numbers:	CCNH / RHNS 9902	(Specify)	(Specify)	Medicare Provider No. 07-5366
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 Nickeisha Bewry-Clarke		Nursing Home Administrator's License No.:	2016	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire
 Partners/Members**

Name of Facility Hamden Rehabilitation, LLC		License No. 9902	Report for Year Ended 9/30/2023	Page 3	of 37
Legal Name of Partnership/LLC Hamden Rehabilitation, LLC		Business Address 1270 Sherman Avenue, Hamden, CT 06514		State(s) and/or Town(s) in Which Registered Connecticut	
Name of Partners/Members	Business Address	Title		% Owned	
YMC CT, LLC	1165 King Street, Greenwich, CT 06831	Owner		7.06%	
SJJJ, LLC	1165 King Street, Greenwich, CT 06831	Owner		7.06%	
GW Holdings, LLC	1165 King Street, Greenwich, CT 06831	Owner		54.11%	
IK Greenwich, LLC	1165 King Street, Greenwich, CT 06831	Owner		7.06%	
WCTHC, LLC	1165 King Street, Greenwich, CT 06831	Owner		24.71%	

General Information and Questionnaire Corporate Owners

Name of Facility Hamden Rehabilitation, LLC	License No. 9902	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	
N/A				
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
N/A				
Names of Stockholders Owning at Least 10% of Shares				
N/A				

General Information and Questionnaire Individual Proprietorship

Name of Facility Hamden Rehabilitation, LLC	License No. 9902	Report for Year Ended 9/30/2023	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

General Information and Questionnaire
Related Parties*

Name of Facility Hamden Rehabilitation, LLC	License No. 9902	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	%**				
HHC Realty, LLC	1165 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		Rental Expense	Pg 22, Line 9	986,507	773,128
HHC Realty, LLC	1165 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		Property Insurance	Page 27, Line 14a	37,475	37,475
HHC Realty, LLC	1165 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		Real Estate Taxes	Page 22, Line 10b	116,018	116,018
Moshe Bernstein	1165 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		Management Services	Page 16, Line M12	65,000	65,000
Mordi Blass	1165 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		Management Services	Page 16, Line M12	65,000	65,000
Sparkle	1165 King Street, Greenwich, CT 06831	<input checked="" type="radio"/>	<input type="radio"/>	1%	Housekeeping P/S	Page 20, Line 4b	494,344	526,741
Farming Rehab Center, LLC	1165 King Street, Greenwich, CT 06831	<input type="radio"/>	<input checked="" type="radio"/>		Administrative Oversight	Page 16 Line m13	12,684	12,684
		<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 Hamden Rehabilitation, LLC	License No. 9902	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 Hamden Rehabilitation, LLC	License No. 9902	Report for Year Ended 9/30/2023	Page 6	of 37
Square footage of entire facility.		49,492		
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 Hamden Rehabilitatio	License No. 9902	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 Hamden Rehabilitation, LLC			License No. 9902		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	153	153			153	153						
B. On last day of THIS report period	153	153							153	153		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	134	134			134	134						
B. As of midnight of THIS report period	137	137							137	137		
3. Total Number of Days Care Provided During Period												
A. Medicare	11,231	11,231			8,682	8,682			2,549	2,549		
B. Medicaid (Conn.)	28,874	28,874			21,543	21,543			7,331	7,331		
C. Medicaid (other states)												
D. Private Pay	8,023	8,023			5,789	5,789			2,234	2,234		
E. State SSI for RCH												
F. Other (Specify)	1,449	1,449			1,083	1,083			366	366		
G. Total Care Days During Period (3A thru F)	49,577	49,577			37,097	37,097			12,480	12,480		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	49,577	49,577			37,097	37,097			12,480	12,480		

Schedule of Resident Statistics (Cont'd)

Name of Facility Hamden Rehabilitation, LLC	License No. 9902	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)					

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	79		42				
Per Diem Rate								
a. One bed rm.	PDPM	#####		490.00				
b. Two bed rms.	N/A	#####		474.00				
c. Three or more bed rms.	PDPM	N/A		N/A				

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
A. Medicare - Part B	1,007	1,007			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	152	152			
2. Restorative Treatments					
C. Other	6,541	6,541			
D. Total Physical Therapy Treatments	7,700	7,700			

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	902	902			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	59	59			
2. Restorative Treatments					
C. Other	1,929	1,929			
D. Total Speech Therapy Treatments	2,890	2,890			

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	1,269	1,269			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	147	147			
2. Restorative Treatments					
C. Other	6,751	6,751			
D. Total Occupational Therapy Treatments	8,167	8,167			

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					
Hamden Rehabilitation, LLC	9902	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)	163,032		2,080						
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)									
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	340,269		11,481						
5. Dietary Service									
a. Head Dietitian									
b. Food Service Supervisor	84,221		2,142						
c. Dietary Workers	605,880		29,662						
6. Housekeeping Service									
a. Head Housekeeper									
b. Other Housekeeping Workers									
7. Repairs & Maintenance Services									
a. Engineer or Chief of Maintenance	61,716		2,112						
b. Other Maintenance Workers	106,443		5,886						
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	182,937		2,918						
b. RN									
1. Direct Care	811,624		22,016						
2. Administrative**	542,663		10,911						
c. LPN									
1. Direct Care	2,125,963		59,595						
2. Administrative**									
d. Aides and Attendants	2,347,141		109,222						
e. Physical Therapists									
f. Speech Therapists									
g. Occupational Therapists									
h. Recreation Workers	304,231		12,576						
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	274,008	(3,464)	8,405						
n. Marketing									
o. Other (Specify) See Attached Schedule									
<i>A-13. Total Salary Expenditures</i>	7,950,128	(3,464)	279,006						

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

Name of Facility				License No.		Report for Year Ended			Page	of
Hamden Rehabilitation, LLC				9902		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
Hamden Rehabilitation, LLC				9902	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***										
Nickeisha Bewry-Clarke	163,032			Non discriminatory	Administrator	2,080	A2	N/A		
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					
Hamden Rehabilitation, LLC	9902	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	525	(525)	N/A						
3. Pharmacist	29,116		329						
4. Podiatrist									
5. Physical Therapy									
a. Resident Care	380,652		4,789						
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians									
a. Medical Director (entire facility)	42,000		300						
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)									
Other Physicians	24,754	(24,754)	104						
9. Speech Therapist									
a. Resident Care	154,253		1,669						
b. Other									
10. Occupational Therapist									
a. Resident Care	388,706	(388,706)	4,955						
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care	4,431		47						
2. Administrative***									
b. LPN									
1. Direct Care	165,504		2,207						
2. Administrative***									
c. Aides	68,119		1,703						
d. Other									
12. Other (Specify)									
See Attached Schedule									
B-13 Total Fees Paid in Lieu of Salaries	1,258,060	(413,985)	16,102						

* 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 Hamden Rehabilitation, LLC		License No. 9902		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			
Connecticut Dental Partners, 300 Church Street, Wallingford, CT	Dental Services	<input type="radio"/>	<input checked="" type="radio"/>			
Guardian Consulting Services	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>			
Preferred Therapy Solutions, 850 Silas Dean Highway, Wethersfield, CT	PT, OT, ST	<input type="radio"/>	<input checked="" type="radio"/>			
Paul Monaco, 2440 Whitney Avenue, Suite 108, Hamden, CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Ricardo Cordido, 2200 Whitney Avenue, Hamden, CT	Cardiologist	<input type="radio"/>	<input checked="" type="radio"/>			
Genie Health Care, 50 Millstone Road, East Windsor NJ 08520	Nurse Agency	<input type="radio"/>	<input checked="" type="radio"/>			
Towne Nursing, 1413 38th Street, Brooklyn, NY 11218	Nurse Agency	<input type="radio"/>	<input checked="" type="radio"/>			
Norton and Associates, 97 Elm Street, Cohasset, MA 02025	Nurse Agency	<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
Hamden Rehabilitation, LLC	9902	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	\$ 151,703	151,769	(66)					
2. Disability Insurance	\$							
3. Unemployment Insurance	\$ 76,787	76,820	(33)					
4. Social Security (F.I.C.A.)	\$ 590,856	591,114	(258)					
5. Health Insurance	\$ 665,694	665,694						
6. Life Insurance (employees only) (not-owners and not-operators)	\$							
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 42,787	42,787						
8. Uniform Allowance	\$							
9. Other (Specify) See Attached Schedule	\$	35,863	(35,863)					
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$							
c. Bad Debts*	\$							
d. Accounting and Auditing	\$ 35,173	35,173						
e. Legal (Services should be fully described on Page 15b)	\$ 10,744	11,863	(1,119)					
f. Insurance on Lives of Owners and Operators (Specify)*	\$							
g. Office Supplies	\$ 22,322	22,322						
h. Telephone and Cellular Phones								
1. Telephone & Pagers	\$ 30,937	30,937						
2. Cellular Phones	\$ 1,600	1,600						
i. Appraisal (Specify purpose and attach copy)*	\$							
j. Corporation Business Taxes (franchise tax)	\$							
k. Other Taxes (Not related to property - See Page 22)								
1. Income*	\$							
2. Other (Specify) See Attached Schedule	\$	(137,000)	137,000					
3. Resident Day User Fee	\$ 813,663	813,663						
Subtotal	\$ 2,442,266	2,342,605	99,661					

* 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 Benefit:

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Employee Relations	\$ 35,863	\$ (35,863)				
Total	\$ 35,863	\$ (35,863)	\$ -	\$ -	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
State Tax	\$ (137,000)	\$ 137,000				
Total	\$ (137,000)	\$ 137,000	\$ -	\$ -	\$ -	\$ -

General Information and Questionnaire
Accounting Basis

Name of Facility Hamden Rehabilitation, LLC	License No. 9902	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 SY Consultant	1138 E. 12th Street, Brooklyn, NY 11230
2 Pease & Associates	1111 Superior Avenue, Cleveland, OH 44114
3 Bonadio & Co. LLP	1040 Avenue of the Americas, 3rd Floor, New York, NY 10018
4 Zella Healthcare Consulting / CLA	7 Eastview Drive, Simsbury, CT 06070 / PO Box 829709 Philadelphia, PA

Services Provided by This Firm (*describe fully*)

1 Consulting	\$ 18,000
2 Accounting & HHS	\$ 6,000
3 401K	\$ 4,150
4 Medicare & Medicaid Cost Report Preparation (\$6,500 / \$523)	\$ 7,023
	Charge for Services Provided
	\$ 35,173

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

- Yes No Page 15 Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Robinson and Cole	860-275-8200
2 Jackson Lewis	860-522-0404
3 Gordon & Rees Law Firm	510-463-8600
4 CT State Marshall / Probate Court	N/A
5 US Treasury	N/A

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

- 1 280 Trumbull St., Hartford, CT 06103
- 2 90 State House Square, Hartford, CT 06103
- 3 111 Broadway, Suite 1700, Oakland, CT 94607
- 4 N/A
- 5 N/A

Services Provided by This Firm (*describe fully*)

1 General Labor & Employment Matters	\$ (220)
2 General Counsel	\$ 1,941
3 General Counsel	\$ 8,888
4 State Marshall Fees (Self Disallowed)	\$ 1,119
5 Excise Tax	\$ 135
	Charge for Services Provided
	\$ 11,863

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

- Yes No Page 15 Line 1e

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

Name of Facility	License No.	Report for Year Ended					Page	of
Hamden Rehabilitation, LLC	9902	9/30/2023					16	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
Subtotals Brought Forward:		2,442,266	2,342,605	99,661				
i. Travel and Entertainment								
1. Resident Travel and Entertainment	\$ 354	354						
2. Holiday Parties for Staff	\$							
3. Gifts to Staff and Residents	\$							
4. Employee Travel	\$ 2,916	2,916						
5. Education Expenses Related to Seminars and Conventions	\$ 51,295	51,295						
6. Automobile Expense <i>not purchase or depreciation</i>)	\$	20	(20)					
7. Other (<i>Specify</i>) See Attached Schedule	\$							
m. Other Administrative and General Expenses								
1. Advertising Help Wanted <i>all such expenses</i>)	\$ 54,843	54,843						
2. Advertising Telephone Directory <i>all such expenses</i>)***	\$							
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	30,180	(30,180)					
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	\$ 2,856	2,856						
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 860	2,445	(1,585)					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	350	(350)					
9. Subscriptions	\$ 4,746	4,746						
10. Contributions*** See Attached Schedule	\$	25	(25)					
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 44,109	44,109						
12. Administrative Management Services**	\$	130,000	(130,000)					
13. Other (<i>Specify</i>) See Attached Schedule	\$ 118,110	132,131	(14,021)					
C-14 Total Administrative & General Expenditures	\$ 2,722,355	2,798,875	(76,520)					

* 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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Business Promotion	\$ 30,180	\$ (30,180)				
Total Other Advertising	\$ 30,180	\$ (30,180)	\$ -	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
ACHCA	\$ 310					
CAHCF	\$ 550					
American Express	\$ 1,585	\$ (1,585)				
Total Dues	\$ 2,445	\$ (1,585)	\$ -	\$ -	\$ -	\$ -

Schedule of Contributions

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Contributions	\$ 25	\$ (25)				
Total Contributions	\$ 25	\$ (25)	\$ -	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Employee Background Checks	\$ 9,358					
Administrative Oversight	\$ 12,684					
Data Processing Fees	\$ 23,456					
Software Maintenance	\$ 55,225					
Facility Licenses	\$ 4,164					
Employee License Renewals	\$ 1,565					
Bank Charges (Disallow Non Routine \$13,401)	\$ 25,059	\$ (13,401)				
State Assessment	\$ 620	\$ (620)				
Total Other Administrative and General	\$ 132,131	\$ (14,021)	\$ -	\$ -	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Hamden Rehabilitation, LLC	9902	9/30/2023	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Mordi Blass	65,000	Management Services	Page 16, Line M12
Moshe Bernstein	65,000	Management Services	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
Hamden Rehabilitation, LLC	9902	9/30/2023				18	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
2. Dietary							
a. In-House Preparation & Service							
1. Raw Food	\$ 376,540	376,540					
2. Non-Food Supplies	\$ 44,878	44,878					
3. Other (Specify) _____ Dietary Cleaning Supplies	\$ 13,795	13,795					
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 84	84					
c. Other (Specify) _____ Nutritional Supplements	\$ 57,643	57,643					
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 492,940	492,940					
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 Hamden Rehabilitation, LLC		License No. 9902	Report for Year Ended 9/30/2023				Page 19	of 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. \$	1,263	1,263				
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)		\$	275,748	275,748				
c. Other (Specify) Laundry Supplies		\$	221	221				
3D. Total Laundry Expenditures (3a + b + c)		\$	277,232	277,232				
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
Hamden Rehabilitation, LLC		9902	9/30/2023				20	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
4.	Housekeeping	Sq. Ft. Serviced by Personnel						
a.	In-House Care	Amt. \$						
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	\$						
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. \$	494,344	494,344				
C.	Other (<i>Specify</i>) Other Housekeeping Supplies - Paper/Plastic	\$	30,208	30,208				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	524,552	524,552				
5.	Resident Care (Supplies)**							
a.	Prescription Drugs***							
1.	Own Pharmacy	\$						
2.	Purchased from Pharmscript	\$	433,825	(433,825)				
b.	Medicine Cabinet Drugs	\$	3,723	3,723				
c.	Medical and Therapeutic Supplies	\$	101,802	174,795	(72,993)			
d.	Ambulance/Limousine***	\$	1,207	(1,207)				
e.	Oxygen							
1.	For Emergency Use	\$						
2.	Other***	\$	20,830	(20,830)				
f.	X-rays and Related Radiological Procedures***	\$	16,084	(16,084)				
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$						
h.	Laboratory***	\$	35,479	(35,479)				
i.	Recreation	\$	15,374	15,374				
j.	Direct Management Services*	\$						
k.	Indirect Management Services*	\$						
l.	Cable TV	\$	7,200	21,183	(13,983)			
m.	Other (Specify)**** See Attached Schedule	\$	37,884	54,390	(16,506)			
n.	Physical Therapy Expense	\$	25,248	25,248				
o.	Speech Therapy Expense	\$						
5P.	Total Resident Care Expenditures (5a - 5o)	\$	191,231	802,138	(610,908)			

* 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 Hamden Rehabilitation, LLC			License No. 9902		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
All American Waste	PO Box 630, East Windsor, CT 06088	<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal	52,825			22	6f
Asantino Consulting	42 Robin Hill Lane, Hamden, CT 06518	<input type="radio"/>	<input checked="" type="radio"/>		IT Consultant	40,212			16	m11
MatrixCare	PO Box 1414, Minneapolis, MN 55480	<input type="radio"/>	<input checked="" type="radio"/>		Clinical/AR/AP Software	41,892			16	m13
McGrath Landscaping	PO Box 185668, Hamden, CT 06518	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping	26,641			22	6f
Sparkle	5935, Troy, MI 48007-5935	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	Housekeeping	494,344			20	4b
Saucier	148 North Street, Plainville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>		HVAC	26,770			22	6f
Smartlinx Solutions	PO Box 22598, NY, NY 10097	<input type="radio"/>	<input checked="" type="radio"/>		Computer Software	12,086			16	m13
Viventium	768 Bedford Ave, Brooklyn, NY 11205	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Services	19,151			16	m13
Rinaldi Linen Service	47 Common Court, Waterbury, CT 06704	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services	275,748			19	3b
		<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
Hamden Rehabilitation, LLC	9902	9/30/2023					22	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$ 107,027	107,027						
b. Heat	\$ 40,668	40,668						
c. Light & Power	\$ 137,312	137,312						
d. Water	\$ 79,472	79,472						
e. Equipment Lease (Provide detail on page 22b)	\$ 7,774	7,774						
f. Other (itemize) See Attached Schedule	\$ 120,596	120,596						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 492,849	492,849						
7. Depreciation (complete schedule page 23*)								
a. Land Improvements	\$							
b. Building & Building Improvements	\$ 48,916	48,916						
c. Non-Movable Equipment	\$ 12,118	12,118						
d. Movable Equipment	\$ 17,136	15,242	1,894					
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 78,170	76,276	1,894					
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	\$ 986,507	986,507						
10. Property Taxes								
a. Real estate taxes paid by owner	\$							
b. Real estate taxes paid by lessor	\$ 116,018	116,018						
c. Personal property taxes	\$ 26,289	26,289						
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,206,984	1,205,090	1,894					

* 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 Hamden Rehabilitation, LLC			License No. 9902	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							
Ricoh USA, Inc. 70 Valley Stream Parkway, Malven, PA 19355	<input type="radio"/>	<input checked="" type="radio"/>	Copier	12/01/17	60 months - auto renewed	7,774		7,774	
	<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"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input type="radio"/> No	Total ***	7,774

* 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 Hamden Rehabilitation, LLC			License No. 9902			Report for Year Ended 9/30/2023			Page 23	of 37
Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
A. Land Improvements										
1. Acquired prior to this report period										
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
A-4. Subtotal										
B. Building and Building Improvements										
1. Acquired prior to this report period	685,885		685,885	146,809	SL	Various	42,198			
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	137,893		137,893		SL	Various	6,718			
B-4. Subtotal								48,916		
C. Non-Movable Equipment										
1. Acquired prior to this report period	116,211		116,211	19,932	SL	Various	10,661			
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	60,346		60,346		SL	Various	1,457			
C-4. Subtotal								12,118		
D. Movable Equipment										
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								
1. Motor Vehicles (Specify name, model and year of each vehicle)										
a.										
b.										
c.										
d.										
2. Movable Equipment										
a. Acquired prior to this report period										
b. Disposals (attach schedule)										
Acquired during this report period (attach schedule):										
c. Administrative										
d. Standard Resident										
e. Specialized Resident										
Total Acquired during this report period										
D-3. Subtotal										
E. Total Depreciation										

Schedule of Land Improvements Acquired during this report period

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

*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:				
10/18/2022	Boiler bypass	\$ 9,415	15	\$ 628
10/20/2022	Boiler bypass	\$ 5,630	15	\$ 375
11/18/2022	Boiler bypass	\$ 9,415	15	\$ 5
12/29/2022	Boiler bypass	\$ 1,250	15	\$ 69
12/6/2022	Boiler bypass	\$ 5,630	15	\$ 313
1/5/2023	Roof	\$ 106,553	15	\$ 5,328
Total additions for Building Improvement:		\$ 137,893		\$ 6,718 *
Deletions:				
Total deletions for Building Improvement:		\$ -		\$ - **

*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:				
10/31/2022	Resident Lines	\$ 5,418	10	\$ 542
8/31/2023	Carrier Rooftop Unit	\$ 54,928	10	\$ 915
Total additions for Non-Movable Equipment:		\$ 60,346		\$ 1,457 *
Deletions:				
Total deletions for Non-Movable Equipment:		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
11/9/2022	Beds	Standard Resident	\$ 3,051	5	\$ 509
11/1/2022	Ice Machine	Administrative	\$ 2,639	5	\$ 4
2/17/2023	Servings Trays - Electric	Administrative	\$ 2,507	5	\$ 334
3/24/2023	Patient Lift	Standard Resident	\$ 1,354	5	\$ 158
3/29/2023	Electric Beds	Standard Resident	\$ 5,876	5	\$ 686
3/31/2023	Bed Rails	Standard Resident	\$ 1,522	5	\$ 178
7/1/2023	Chairs - Resident Rooms	Standard Resident	\$ 6,903	5	\$ 345
7/15/2023	Chair Scale	Standard Resident	\$ 1,316	5	\$ 66
8/5/2023	Computer Survey Onboarding	Administrative	\$ 10,000	5	\$ 333
9/6/2023	Computers	Administrative	\$ 1,200	5	\$ 20
9/29/2023	Computers	Administrative	\$ 1,468	5	\$ 24
		PICK A CATEGORY			
Total additions for Movable Equipmen[†]			\$ 37,836		\$ 2,657 *
Deletions:					
Total deletions for Movable Equipmen[†]			\$ -		\$ - **

*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
Total additions for Leasehold Improvemen[†]		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvemen[†]		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Hamden Rehabilitation, LLC			9902		9/30/2023			24	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 Hamden Rehabilitation, LLC	License No. 9902	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					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase	04/01/16				
4. Date of Initial Licensure	04/01/16				
5. Total Licensed Bed Capacity	153				
6. Square Footage	49,492				
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of 9/30/23					
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
Hamden Rehabilitation, LLC		9902	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	
Hamden Rehabilitation, LLC		9902		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)				\$	5,033	(5,033)				
Other Int. Expense										
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	5,033	(5,033)				
14. Insurance										
a. Insurance on Property (buildings only)				\$	37,475	37,475				
b. Insurance on Automobiles				\$						
c. Insurance other than Property (as specified above)										
1. Umbrella (Blanket Coverage)				\$						
2. Fire and Extended Coverage				\$						
3. Other (Specify)				\$	224,834	224,834				
Liability Insurance										
14d. Total Insurance Expenditures (14a + b + c)				\$	262,309	262,309				
15. Total All Expenditures (A-13 thru C-14)				\$	14,961,190	16,069,206	(1,108,016)			

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Hamden Rehabilitation, LLC	9902	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>	\$ 11,872,330	11,872,330			
b. Medicaid Room and Board Contractual Allowance **	\$ (5,054,211)	(5,054,211)			
2. a. Medicaid <i>(All other states)</i>	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents <i>(all inclusive)</i>	\$ 2,893,033	2,893,033			
b. Medicare Room and Board Contractual Allowance **	\$ 827,173	827,173			
4. a. Private-Pay Residents and Other	\$ 7,648,506	7,648,506			
b. Private-Pay Room and Board Contractual Allowance **	\$ (1,284,257)	(1,284,257)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 149,939	149,939			
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$ 205,177	205,177			
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	\$ 311,878	311,878			
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$ 292,717	292,717			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 184,135	184,135			
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$ 185,268	185,268			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 320,522	320,522			
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$ 407,846	407,846			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other <i>(Specify)</i> - Medicare	\$ (836,349)	(836,349)			
b. Other <i>(Specify)</i> - Non-Medicare	\$ (965,353)	(965,353)			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 17,158,354	17,158,354			
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>	\$ 289	289			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other <i>(Specify)</i>	\$ 8,707	8,707			
V. Total Other Revenue (1 thru 8)	\$ 8,996	8,996			
VI. Total All Revenue (III +V)	\$ 17,167,350	17,167,350			

* 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)
30 II6a	Oxygen	\$ 460		
30 II6a	IV Therapy	\$ 1,378		
30 II6a	X-Ray	\$ 6,626		
30 II6a	Lab	\$ 11,479		
30 II6a	Contractual Allowance	\$ (856,292)		
Total Other Resident Revenue - Medicare		\$ (836,349)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
30 II6b	Oxygen	\$ 3,589		
30 II6b	IV Therapy	\$ 515		
30 II6b	X-Ray	\$ 8,191		
30 II6b	Lab	\$ 14,042		
30 II6b	Contractual Allowance	\$ (991,690)		
Total Other Resident Revenue		\$ (965,353)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH / RHNS	(Specify)	(Specify)
30 IV5	Interest Income		\$ 289		
Total Interest Income			\$ 289	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
30 IV 8	Misc. AR Adjustment	\$ 8,707		
Total Other Revenue		\$ 8,707	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Hamden Rehabilitation, LLC	9902	9/30/2023	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	212,843
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	3,988,596
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	232,503
a. Prepaid Insurance	8,717			
b. Prepaid Taxes	199,629			
c. Prepaid Other	24,157			
d. See Schedule				
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)			\$	4,433,942
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>823,778</u>		\$	628,053
	Accum. Depreciation <u>195,725</u>	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost <u>176,557</u>		\$	144,507
	Accum. Depreciation <u>32,050</u>	Net		
6. Movable Equipment	*Historical Cost <u>214,355</u>		\$	109,255
	Accum. Depreciation <u>105,100</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	44,087
CIP	42,623			
See Schedule	1,464			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	925,902

* 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	
31	B9	NBV Adjustment to PY	1,464
Total Other Fixed Assets (Itemize)			\$ 1,464

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

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

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

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Hamden Rehabilitation, LLC	9902	9/30/2023	32	37
Account			Amount	
Total Brought Forward:			\$ 5,359,844	
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>)			\$ 1,497,553	
Name and Address		Amount	Loan Date	
		1,497,553		
7. Other Assets (<i>itemize</i>)			\$ 89,748	
Deposits		89,750		
Rounding		(2)		
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 1,587,301	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 6,947,145	

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Hamden Rehabilitation, LLC	9902	9/30/2023	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	2,674,496
2. Notes Payable (<i>itemize</i>)			\$	9,227
Omnicare			4,558	
HPC			4,669	
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>)			\$	399,539
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	10,294
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>)			\$	737,766
			Accrued Liabilities Othe	295,000
Unearned Revenue			18,724	Accrued Provider User F 206,500
Resident Trust			104,800	
Accrued Operating Expenses			112,742	See Schedule
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	3,831,322

* 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 Hamden Rehabilitation, LLC	License No. 9902	Report for Year Ended 9/30/2023	Page 34	of 37
Account			Amount	
Total Brought Forward:			3,831,322	
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>)				
\$ 1,932,392				
Name and Address of Lender	Amount	Loan Date		
Various	1,932,392	Various		
4. Other Long-Term Liabilities (<i>itemize</i>)				
\$ (1)				
Rounding (1)				
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				
\$ 1,932,391				
C. Total All Liabilities (Lines A-13 + B-5)				
\$ 5,763,713				

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

Name of Facility	License No.	Report for Year Ended	Page	of
Hamden Rehabilitation, LLC	9902	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			\$	85,288
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	
6. Gain or Loss for Period			\$	1,098,144
	10/1/2022	thru 9/30/2023		
7. Total Net Worth			\$	1,183,432
C. Total Reserves and Net Worth			\$	1,183,432
D. Total Liabilities, Reserves, and Net Worth			\$	6,947,145

H. Changes in Total Net Worth

Name of Facility Hamden Rehabilitation, LLC	License No. 9902	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			\$	185,288
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	17,167,350
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	16,069,206
D. Net Income or Deficit			\$	1,098,144
E. Balance			\$	1,283,432
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i> PY Adjustment				
			(100,000)	
F-3. Total Additions			\$	(100,000)
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. <i>Balance at End of Period</i>			\$	1,183,432
				09/30/23

I. Preparer's/Reviewer's Certification

Name of Facility Hamden Rehabilitation, LLC	License No. 9902	Report for Year Ended 9/30/2023	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing 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 President	Date Signed 2/14/24		
Printed Name of Preparer Stephen Bernier				
Address Address 7 Eastview Drive, Simsbury, CT 06070		Phone Number 203-808-8197		
Contacted Person Regarding Additional Information Needed Regarding This Report Simon Yisroel		Phone Number 347-254-5765		
Contact Email Address simonyisroel@yahoo.com				