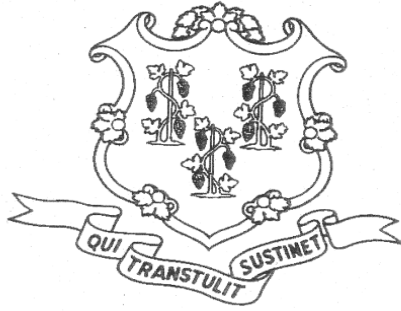


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2023

Name of Facility (as licensed) Filosa For Nursing and Rehabilitation	
Address (No. & Street, City, State, Zip Code) 13 Hakim Street, Danbury, CT 06810	
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 461-C	(Specify)	(Specify)	Medicare Provider 07-5074
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Medicaid Provider Numbers:	CCNH / RHNS 4614	(Specify)	(Specify)
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**General Information**

Name of Facility (as licensed) Filosa For Nursing and Rehabilitation	License No. 461-C	Report for Year Ended 9/30/2023	Page 1	of 37
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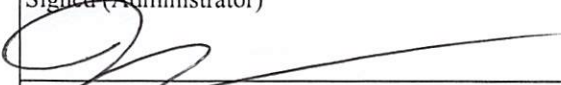
**Administrator's/Owner's Certification**

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Filosa For Nursing and Rehabilitation [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 2/29/24	Signed (Owner) Barbara A. Malone		Date 2/29/24
Printed Name (Administrator) Jennifer A Malone-Seixas			Printed Name (Owner) Barbara A. Malone		
Subscribed and Sworn to before me:	State of CT	Date 2/29/24	Signed (Notary Public) E. Grovesen	Comm. Expires 07/31/2025	
Address of Notary Public 16 Briar Cliff Manor, Bethel CT 06801					

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Filosa For Nursing and Rehabilitation	Period Covered:	From 10/1/2022	To 9/30/2023	
Address of Facility 13 Hakim Street, Danbury, CT 06810				
Report Prepared By Benjamin Chianese, CPA	Phone Number 203-241-5223	Date 2/24/2024		
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. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (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 203-241-5223	Report for Year Ended 9/30/2023	Page 2	of 37
Name of Facility (as shown on license) Filosa For Nursing and Rehabilitation		Address (No. & Street, City, State, Zip) 13 Hakim Street, Danbury, CT 06810			
License Numbers:	CCNH / RHNS 461-C	(Specify)	(Specify)	Medicare Provider No. 07-5074	
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="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed 9/12/2023	
Has there been any change in ownership or operation during this report year?					
<input checked="" type="radio"/> Yes <input type="radio"/> No                   If "Yes," explain fully.					
Facility was sold to Filosa OPCO LLC d/b/a HavenCare@ Hancock Hall, 119 Melville Avenue Lakewood NJ 08701					
<b>Administrator</b>					
Name of Administrator Ann Callahan			Nursing Home Administrator's License No.:	001865	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		



**General Information and Questionnaire**  
**Corporate Owners**

Name of Facility Filosa For Nursing and Rehabilitation	License No. 461-C	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	
Filosa Convalescent Home, Inc	105 Middle River Rd, Danbury, CT 06811		Connecticut	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Frank D. Malone	105 Middle River Road, Danbury, CT 06811	Treasurer	122	
Barbara A. Malone	105 Middle River Road, Danbury, CT 06811	Secretary	491	
Jennifer Malone-Seixas	592 Manville Road, Pleasantville, NY 10570	President	125	
Michael D. Malone	197 Guinea Road, Monroe, CT 06468	Vice-President	129	
John M. Malone	22 North Dutcher Street, Irvington, NY 10533	Director	119	
Names of Stockholders Owning at Least 10% of Shares				
Frank D. Malone	105 Middle River Road, Danbury, CT 06811	Treasurer	122	
Barbara A. Malone	105 Middle River Road, Danbury, CT 06811	Secretary	491	
Jennifer Malone-Seixas	592 Manville Road, Pleasantville, NY 10570	President	125	
Michael D. Malone	197 Guinea Road, Monroe, CT 06468	Vice-President	129	
John M. Malone	22 North Dutcher Street, Irvington, NY 10533	Director	119	





**General Information and Questionnaire  
Related Parties\***

Name of Facility Filosa For Nursing and Rehabilitation	License No. 461-C	Report for Year Ended 9/30/2023	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?     Yes     No    If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Filosa Care Center DBA Hancock Hall	31 Staples St., Danbury, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>		Shared Expenses	See Attached	See Attached	See Attached
Barbara A. Malone (Bamco, LLC)	105 Middle River Road, Danbury, CT 06811	<input type="radio"/>	<input checked="" type="radio"/>		Building Rental/Depreciation/Real Estate Tax	22/9 22/7b	738,035	738,035
Space Pants, LLC	197 Guinea Road, Monroe, CT 06468	<input type="radio"/>	<input checked="" type="radio"/>		Parking Lot Rental	22/9	8,400	8,400
Filosa Care Center DBA Hancock Hall	31 Staples St., Danbury, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>		Advanced Funds From	34/B3	(12,764)	(12,764)
Space Pants, LLC	197 Guinea Road, Monroe, CT 06468	<input type="radio"/>	<input checked="" type="radio"/>		Off Site Storage	22/9	6,720	6,720
Michael Malone	197 Guinea Road, Monroe, CT 06468	<input type="radio"/>	<input checked="" type="radio"/>		Corporation Counsel	10A1	115,873	115,873
Barbara A. Malone (Bamco, LLC)	105 Middle River Road, Danbury, CT 06811	<input type="radio"/>	<input checked="" type="radio"/>		Advanced Funds	34/B3	(66,556)	(66,556)
		<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.

**FILOSA FOR NURSING AND REHABILITATION  
COST YEAR 2023  
LICENSE NO 461-C**

**ATTACHMENT TO PAGE 4 OF 37 GENERAL INFORMATION AND QUESTIONAIRE**

<u>Name of Related Individual or Company</u>	<u>Description of Goods / Services Provided</u>	<u>Indicate Where Costs are Included in Annual Report</u>	<u>FCH Portion</u>	<u>HH Portion</u>
HANCOCK HALL  31 STAPLES STREET, DANBURY, CT 06810	THE FACILITY SHARES A NON-DISCRIMINATORY PENSION PLAN, WITH HANCOCK HALL. WITH EACH FACILITY PAYING THEIR SHARE	Actual 15.1.A.9.D	\$27,922	\$77,450
HANCOCK HALL  31 STAPLES STREET, DANBURY, CT 06810	INSURANCE IN CONJUNCTION WITH HANCOCK HALL  VARIOUS INSURANCES  WORKMENS COMPENSATION	*	\$78,758	\$118,139
	DISABILITY	Actual 15.1A.2	\$2,106	\$4,705
	HEALTH AND DENTAL	Actual 15.1.A.5	\$313,917	\$467,708
	PROPERTY:			
	INSURANCE ON PROPERTY	Actual 27.14.A	\$3,310	\$6,642
	INSURANCE OF AUTOMOBILES	Actual 27.14.B	\$3,632	\$4,811
	UMBRELLA	* 27.14.C.1	\$14,134	\$21,200
	FIRE AND EXTENDED COVERAGE	Actual * 27.14.C.2	\$54,220	\$75,862
	FIDUCIARY	* 27.14.C.3	\$908	\$1,361
	DIRECTORS ,OFFICER, EMPLOYMENT, CYBER	* 27.14.C.3	\$14,293	\$21,439
	TOTAL PROPERTY INS		\$90,497	\$131,315
	BOTH HANCOCK HALL & FILOSA CONVALESCENT HOME, SHARE THE WAGES OF THESES EMPLOYEES			
HANCOCK HALL  31 STAPLES STREET, DANBURY, CT 06810	SHARED EMPLOYEE WAGES:  HEAD ACCOUNTANT'S (1)	* 10.11.A	\$70,589	\$105,883
	OTHER ACCOUNTANTS (4)	* 10.A6.B	\$67,703	\$139,817
	HEAD HOUSEKEEPER (1)	** 10.A.6.A	\$26,569	\$41,009
	ENGINEER OR CHIEF OF MAINTENANCE (1)	** 10.A.7.A	\$57,064	\$82,117
	FOOD SERVICE SUPERVISOR (2)	* 10.A5.B	\$30,512	\$47,949
	RN - STAFF DEVELOPMENT (2)	* 10.A.12.B.2	\$48,122	\$72,183
	RN CLINICAL DIRECTOR	* 10.A.12.B.1	\$844	\$1,265
	HUMAN RESOURCES	* 10.A.4	\$40,381	\$62,081
	ADMISSIONS DIRECTOR	* 10.A.4	\$40,940	\$61,410
	RECREATION DIRECTOR	* 10.A.12.H	\$22,359	\$34,317
	RECREATION WORKERS	Actual 10.A.12.H	\$105,199	\$105,978
	TOTAL WAGES		\$510,282	\$754,009
HANCOCK HALL  31 STAPLES STREET, DANBURY, CT 06810	VEHICLE EXPENSES-BOTH HANCOCK HALL & FILOSA CONVALESCENT HOME SHARE, USE OF THE COMPANY UTILITY TRUCK & VAN.  EXPENSES FOR VAN ON HANCOCK AND EXPENSES FOR TRUCK ON FILOSA	Actual 16.L.7	\$3,745	\$654
HANCOCK HALL  31 STAPLES STREET, DANBURY, CT 06810	TELEPHONE	* 15.1H1	\$2,738	\$5,005

\* Allocated according to the facilities ratio of its beds to 160- the combined total of bot Hancock Hall and Filosa. Under this method of allocation Hancock is charged 60% (96/160) of expense while Filosa is charged 40% (64/160).

\*\* Allocated according to the facilities rationof it's square footage to 95,905 square feet. - the combined square footage of both Hancock Hall & Filosa. Under this method of allocation Hancock Hall is charged 59% (56,300/95,905) of expense while Filosa is charged 41% (39,605/95,905)

\*\*\* Allocated as follows: Billing and Census 80% Hancock Hall 20% Filosa. Accounting 60% Hancock Hall 40% Filosa

**General Information and Questionnaire**  
**Basis for Allocation of Costs**

Name of Facility Filosa For Nursing and Rehabilitation	License No. 461-C	Report for Year Ended 9/30/2023	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (See listing page 13)
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.

See Attached

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 Filosa For Nursing and Rehabilitation	License No. 461-C	Report for Year Ended 9/30/2023	Page 6	of 37
Square footage of entire facility.		39,905		
<b>Outpatient Therapy</b>				
Does the Facility provide outpatient therapy services?		No		
<i>If yes, please complete the following:</i>				
Square footage of therapy space.				
<b>Meals on Wheels</b>				
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				
<b>Apartments, Independent Living, Assisted Living</b>				
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 Filosa For Nursing an	License No. 461-C	Report for Year Ended 9/30/2023	Page 7	of 37
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**Child Day Care**

Does the Facility provide Child Day Care?  No

*If yes, please complete the following:*

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

**Adult Day Care**

Does the Facility provide Adult Day Care?  No

*If yes, please complete the following:*

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

### Schedule of Resident Statistics

Name of Facility Filosa For Nursing and Rehabilitation			License No. 461-C		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	64	64			64	64						
B. On last day of THIS report period	64	64							64	64		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	49	49			49	49						
B. As of midnight of THIS report period	60	60							60	60		
3. Total Number of Days Care Provided During Period												
A. Medicare	2,475	2,475			2,099	2,099			376	376		
B. Medicaid (Conn.)	11,677	11,677			8,929	8,929			2,748	2,748		
C. Medicaid (other states)												
D. Private Pay	4,841	4,841			3,904	3,904			937	937		
E. State SSI for RCH												
F. Other (Specify) Medicare Advantage	732	732			565	565			167	167		
G. Total Care Days During Period (3A thru F)	19,725	19,725			15,497	15,497			4,228	4,228		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	4	4			4	4						
B. Other Bed Reserve Days	15	15			15	15						
5. <b>Total Resident Days (3G + 4A + 4B)</b>	19,744	19,744			15,516	15,516			4,228	4,228		

**Annual Report of Long-Term Care Facility**

**Schedule of Resident Statistics (Cont'd)**

Name of Facility Filosa For Nursing and Rehabilitation	License No. 461-C	Report for Year Ended 9/30/2023	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?  Yes  No

If "YES", provide the following information:

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

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

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH / RHNS	CCNH / RHNS	(Specify)	CCNH / RHNS	(Specify)	(Specify)	R.C.H.	ICF-MR
No. of Residents	4	39		17				
Per Diem Rate								
a. One bed rm.	627.00			550.00				
b. Two bed rms.		#####		520.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
A. Medicare - Part B	2,240	2,240			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other	7,731	7,731			
D. <b>Total Physical Therapy Treatments</b>	9,971	9,971			

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
A. Medicare - Part B	247	247			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other	469	469			
D. <b>Total Speech Therapy Treatments</b>	716	716			

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
A. Medicare - Part B	3,141	3,141			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other	6,182	6,182			
D. <b>Total Occupational Therapy Treatments</b>	9,323	9,323			

**Report of Expenditures - Salaries & Wages**

Name of Facility	License No.	Report for Year Ended	Page	of					
Filosa For Nursing and Rehabilitation	461-C	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
<b>A. Salaries and Wages*</b>									
1. Operators/Owners (Complete also Sec. I of Schedule A1)	115,873	(107,239)	430						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	110,508	(26,893)	1,974						
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)									
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	247,807		8,435						
5. Dietary Service									
a. Head Dietitian									
b. Food Service Supervisor	30,512		789						
c. Dietary Workers	358,500		16,413						
6. Housekeeping Service									
a. Head Housekeeper	26,569		1,178						
b. Other Housekeeping Workers	224,655		12,997						
7. Repairs & Maintenance Services									
a. Engineer or Chief of Maintenance	57,064	(8,200)	1,178						
b. Other Maintenance Workers	83,193		2,746						
8. Laundry Service									
a. Supervisor									
b. Other Laundry Workers	69,767		4,057						
9. Barber and Beautician Services									
10. Protective Services									
11. Accounting Services									
a. Head Accountant	70,589	(8,000)	789						
b. Other Accountants	67,703		2,242						
12. Professional Care of Residents									
a. Directors and Assistant Director of Nurses	212,996		3,177						
b. RN									
1. Direct Care	609,662		13,257						
2. Administrative**	139,924		2,575						
c. LPN									
1. Direct Care	637,356		16,711						
2. Administrative**	60,493		1,575						
d. Aides and Attendants	1,249,662		49,217						
e. Physical Therapists									
f. Speech Therapists									
g. Occupational Therapists									
h. Recreation Workers	127,557		3,947						
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	97,040		2,330						
n. Marketing									
o. Other (Specify) See Attached Schedule									
<b>A-13. Total Salary Expenditures</b>	<b>4,597,430</b>	<b>(150,332)</b>	<b>146,017</b>						

\* 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
<b>Total</b>	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH / RHNS			(Specify)			(Specify)		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
<b>Total</b>	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-

**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	
Filosa For Nursing and Rehabilitation				461-C	9/30/2023			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH / RHNS	(Specify)	(Specify)							
<b>Section I - Operators/Owners</b>										
Michael D. Malone	115,873			Same as Other Employees	Corporation Counsel/VP	430	A1	Hancock Hall 31 Staples Street, Danbury, CT 06810	645	173,810
<b>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).</b>										

\* 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
Filosa For Nursing and Rehabilitation				461-C		9/30/2023			12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH / RHNS	(Specify)	(Specify)							
<b>Section III - Administrators***</b>										
Ann Callahan	110,508			Same as Other Employees		1,974	A2			
<b>Section IV - Assistant Administrators</b>										

\*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.

**FILOSA FOR NURSING AND REHABILITATION  
COST YEAR 2023  
LICENSE NO 461-C**

ATTACHMENT TO PAGE 11C OF 37 GENERAL INFORMATION AND QUESTIONNAIRE

OWNER SALARY

	HANCOCK			FILOSA			COMBINED TOTAL		FICA	
	HRS	SALARY		HRS	SALARY		HRS	SALARY	ALLOW	DISALLOW
JENNIFER MALONE-SEIXAS ADMINISTRATOR	320	22,168	Partial Allowed	-	-		320	22,168		
PRESIDENT	1,728	534,544	Partial Allowed	-	-		1,728	534,544		
	2,048	\$ 556,712		-	\$ -		2,048	\$ 556,712		
MICHAEL MALONE  CORPORATION COUNSEL	645	37,130	Partial Allowed	430	24,753	Partial Allowed	1,075	61,883		
VICE-PRESIDENT	-	136,680	Partial Allowed	-	91,120	Partial Allowed	-	227,800		
	645.00	173,810		-	\$ 115,873		1,075	\$ 289,683	\$ 661	\$ 8,204 Disallow

ADMINISTRATOR ALLOWANCE

	Total		MAXIMUM ALLOWABLE					Amount Allowed	Total Beds 64	Disallow	FICA	DISALLOW
	@60 Beds	Per Bed	#Beds	Excess								
ANN CALLAHAN	\$ 110,508	\$ 83,329	398	4	\$ 1,592	\$ 83,614.52	\$ 26,893	Disallow	\$ 6,100	\$ 2,057	Disallow	
									\$ 10,261	Total Disallow		

ALL OTHER PROFESSIONAL / TECHNICAL PERSONNEL WHO ARE RELATED TO THE OWNER(S):

	Total	Max Allowed	Hrs wk	Max Hrs	Allowed	Disallow
MICHAEL MALONE	115,873	41,120	430	2048	\$ 8,634	\$ 107,239

**B. Report of Expenditures - Professional Fees**

Name of Facility Filosa For Nursing and Rehabilitation	License No. 461-C	Report for Year Ended 9/30/2023						Page 13	of 37
Total Cost and Hours									
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>									
1. Dietitian	36,450		810						
2. Dentist	6,489		33						
3. Pharmacist	11,752		123						
4. Podiatrist									
5. Physical Therapy									
a. Resident Care	166,796		3,203						
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians									
a. Medical Director (entire facility)	11,403		34						
b. Utilization Review (Title 18 and 19 only) monthly meeting									
c. Resident Care**									
d. Administrative Services facility									
1. Infection Control Committee (Quarterly meetings)	525		3						
2. Pharmaceutical Committee (Quarterly meetings)	525		3						
3. Staff Development Committee (Once annually)	400		2						
e. Other (Specify) Psychiatric Evaluations	10,400		52						
9. Speech Therapist									
a. Resident Care	56,341		640						
b. Other									
10. Occupational Therapist									
a. Resident Care	206,779		2,714						
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care	62,004		728						
2. Administrative***									
b. LPN									
1. Direct Care	26,216		415						
2. Administrative***									
c. Aides	99,254		2,483						
d. Other									
12. Other (Specify) See Attached Schedule									
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>695,334</b>		<b>11,243</b>						

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

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

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

### Report of Expenditures

#### Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis\*

Name of Facility	License No.	Report for Year Ended	Page	of
Filosa For Nursing and Rehabilitation	461-C	9/30/2023	14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship
		Yes	No	
HealthDrive Dental Group, 100 Crossing Boulevard, Suite 300, Framingham, MA 01702-	Dental Services	<input type="radio"/>	<input checked="" type="radio"/>	
Symbria Rehab, 28100 Torch Parkway, Warrenville, Il 60555	PT, OT And Speech Evaluations And Treatment	<input type="radio"/>	<input checked="" type="radio"/>	
Orestes J. Arcuni, 4 Bartram Drive, West Redding, CT 06896	Psychiatric Evaluations And Services	<input type="radio"/>	<input checked="" type="radio"/>	
Onmicare, PO Box 78000, Detroit, MI 48278-1668	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	
SincereOne Nursing Care, LLC, 487 Federal Road #C3, Brookfield, CT 06804	Nursing Employment Agency	<input type="radio"/>	<input checked="" type="radio"/>	
Members Of Organized Medical Staff (Robert Ruxin, Md/ Jeanine Famiglietti, Md/Frederick	Infection Control Review, Pharmaceutical Review, Staff	<input type="radio"/>	<input checked="" type="radio"/>	
Laurie A. Figliola RDN, 12 Grays Farm Road, Weston, CT 06883	Dietitian	<input type="radio"/>	<input checked="" type="radio"/>	
Bell Medical Staffing, 14 Fairfield Dr, Brookfield, CT 06804	Nursing Employment Agency	<input type="radio"/>	<input checked="" type="radio"/>	
Rightpro Staffing, LLC 100 Reserve Rd #CC210, Danbury, CT 06810	Nursing Employment Agency	<input type="radio"/>	<input checked="" type="radio"/>	
Grace Ahern RN, 4 Westminster Rd, Danbury,CT 06811	Dietitian	<input type="radio"/>	<input checked="" type="radio"/>	
		<input type="radio"/>	<input checked="" type="radio"/>	
		<input type="radio"/>	<input checked="" type="radio"/>	
		<input type="radio"/>	<input checked="" type="radio"/>	
		<input type="radio"/>	<input checked="" type="radio"/>	
		<input type="radio"/>	<input checked="" type="radio"/>	
		<input type="radio"/>	<input checked="" type="radio"/>	
		<input type="radio"/>	<input checked="" type="radio"/>	
		<input type="radio"/>	<input checked="" type="radio"/>	
		<input type="radio"/>	<input checked="" type="radio"/>	
		<input type="radio"/>	<input checked="" type="radio"/>	
		<input type="radio"/>	<input checked="" type="radio"/>	
		<input type="radio"/>	<input checked="" type="radio"/>	
		<input type="radio"/>	<input checked="" type="radio"/>	

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

**C. Expenditures Other Than Salaries - Administrative and General**

Name of Facility	License No.	Report for Year Ended					Page	of
Filosa For Nursing and Rehabilitation	461-C	9/30/2023					15	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
<b>I. Administrative and General</b>								
<b>a. Employee Health &amp; Welfare Benefits</b>								
1. Workmen's Compensation	\$ 78,758	78,758						
2. Disability Insurance	\$ 2,106	2,106						
3. Unemployment Insurance	\$ 39,664	39,664						
4. Social Security (F.I.C.A.)	\$ 322,327	333,827	(11,500)					
5. Health Insurance	\$ 313,917	313,917						
6. Life Insurance (employees only) (not-owners and not-operators)	\$							
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 27,922	27,922						
8. Uniform Allowance	\$ 4,816	4,816						
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 2,765	2,765						
<b>b. Personal Retirement Plans, Pensions, and        Profit Sharing Plans for Owners and        Operators (Discriminatory)*</b>	\$							
<b>c. Bad Debts*</b>	\$	24,000	(24,000)					
<b>d. Accounting and Auditing</b>	\$ 10,500	10,500						
<b>e. Legal (<i>Services should be fully described on Page 15b</i>)</b>	\$ 5,282	10,088	(4,806)					
<b>f. Insurance on Lives of Owners and        Operators (<i>Specify</i>)*</b>	\$							
<b>g. Office Supplies</b>	\$ 29,506	29,506						
<b>h. Telephone and Cellular Phones</b>								
1. Telephone & Pagers	\$ 2,738	2,738						
2. Cellular Phones	\$ 1,440	2,403	(963)					
<b>i. Appraisal (<i>Specify purpose and        attach copy</i>)*</b>	\$							
<b>j. Corporation Business Taxes (<i>franchise tax</i>)</b>	\$ 250	31,700	(31,450)					
<b>k. Other Taxes (<i>Not related to property - See Page 22</i>)</b>								
1. Income*	\$	190,881	(190,881)					
2. Other ( <i>Specify</i> ) See Attached Schedule	\$							
3. Resident Day User Fee	\$ 347,608	347,608						
<b>Subtotal</b>	\$ 1,189,599	1,453,199	(263,600)					

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

(Carry Subtotals forward to next page)

**Schedule of Other Employee Benefits**

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Pre-Employment Expenses	\$ 2,765					
<b>Total</b>	\$ 2,765	\$ -	\$ -	\$ -	\$ -	\$ -

**Schedule of Other Taxes**

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



**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility Filosa For Nursing and Rehabilitati	License No. 461-C	Report for Year Ended 9/30/2023	Page 15b	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:  
 Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Clifton Larson Allen, LLP	300 Crown Colony Drive, Ste 310, Quincy MA 02169
2 Clifton Larson Allen, LLP	300 Crown Colony Drive, Ste 310, Quincy MA 02169
3	
4	

Services Provided by This Firm (*describe fully*)

1	Compilation Financial Statement	\$	10,500
2	Consulting	\$	4,515
3		\$	
4		\$	
			Charge for Services Provided
			\$ 15,015

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.  
 Yes     No    Page 15 Line 1a9d, Page 16 Line M11

**Legal Services Information**

Name of Legal Firm or Independent Attorney	Telephone Number
1 Murtha & Cullina, LP	203-772-7728
2 Murtha & Cullina, LP	203-772-7728
3 Federal Insurance Company (Musco & Iassogna)	888-259-6445
4	
5	

Address (*No. & Street, City, State, Zip Code*)  
 1 265 Church Street, New Haven CT 06510  
 2 265 Church Street, New Haven CT 06510  
 3 202a Hall's Mill Road, Whitehouse Station, NJ 08889  
 4  
 5

Services Provided by This Firm (*describe fully*)

1	Litigation Issues	\$	4,806
2	General Health Care Regulatory	\$	775
3	Litigation Issues	\$	4,507
4		\$	
5		\$	
			Charge for Services Provided
			\$ 10,088

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.  
 Yes     No    Page 15 Line 1a9e

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

Name of Facility	License No.	Report for Year Ended				Page	of
Filosa For Nursing and Rehabilitation	461-C	9/30/2023				16	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
<b>Subtotals Brought Forward:</b>		1,189,599	1,453,199	(263,600)			
<b>l. Travel and Entertainment</b>							
1. Resident Travel and Entertainment	\$ 8,110	8,110					
2. Holiday Parties for Staff	\$ 824	824					
3. Gifts to Staff and Residents	\$ 3,261	6,939	(3,678)				
4. Employee Travel	\$						
5. Education Expenses Related to Seminars and Conventions	\$ 1,278	1,278					
6. Automobile Expense (not purchase or depreciation)	\$ 3,188	3,745	(557)				
7. Other (Specify) See Attached Schedule	\$						
<b>m. Other Administrative and General Expenses</b>							
1. Advertising Help Wanted (all such expenses)	\$						
2. Advertising Telephone Directory (all such expenses)***	\$ 32,209	32,209					
3. Advertising Other (Specify)*** See Attached Schedule	\$	16,238	(16,238)				
4. Fund-Raising***	\$						
5. Medical Records	\$ 7,911	7,911					
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$						
7. Postage	\$ 2,117	2,117					
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$ 5,215	5,215					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$						
9. Subscriptions	\$ 642	642					
10. Contributions*** See Attached Schedule	\$	200	(200)				
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$ 4,397	8,912	(4,515)				
12. Administrative Management Services**	\$						
13. Other (Specify) See Attached Schedule	\$ 101,306	117,610	(16,304)				
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 1,360,057	1,665,149	(305,092)				

\* 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
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

## Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Promotion-Public Relations	\$ 16,238	\$ (16,238)				
<b>Total Other Advertising</b>	\$ 16,238	\$ (16,238)	\$ -	\$ -	\$ -	\$ -

## Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
CAHCF	\$ 5,215					
<b>Total Dues</b>	\$ 5,215	\$ -	\$ -	\$ -	\$ -	\$ -

## Schedule of Contributions

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
CAHCF	\$ 200	\$ (200)				
<b>Total Contributions</b>	\$ 200	\$ (200)	\$ -	\$ -	\$ -	\$ -

## Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Equipment Rental-Admin	\$ 1,668	\$ (1,022)				
Small Equipment Administration	\$ 1,502					
Office Expense - Internet	\$ 8,054					
Office Expense - Software	\$ 42,809					
Computer Expense - Hosting	\$ 17,226					
Computer Expense - Service	\$ 7,152					
Payroll Service	\$ 15,121					
Miscellaneous Expense	\$ 10,447	\$ (10,447)				
Professional Dues/License/Fees	\$ 2,159	\$ (91)				
Bank Service Charges	\$ 3,936	\$ (3,936)				
Resident Related Misc Exp	\$ 845	\$ (808)				
Office Shredding	\$ 3,764					
Other Covid Related Cost	\$ 2,927					
<b>Total Other Administrative and General</b>	\$ 117,610	\$ (16,304)	\$ -	\$ -	\$ -	\$ -

**Schedule C-1 - Management Services\***

Name of Facility Filosa For Nursing and Rehabilitation	License No. 461-C	Report for Year Ended 9/30/2023	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #

\* 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
Filosa For Nursing and Rehabilitation	461-C	9/30/2023				18	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
2. Dietary							
a. In-House Preparation & Service							
1. Raw Food	\$ 155,144	155,144					
2. Non-Food Supplies	\$ 13,704	13,704					
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 Repair And Small Equip Dietary Equipment Rental	\$ 1,267	1,267					
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 170,115</b>	<b>170,115</b>					
2E. Dietary Questionnaire	Total	CCNH / RHNS		(Specify)		(Specify)	
F. Resident Meals: Total no. of meals served per day:*	171	171					
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
Filosa For Nursing and Rehabilitation		461-C	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. \$	9,492	9,492				
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. \$	9,546	9,546				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$						
c. Other (Specify) Equipment Rental & Repairs		\$	8,664	8,664				
3D. <b>Total Laundry Expenditures</b> (3a + b + c)		\$	27,702	27,702				
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	
Filosa For Nursing and Rehabilitation		461-C	9/30/2023				20	37	
Item			Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
4.	Housekeeping	Sq. Ft. Serviced by Personnel	39,605	39,605					
a.	In-House Care								
	1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	45,696	45,696					
	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.	<b>Total Housekeeping Expenditures</b> (4a + b + c)	\$	45,696	45,696					
5.	Resident Care (Supplies)**								
a.	Prescription Drugs***								
	1. Own Pharmacy	\$							
	2. Purchased from Omnicare	\$		92,183	(92,183)				
	b. Medicine Cabinet Drugs	\$	376	376					
	c. Medical and Therapeutic Supplies	\$	119,209	128,785	(9,576)				
	d. Ambulance/Limousine***	\$		1,344	(1,344)				
	e. Oxygen								
	1. For Emergency Use	\$							
	2. Other***	\$		16,870	(16,870)				
	f. X-rays and Related Radiological Procedures***	\$		4,639	(4,639)				
	g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$							
	h. Laboratory***	\$		7,549	(7,549)				
	i. Recreation	\$		4,161	(4,161)				
	j. Direct Management Services*	\$							
	k. Indirect Management Services*	\$							
	l. Cable TV	\$	15,851	15,851					
	m. Other (Specify)**** See Attached Schedule	\$	7,119	7,119					
	n. Physical Therapy Expense	\$							
	o. Speech Therapy Expense	\$							
5P.	<b>Total Resident Care Expenditures</b> (5a - 5o)	\$	142,555	278,877	(136,322)				

\* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.  
 \*\* Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.  
 \*\*\* Facility should self-disallow the expense in the Adjustment column.  
 \*\*\*\* ICFMR's should provide a detailed schedule of all Day Program Costs.

## Schedule of Other Resident Care

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Small Equipment Nursing	\$ 3,767					
Maint Supply - Resident Aid	\$ 2,521					
Ppe Related Expense	\$ 492					
Podiatry Charges Med A	\$ 339					
<b>Total Other Resident Care</b>	\$ 7,119	\$ -	\$ -	\$ -	\$ -	\$ -

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

Name of Facility Filosa For Nursing and Rehabilitation			License No. 461-C		Report for Year Ended 9/30/2023				Page of 21   37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH / RHNS	(Specify)	(Specify)	Pg	Line
Orestes J. Arcuni	4 Bartram Drive, West Redding, Ct 06896	<input type="radio"/>	<input checked="" type="radio"/>		Psychiatric Evaluations And Services	10,400			13	B8DE
Laurie A Figliola Rdn	12 Grays Farm Road, Weston, Ct 06883	<input type="radio"/>	<input checked="" type="radio"/>		Dietician - Dietary Needs And Reports	31,005			13	B1
Symbria Rehab	28100 Torch Parkway, Warrenville, Il 60555	<input type="radio"/>	<input checked="" type="radio"/>		Evaluations And Treatment	429,916			13	Varior
Center For Comprehensive Care, LLC	580 Long Hill Ave, Shelton, Ct 06474	<input type="radio"/>	<input checked="" type="radio"/>		Medical Director	11,403			13	B8A
Clifton Larson Allen LLP	Drive, Ste 310, Quincy Ma 02169	<input type="radio"/>	<input checked="" type="radio"/>		Accounting Services/Counseling	15,015			15 16	1D, M
Onmicare	Po Box 78000, Detroit, Mi 48278-1668	<input type="radio"/>	<input checked="" type="radio"/>		Pharmacist	11,752			13	B3
SincereOne Nursing Care, LLC	487 Federal Road #C3, Brookfield, CT 06804	<input type="radio"/>	<input checked="" type="radio"/>		Nursing Employment Agency	173,629			13	Varior
HealthDrive Dental Group	Suite 300, Framingham, MA 01702-5555	<input type="radio"/>	<input checked="" type="radio"/>		Dental Services	6,489			13	B2
Bell Medical Staffing	14 Fairfield Dr, Brookfield, CT 06804	<input type="radio"/>	<input checked="" type="radio"/>		Nursing Employment Agency	11,815			13	Varior
Rightpro Staffing, LLC	#CC210, Danbury, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>		Nursing Employment Agency	2,030			13	Varior
Grace Ahern RN	, 4 Westminster Rd, Danbury,CT 06811	<input type="radio"/>	<input checked="" type="radio"/>		Dietician - Dietary Needs And Reports	5,445			13	B1
		<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
Filosa For Nursing and Rehabilitation	461-C	9/30/2023					22	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$ 109,376	109,376						
b. Heat	\$ 38,341	38,341						
c. Light & Power	\$ 51,088	51,088						
d. Water	\$ 29,222	29,222						
e. Equipment Lease (Provide detail on page 22b)	\$ 8,161	8,161						
f. Other (itemize) See Attached Schedule	\$ 34,637	34,637						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 270,825</b>	<b>270,825</b>						
7. Depreciation (complete schedule page 23*)								
a. Land Improvements	\$							
b. Building & Building Improvements	\$ 110,804	110,804						
c. Non-Movable Equipment	\$ 11,617	11,617						
d. Movable Equipment	\$ 32,877	32,877						
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 155,298</b>	<b>155,298</b>						
8. Amortization (Complete att. Schedule Page 24*)								
a. Organization Expense	\$							
b. Mortgage Expense	\$							
c. Leasehold Improvements	\$ 44,978	44,978						
d. Other (Specify)	\$							
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$ 44,978</b>	<b>44,978</b>						
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 587,923	587,923						
10. Property Taxes								
a. Real estate taxes paid by owner	\$							
b. Real estate taxes paid by lessor	\$ 54,428	54,428						
c. Personal property taxes	\$ 6,756	9,497		(2,741)				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 849,383</b>	<b>852,124</b>		<b>(2,741)</b>				

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

**FILOSA FOR NURSING AND REHABILITATION  
COST YEAR 2023  
LICENSE NO 461-C**

**ATTACHMENT TO PAGE 22 OF 37 - LINE 9 RENTAL PAYMENTS ON LEASED REAL PROPERTY LESS DEPRECIATION CLAIMED**

	<u>TOTAL</u>	<u>CCNH</u>	<u>RHNS</u>
RENTAL PAYMENT OF FACILITY BUILDING	\$ 738,035	\$ 738,035	\$ -
LESS: DEPRECIATION ON PROPERTY FROM RELATED PARTY (Does not include depreciation on addition)	<u>(110,804)</u>	<u>(110,804)</u>	<u>-</u>
	\$ 627,231	\$ 627,231	-
 OTHER RENTAL PAYMENTS			
PARKING LOT RENTAL - SPACE PANTS, LLC	8,400	8,400	
RENT OF OFF SITE STORAGE - SPACE PANTS, LLC	<u>6,720</u>	<u>6,720</u>	<u>-</u>
	\$ 642,351	\$ 642,351	\$ -
 Real Estate taxes paid by lessor, with funds included as Rent	<u>(54,428)</u>	<u>(54,428)</u>	<u>-</u>
	<b>\$ 587,923</b>	<b>\$ 587,923</b>	-

Schedule of Other Repairs and Maintenance

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Refuse Removal	\$ 26,705					
Exterminating	\$ 3,217					
Bed/Chair Alarms	\$ 803					
Interior Decor Maint/Supply	\$ 3,912					
<b>Total Other Repairs and Maintenance</b>	<b>\$ 34,637</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

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### 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
Filosa For Nursing and Rehabilitation		461-C		9/30/2023			22b	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease		Amount Claimed
	Yes	No						
Wells Fargo/Ricoh Usa , PO Box 41554, Philadelphia, PA 19101	<input type="radio"/>	<input checked="" type="radio"/>	Copier Machine	08/01/18	60 Month Lease	8,161		8,161
	<input checked="" type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
							<b>Total ***</b>	8,161

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 Filosa For Nursing and Rehabilitation		License No. 461-C		Report for Year Ended 9/30/2023			Page 23	of 37					
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals				
<b>A. Land Improvements</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
<b>A-4. Subtotal</b>													
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period		4,835,483		4,835,483	3,528,104	SL	40	110,804					
2. Disposals (attach schedule)		(4,835,483)		(4,835,483)	(3,638,908)								
3. Acquired during this report period (attach schedule)													
<b>B-4. Subtotal</b>									110,804				
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period		204,163		204,163	32,939	SL	Various	10,545					
2. Disposals (attach schedule)		(236,321)		(236,321)	(44,556)								
3. Acquired during this report period (attach schedule)		32,158						1,072					
<b>C-4. Subtotal</b>									11,617				
<b>D. Movable Equipment</b>													
1. Motor Vehicles (Specify name, model and year of each vehicle)		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								
a. 2015 Ford F250 Pickup		x		10	2015	44,463		44,463	44,463				
b. Disposals						(44,463)		(44,463)	(44,463)				
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						609,988		609,988	442,569	SL	Various	30,597	
b. Disposals (attach schedule)						(633,407)		(633,407)	(475,446)				
Acquired during this report period (attach schedule):													
c. Administrative						10,371						727	
d. Standard Resident						13,048						1,553	
e. Specialized Resident													
Total Acquired during this report period						23,419						2,280	
<b>D-3. Subtotal</b>													32,877
<b>E. Total Depreciation</b>													155,298

## Schedule of Land Improvements Acquired during this report period

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

\*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
<b>Additions:</b>				
<b>Total additions for Building Improvements</b>		\$ -		\$ - *
<b>Deletions:</b>				
	Building and Building Improvements	\$ (4,835,483)		
<b>Total deletions for Building Improvements</b>		\$ (4,835,483)		\$ - **

\*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
<b>Additions:</b>				
12/23/2022	Boiler for Building	\$ 32,158	20	\$ 1,072
<b>Total additions for Non-Movable Equipment</b>		\$ 32,158		\$ 1,072 *
<b>Deletions:</b>				
7/1/2018	Elevator - Cpu Upgrade	\$ (87,054)		
11/14/2018	Air Conditioner	\$ (17,773)		
10/14/2018	Patio/Roof Repair	\$ (22,456)		
8/26/2021	Elevator Doors	\$ (33,468)		
10/1/2021	Elevator Doors - Add'l	\$ (5,251)		
6/3/2022	Sprinkler System	\$ (25,542)		
12/22/2021	Air Conditioner	\$ (12,619)		
12/23/2022	Boiler	\$ (32,158)		
<b>Total deletions for Non-Movable Equipment</b>		\$ (236,321)		\$ - **

\*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			
<b>Additions:</b>		PICK A CATEGORY			
1/1/2023	NVR Replacement	Administrative	\$ 1,529	7	\$ 127
11/1/2022	Code Alert Model T70 Wanderer System	Standard Resident	\$ 13,048	7	\$ 1,553
12/14/2022	Hp Probook 14" Notebook	Administrative	\$ 1,159	3	\$ 258
3/1/2023	3.75 Hp Blender	Administrative	\$ 2,100	7	\$ 125
5/1/2023	Ice Machine	Administrative	\$ 4,254	10	\$ 106
5/1/2023	Hp Probook 440 G9 14" Notebook	Administrative	\$ 1,329	3	\$ 111
		PICK A CATEGORY			
		PICK A CATEGORY			
<b>Total additions for Movable Equipment</b>			\$ 23,419		\$ 2,280
<b>Deletions:</b>					
	See Attached		\$ (633,407)		\$ -
<b>Total deletions for Movable Equipment</b>			\$ (633,407)		\$ -

\*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
1/1/2023	Kitchen Make Up Air Unit	\$ 18,040	20	\$ 526
1/1/2023	Alarm King, Inc, Door Magnet System	\$ 4,201	10	\$ 25
9/1/2023	F & M Electric Supply Outside Building Lights	\$ 7,343	15	\$ -
9/1/2023	Fire Alarm Horn Strobes	\$ 9,323	10	\$ -
<b>Total additions for Leasehold Improvement</b>		\$ 38,907		\$ 551
<b>Deletions:</b>				
	See Attached	\$ (997,846)		\$ -
<b>Total deletions for Leasehold Improvement</b>		\$ (997,846)		\$ -

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2



FILOSA  
DISPOSED MOVEABLE ASSETS  
9/30/2023

FA Description	Class Code	Location	Acquired Date	Retire Reason	Cost Amount	Beginning Bal Depr	Current Depreciation	Disposal Amount	Accumulated Depreciation	Posting Date
BEDSPREADS(24)	F&F	FCH	3/1/2012	DIS	1,386.00	1,386.00	-	-	1,386.00	9/30/2023
SETTEES(3),LOUNGE CHAIRS(6)	F&F	FCH	6/1/2012	DIS	4,403.00	4,403.00	-	-	4,403.00	9/30/2023
RANGE & BLENDER	F&F	FCH	2/28/1997	DIS	3,487.00	3,487.00	-	-	3,487.00	9/30/2023
HEARING IMPAIRED PHONE	F&F	FCH	5/31/1997	DIS	310.00	310.00	-	-	310.00	9/30/2023
ICE MACHINE	F&F	FCH	5/1/2023	DIS	4,254.00	-	106.35	-	106.35	9/30/2023
3.75 HP BLENDER	F&F	FCH	3/1/2023	DIS	2,100.41	-	125.05	-	125.05	9/30/2023
NVR REPLACEMENT	F&F	FCH	1/1/2023	DIS	1,528.66	-	127.40	-	127.40	9/30/2023
LAKESIDE CART FOR FOOD TRAYS	F&F	FCH	10/31/1999	DIS	1,232.00	1,232.00	-	-	1,232.00	9/30/2023
LAKESIDE FOOD DELIVERY CARTS	F&F	FCH	2/28/2000	DIS	3,588.00	3,588.00	-	-	3,588.00	9/30/2023
CODE ALERT MODEL T70 WANDERER SYSTEM	F&F	FCH	11/1/2022	DIS	13,048.29	-	1,553.37	-	1,553.37	9/30/2023
CARD FILE & MAIL ORGANIZER	F&F	FCH	4/1/2002	DIS	761.00	761.00	-	-	761.00	9/30/2023
SPAR MIXER W/BOWL & STAND	F&F	FCH	9/30/2003	DIS	2,115.00	2,115.00	-	-	2,115.00	9/30/2023
ART WORK FOR WALLS	F&F	FCH	9/1/2022	DIS	7,758.23	43.10	474.10	-	517.20	9/30/2023
LOUNGE CHARIS	F&F	FCH	9/21/2022	DIS	4,285.61	-	261.91	-	261.91	9/30/2023
END TABLE SHAKER STYLE	F&F	FCH	1/1/2004	DIS	142.00	142.00	-	-	142.00	9/30/2023
END TABLE SHAKER STYLE	F&F	FCH	4/1/2004	DIS	155.00	155.00	-	-	155.00	9/30/2023
END TABLE SHAKER STYLE	F&F	FCH	4/1/2004	DIS	153.00	153.00	-	-	153.00	9/30/2023
END TABLE SHAKER STYLE	F&F	FCH	4/1/2004	DIS	153.00	153.00	-	-	153.00	9/30/2023
LOUNGE CHAIRS WITH REMOVABLE SEAT DECK	F&F	FCH	5/1/2022	DIS	11,833.55	394.44	1,084.71	-	1,479.15	9/30/2023
AMERICAN GAS RANGE	F&F	FCH	12/30/2021	DIS	6,709.62	503.19	615.01	-	1,118.20	9/30/2023
HOTPLATE (6)	F&F	FCH	6/8/2021	DIS	4,245.92	1,061.55	778.47	-	1,840.02	9/30/2023
DINING ROOM CHAIRS(36)	F&F	FCH	2/1/2005	DIS	6,745.00	6,745.00	-	-	6,745.00	9/30/2023
STACKING CHAIRS(12)	F&F	FCH	4/1/2005	DIS	570.00	570.00	-	-	570.00	9/30/2023
COMPACT ICE MACHINE	F&F	FCH	6/1/2005	DIS	1,416.00	1,416.00	-	-	1,416.00	9/30/2023
AQUARIUM(2)	F&F	FCH	9/1/2005	DIS	3,606.00	3,606.00	-	-	3,606.00	9/30/2023
13 OUTDOOR DINING SET	F&F	FCH	4/1/2021	DIS	2,168.48	307.19	198.77	-	505.96	9/30/2023
DIRECT SUPPLY	F&F	FCH	3/1/2020	DIS	3,068.76	792.67	281.27	-	1,073.94	9/30/2023
NURSING OFFICE FURNITURE	F&F	FCH	2/1/2020	DIS	2,234.01	297.92	102.41	-	400.33	9/30/2023
UNDERCOUNTER ICE CUBER	F&F	FCH	1/1/2020	DIS	2,134.44	838.53	279.51	-	1,118.04	9/30/2023
SAFAVIEH HOME - RUG FOR FILOSA LOBBY	F&F	FCH	7/7/2019	DIS	2,850.18	1,391.13	373.23	-	1,764.36	9/30/2023
ELECTRIC BEDS(6)	F&F	FCH	3/1/2007	DIS	8,837.00	8,837.00	-	-	8,837.00	9/30/2023
CONVECTION OVEN	F&F	FCH	12/1/2006	DIS	4,295.00	4,295.00	-	-	4,295.00	9/30/2023
ADDITIONAL FURNITURE-DESKS/CHART RACKS,ETC.	F&F	FCH	1/1/2007	DIS	2,220.00	2,220.00	-	-	2,220.00	9/30/2023
ELECTRIC BED	F&F	FCH	8/1/2007	DIS	1,560.00	1,560.00	-	-	1,560.00	9/30/2023
ELECTRIC BED	F&F	FCH	10/1/2007	DIS	1,473.00	1,473.00	-	-	1,473.00	9/30/2023
WASHING MACHINE	F&F	FCH	3/1/2008	DIS	12,006.00	11,672.50	333.50	-	12,006.00	9/30/2023
KITCHEN FURNITURE	F&F	FCH	3/1/2019	DIS	1,176.87	421.83	107.91	-	529.74	9/30/2023
KITCHEN FURNITURE	F&F	FCH	1/16/2019	DIS	1,237.07	463.95	113.41	-	577.36	9/30/2023
REGENCY DESK,ARMS,ELEVATING LEG REST	F&F	FCH	6/1/2018	DIS	1,668.63	1,032.72	218.46	-	1,251.18	9/30/2023
ELECTRIC BEDS(4)	F&F	FCH	11/1/2008	DIS	5,129.00	5,129.00	-	-	5,129.00	9/30/2023
TABLE COVERS-STAINLESS STEEL	F&F	FCH	1/1/2009	DIS	2,332.00	2,138.40	142.56	-	2,280.96	9/30/2023
DESKS,CHAIR,BOOKCASES	F&F	FCH	9/1/2009	DIS	1,230.00	1,072.31	75.13	-	1,147.44	9/30/2023
RECOVER A STATIONARY PATIO AWNING	F&F	FCH	4/18/2018	DIS	3,562.73	2,290.14	466.51	-	2,756.65	9/30/2023
EASYSURE BED	F&F	FCH	10/3/2017	DIS	1,852.62	1,019.03	169.84	-	1,188.87	9/30/2023
SAMSUNG TV	F&F	FCH	1/15/2018	DIS	595.53	575.94	19.59	-	595.53	9/30/2023
UNDERCOUNTER ICE CUBER	F&F	FCH	1/23/2018	DIS	1,784.55	847.59	163.57	-	1,011.16	9/30/2023
CORNER BOOKCASES-WCM-8C(19)	F&F	FCH	10/22/2009	DIS	5,830.00	5,052.84	356.29	-	5,409.13	9/30/2023
WALL MOUNTS FOR INSIGNIA TV'S(19)	F&F	FCH	11/12/2009	DIS	1,229.00	1,229.00	-	-	1,229.00	9/30/2023
BULLETIN BOARDS(20)	F&F	FCH	12/21/2009	DIS	1,434.00	1,434.00	-	-	1,434.00	9/30/2023
BULLETIN BOARDS 12X16 (21)	F&F	FCH	12/21/2009	DIS	476.00	476.00	-	-	476.00	9/30/2023
MANUAL CLUTCH SHADES(21)	F&F	FCH	1/5/2010	DIS	2,505.00	2,505.00	-	-	2,505.00	9/30/2023
BOARD MOUNTED PLEAT VALANCES(21)	F&F	FCH	2/17/2010	DIS	5,418.00	5,418.00	-	-	5,418.00	9/30/2023
VALANCE	F&F	FCH	2/17/2010	DIS	843.00	843.00	-	-	843.00	9/30/2023
DOUBLE PINCH PLEAT DRAPES(2)	F&F	FCH	2/3/2010	DIS	2,436.00	2,436.00	-	-	2,436.00	9/30/2023
DOUBLE PINCH PLEAT DRAPES	F&F	FCH	2/3/2010	DIS	1,135.00	1,135.00	-	-	1,135.00	9/30/2023
DOUBLE PINCH PLEAT DRAPES	F&F	FCH	2/3/2010	DIS	1,136.00	1,136.00	-	-	1,136.00	9/30/2023
FRAMING FOR PICTURES	F&F	FCH	3/24/2010	DIS	445.00	372.97	27.17	-	400.14	9/30/2023
PICTURES(20)	F&F	FCH	2/16/2010	DIS	2,284.00	1,928.88	139.59	-	2,068.47	9/30/2023
BEDSPREADS GOLD	F&F	FCH	1/18/2010	DIS	1,977.00	1,977.00	-	-	1,977.00	9/30/2023
UNIT 3 HIGH BACK PATIENT CHAIRS(10)	F&F	FCH	1/26/2010	DIS	4,314.00	4,314.00	-	-	4,314.00	9/30/2023
HIGH BACK CHAIRS(10)	F&F	FCH	1/26/2010	DIS	4,861.00	4,861.00	-	-	4,861.00	9/30/2023
SIDE CHAIRS(20)	F&F	FCH	1/26/2010	DIS	5,860.00	5,860.00	-	-	5,860.00	9/30/2023
BEDSPREADS OLIVE COLOR	F&F	FCH	2/5/2010	DIS	2,000.00	2,000.00	-	-	2,000.00	9/30/2023
3DR BEDSIDE CABINETS(20)	F&F	FCH	2/12/2010	DIS	3,077.00	2,597.68	187.99	-	2,785.67	9/30/2023

4 DRW CHESTS(20)	F&F	FCH	2/12/2010 DIS	4,565.00	3,854.72	278.96	-	4,133.68	9/30/2023
ELECTRIC BEDS(18)	F&F	FCH	2/12/2010 DIS	27,733.00	27,733.00	-	-	27,733.00	9/30/2023
PANELS FOR ELECTRIC BEDS(18)	F&F	FCH	2/12/2010 DIS	3,282.00	3,282.00	-	-	3,282.00	9/30/2023
SIDERAILS HALF LENGTH(18)	F&F	FCH	2/12/2010 DIS	3,282.00	3,282.00	-	-	3,282.00	9/30/2023
PENDANT HOLDERS KIT(18)	F&F	FCH	2/12/2010 DIS	491.00	491.00	-	-	491.00	9/30/2023
MIRRORS STUART STYLE(20)	F&F	FCH	2/12/2010 DIS	3,143.00	2,653.92	192.06	-	2,845.98	9/30/2023
SOFA TABLES SHAKER STYLE(20)	F&F	FCH	2/12/2010 DIS	2,896.00	2,445.68	176.99	-	2,622.67	9/30/2023
VALANCES 2 WINDOWS	F&F	FCH	7/29/2010 DIS	1,256.00	1,256.00	-	-	1,256.00	9/30/2023
VERTICAL FILES(3)	F&F	FCH	7/19/2010 DIS	850.00	693.84	51.92	-	745.76	9/30/2023
PICTURE(20)	F&F	FCH	1/6/2010 DIS	1,654.00	1,406.07	101.09	-	1,507.16	9/30/2023
FRAMED ART	F&F	FCH	5/6/2010 DIS	527.00	436.57	32.23	-	468.80	9/30/2023
2 ARMED BENCHES	F&F	FCH	7/15/2017 DIS	930.56	488.25	85.25	-	573.50	9/30/2023
FOOD CONTAINER	F&F	FCH	7/3/2017 DIS	792.31	415.80	72.60	-	488.40	9/30/2023
LOUNGE CHARIS-2	F&F	FCH	7/1/2017 DIS	1,898.36	996.66	174.02	-	1,170.68	9/30/2023
ELECTRIC BEDS(2)	F&F	FCH	8/5/2011 DIS	3,831.00	3,564.40	266.60	-	3,831.00	9/30/2023
ROBOCOUPE MIXER	F&F	FCH	11/15/2010 DIS	4,206.00	4,206.00	-	-	4,206.00	9/30/2023
18IN SQUARE COFFEE TABLES	F&F	FCH	3/28/2011 DIS	414.00	319.70	25.30	-	345.00	9/30/2023
ACTIVATOR-HOT PLATE SYSTEM	F&F	FCH	8/30/2011 DIS	4,505.00	4,505.00	-	-	4,505.00	9/30/2023
TABLES FOR HOT PLATE SYSTEM	F&F	FCH	8/30/2011 DIS	842.00	842.00	-	-	842.00	9/30/2023
BASES-HOT PLATE SYSTEM	F&F	FCH	8/30/2011 DIS	4,082.00	4,082.00	-	-	4,082.00	9/30/2023
STORAGE RACK FOR BASES-HOT PLATE SYSTEM	F&F	FCH	8/30/2011 DIS	1,348.00	1,348.00	-	-	1,348.00	9/30/2023
PLATR DOME COVERS-HOT PLATE SYSTEM	F&F	FCH	8/30/2011 DIS	1,041.00	1,041.00	-	-	1,041.00	9/30/2023
CADDY RACK FOR BASES-Y104 S-H	F&F	FCH	8/30/2011 DIS	922.00	922.00	-	-	922.00	9/30/2023
CHROME WIRE RACK-HOT PLATE SYSTEM	F&F	FCH	8/30/2011 DIS	446.00	446.00	-	-	446.00	9/30/2023
OFFICE FURN.-DESKS.RETURNS.BOOKSHELVING ETC.	F&F	FCH	4/8/2011 DIS	10,221.00	10,221.00	-	-	10,221.00	9/30/2023
FOLDING CONFERENCE TABLES (3)	F&F	FCH	6/15/2017 DIS	1,458.06	518.40	89.10	-	607.50	9/30/2023
BRIDGE CABINETS 36X15(2)	F&F	FCH	1/12/2011 DIS	275.00	275.00	-	-	275.00	9/30/2023
48" Natural Wood Bench SSB-48 (2)	F&F	FCH	10/1/2012 DIS	904.00	602.40	55.22	-	657.62	9/30/2023
BEDSPREADS MCDIN71X102C (20)	F&F	FCH	10/10/2012 DIS	1,562.00	1,562.00	-	-	1,562.00	9/30/2023
BEDSPREADS MCDIN71X102C (20)	F&F	FCH	11/8/2012 DIS	1,667.00	1,667.00	-	-	1,667.00	9/30/2023
EASY CARE ELECTRIC BED WITH ASSIST DEVICE	F&F	FCH	4/7/2017 DIS	1,702.66	780.12	130.02	-	910.14	9/30/2023
BIARIATRIC CONVERSION KIT FOR BED	F&F	FCH	3/1/2013 DIS	761.00	761.00	-	-	761.00	9/30/2023
WALL PROTECTION-TOP CAPS-NEW FURNITURE	F&F	FCH	4/1/2017 DIS	510.20	510.20	-	-	510.20	9/30/2023
RESIDENT ROOM FURNITURE RENOVATION PROJECT	F&F	FCH	4/1/2017 DIS	70,412.22	25,817.88	4,302.98	-	30,120.86	9/30/2023
WINDOW TREATMENT-RENOVATION PROJECT 1 OF 2	F&F	FCH	4/28/2017 DIS	3,012.50	3,012.50	-	-	3,012.50	9/30/2023
ICE MACHINE	F&F	FCH	12/8/2016 DIS	3,158.60	1,842.40	289.52	-	2,131.92	9/30/2023
(2) 4-MOTOR HI/LOW BEDS WITH STAFF CONTROL	F&F	FCH	5/30/2016 DIS	3,804.57	2,034.34	290.62	-	2,324.96	9/30/2023
2 ULTRACARE BEDS WITH PANELS/HALF RAILS	F&F	FCH	9/24/2013 DIS	4,051.22	3,066.17	309.43	-	3,375.60	9/30/2023
MANUAL CLUTCH SHADES	F&F	FCH	11/19/2013 DIS	3,379.80	3,379.80	-	-	3,379.80	9/30/2023
2 ULTRA CARE BEDS WITHPANELS AND HALF RAILS	F&F	FCH	11/14/2013 DIS	3,827.81	2,844.06	292.38	-	3,136.44	9/30/2023
COMPACT TRAY TRUCK	F&F	FCH	1/7/2014 DIS	2,965.04	2,594.55	271.81	-	2,866.36	9/30/2023
MANUAL CLUTCH SHADES	F&F	FCH	1/31/2014 DIS	2,655.56	2,655.56	-	-	2,655.56	9/30/2023
72X111 LATTE BED SPREADS	F&F	FCH	2/1/2016 DIS	1,274.16	1,274.16	-	-	1,274.16	9/30/2023
ICE MAKER 100LB CAPACITY WITH BIN	F&F	FCH	7/29/2014 DIS	1,803.70	1,487.97	165.33	-	1,653.30	9/30/2023
2 ELECTRIC 4-MOTOTR HI/LOW BEDS	F&F	FCH	2/3/2016 DIS	2,411.29	1,340.00	184.25	-	1,524.25	9/30/2023
AERO-SERV HOT FOOD UNIT-GAS WITH TOP AND SHE	F&F	FCH	9/29/2014 DIS	5,253.33	4,246.66	481.58	-	4,728.24	9/30/2023
6 CUBICLE CURTAINS	F&F	FCH	1/12/2016 DIS	944.39	944.39	-	-	944.39	9/30/2023
2 4-MOTOR HI/LO ELECTRIC BEDS WITH HEAD/FT. RAIL	F&F	FCH	1/12/2016 DIS	3,206.12	1,803.06	244.86	-	2,047.92	9/30/2023
SOFTWARE, INSTALLATION & LABOR SURVEILLANCE C/	F&F	FCH	12/18/2015 DIS	4,656.44	4,656.44	-	-	4,656.44	9/30/2023
DOME CAMERA 3MP-SURVELIANCE	F&F	FCH	12/18/2015 DIS	3,852.31	3,852.31	-	-	3,852.31	9/30/2023
FABRIC TO RECOVER DINING ROOM CHAIRS	F&F	FCH	12/23/2015 DIS	1,754.46	1,754.46	-	-	1,754.46	9/30/2023
CUBICLE CURTAIN REPLACEMENT-(6)	F&F	FCH	12/1/2015 DIS	944.39	944.39	-	-	944.39	9/30/2023
RECOVER FURNITURE	F&F	FCH	10/26/2014 DIS	1,442.74	1,442.74	-	-	1,442.74	9/30/2023
1 TWO SECTION AND 1 3 SECTION REACH IN REFRIDG	F&F	FCH	10/2/2014 DIS	8,461.59	6,768.96	775.61	-	7,544.57	9/30/2023
HEAD/FOOT BOARDS FOR 4 ELECTRIC BEDS	F&F	FCH	9/4/2015 DIS	962.97	568.65	73.59	-	642.24	9/30/2023
ULTRACARE BED WITH HALF RAILS AND ASSEMBLY	F&F	FCH	11/7/2014 DIS	2,075.39	1,368.95	158.51	-	1,527.46	9/30/2023
WINDOW TREATMENT-VALANCE AND WOOD BLINDS	F&F	FCH	12/22/2014 DIS	1,227.18	1,227.18	-	-	1,227.18	9/30/2023
HEAD/FOOT BOARDS, SIDE RAILS FOR 4 NEW BEDS	F&F	FCH	8/1/2015 DIS	672.12	401.62	51.37	-	452.99	9/30/2023
4-MOTOR, HI/LOW ELECTRIC BEDS (4)	F&F	FCH	7/23/2015 DIS	5,283.73	3,192.03	403.59	-	3,595.62	9/30/2023
2 NATURAL OAK ARM BENCHES	F&F	FCH	3/20/2015 DIS	1,010.32	1,010.32	-	-	1,010.32	9/30/2023
3 SETS SIDE RAILS, MOUNTING FOR HEAD/FOOT BOA	F&F	FCH	6/10/2015 DIS	501.84	307.12	38.39	-	345.51	9/30/2023
HI LO STAND-IN TABLE WITH ELECTRIC PATIENT LIFT	F&F	FCH	4/16/2015 DIS	4,754.90	3,565.80	435.82	-	4,001.62	9/30/2023
STATIONARY ENTRANCE CANOPY	F&F	FCH	6/8/2015 DIS	2,683.21	2,683.21	-	-	2,683.21	9/30/2023
NEW KITCHEN DISPOSAL	F&F	FCH	6/1/2015 DIS	1,096.71	1,096.71	-	-	1,096.71	9/30/2023
3 4-MOTOR HI/LOW ELLECTRIC BEDS	F&F	FCH	6/6/2015 DIS	4,021.23	2,457.84	307.23	-	2,765.07	9/30/2023
HEAD/FOOT BOARD W/STAFF CONTROL (3)	F&F	FCH	6/17/2015 DIS	748.19	457.60	57.20	-	514.80	9/30/2023
FLOOR BURNISHER	HSKEQ	FCH	1/1/2005 DIS	1,984.00	1,984.00	-	-	1,984.00	9/30/2023
JANITOR CARTS(2)	HSKEQ	FCH	1/1/2004 DIS	492.00	492.00	-	-	492.00	9/30/2023
JANITOR CART	HSKEQ	FCH	2/1/2004 DIS	246.00	246.00	-	-	246.00	9/30/2023
TRANDO 20	HSKEQ	FCH	2/1/2008 DIS	1,001.00	1,001.00	-	-	1,001.00	9/30/2023
CARPET CLEANER-WINDSOR CLIPPER	HSKEQ	FCH	1/14/2009 DIS	2,524.00	2,524.00	-	-	2,524.00	9/30/2023

ULTRA SPEED FLOOR BUFFER	HSSEQ	FCH	3/20/2014 DIS	1,384.75	1,384.75	-	-	1,384.75	9/30/2023
P.A. SYSTEM W SPEAKER	MAINEQ	FCH	6/30/1997 DIS	462.00	462.00	-	-	462.00	9/30/2023
SOLID STATE LINE STARTER	MAINEQ	FCH	5/31/2010 DIS	3,168.00	3,168.00	-	-	3,168.00	9/30/2023
SNOW BLOWER	MAINEQ	FCH	2/10/2017 DIS	1,913.24	1,913.24	-	-	1,913.24	9/30/2023
JET PACKS(100)	MEDEQ	FCH	1/1/2012 DIS	273.00	273.00	-	-	273.00	9/30/2023
VITAL SIGNS MONITOR,PULSE,NIBP,SPO2	MEDEQ	FCH	8/6/2012 DIS	2,273.75	2,273.75	-	-	2,273.75	9/30/2023
MOBILE STAND W BASKET FOR ASSET 00010	MEDEQ	FCH	8/10/2012 DIS	347.00	347.00	-	-	347.00	9/30/2023
BEV/AIR SHELVES	MEDEQ	FCH	1/1/2001 DIS	689.00	689.00	-	-	689.00	9/30/2023
ICE MACHINE	MEDEQ	FCH	11/1/2005 DIS	1,407.00	1,407.00	-	-	1,407.00	9/30/2023
DEFIBRILLATOR(1)	MEDEQ	FCH	8/1/2007 DIS	2,127.00	2,127.00	-	-	2,127.00	9/30/2023
OXYGEN CONCENTRATORS(2)	MEDEQ	FCH	10/1/2007 DIS	1,251.00	1,251.00	-	-	1,251.00	9/30/2023
PT EQUIPMENT	MEDEQ	FCH	4/11/2018 DIS	2,224.27	1,525.16	291.28	-	1,816.44	9/30/2023
BLADDER SCAN	MEDEQ	FCH	3/1/2009 DIS	12,914.00	12,914.00	-	-	12,914.00	9/30/2023
PYS THERAPHY EQUIPMENT	MEDEQ	FCH	4/1/2018 DIS	23,916.75	15,374.88	3,131.92	-	18,506.80	9/30/2023
PARALLEL BARS	MEDEQ	FCH	7/22/2010 DIS	4,786.00	3,908.73	292.49	-	4,201.22	9/30/2023
2 MAXI 500 MANUAL SCALE LIFTS	MEDEQ	FCH	9/25/2017 DIS	7,154.70	3,636.82	655.82	-	4,292.64	9/30/2023
NURSE ON A STICK	MEDEQ	FCH	6/27/2017 DIS	2,003.16	1,068.16	183.59	-	1,251.75	9/30/2023
MAXI500 4PT MDP5 W/SCALE(LIFT)	MEDEQ	FCH	1/26/2011 DIS	5,432.00	5,432.00	-	-	5,432.00	9/30/2023
O2 CONCENTRATORS(2)	MEDEQ	FCH	3/18/2011 DIS	1,092.00	1,092.00	-	-	1,092.00	9/30/2023
SARA 3000 PATIENT LIFT	MEDEQ	FCH	10/12/2012 DIS	5,135.00	5,134.80	0.20	-	5,135.00	9/30/2023
WHEELCHAIRS (5)	MEDEQ	FCH	4/17/2013 DIS	949.00	949.00	-	-	949.00	9/30/2023
DIGITAL CHAIR SCALE W/ SWING-UP ARM RESTS	MEDEQ	FCH	9/15/2016 DIS	1,321.92	804.46	121.22	-	925.68	9/30/2023
SARA LIFT REPLACED PARTS	MEDEQ	FCH	1/9/2014 DIS	1,964.68	1,718.85	180.07	-	1,898.92	9/30/2023
WOUND VAC-SHARED WITH HANCOCK HALL	MEDEQ	FCH	8/6/2015 DIS	6,497.54	4,656.90	595.65	-	5,252.55	9/30/2023
GRANDFATHER CLOCK-STICKLEY	OF&CPE	FCH	11/7/1993 DIS	3,276.00	3,276.00	-	-	3,276.00	9/30/2023
HP PROBOOK 440 G9 14" NOTEBOOK	OF&CPE	FCH	5/1/2023 DIS	1,329.38	-	110.79	-	110.79	9/30/2023
BOKCASES(3)	OF&CPE	FCH	3/31/1999 DIS	538.00	538.00	-	-	538.00	9/30/2023
HP PROBOOK 14"NOTEBOOK	OF&CPE	FCH	12/14/2022 DIS	1,159.21	-	257.60	-	257.60	9/30/2023
HP PROBOOK 450 G8 15.6 NOTEBOOK	OF&CPE	FCH	4/1/2022 DIS	1,005.01	139.60	307.12	-	446.72	9/30/2023
IPAD WI-FI	OF&CPE	FCH	8/1/2021 DIS	2,292.91	496.86	420.42	-	917.28	9/30/2023
L SHAPE DESK	OF&CPE	FCH	5/20/2021 DIS	1,675.29	223.36	153.56	-	376.92	9/30/2023
NOTEBOOK 5502	OF&CPE	FCH	3/25/2021 DIS	4,236.66	1,270.98	776.71	-	2,047.69	9/30/2023
VERTICAL FILE CABINET	OF&CPE	FCH	7/1/2005 DIS	437.00	437.00	-	-	437.00	9/30/2023
LATERAL FILING CABINET	OF&CPE	FCH	11/1/2005 DIS	653.00	653.00	-	-	653.00	9/30/2023
4 DRAWER FILE CABINET	OF&CPE	FCH	7/1/2006 DIS	196.00	196.00	-	-	196.00	9/30/2023
16 HP DESKTOP COMPUTER	OF&CPE	FCH	2/1/2020 DIS	8,933.40	4,764.48	1,637.79	-	6,402.27	9/30/2023
4 DRAWER LETTER SIZE FILING CABINET	OF&CPE	FCH	8/1/2008 DIS	506.00	477.70	28.30	-	506.00	9/30/2023
HP DESKTOP,LCD MONITOR	OF&CPE	FCH	6/8/2018 DIS	1,022.02	885.56	136.46	-	1,022.02	9/30/2023
CAROUSEL CAPITAL LEASE-TELEPHONE SYSTEM	OF&CPE	FCH	9/30/2017 DIS	37,888.33	19,260.14	3,473.14	-	22,733.28	9/30/2023
WEBTIME HANDPUNCH TIMECLOCKS (2)	OF&CPE	FCH	7/22/2016 DIS	4,900.00	2,552.25	374.33	-	2,926.58	9/30/2023
POWER SHRED D420	OF&CPE	FCH	11/30/2012 DIS	2,116.00	2,116.00	-	-	2,116.00	9/30/2023
WIRELESS CONNECTIVITY PROJECT	OF&CPE	FCH	4/1/2016 DIS	9,390.71	9,390.71	-	-	9,390.71	9/30/2023
2 HP PRODESK ABD 1 HP ELITE DESK 705 COMPUTER	OF&CPE	FCH	1/11/2016 DIS	2,121.68	2,121.68	-	-	2,121.68	9/30/2023
2 HP ELITEDESK PRO SERIES 735 DESKTOP COMPUTE	OF&CPE	FCH	10/6/2015 DIS	1,084.77	1,084.77	-	-	1,084.77	9/30/2023
HP ELITE DESKTOP COMPUTER	OF&CPE	FCH	8/20/2015 DIS	542.38	542.38	-	-	542.38	9/30/2023
WIRELESS ACCESS POINTS AND LAN CONTROLLER	OF&CPE	FCH	8/19/2015 DIS	1,592.59	1,592.59	-	-	1,592.59	9/30/2023
HP BUSINESS DESKTOP PRODESK 400	OF&CPE	FCH	1/6/2015 DIS	606.19	606.19	-	-	606.19	9/30/2023
				<b>633,406.63</b>	<b>442,568.81</b>	<b>32,876.97</b>		<b>475,445.78</b>	

FILOSA  
DISPOSED LEASED HOLD IMPROVEMENTS  
9/30/2023

FA Description	Class Code	Location	Acquired Date	Retire Reason	Cost Amount	Beginning Bal Depr	Current Depreciation	Disposal Amount	Accumulated Depreciation	Posting Date
F & M ELECTRIC SUPPLY OUTSIDE BU	LHIMP	FCH	9/1/2023	DIS	7,342.73	-	-	-	7,342.73	9/30/2023
FIRE ALARM HORN STROBES	LHIMP	FCH	9/1/2023	DIS	9,323.10	-	-	-	-	9/30/2023
ALARM KING, INC, DOOR MAGNET SY	LHIMP	FCH	1/1/2023	DIS	4,200.80	-	280.05	-	280.05	9/30/2023
KITCHEN MAKE UP AIR UNIT	LHIMP	FCH	1/1/2023	DIS	18,040.14	-	526.19	-	526.19	9/30/2023
PAINTING STAIRCASE PROJECT	LHIMP	FCH	8/1/2022	DIS	15,681.57	261.36	2,874.96	-	3,136.32	9/30/2023
SPRINKLER SYS	LHIMP	FCH	7/1/2022	DIS	5,447.35	54.48	199.76	-	254.24	9/30/2023
PRIME, PAINT AND MATERIALS	LHIMP	FCH	7/1/2022	DIS	27,346.59	1,367.34	5,013.58	-	6,380.92	9/30/2023
DRYPENDANT HEADS - Sprinklers	LHIMP	FCH	5/1/2022	DIS	21,008.16	280.12	770.33	-	1,050.45	9/30/2023
VCT FLOOR	LHIMP	FCH	2/1/2022	DIS	18,108.00	1,056.30	1,659.90	-	2,716.20	9/30/2023
DUMPSTER FENCING	LHIMP	FCH	12/1/2021	DIS	3,296.85	164.88	201.52	-	366.40	9/30/2023
RADIANT PANEL HEATERS	LHIMP	FCH	1/31/1997	DIS	348.00	348.00	-	-	348.00	9/30/2023
SIGNAGE	LHIMP	FCH	6/30/1997	DIS	702.00	702.00	-	-	702.00	9/30/2023
MOTORIZED RETRACTABLE ECLIPSE	LHIMP	FCH	5/1/2021	DIS	6,508.62	867.84	596.64	-	1,464.48	9/30/2023
BUILT-IN PANTRY	LHIMP	FCH	5/31/1999	DIS	508.00	508.00	-	-	508.00	9/30/2023
CUBICLE CURTAIN TRACKS	LHIMP	FCH	8/27/1999	DIS	423.00	423.00	-	-	423.00	9/30/2023
REFRIGERATION EQUIPMENT	LHIMP	FCH	2/8/2021	DIS	5,802.80	918.84	531.96	-	1,450.80	9/30/2023
SUPPLY AND INSTALL 19 REPLACEME	LHIMP	FCH	8/1/2019	DIS	4,627.29	1,465.28	424.16	-	1,889.44	9/30/2023
23K PATENT GOLD LEAF REFURBISH	LHIMP	FCH	7/1/2019	DIS	1,302.79	890.12	238.81	-	1,128.93	9/30/2023
REBUILD STAIRS	LHIMP	FCH	6/1/2001	DIS	2,500.00	2,500.00	-	-	2,500.00	9/30/2023
REPLACE FAILED BOILER CONTROL	LHIMP	FCH	4/1/2019	DIS	5,176.84	1,207.92	316.36	-	1,524.28	9/30/2023
KEY PADS TO SECURE DOORS	LHIMP	FCH	6/1/2002	DIS	1,696.00	1,696.00	-	-	1,696.00	9/30/2023
COMMERCIAL DOOR AND HARDWARE	LHIMP	FCH	12/1/2018	DIS	3,962.01	1,518.92	363.22	-	1,882.14	9/30/2023
SHELVES	LHIMP	FCH	11/30/2002	DIS	1,673.00	1,665.83	7.17	-	1,673.00	9/30/2023
ALARM & LOCKING SYSTEM	LHIMP	FCH	9/30/2003	DIS	2,511.00	2,511.00	-	-	2,511.00	9/30/2023
EVERSOURCE ENERGY EFFICIENT LK	LHIMP	FCH	9/1/2018	DIS	30,018.07	12,507.50	2,751.65	-	15,259.15	9/30/2023
PAVING	LHIMP	FCH	10/1/2017	DIS	46,110.00	33,621.73	5,283.41	-	38,905.14	9/30/2023
NEW FLOORS 3 OF 3	LHIMP	FCH	9/8/2017	DIS	21,270.00	10,812.25	1,949.75	-	12,762.00	9/30/2023
REPLACE EXISTING JOCKY PUMP	LHIMP	FCH	8/2/2017	DIS	6,221.48	1,607.04	285.12	-	1,892.16	9/30/2023
PAINTING SUPPLIES FOR ROOM REN	LHIMP	FCH	3/31/2017	DIS	2,882.37	2,882.37	-	-	2,882.37	9/30/2023
NEW FLOORING 1ST AND 2ND RESIDE	LHIMP	FCH	1/26/2017	DIS	21,270.00	12,230.25	1,949.75	-	14,180.00	9/30/2023
POWER ACCESS DOOR OPENERS	LHIMP	FCH	1/1/2004	DIS	3,690.00	3,690.00	-	-	3,690.00	9/30/2023
FIRE DOORS	LHIMP	FCH	3/1/2004	DIS	3,607.00	3,607.00	-	-	3,607.00	9/30/2023
ROOF REPLACEMENT	LHIMP	FCH	7/1/2004	DIS	44,731.00	40,817.22	2,050.18	-	42,867.40	9/30/2023
LAUNDRY RNOVATION/ENLARGEMEN	LHIMP	FCH	7/1/2004	DIS	1,200.00	1,200.00	-	-	1,200.00	9/30/2023
CCTV EQUIP - SECURITY	LHIMP	FCH	9/1/2004	DIS	2,914.00	2,914.00	-	-	2,914.00	9/30/2023
FC RENOVATION 2017-VALANCE WITH	LHIMP	FCH	6/13/2017	DIS	3,795.80	2,024.32	347.93	-	2,372.25	9/30/2023
FCH 2017 RENOVATION NIGHT LIGHT	LHIMP	FCH	6/14/2017	DIS	805.02	429.44	73.81	-	503.25	9/30/2023
EXTRA PAINTING RENOVATION PROJ	LHIMP	FCH	4/25/2017	DIS	3,175.00	3,175.00	-	-	3,175.00	9/30/2023
LED NIGHT LIGHTS RENOVATION PRC	LHIMP	FCH	4/4/2017	DIS	8,633.49	4,748.70	791.45	-	5,540.15	9/30/2023
STAINLESS STEEL BACKSPASH	LHIMP	FCH	10/1/2004	DIS	1,972.00	1,972.00	-	-	1,972.00	9/30/2023
ALTRO WALKWAY	LHIMP	FCH	5/1/2005	DIS	1,749.00	1,749.00	-	-	1,749.00	9/30/2023
RECREATION CABINETS	LHIMP	FCH	7/1/2005	DIS	2,231.00	2,231.00	-	-	2,231.00	9/30/2023
ACCORDIAN DOOR	LHIMP	FCH	8/1/2005	DIS	997.00	997.00	-	-	997.00	9/30/2023
PAINT AND SUPPLIES-RENOVATION P	LHIMP	FCH	4/20/2017	DIS	1,855.87	1,855.87	-	-	1,855.87	9/30/2023
1ST AND 2ND UNIT-PAINTING	LHIMP	FCH	3/31/2017	DIS	25,000.00	25,000.00	-	-	25,000.00	9/30/2023
NEW FLOORING 1 OF 3 1ST AND 2ND	LHIMP	FCH	2/27/2017	DIS	21,270.00	12,053.00	1,949.75	-	14,002.75	9/30/2023
MAJOR GENERATOR REPAIRS	LHIMP	FCH	10/31/2016	DIS	8,923.90	8,923.90	-	-	8,923.90	9/30/2023
SHELIVING	LHIMP	FCH	10/1/2005	DIS	2,087.00	2,087.00	-	-	2,087.00	9/30/2023
NURSE STATION IMPROVEMENTS	LHIMP	FCH	3/1/2006	DIS	2,628.00	2,628.00	-	-	2,628.00	9/30/2023
CCTV EQUIP.	LHIMP	FCH	4/1/2006	DIS	2,014.00	2,014.00	-	-	2,014.00	9/30/2023
SIGN	LHIMP	FCH	8/1/2006	DIS	2,558.00	2,558.00	-	-	2,558.00	9/30/2023
MITSUBISHI AIR CONDITIONER SYSTE	LHIMP	FCH	6/10/2016	DIS	9,593.01	6,075.44	879.34	-	6,954.78	9/30/2023
NEW PASSENGER ELEVATOR	LHIMP	FCH	4/25/2016	DIS	33,159.43	10,776.48	1,519.76	-	12,296.24	9/30/2023
REPAIR STONE AND STAIRS TO LOWE	LHIMP	FCH	6/12/2015	DIS	3,695.66	1,355.20	169.40	-	1,524.60	9/30/2023
REPAIRED DEFECTIVE ROOF PATCHV	LHIMP	FCH	3/23/2015	DIS	1,964.34	1,964.34	-	-	1,964.34	9/30/2023
MATERIALS FOR PAINTING PROJECT-	LHIMP	FCH	1/1/2015	DIS	1,387.13	1,387.13	-	-	1,387.13	9/30/2023
CARPET/VINYL TILE PROJECT 2014	LHIMP	FCH	1/21/2015	DIS	38,412.63	38,412.63	-	-	38,412.63	9/30/2023
NEW SHOWER CORE TILE FLOORING	LHIMP	FCH	11/19/2014	DIS	2,185.00	864.50	100.10	-	964.60	9/30/2023
EXTRA WORK-1ST FLOOR	LHIMP	FCH	11/21/2014	DIS	9,358.00	9,358.00	-	-	9,358.00	9/30/2023

MATERIALS FOR INTERIOR/EXTERIOR	LHIMP	FCH	10/1/2014 DIS	2,224.76	2,224.76	-	-	2,224.76	9/30/2023
PAINTING EXTERIOR TRIM AND WIND	LHIMP	FCH	10/15/2014 DIS	16,484.25	16,484.25	-	-	16,484.25	9/30/2023
STEEL DOOR	LHIMP	FCH	11/1/2007 DIS	4,175.00	4,151.01	23.99	-	4,175.00	9/30/2023
BOTTOM HYDRAULIC CYLINDER	LHIMP	FCH	12/1/2007 DIS	2,600.00	1,927.74	119.13	-	2,046.87	9/30/2023
HYDRAULIC CYLINDER	LHIMP	FCH	2/1/2008 DIS	2,912.00	2,134.88	133.43	-	2,268.31	9/30/2023
CANOPY	LHIMP	FCH	7/1/2008 DIS	3,053.00	3,053.00	-	-	3,053.00	9/30/2023
PROGUARD EDGE-REAR & FRONT DC	LHIMP	FCH	9/1/2008 DIS	3,358.00	3,153.54	204.46	-	3,358.00	9/30/2023
GRID AND CEILING TILES REPLACED	LHIMP	FCH	5/1/2014 DIS	1,650.00	1,388.75	151.25	-	1,540.00	9/30/2023
REPLACED MOTOR KITCHEN EXHAUS	LHIMP	FCH	5/1/2014 DIS	1,138.53	958.49	104.39	-	1,062.88	9/30/2023
NEW HOT WATER VALVE FOR BOILER	LHIMP	FCH	5/1/2014 DIS	1,442.58	1,214.02	132.22	-	1,346.24	9/30/2023
10 NEW INSULATED GLASS WINDOW	LHIMP	FCH	5/1/2014 DIS	1,540.80	1,296.84	141.24	-	1,438.08	9/30/2023
MATERIALS FOR PAINTING RENOVAT	LHIMP	FCH	9/1/2014 DIS	6,456.36	6,456.36	-	-	6,456.36	9/30/2023
VINYL WOOD PLANK FLOORING	LHIMP	FCH	7/1/2009 DIS	4,821.00	4,821.00	-	-	4,821.00	9/30/2023
NEW LIGHTING FIXTURES	LHIMP	FCH	2/1/2007 DIS	4,366.00	4,366.00	-	-	4,366.00	9/30/2023
NEW LIGHTING FIXTURES	LHIMP	FCH	5/1/2007 DIS	1,253.00	1,253.00	-	-	1,253.00	9/30/2023
NEW LIGHTING FIXTURES	LHIMP	FCH	5/1/2007 DIS	2,922.00	2,922.00	-	-	2,922.00	9/30/2023
NEW LIGHTING FIXTURES	LHIMP	FCH	9/30/2007 DIS	5,808.00	5,808.00	-	-	5,808.00	9/30/2023
PAINTING-EXTRA WORK 2ND FLOOR	LHIMP	FCH	9/1/2014 DIS	3,217.09	3,217.09	-	-	3,217.09	9/30/2023
INTERIOR PAINTING RENOVATION PR	LHIMP	FCH	9/1/2014 DIS	35,627.35	35,627.35	-	-	35,627.35	9/30/2023
EXTERIOR PAINTING RENOVATION P	LHIMP	FCH	9/18/2014 DIS	38,817.75	38,817.75	-	-	38,817.75	9/30/2023
HALLWAY CARPETING AND WALL DE	LHIMP	FCH	7/1/2014 DIS	1,800.00	1,800.00	-	-	1,800.00	9/30/2023
SUPPLY & INSTALL CARPETING HALL	LHIMP	FCH	6/26/2014 DIS	22,210.59	22,210.59	-	-	22,210.59	9/30/2023
REPLACE ROOFTOP AIR CONDITIO	LHIMP	FCH	5/6/2014 DIS	9,465.15	7,966.88	867.68	-	8,834.56	9/30/2023
CONVERT EXISTING WET HEADS TO	LHIMP	FCH	3/5/2013 DIS	3,000.00	1,150.00	110.00	-	1,260.00	9/30/2023
CARRIER CHILLER-REMAINDER	LHIMP	FCH	4/26/2013 DIS	34,936.00	22,126.26	2,134.99	-	24,261.25	9/30/2023
SPRINKLER IRRIGATION SYSTEM	LHIMP	FCH	5/18/2013 DIS	3,084.00	1,935.69	188.43	-	2,124.12	9/30/2023
HOT WATER AND HEATING SYSTEMS	LHIMP	FCH	6/25/2013 DIS	76,508.00	35,703.36	3,506.58	-	39,209.94	9/30/2023
HOT WATER AND HEATING SYSTEMS	LHIMP	FCH	4/16/2013 DIS	25,152.00	11,947.20	1,152.80	-	13,100.00	9/30/2023
REPLACE DRY VALVE (SPRINKLER S	LHIMP	FCH	3/27/2013 DIS	4,605.00	1,765.25	168.85	-	1,934.10	9/30/2023
REPLACE PENDENT SPRINKLERS (28)	LHIMP	FCH	3/26/2013 DIS	6,500.00	2,492.05	238.37	-	2,730.42	9/30/2023
NEW FLOORS-ADMIN CORE INCL CON	LHIMP	FCH	1/22/2013 DIS	8,210.00	8,005.14	204.86	-	8,210.00	9/30/2023
CARRIER CHILLER-DOWNPAYMENT	LHIMP	FCH	2/25/2013 DIS	11,645.00	7,504.04	711.59	-	8,215.63	9/30/2023
VINYL FLOORING	LHIMP	FCH	12/31/2010 DIS	4,392.00	3,464.80	268.40	-	3,733.20	9/30/2023
WALLCOVERIG	LHIMP	FCH	1/15/2010 DIS	28,504.00	28,504.00	-	-	28,504.00	9/30/2023
RED OAK DOOR	LHIMP	FCH	7/8/2010 DIS	1,491.00	1,217.16	91.08	-	1,308.24	9/30/2023
CEILING LIGHT FIXTURES	LHIMP	FCH	3/3/2010 DIS	2,532.00	2,124.57	154.77	-	2,279.34	9/30/2023
NEW FLOORING PRIVATE UNIT	LHIMP	FCH	3/10/2010 DIS	62,373.00	62,373.00	-	-	62,373.00	9/30/2023
ELECTRONIC LOCKS BATHROOM DO	LHIMP	FCH	1/8/2010 DIS	5,633.00	5,633.00	-	-	5,633.00	9/30/2023
SCONCE LIGHT FIXTURES	LHIMP	FCH	12/13/2009 DIS	1,035.00	885.50	63.25	-	948.75	9/30/2023
				<b>997,844.05</b>	<b>661,020.86</b>	<b>44,977.77</b>		<b>713,341.36</b>	

**Annual Report of Long-Term Care Facility**

CSP-24 Rev. 10/2006

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Filosa For Nursing and Rehabilitation			461-C		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							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period				958,939	661,022	958,939	Various	44,427	
2. Disposals (attach schedule)				(997,846)	(706,000)	(997,846)			
3. Acquired during this report period (attach schedule)				38,907				551	
C-4. Subtotal									44,978
<b>D. Total Amortization</b>									44,978

\* 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 Filosa For Nursing and Rehabilitation	License No. 461-C	Report for Year Ended 9/30/2023	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input 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		1995 Major Renovation		
3. If <b>NOT</b> Original Owner, Date of Purchase				
4. Date of Initial Licensure		01/01/47		
5. Total Licensed Bed Capacity		64		
6. Square Footage		39,605		
7. Acquisition Cost				
a. Land		398,123		
b. Building		4,835,483		
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd 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 _____				
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)		Fixed		
h. Date of Refinancing		12/22/16		
i. New Interest Rate		3.31%		
j. Term of Mortgage (number of years)		10		
k. Amount of Principal Borrowed		2,476,000		
l. Principal Outstanding on Note Paid-Off				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
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
Filosa For Nursing and Rehabilitation		461-C	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. <b>Total Building Interest Expense (A1 - A4 + B5)</b>		\$						

*(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	
Filosa For Nursing and Rehabilitati		461-C	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) Late Finance Charges			\$	884	(884)				
13. Total All Interest Expense (12B7 + 12C3 + 12D)			\$	884	(884)				
14. Insurance									
a. Insurance on Property (buildings only)			\$	3,310	3,310				
b. Insurance on Automobiles			\$	3,632	3,632				
c. Insurance other than Property (as specified above)									
1. Umbrella (Blanket Coverage)			\$	14,134	14,134				
2. Fire and Extended Coverage			\$	54,220	54,220				
3. Other (Specify) See Attached			\$	15,201	15,201				
14d. Total Insurance Expenditures (14a + b + c)			\$	90,497	90,497				
15. Total All Expenditures (A-13 thru C-14)			\$	8,099,262	8,694,633	(595,371)			

**FILOSA FOR NURSING AND REHABILITATION  
COST YEAR 2023  
LICENSE NO 461-C**

**ATTACHMENT TO PAGE 27 OF 37 GENERAL INFORMATION AND QUESTIONNAIRE**

INSURANCE PAID

FIDUCIARY	\$	908	
DIRECTORS AND OFFICER EMPLOYMENT RELATED (Portion of D&O Policy)		4,686	DISALLOW
CRIME (Portion of D&O Policy)		5,288	
CYBER LIABILITY		519	
		3,800	
PRIOR YEAR INSURANCE RELATED ADJ		-	DISALLOW
TOTAL	\$	15,201	14.C.3

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended		Page	of
Filosa For Nursing and Rehabilitation	461-C	9/30/2023		30	37
Item	Total	CCNH / RHNS	(Specify)	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 5,979,470	5,979,470			
b. Medicaid Room and Board Contractual Allowance **	\$ (2,390,969)	(2,390,969)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 1,321,914	1,321,914			
b. Medicare Room and Board Contractual Allowance **	\$ 357,022	357,022			
4. a. Private-Pay Residents and Other	\$ 2,967,575	2,967,575			
b. Private-Pay Room and Board Contractual Allowance **	\$ (48,845)	(48,845)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 186,061	186,061			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (180,301)	(180,301)			
c. Prescription Drugs - Non-Medicare	\$ 66,398	66,398			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (66,398)	(66,398)			
2. a. Medical Supplies - Medicare	\$ 11,510	11,510			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (11,510)	(11,510)			
c. Medical Supplies - Non-Medicare	\$ 3,545	3,545			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (3,545)	(3,545)			
3. a. Physical Therapy - Medicare	\$ 241,919	241,919			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (180,986)	(180,986)			
c. Physical Therapy - Non-Medicare	\$ 52,159	52,159			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (52,159)	(52,159)			
4. a. Speech Therapy - Medicare	\$ 54,394	54,394			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (29,095)	(29,095)			
c. Speech Therapy - Non-Medicare	\$ 8,254	8,254			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (8,254)	(8,254)			
5. a. Occupational Therapy - Medicare	\$ 313,784	313,784			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (211,919)	(211,919)			
c. Occupational Therapy - Non-Medicare	\$ 55,926	55,926			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (55,926)	(55,926)			
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 8,912	8,912			
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ (12,854)	(12,854)			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 8,376,082	8,376,082			
<b>IV. Other Revenue*</b>					
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> )	\$ 1,098	1,098			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ 1,392,506	1,392,506			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 1,393,604	1,393,604			
<b>VI. Total All Revenue</b> (III +V)	\$ 9,769,686	9,769,686			

\* 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)
	Medicare related adjustments	\$ 8,912		
	<b>Total Other Resident Revenue - Medicare</b>	\$ 8,912	\$ -	\$ -

**Schedule of Other Non-Medicare Resident Revenue**

**Related Exp**

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
	Private, Medicaid related adjustments	\$ (12,854)		
	<b>Total Other Resident Revenue</b>	\$ (12,854)	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH / RHNS	(Specify)	(Specify)
	Union Savings Bank	160,696	\$ 149		
	Department of the Treasury		\$ 949		
	<b>Total Interest Income</b>		\$ 1,098	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
	Sale of Facility, net gain	\$ 1,392,506		
	<b>Total Other Revenue</b>	\$ 1,392,506	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Filosa For Nursing and Rehabilitation	461-C	9/30/2023	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	160,154
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	287,534
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	37,430
4. Inventories			\$	
5. Prepaid Expenses			\$	32,951
a. Insurance	30,432			
b. Software	2,519			
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
_____				
_____				
See Schedule				
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			\$	518,069
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	
_____				
See Schedule				
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			\$	

\* 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 Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

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

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

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

### G. Balance Sheet (cont'd)

Name of Facility Filosa For Nursing and Rehabilitation	License No. 461-C	Report for Year Ended 9/30/2023	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	518,069
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			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	283,200
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address	Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )			\$	
_____				
See Schedule				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	283,200
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	801,269

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

**Annual Report of Long-Term Care Facility**

**G. Balance Sheet (cont'd)**

Name of Facility		License No.	Report for Year Ended	Page	of
Filosa For Nursing and Rehabilitation		461-C	9/30/2023	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	114,239
2. Notes Payable ( <i>itemize</i> )				\$	
_____					
_____					
See Schedule					
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	108,648
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	6,022
Accrued Expenses		6,022			
_____					
_____					
See Schedule					
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				\$	<b>228,909</b>

\* 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 Filosa For Nursing and Rehabilitation	License No. 461-C	Report for Year Ended 9/30/2023	Page 34	of 37
Account			Amount	
Total Brought Forward:			228,909	
<b>Liabilities (cont'd)</b>				
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> )				\$ 79,320
Name and Address of Lender	Amount	Loan Date		
Banco/Hancock Hall	79,320			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$
_____				
_____				
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 79,320
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 308,229

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

Name of Facility	License No.	Report for Year Ended	Page	of
Filosa For Nursing and Rehabilitation	461-C	9/30/2023	35	37
Account			Amount	
<b>A. Reserves</b>				
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>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	90,310
3. Paid-in Surplus			\$	183,510
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(855,833)
6. Gain or Loss for Period			\$	1,075,053
	10/1/2022	thru 9/30/2023		
7. Total Net Worth			\$	493,040
<b>C. Total Reserves and Net Worth</b>			\$	493,040
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	801,269

### H. Changes in Total Net Worth

Name of Facility Filosa For Nursing and Rehabilitation	License No. 461-C	Report for Year Ended 9/30/2023	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2022			\$	795,098
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	9,769,686
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	8,694,633
D. Net Income or Deficit			\$	1,075,053
E. Balance			\$	1,870,151
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
2. Other ( <i>itemize</i> )				
Bamco, LLC Depreciation (Cummulative)	21,955			
2022 Deferred Taxes not Reported	86,400			
F-3. Total Additions			\$	108,355
G. Deductions				
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )			\$	1,485,466
Name and Address ( <i>No., City, State, Zip</i> )	Title	Amount		
See attached		1,485,466		
2. Other Withdrawings ( <i>Specify</i> )			\$	
Purpose	Amount			
3. Total Deductions			\$	1,485,466
H. <b>Balance at End of Period</b>	09/30/23		\$	493,040

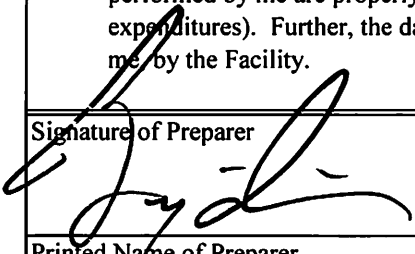
**FILOSA FOR NURSING AND REHABILITATION  
COST YEAR 2023  
LICENSE NO 461-C**

ATTACHMENT TO PAGE 36 OF 37 GENERAL INFORMATION AND QUESTIONNAIRE LINE G1

**DISTRIBUTIONS**

<b>NAME</b>	<b>TITLE</b>	<b>AMOUNT</b>
FRANK D. MALONE	TREASURER	\$ 183,800
BARBARA A. MALONE	SECRETARY	\$ 739,720
MICHAEL D. MALONE	VICE-PRESIDENT	\$ 194,346
JOHN M. MALONE	SHAREHOLDER	\$ 179,280
JENNIFER MALONE-SEIXAS	PRESIDENT	\$ <u>188,320</u>
		<b>\$ 1,485,466</b>

### I. Preparer's/Reviewer's Certification

Name of Facility Filosa For Nursing and Rehabilitation	License No. 461-C	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)	0	
<b>Preparer/Reviewer Certification</b>				
<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 CFO	Date Signed 2/24/24		
Printed Name of Preparer Benjamin Chianese, CPA				
Address Address 5 Briar Ridge Rd, Danbury CT 06810		Phone Number 203-241-5223		
Contacted Person Regarding Additional Information Needed Regarding This Report Benjamin Chianese, CPA		Phone Number 203-241-5223		
Contact Email Address Bchianese@bccpa.us				