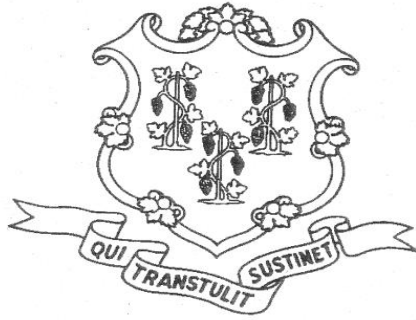


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2023

Name of Facility (as licensed) Harborside CT Limited Partnership - d/b/a: Madison House	
Address (No. & Street, City, State, Zip Code) 34 Wildwood Avenue, Madison, CT 06443	
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 2201-C	(Specify)	(Specify)	Medicare Provider 07-5405
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Medicaid Provider Numbers:	CCNH / RHNS 21444	(Specify)	(Specify)
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General Information

Name of Facility (as licensed) Harborside CT Limited Partnership - d/b/a: Madison H	License No.	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 _____ [facility name], for the cost report period beginning _____ and ending _____, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Isaac,Marlene			Printed Name (Owner) Diane Morris - VP Reimbursement		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Harborside CT Limited Partnership - d/b/a: Madison House		Period Covered:	From 10/1/2022	To 9/30/2023
Address of Facility 34 Wildwood Avenue, Madison, CT 06443				
Report Prepared By Rick Fink		Phone Number 410-494-7657	Date 12/28/2023	
Item	Total	CCNH / RHNS	(Specify)	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$	3,523,279	3,523,279	
5. All other wages paid	\$	686,594	686,594	
6. Total Wages Paid	\$	4,209,873	4,209,873	
7. Total salaries paid	\$	279,710	279,710	
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$	4,489,584	4,489,584	

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 203-245-8008		Report for Year Ended 9/30/2023	Page 2	of 37
Name of Facility (as shown on license) Harborside CT Limited Partnership - d/b/a: Madison House		Address (No. & Street, City, State, Zip) 34 Wildwood Avenue, Madison, CT 06443		
License Numbers:	CCNH / RHNS 2201-C	(Specify)	(Specify)	Medicare Provider No. 07-5405
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 checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Isaac, Marlene		Nursing Home Administrator's License No.:	002161	
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 Harborside CT Limited Partnership - d/b/a: N	License No.	Report for Year Ended 9/30/2023	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Names of Stockholders Owning at Least 10% of Shares				
See the attached				

**General Information and Questionnaire
 Related Parties***

Name of Facility Harborside CT Limited Partnership - d/b/a: Madison Ho	License No.	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	%**				
Genesis Administrative Services LLC	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>		Home Office	Pg 16/m12	537,360	537,360
Genesis ElderCare Rehabilitation Services GRS	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	73%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	653,482	653,482
Genesis ElderCare Physician Services GPS_C	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	86%	Medical Director /NP	Pg 13/B8, Pg 10/A12		
Career Staffing Carstaff_C	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	60%	Nursing Agency/ Temporary Services	Pg 13/B11 pg 10-12, 1	175,155	175,155
Respiratory Health Services NCRHS C	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	50%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E		
Genesis Healthcare Ins Program	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>		Insurance	Pg 27/14	184,804	184,804
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

** Provide the percentage amount of revenue received from non-related parties.

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Harborside CT Limited Partnership - d/b/a: Ma	License No.	Report for Year Ended 9/30/2023	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

General Information and Questionnaire
Other Lines of Business

Name of Facility Harborside CT Limited Partnership -	License No. 0	Report for Year Ended 9/30/2023	Page 6	of 37
Square footage of entire facility.		56,000		
Outpatient Therapy				
Does the Facility provide outpatient therapy services?		No		
<i>If yes, please complete the following:</i>				
Square footage of therapy space.				
Meals on Wheels				
Does the facility provide Meals on Wheels?		No		
<i>If yes, please complete the following:</i>				
Square footage of kitchen				
Number of meals served per week				
No	Are meals included in meals served on page 18 of the Annual Report?			
No	Are direct costs included in the Annual Report?			
<i>If yes, please state where costs are reported.</i>				
No	Are drivers for the program included in the facility's payroll?			
<i>If yes, please complete the following:</i>				
Amount Reported				
Annual Report page and line				
Please state the salary amounts of specific cooks and/or dietary aides				
Please state where the cooks and/or dietary aides are reported in the Annual Report				
Apartments, Independent Living, Assisted Living				
Does the facility have apartments, independent living, and/or assisted living?		No		
<i>If yes, please complete the following:</i>				
Square footage of apartments				
Square footage of independent living				
Square footage of assisted living				
Please identify the services provided:				

General Information and Questionnaire
Other Lines of Business (Continued)

Name of Facility Harborside CT Limited	License No. 0	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 Harborside CT Limited Partnership - d/b/a: Madison House			License No.		Report for Year Ended 9/30/2023				Page 8	of 37		
	Total All Levels	Total CCNH / RHNS Level	Total (Specify)	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH / RHNS	(Specify)	(Specify)	Total	CCNH / RHNS	(Specify)	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	89	89			89	89						
B. On last day of THIS report period	89	89							89	89		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	88	88			88	88						
B. As of midnight of THIS report period	81	81							81	81		
3. Total Number of Days Care Provided During Period												
A. Medicare	3,400	3,400			2,515	2,515			885	885		
B. Medicaid (Conn.)	20,452	20,452			15,638	15,638			4,814	4,814		
C. Medicaid (other states)												
D. Private Pay	4,040	4,040			2,811	2,811			1,229	1,229		
E. State SSI for RCH												
F. Other (Specify)	2,676	2,676			1,946	1,946			730	730		
G. Total Care Days During Period (3A thru F)	30,568	30,568			22,910	22,910			7,658	7,658		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days	22	22			18	18			4	4		
5. Total Resident Days (3G + 4A + 4B)	30,590	30,590			22,928	22,928			7,662	7,662		

Schedule of Resident Statistics (Cont'd)

Name of Facility Harborside CT Limited Partnership - d/b/a: Madiso				License No.			Report for Year Ended 9/30/2023			Page 9		of 37	
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH / RHNS	(Specify)	(Specify)	Lost			Gained			CCNH / RHNS	(Specify)	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	(Specify)	(Specify)		
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH / RHNS	(Specify)	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid			Self-Pay		Other State Assisted					
	CCNH / RHNS	CCNH / RHNS	(Specify)	CCNH / RHNS	(Specify)	(Specify)	R.C.H.	ICF-MR					
No. of Residents	11	48		22									
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.	692.54	#####		466.52									
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments				TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)					
A. Medicare - Part B				1,766	1,766								
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments				409	409								
C. Other				10,085	10,085								
D. Total Physical Therapy Treatments				12,260	12,260								
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B				408	408								
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments				34	34								
C. Other				2,607	2,607								
D. Total Speech Therapy Treatments				3,049	3,049								
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B				1,276	1,276								
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments				38	38								
C. Other				9,341	9,341								
D. Total Occupational Therapy Treatments				10,655	10,655								

Annual Report of Long-Term Care Facility

CSP-10 Rev. 3/2023

Report of Expenditures - Salaries & Wages

Name of Facility Harborside CT Limited Partnership - d/b/a: Madison House	License No.	Report for Year Ended 9/30/2023	Page 10	of 37
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Are time records maintained by all individuals receiving compensation? Yes No

Item	Total Cost and Hours									
	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours	
A. Salaries and Wages*										
1. Operators/Owners (Complete also Sec. I of Schedule A1)										
2. Administrator(s) (Complete also Sec. III of Schedule A1)	142,388	(47,111)	2,120							
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)										
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	211,067		8,275							
5. Dietary Service										
a. Head Dietitian										
b. Food Service Supervisor										
c. Dietary Workers										
6. Housekeeping Service										
a. Head Housekeeper										
b. Other Housekeeping Workers										
7. Repairs & Maintenance Services										
a. Engineer or Chief of Maintenance	62,856		2,120							
b. Other Maintenance Workers	50,725		3,005							
8. Laundry Service										
a. Supervisor										
b. Other Laundry Workers										
9. Barber and Beautician Services										
10. Protective Services										
11. Accounting Services										
a. Head Accountant										
b. Other Accountants										
12. Professional Care of Residents										
a. Directors and Assistant Director of Nurses	137,323		1,972							
b. RN										
1. Direct Care	897,517		16,350							
2. Administrative**	121,551		2,655							
c. LPN										
1. Direct Care	1,071,201		28,259							
2. Administrative**										
d. Aides and Attendants	1,407,646		60,954							
e. Physical Therapists										
f. Speech Therapists										
g. Occupational Therapists										
h. Recreation Workers	72,585		3,966							
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	289,362		8,471							
n. Marketing										
o. Other (Specify) See Attached Schedule	25,364		1,347							
A-13. Total Salary Expenditures	4,489,584	(47,111)	139,494							

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH / RHNS			(Specify)			(Specify)		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
Coordinator-Staffing Centers	\$ 100		\$ 2						
Central Supply	\$ 25,264		\$ 1,345						
Medical Records	\$ -		\$ -						
Total	\$ 25,364	\$ -	1,347	\$ -	\$ -	-	\$ -	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH / RHNS			(Specify)			(Specify)		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
Consulting Fees	\$ 4,931		N/A						
Purchased Services	\$ 3,900	\$ (3,900)	N/A						
Purchased Services	\$ 17,552	\$ (17,552)	N/A						
Purchased Services	\$ 422	\$ (422)	N/A						
Purchased Services	\$ 8,834		N/A						
Total	\$ 35,640	\$ (21,874)	-	\$ -	\$ -	-	\$ -	\$ -	-

1020620010
 3010620020
 3015620020
 3155620020
 3080620020

correct

**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
Harborside CT Limited Partnership - d/b/a: Madison House						9/30/2023			11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH / RHNS	(Specify)	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.		Report for Year Ended			Page	of
Harborside CT Limited Partnership - d/b/a: Madison House						9/30/2023			12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH / RHNS	(Specify)	(Specify)							
Section III - Administrators***										
Isaac, Marlene	124,608				Management of Center	1,912	2			
Wildman, Andrew Grayson	17,780				Management of Center	208	2			
Section IV - Assistant Administrators										
					Management of Center		2			

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended		Page	of				
Harborside CT Limited Partnership - d/b/a: Madison		9/30/2023		13	37				
Total Cost and Hours									
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)									
1. Dietitian									
2. Dentist	15,560		107						
3. Pharmacist	17,203		351						
4. Podiatrist									
5. Physical Therapy									
a. Resident Care	260,723	(260,723)	3,572						
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians									
a. Medical Director (entire facility)	49,320		261						
b. Utilization Review (Title 18 and 19 only) monthly meeting									
c. Resident Care**									
d. Administrative Services facility									
1. Infection Control Committee (Quarterly meetings)									
2. Pharmaceutical Committee (Quarterly meetings)									
3. Staff Development Committee (Once annually)									
e. Other (Specify)									
9. Speech Therapist									
a. Resident Care	165,136	(165,136)	2,117						
b. Other									
10. Occupational Therapist									
a. Resident Care	227,643	(227,643)	3,118						
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care									
2. Administrative***									
b. LPN									
1. Direct Care	62,368	(2,713)	1,473						
2. Administrative***									
c. Aides	120,752	(5,253)	4,943						
d. Other									
12. Other (Specify)									
See Attached Schedule	35,640	(21,874)							
B-13 Total Fees Paid in Lieu of Salaries	954,344	(683,341)	15,941						

* 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 Harborside CT Limited Partnership - d/b/a: Madison Ho		License No.		Report for Year Ended 9/30/2023	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Career Staffing	Nursing Agency	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Genesis Eldercare Rehabilitation Services	Physical, Occupational, and Speech Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Genesis Eldercare Physician Services	Medical Director	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Genesis Eldercare Staffing Services	Nursing Pool	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Respiratory Health Services	Respiratory and Oxygen Supplies	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
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		<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
Harborside CT Limited Partnership - d/b/a: Madi		9/30/2023					15	37
Item	Total Including Adjustment	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
1. Administrative and General								
a. Employee Health & Welfare Benefits								
1. Workmen's Compensation	\$ 136,765	149,760	(12,995)					
2. Disability Insurance	\$							
3. Unemployment Insurance	\$ 31,693	31,693						
4. Social Security (F.I.C.A.)	\$ 328,099	328,099						
5. Health Insurance	\$ 147,915	147,915						
6. Life Insurance (employees only) (not-owners and not-operators)	\$							
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 123,667	123,667						
8. Uniform Allowance	\$							
9. Other (<i>Specify</i>) See Attached Schedule	\$ 19,594	19,594						
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$							
c. Bad Debts*	\$	131,131	(131,131)					
d. Accounting and Auditing	\$							
e. Legal (<i>Services should be fully described on Page 15b</i>)	\$							
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$							
g. Office Supplies	\$ 14,869	14,869						
h. Telephone and Cellular Phones								
1. Telephone & Pagers	\$ 17,112	17,112						
2. Cellular Phones	\$ 1,281	1,281						
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$							
j. Corporation Business Taxes (<i>franchise tax</i>)	\$							
k. Other Taxes (<i>Not related to property - See Page 22</i>)								
1. Income*	\$							
2. Other (<i>Specify</i>) See Attached Schedule	\$ 1,044	1,044						
3. Resident Day User Fee	\$ 517,281	517,281						
Subtotal	\$ 1,339,319	1,483,445	(144,126)					

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

(Carry Subtotals forward to next page)

Schedule of Other Employee Benefits

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Union Health & Welfare	\$ 6					
Union Health & Welfare	\$ 152					
Union Health & Welfare	\$ -					
Union Health & Welfare	\$ 5,663					
Union Health & Welfare	\$ 12,980					
Union Health & Welfare	\$ 467					
Union Health & Welfare	\$ 327					
Benefit Allocations	\$ -					
Total	\$ 19,594	\$ -	\$ -	\$ -	\$ -	\$ -

1020520020
3080520020
3210520020
3215520020
3225520020
5035520020
3005520020
1020520060

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

correct

Schedule of Other Taxes

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Sales Tax	\$ 1,044					
Sales Tax	\$ -					
Total	\$ 1,044	\$ -	\$ -	\$ -	\$ -	\$ -

1020640110

correct

General Information and Questionnaire Accounting Basis

Name of Facility Harborside CT Limited Partnership	License No.	Report for Year Ended 9/30/2023	Page 15b	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 Grant Thornton 2 3 4	Address (No. & Street, City, State, Zip Code) 1600 Market Street, Philadelphia, PA 19103
--	---

Services Provided by This Firm (*describe fully*)

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

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

Legal Services Information

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

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

Services Provided by This Firm (*describe fully*)

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

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

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

Name of Facility	License No.	Report for Year Ended					Page	of
Harborside CT Limited Partnership - d/b/a: Madis		9/30/2023					16	37
Item	Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
Subtotals Brought Forward:	1,339,319	1,483,445	(144,126)					
l. Travel and Entertainment								
1. Resident Travel and Entertainment	\$							
2. Holiday Parties for Staff	\$ 506	506						
3. Gifts to Staff and Residents	\$							
4. Employee Travel	\$ 1,208	1,208						
5. Education Expenses Related to Seminars and Conventions	\$ 60	60						
6. Automobile Expense (not purchase or depreciation)	\$							
7. Other (Specify) See Attached Schedule	\$							
m. Other Administrative and General Expenses								
1. Advertising Help Wanted (all such expenses)	\$							
2. Advertising Telephone Directory (all such expenses)**	\$							
3. Advertising Other (Specify)*** See Attached Schedule	\$	11,864	(11,864)					
4. Fund-Raising***	\$							
5. Medical Records	\$ 13	13						
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$							
7. Postage	\$ 3,771	3,771						
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$ 5,773	5,773						
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$							
9. Subscriptions	\$ 31,983	31,983						
10. Contributions*** See Attached Schedule	\$	116	(116)					
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$ 3,989	3,989						
12. Administrative Management Services**	\$ 537,360	434,927	102,433					
13. Other (Specify) See Attached Schedule	\$ 73,652	102,600	(28,948)					
C-14 Total Administrative & General Expenditures	\$ 1,997,634	2,080,254	(82,620)					

* Do not include Subscriptions, which should go in item 9.

** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

Schedule of Other Travel and Entertainment

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

correct

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Advertising	\$ 3,535	\$ (3,535)				
Marketing Expense	\$ 2,103	\$ (2,103)				
Marketing Exp- Corporate Spend	\$ 6,080	\$ (6,080)				
Marketing Exp- Corporate Spend	\$ -	\$ -				
Marketing Expense	\$ 147	\$ (147)				
Total Other Advertising	\$ 11,864	\$ (11,864)	\$ -	\$ -	\$ -	\$ -

1020630020
1020630330
1020630331
3165630330
3080630330

correct

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Licenses & Certifications	\$ 5,773					
Dues to Chamber of Commerce	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
Total Dues	\$ 5,773	\$ -	\$ -	\$ -	\$ -	\$ -

1020630310

correct

Schedule of Contributions

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

1020630130
1020630135

correct

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Bank Service Charges	\$ 36,025					
Collection Fees	\$ 11,297	\$ (11,297)				
Education Expense	\$ 150					
Employee Physicals	\$ 4,275					
Employee Relations	\$ 5,217					
Printing	\$ 621					
Training Expense	\$ 197					
Fines & Penalties	\$ 17,651	\$ (17,651)				
Miscellaneous	\$ (28)					
Rental Expense	\$ 275					
Accrued Expense Estimation	\$ -	\$ -				
Landlord Operating Taxes	\$ -					
State Tax Annual Report Filing	\$ -					
Recruiting Fees	\$ 20,172					
Recruiting Fees	\$ -					
Non-recurring Charges	\$ -	\$ -				
Interest Expense	\$ -					
Uniforms	\$ -					
Equipment Non-Capitalized	\$ 128					
Rental Expense	\$ 1,612					
Recruiting Fees	\$ -					
Software Maintenance	\$ 5,007					
Repairs & Maintenance	\$ -					
	\$ -					
	\$ -					
Total Other Administrative and General	102,600	\$ (28,948)	\$ -	\$ -	\$ -	\$ -

1020630060
1020630120
1020630140
1020630180
1020630200
1020630380
1020630610
1020640080
1020640090
1020660080
1020660990
5095720090
1020720070
3080630440
3080630441
7010800030
7010730010
1020630640
1020640060
1020630440
1020660080
1020660100
1020660100
1020630610

1020660990 Accrued Exj 0.00 C01M13
1020630060 Bank Servic 36,024.72 C01M13
1020630120 Collection F 2,410.00 C01M13
1020630180 Collection F 51.31 C01M13
1020630120 Collection F 0.00 C01M13
1020630140 Education E 150.00 C01M13
1020630180 Employee P 4,275.46 C01M13
1020630200 Employee R 5,217.34 C01M13
1020640080 Equipment I (37.75) C01M13
1020640060 Equipment I (1,025.38) C01M13
1020660990 Equipment I 1,191.47 C01M13
1020640080 Fines & Per 7,900.75 C01M13
1020640080 Fines & Per 9,750.00 C01M13
3165630310 Licenses & 0.00 C01M13
1020640090 Miscellaneo (28.70) C01M13
1020640090 Miscellaneo 0.26 C01M13
1020630380 Printing 620.64 C01M13
1020630440 Recruiting F 1,612.32 C01M13
3080630440 Recruiting F 20,172.02 C01M13
1020660080 Rental Expe 275.42 C01M13
1020660100 Repairs & Iv 4,591.13 C01M13
1020660100 Repairs & Iv 416.23 C01M13
1020630610 Training Exj 197.22 C01M13
93,764
\$ 8,836.02

correct

Schedule C-1 - Management Services*

Name of Facility Harborside CT Limited Partnership - d/b/a	License No.	Report for Year Ended 9/30/2023	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Genesis Administrative Services LLC	537,360	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Harborside CT Limited Partnership - d/b/a: Mac			9/30/2023			18	37
Item	Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
2. Dietary							
a. In-House Preparation & Service							
1. Raw Food	\$ 182,237	182,237					
2. Non-Food Supplies	\$ 27,082	27,082					
3. Other (Specify) _____ Contra Meal Expense	\$						
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 579,328	579,328					
c. Other (Specify) _____ Books, Dues & Subscriptions	\$						
2D. Total Dietary Expenditures	\$ 788,647	788,647					
2E. Dietary Questionnaire		Total	CCNH / RHNS		(Specify)		(Specify)
F. Resident Meals: Total no. of meals served per day							
G. Is cost of employee meals included in 2D?		<input type="radio"/> Yes	<input checked="" type="radio"/> No				
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.		
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)							
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?		<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.		
K. Is any revenue collected from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.		
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)							
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?		<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.		
N. Is any revenue collected from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.		
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)							

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Harborside CT Limited Partnership - d/b/a: Madison			9/30/2023				19	37
Item		Including Adjustments	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. \$	4,031	4,031				
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. \$	4,584	4,584				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	192,387	192,387				
c. Other (Specify)		\$						
3D. Total Laundry Expenditures		\$	201,002	201,002				
3E. Laundry Questionnaire								
F. Is cost of employee laundry included in 3E		<input type="radio"/> Yes		<input checked="" type="radio"/> No		If yes, specify cost.		
G. Did you receive revenue from employees?		<input type="radio"/> Yes		<input checked="" type="radio"/> No		If yes, specify amt.		
H. Where is the revenue received reported in the Cost Report?		(Page/Line Item)						
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?								
		<input type="radio"/> Yes		<input checked="" type="radio"/> No		If yes, specify cost.		
J. Did you receive revenue from these people		<input type="radio"/> Yes		<input checked="" type="radio"/> No		If yes, specify amt.		
K. Where is the revenue received reported in the Cost Report?		(Page/Line Item)						

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility		License No.	Report for Year Ended				Page	of	
Harborside CT Limited Partnership - d/b/a:			9/30/2023				20	37	
Item		Sq. Ft. Serviced by Personnel	Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
4.	Housekeeping								
	a. In-House Care								
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt.	\$ 8,344	8,344					
	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.	\$ 299,948	299,948					
	c. Other (<i>Specify</i>)		\$						
4D.	Total Housekeeping Expenditures		\$ 308,292	308,292					
5.	Resident Care (Supplies)**								
	a. Prescription Drugs***								
	1. Own Pharmacy		\$						
	2. Purchased from Omnicare		\$	164,735	(164,735)				
	b. Medicine Cabinet Drugs		\$ 38,321	38,321					
	c. Medical and Therapeutic Supplies		\$ 69,730	69,730					
	d. Ambulance/Limousine***		\$	5,306	(5,306)				
	e. Oxygen								
	1. For Emergency Use		\$						
	2. Other***		\$	1,812	(1,812)				
	f. X-rays and Related Radiological Procedures***		\$	7,530	(7,530)				
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$						
	h. Laboratory***		\$	52,042	(52,042)				
	i. Recreation		\$ 15,372	28,116	(12,744)				
	j. Direct Management Services*		\$						
	k. Indirect Management Services*		\$						
	l. Cable TV		\$						
	m. Other (Specify)**** See Attached Schedule		\$ 56,529	63,835	(7,306)				
	n. Physical Therapy Expense		\$						
	o. Speech Therapy Expense		\$						
5P.	Total Resident Care Expenditures (5a - 5o)		\$ 179,952	431,427	(251,475)				

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

Schedule of Other Resident Care

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Incontinency	\$ 45,976					
Advertising-Help Wanted	\$ (235)					
Advertising-Help Wanted	\$ 6,607					
Books, Dues & Subscriptions	\$ -					
Education Expense	\$ 244					
Supplies	\$ 383					
Respiratory Supplies	\$ 1,116	\$ (1,116)				
Supplies	\$ 186					
Office Supplies	\$ -					
Office Supplies	\$ -					
Office Supplies	\$ -					
Training Expense	\$ 300					
Rental Expense	\$ -					
Rental Expense	\$ 3,483	\$ (3,483)				
Consolidated Billing	\$ 2,707	\$ (2,707)				
Tuition Reimbursement	\$ 3,000					
Tuition Reimbursement	\$ -					
Tuition Reimbursement	\$ -					
Office Supplies	\$ -					
Office Supplies	\$ -					
Supplies	\$ 69					
Total Other Resident Care	\$ 63,835	\$ (7,306)	\$ -	\$ -	\$ -	\$ -

3060610160	306061016 Incontinenc	90,397.99
3060610161	306061016 Incontinenc	(16.23)
3080630030	301061030 Consolidate	9,678.64
3080630080	301061030 Consolidate	39.00
3080630140	308063003 Advertising	20,116.54
3120630530	308063014 Education E	101.04
3155630530	312063053 Supplies	48.38
3170630530	312063053 Supplies	22.44
3090630535	315563053 Supplies	8,570.74
3120630535	315563053 Supplies	5.74
3165630535	316563053 Supplies	666.98
3080630610	317063053 Supplies	79.76
3120660080	315063053 Office Supp	113.12
3155660080	315563053 Office Supp	35.29
3010610300	301061030 Office Supp	12.54
3080630630	312066008 Rental Expe	1,196.44
3210630630	315566008 Rental Expe	8,960.27
3225630630		140,028.68
3150630535		#####
3155630535		
3165630530		

correct 63,834.54

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

Name of Facility Harborside CT Limited Partnership - d/b/a: Madison House			License No.		Report for Year Ended 9/30/2023				Page of 21 37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH / RHNS	(Specify)	(Specify)	Pg	Line
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Laundry Purchased Services	192,387			19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Housekeeping Purchased Services	299,948			20	4b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Dietary Purchased Services	575,766			18	2b
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<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
Harborside CT Limited Partnership - d		9/30/2023					22	37
Item		Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$	481,875	481,875					
b. Heat	\$	35,132	35,132					
c. Light & Power	\$	266,158	266,158					
d. Water	\$	50,529	50,529					
e. Equipment Lease (<i>Provide detail on page 22b</i>)	\$							
f. Other (<i>itemize</i>) See Attached Schedule	\$							
6g. Total Maint. & Operating Expense (6a - 6f)	\$	833,694	833,694					
7. Depreciation (<i>complete schedule page 23*</i>)								
a. Land Improvements	\$	236		236				
b. Building & Building Improvements	\$	90,044	100,289	(10,245)				
c. Non-Movable Equipment	\$	8,277	694	7,583				
d. Movable Equipment	\$	42,016	35,468	6,548				
*7e. Total Depreciation Costs (7a + b + c + d)	\$	140,572	136,451	4,122				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)								
a. Organization Expense	\$							
b. Mortgage Expense	\$							
c. Leasehold Improvements	\$							
d. Other (<i>Specify</i>)	\$							
*8e. Total Amortization Costs (8a + b + c + d)	\$							
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	5,485	5,485					
10. Property Taxes								
a. Real estate taxes paid by owner	\$							
b. Real estate taxes paid by lessor	\$	128,334	128,334					
c. Personal property taxes	\$							
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	274,392	270,270	4,122				

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Harborside CT Limited Partnership - d/b/a: Madison House			License No.		Report for Year Ended 9/30/2023		Page 22b	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input checked="" type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input type="radio"/> No	Total ***

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

** Attach copies of newly acquired leases.

*** Amount should agree to Page 22, Line 6e.

Depreciation Schedule

Name of Facility Harborside CT Limited Partnership - d/b/a: Madison House			License No.			Report for Year Ended 9/30/2023			Page 23	of 37		
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
A. Land Improvements												
1. Acquired prior to this report period							S/L	Various				
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
B. Building and Building Improvements												
1. Acquired prior to this report period			822,609		822,609	215,367	S/L	Various	99,036			
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)			24,125		24,125				1,252			
B-4. Subtotal										100,289		
C. Non-Movable Equipment												
1. Acquired prior to this report period			5,150		822,609	810	S/L	Various	694			
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal										694		
		Is a mileage logbook maintained?	Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year							
D. Movable Equipment												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period					239,522		239,522	58,765	S/L	Various	32,402	
b. Disposals (attach schedule)												
Acquired during this report period (attach schedule):												
c. Administrative					33,777		33,777				3,066	
d. Standard Resident												
e. Specialized Resident												
Total Acquired during this report period					33,777		33,777				3,066	
D-3. Subtotal												35,468
E. Total Depreciation												136,451

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
5/31/2023	Water Source Heat Pump	\$ 10,938	05 07	\$ 653
6/30/2023	Water Source Heat Pump-120K BTU	\$ 13,187	05 06	\$ 599
				\$ -
Total additions for Building Improvements		\$ 24,125		\$ 1,252
Deletions:				
Total deletions for Building Improvements		\$ -		\$ -

150050 016546
150050 016598

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
5/31/2023	Water Source Heat Pump Apt 214	Administrative	\$ 9,072	05 07	\$ 542
12/31/2022	Wiring for Timeclocks	Administrative	\$ 19,547	06 00	\$ 2,443
8/31/2023	Wiring for New Time Clocks	Administrative	\$ 5,158	05 04	\$ 81
Total additions for Movable Equipment			\$ 33,777		\$ 3,066 *
Deletions:					
Total deletions for Movable Equipment			\$ -		\$ - **

150080 016547
 150117 016441
 150117 016632

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Harborside CT Limited Partnership - c
 Depreciation Expense Report
 As of September 30, 2023

8,608,201.00

Locati	G/L Asset	Acct Desc	Sys	Ex	Description	In Svc Date
57004	150075	Non-Movable Equipment	006809	000	Sun Valuati	12/1/2012
57004	150080	Movable Equip	006810	000	Sun Valuati	12/1/2012
57004	150088	Movable Equip	006811	000	Sun Valuati	12/1/2012
57004	150110	Movable Equip	006812	000	Sun Valuati	12/1/2012
57004	150057	Bldg Imp	007170	000	Repairs to Jo	2/28/2013
57004	150087	Movable Equip	007172	000	Turbidity m	2/28/2013
57004	150075	Non-Movable Equipment	007269	000	(2) 2hp Mey	4/30/2013
57004	150088	Movable Equip	007359	000	15 MATTR	5/31/2013
57004	150025	Land Imp	007495	000	Exterior sig	6/30/2013
57004	150085	Movable Equip	007496	000	4 18x16 Ver	6/30/2013
57004	150088	Movable Equip	007654	000	MATTRES	7/31/2013
57004	150057	Bldg Imp	007786	000	Plywood flo	8/31/2013
57004	150080	Movable Equip	007785	000	Hoyer lift sl	8/31/2013
57004	150080	Movable Equip	007892	000	Attendant B	9/30/2013
57004	150075	Non-Movable Equipment	007976	000	1st install or	10/31/2013
57004	150085	Movable Equip	007977	000	2 UCXT bec	10/31/2013
57004	150075	Non-Movable Equipment	008167	000	Final install	12/31/2013
57004	150085	Movable Equip	008330	000	Economy O	1/31/2014
57004	150085	Movable Equip	008511	000	Omni Cycle	3/31/2014
57004	150080	Movable Equip	008600	000	Huntleigh P	4/30/2014
57004	150085	Movable Equip	008599	000	Big Blue Bc	4/30/2014
57004	150100	Movable Equip	008730	000	Credit Card	5/31/2014
57004	150085	Movable Equip	008844	000	wheelchair	6/30/2014
57004	150085	Movable Equip	008845	000	Regency XL	6/30/2014
57004	150080	Movable Equip	008946	000	Attendant V	7/31/2014
57004	150085	Movable Equip	009026	000	22 inch Trac	8/31/2014
57004	150085	Movable Equip	009027	000	Tracer EX2	8/31/2014
57004	150075	Non-Movable Equipment	009517	000	3 Daikin ap	3/31/2015
57004	150085	Movable Equip	009511	000	Tracer EX2	3/31/2015
57004	150085	Movable Equip	009512	000	Tracer IV W	3/31/2015
57004	150085	Movable Equip	009513	000	Tracer EX2	3/31/2015
57004	150087	Movable Equip	009510	000	Yard Machi	3/31/2015
57004	150085	Movable Equip	009604	000	Direct Choic	4/30/2015
57004	150025	Land Imp	009850	000	Braun Gear	7/31/2015
57004	150085	Movable Equip	010133	000	Direct Choic	10/31/2015
57004	150075	Non-Movable Equipment	010219	000	1st install fo	11/30/2015

57004	150075	Non-Movable Equipment	010224	000	Final install	11/30/2015
57004	150075	Non-Movable Equipment	010225	000	Cooling tow	11/30/2015
57004	150075	Non-Movable Equipment	010358	000	Final install	12/31/2015
57004	150085	Movable Equip	010293	000	3-Gallon Co	12/31/2015
57004	150085	Movable Equip	010354	000	Scale Reduc	12/31/2015
57004	150110	Movable Equip	010353	000	1 HP OJ 810	12/31/2015
57004	150075	Non-Movable Equipment	010623	000	AO Smith 1	3/31/2016
57004	150080	Movable Equip	010622	000	Unimac 65	3/31/2016
57004	150085	Movable Equip	010625	000	Manitowic i	3/31/2016
57004	150087	Movable Equip	010621	000	Attendant B	3/31/2016
57004	150088	Movable Equip	010620	000	30 MATTR	3/31/2016
57004	150085	Movable Equip	010757	000	Medical gra	4/30/2016
57004	150020	Land Imp	010871	000	Outside pole	5/31/2016
57004	150075	Non-Movable Equipment	010915	000	Chemical pi	6/30/2016
57004	150075	Non-Movable Equipment	010916	000	Kitche/launc	6/30/2016
57004	150085	Movable Equip	010914	000	GEN ONLY	6/30/2016
57004	150057	Bldg Imp	011285	000	Mannington	10/31/2016
57004	150075	Non-Movable Equipment	011359	000	Hot water ta	11/30/2016
57004	150085	Movable Equip	011522	000	Food Proces	1/31/2017
57004	150088	Movable Equip	011521	000	10 MATTR	1/31/2017
57004	150080	Movable Equip	011623	000	2 Attendant	2/28/2017
57004	150085	Movable Equip	011621	000	2 Direct Cho	2/28/2017
57004	150085	Movable Equip	011622	000	5 Tracer EX	2/28/2017
57004	150057	Bldg Imp	011825	000	ROUNDED	3/31/2017
57004	150075	Non-Movable Equipment	011824	000	Walk in coo	3/31/2017
57004	150080	Movable Equip	011822	000	LED HDTV	3/31/2017
57004	150085	Movable Equip	011823	000	Camshelvin	3/31/2017
57004	150057	Bldg Imp	011888	000	Plank floori	4/30/2017
57004	150100	Movable Equip	011887	000	Brother Inte	4/30/2017
57004	150075	Non-Movable Equipment	011956	000	Walk in coo	5/31/2017
57004	150080	Movable Equip	011955	000	Sales and U	5/31/2017
57004	150085	Movable Equip	012033	000	Thurmaduke	6/30/2017
57004	150075	Non-Movable Equipment	012101	000	Sheetrock fc	7/31/2017
57004	150075	Non-Movable Equipment	012102	000	Electric for	7/31/2017
57004	150075	Non-Movable Equipment	012103	000	New Sheetro	7/31/2017
57004	150075	Non-Movable Equipment	012104	000	Electrical W	7/31/2017
57004	150075	Non-Movable Equipment	012105	000	Sheetrock fc	7/31/2017
57004	150075	Non-Movable Equipment	012106	000	Supplies-W	7/31/2017
57004	150075	Non-Movable Equipment	012107	000	Sheetrock fc	7/31/2017
57004	150080	Movable Equip	012170	000	Sales & Use	8/31/2017
57004	150055	Bldg Imp	012284	000	Sun Valuati	9/30/2017
57004	150057	Bldg Imp	012237	000	Vinyl plank	9/30/2017
57004	150057	Bldg Imp	012311	000	Deposit for	10/31/2017
57004	150050	Bldg Imp	012473	000	Water Sourc	12/31/2017
57004	150057	Bldg Imp	012472	000	2nd paymen	12/31/2017

57004	150080	Movable Equip	012673	000	Sales and U	3/31/2018
57004	150085	Movable Equip	012672	000	23 Baja, Inv	3/31/2018
57004	150088	Movable Equip	012670	000	DermaFloat	3/31/2018
57004	150050	Bldg Imp	012764	000	Kohler Gene	4/30/2018
57004	150050	Bldg Imp	012765	000	Additional s	4/30/2018
57004	150050	Bldg Imp	012766	000	Daikin wate	4/30/2018
57004	150080	Movable Equip	012763	000	UniMac Wa	4/30/2018
57004	150085	Movable Equip	012760	000	18 in and 20	4/30/2018
57004	150085	Movable Equip	012761	000	WHEELCH	4/30/2018
57004	150088	Movable Equip	012759	000	Panacea Ori	4/30/2018
57004	150088	Movable Equip	012762	000	MATTRES	4/30/2018
57004	150050	Bldg Imp	012928	000	Sprinkler M	6/30/2018
57004	150050	Bldg Imp	012929	000	Sprinkler M	6/30/2018
57004	150085	Movable Equip	013087	000	(20) Beside	8/31/2018
57004	150100	Movable Equip	013168	000	Light Duty T	9/30/2018
57004	150050	Bldg Imp			Sept 2018 A	9/30/2018
57004	150080	Movable Equip			Sept 2018 A	9/30/2018
57004	150050	Bldg Imp			Reverals Sej	10/1/2018
57004	150080	Movable Equip			Reverals Sej	10/1/2018
57004	150057	Bldg Imp	013243	000	New floors :	10/31/2018
57004	150085	Movable Equip	013242	000	24 curtains f	10/31/2018
57004	150117	Movable Equip	013339	000	Cabling for	11/30/2018
57004	150050	Bldg Imp	013325	000	Flooring	12/31/2018
57004	150057	Bldg Imp	013326	000	New Floors	12/31/2018
57004	150085	Movable Equip	013496	000	2 Large Bus	01/31/19
57004	150085	Movable Equip	013588	000	Direct Supp	02/28/19
57004	150085	Movable Equip	013589	000	Tracer SX5	02/28/19
57004	150080	Movable Equip	013675	000	2 - Spots Vi	03/31/19
57004	150085	Movable Equip	013785	000	Mobile Hot	04/30/19
57004	150050	Bldg Imp	013978	000	Toto Drake	06/30/19
57004	150050	Bldg Imp	013980	000	New Exhaust	06/30/19
57004	150087	Movable Equip	013979	000	Chain Saw 1	06/30/19
57004	150050	Bldg Imp	014173	000	New backflo	08/31/19
57004	150050	Bldg Imp	014174	000	pmt 1 for rej	08/31/19
57004	150050	Bldg Imp	014175	000	Pmt 1 for re	08/31/19
57004	150050	Bldg Imp	014176	000	50% Deposi	08/31/19
57004	150050	Bldg Imp	014253	000	Replaced sn	09/30/19
57004	150050	Bldg Imp	014257	000	Horizontal v	09/30/19
57004	150050	Bldg Imp	014258	000	Replaced th	09/30/19
57004	150050	Bldg Imp	014259	000	Two Swivel	09/30/19
57004	150050	Bldg Imp	014260	000	High Perform	09/30/19
57004	150085	Movable Equip	014255	000	10 UCXT B	09/30/19
57004	150085	Movable Equip	014256	000	Commercial	09/30/19
57004	150088	Movable Equip	014254	000	10 Mattresse	09/30/19
57004	150050	Bldg Imp	014440	000	2nd pmt & F	11/30/19

57004	150050	Bldg Imp	014441	000	2nd pmt & I	11/30/19
57004	150050	Bldg Imp	014442	000	First pmt&i	11/30/19
57004	150050	Bldg Imp	014443	000	2nd pmt&Fi	11/30/19
57004	150057	Bldg Imp	014439	000	Delayed egr	11/30/19
57004	150058	Bldg Imp	014503	000	Upgraded M	11/30/19
57004	150088	Movable Equip	014438	000	39 Mattresse	11/30/19
57004	150050	Bldg Imp	014509	000	pmt 1 for 42	12/31/19
57004	150050	Bldg Imp	014510	000	pmt 1 Instal	12/31/19
57004	150050	Bldg Imp	014511	000	Final pmt fo	12/31/19
57004	150050	Bldg Imp	014512	000	Final pmt fo	12/31/19
57004	150055	Bldg Imp	014579	000	Down Paym	01/31/20
57004	150057	Bldg Imp	014578	000	New Door L	01/31/20
57004	150085	Movable Equip	014577	000	2 Joerns UX	01/31/20
57004	150050	Bldg Imp	014665	000	Final Install	02/29/20
57004	150050	Bldg Imp	014666	000	Final Install	02/29/20
57004	150085	Movable Equip	014664	000	30 - Overbe	02/29/20
57004	150050	Bldg Imp	014770	000	Deposit for	03/31/20
57004	150055	Bldg Imp	014769	000	Pmt 2 for N	03/31/20
57004	150088	Movable Equip	014768	000	2 - Panacea	03/31/20
57004	150050	Bldg Imp	015047	000	Payment for	06/30/20
57004	150055	Bldg Imp	015048	000	Natural Gas	06/30/20
57004	150058	Bldg Imp	015146	000	Natural Gas	06/30/20
57004	150087	Movable Equip	015145	000	Reclining SI	06/30/20
57004	150050	Bldg Imp	015151	000	Removal &	07/31/20
57004	150055	Bldg Imp	015150	000	Pmt 3 for N	07/31/20
57004	150058	Bldg Imp	015232	000	New Burkay	08/31/20
57004	150085	Movable Equip	015231	000	10 - Joerns I	08/31/20
57004	150055	Bldg Imp	015293	000	Natural Gas	09/30/20
57004	150080	Movable Equip	015292	000	Welch Allyr	09/30/20
	150087	Movable Equip	015504		Genesis 76ix72i Stationary	
57004				000	Safety Partitio	10/31/2020
57004	150080	Movable Equip	015453	000	2 - Welch A	11/30/20
57004	150085	Movable Equip	015451	000	4 - Dietary F	11/30/20
57004	150085	Movable Equip	015452	000	4 - Cole Ber	11/30/20
57004	150080	Movable Equip	015548	000	22 - Continu	12/31/20
57004	150085	Movable Equip	015542	000	2 - Leisters	12/31/20
57004	150085	Movable Equip	015549	000	16 - UltraCa	12/31/20
57004	150085	Movable Equip	015550	000	4 - Brice Lo	12/31/20
57004	150085	Movable Equip	015551	000	12 - Macon	12/31/20
57004	150085	Movable Equip	015552	000	3 - Maxwell	12/31/20
57004	150088	Movable Equip	015541	000	25 - Panacea	12/31/20
57004	150085	Movable Equip	015668	000	Robot Coup	02/28/21
57004	150080	Movable Equip	015720	000	Attendant P	03/31/21
57004	150080	Movable Equip	015722	000	Attendant M	03/31/21

57004	150087	Movable Equip	015719	000	Nail Gun w/	03/31/21
57004	150080	Movable Equip	015881	000	12 - Skye A	05/31/21
57004	150080	Movable Equip	015882	000	3 - Outdoor	05/31/21
57004	150085	Movable Equip	015929	000	15 - Overbe	06/30/21
57004	150085	Movable Equip	015930	000	12 - Skye A	06/30/21
57004	150085	Movable Equip	015983	000	Globe Manu	07/31/21
57004	150080	Movable Equip	016081	000	3 - Granite U	08/31/21
57004	150085	Movable Equip	016040	000	5 - UCXT Jc	08/31/21
57004	150100	Movable Equip	016039	000	3 - High Bac	08/31/21
57004	150050	Bldg Imp	015544	000	Misc Materi	12/31/20
57004	150050	Bldg Imp	015545	000	WSHP Projc	12/31/20
57004	150050	Bldg Imp	015547	000	Electrical fo	12/31/20
57004	150050	Bldg Imp	015669	000	Tying Maglc	02/28/21
57004	150050	Bldg Imp	015721	000	New Nurse	03/31/21
57004	150055	Bldg Imp	015546	000	Natural Gas	12/31/20
57004	150057	Bldg Imp	015543	000	New Magloc	12/31/20
57004	150075	Non-Movable Equipment	015984	000	New upgrad	07/31/21
57004	150050	Bldg Imp	016190	000	Water Sourc	4/30/2022
57004	150050	Bldg Imp	016191	000	Water Sourc	4/30/2022
57004	150050	Bldg Imp	016226	000	Air compres	6/30/2022
57004	150050	Bldg Imp	016227	000	Dry sprinkle	6/30/2022
57004	150050	Bldg Imp	016244	000	Water Sourc	7/31/2022
57004	150050	Bldg Imp	016286	000	Fire Alarm I	9/30/2022
57004	150080	Movable Equip	016188	000	2-crash cart	4/30/2022
57004	150080	Movable Equip	016202	000	(2) Hoyer B	5/31/2022
57004	150080	Movable Equip	016203	000	(4) Hoyer Pr	5/31/2022
57004	150080	Movable Equip	016204	000	(2) HoyerPr	5/31/2022
57004	150085	Movable Equip	016166	000	Traulsen G	3/31/2022
57004	150085	Movable Equip	016189	000	Brawn mixe	4/30/2022
57004	150085	Movable Equip	016205	000	1-Stainless	5/31/2022

Non Movable Equip

l/b/a: Madison House

Sch 23 Total Deprn
 Sch 22 total Deprn Adj
 Total Deprn Expense

136,450.54
4,121.51
140,572.05

				1,782,101.82	1,029,934.70	140,572.50	
					Prior Accum Depreciation	Current YTD Depreciation in	
Acquired	Valu	PT	DeprMeth	EstLife	Depreciable Basis	10/1/2022	2023
186,280.00	P	SLMM	09 00	186,280.00	186,280.00	-	
24,150.00	P	SLMM	07 00	24,150.00	24,150.00	-	
1,300.00	P	SLMM	03 00	1,300.00	1,300.00	-	
23,440.00	P	SLMM	02 00	23,440.00	23,440.00	-	
2,992.69	R	SLMM	10 00	2,992.69	2,868.00	124.69	
973.94	P	SLMM	05 00	973.94	973.94	-	
9,571.50	P	SLMM	10 00	9,571.50	9,013.16	558.34	
3,621.38	P	SLMM	03 00	3,621.38	3,621.38	-	
3,141.00	R	SLMM	10 00	3,141.00	2,905.43	235.57	
474.92	P	SLMM	10 00	474.92	439.29	35.63	
4,705.99	P	SLMM	03 00	4,705.99	4,705.99	-	
13,719.15	R	SLMM	10 00	13,719.15	12,461.61	1,257.54	
2,963.87	P	SLMM	07 00	2,963.87	2,963.87	-	
7,716.65	P	SLMM	07 00	7,716.65	7,716.65	-	
12,315.00	P	SLMM	10 00	12,315.00	10,980.88	1,231.50	
3,036.32	P	SLMM	10 00	3,036.32	2,707.37	303.63	
12,315.00	P	SLMM	10 00	12,315.00	10,775.63	1,231.50	
231.99	P	SLMM	09 11	231.99	205.52	24.09	
7,019.11	P	SLMM	09 09	7,019.11	6,371.23	647.88	
790.69	P	SLMM	07 00	790.69	790.69	-	
461.68	P	SLMM	09 08	461.68	423.70	37.98	
73.07	P	SLMM	09 07	73.07	67.86	5.21	
224.69	P	SLMM	09 06	224.69	210.48	14.21	
444.48	P	SLMM	09 06	444.48	416.41	28.07	
2,004.18	P	SLMM	07 00	2,004.18	2,004.18	-	
224.69	P	SLMM	09 04	224.69	214.33	10.36	
202.66	P	SLMM	09 04	202.66	193.25	9.41	
6,992.51	P	SLMM	08 09	6,992.51	6,992.48	0.03	
130.98	P	SLMM	08 09	130.98	130.98	-	
353.98	P	SLMM	08 09	353.98	353.98	-	
247.96	P	SLMM	08 09	247.96	247.95	0.01	
1,043.21	P	SLMM	05 00	1,043.21	1,043.21	-	
147.15	P	SLMM	08 08	147.15	147.15	-	
6,698.98	R	SLMM	08 05	6,698.98	6,698.98	-	
1,476.14	P	SLMM	08 02	1,476.14	1,476.14	-	
52,235.00	P	SLMM	08 01	52,235.00	52,235.00	-	

52,235.00	P	SLMM	08 01	52,235.00	52,235.00	-
4,690.00	P	SLMM	08 01	4,690.00	4,690.00	-
11,610.00	P	SLMM	08 00	11,610.00	11,610.00	-
2,043.06	P	SLMM	08 00	2,043.06	2,043.06	-
184.02	P	SLMM	08 00	184.02	184.02	-
126.38	P	SLMM	03 00	126.38	126.38	-
379.35	P	SLMM	07 09	379.35	379.35	-
12,905.57	P	SLMM	07 00	12,905.57	11,983.73	921.84
4,131.70	P	SLMM	07 09	4,131.70	4,131.70	-
1,177.31	P	SLMM	05 00	1,177.31	1,177.31	-
9,411.98	P	SLMM	03 00	9,411.98	9,411.98	-
527.54	P	SLMM	07 08	527.54	527.54	-
15,728.74	R	SLMM	07 07	15,728.74	15,728.74	-
1,414.93	P	SLMM	07 06	1,414.93	1,414.93	-
5,610.00	P	SLMM	07 06	5,610.00	5,610.00	-
16,176.62	P	SLMM	07 06	16,176.62	16,176.58	0.04
34,530.41	R	SLMM	07 02	34,530.41	33,513.24	1,017.17
13,090.00	P	SLMM	07 01	13,090.00	12,576.68	513.32
1,010.71	P	SLMM	06 11	1,010.71	948.23	62.48
3,137.33	P	SLMM	03 00	3,137.33	3,137.33	-
600.07	P	SLMM	06 10	600.07	495.21	89.04
148.85	P	SLMM	06 10	148.85	137.69	11.16
629.90	P	SLMM	06 10	629.90	582.84	47.06
2,824.66	R	SLMM	06 09	2,824.66	2,573.58	251.08
9,092.93	P	SLMM	06 09	9,092.93	8,284.70	808.23
141.45	P	SLMM	06 09	141.45	116.76	21.33
3,178.48	P	SLMM	06 09	3,178.48	2,895.98	282.50
7,708.18	R	SLMM	06 08	7,708.18	6,905.23	802.95
319.04	P	SLMM	06 08	319.04	285.84	33.20
18,185.85	P	SLMM	06 07	18,185.85	15,991.34	2,194.51
266.00	P	SLMM	06 07	266.00	218.72	41.21
5,657.80	P	SLMM	06 06	5,657.80	4,874.40	783.40
244.30	P	SLMM	06 05	244.30	205.77	38.53
2,734.64	P	SLMM	06 05	2,734.64	2,303.73	430.91
3,110.00	P	SLMM	06 05	3,110.00	2,619.98	490.02
635.12	P	SLMM	06 05	635.12	535.08	100.04
96.18	P	SLMM	06 05	96.18	81.05	15.13
108.02	P	SLMM	06 05	108.02	91.05	16.97
26.73	P	SLMM	06 05	26.73	22.59	4.14
197.00	P	SLMM	06 04	197.00	159.10	31.35
69,626.81	R	SLMM	06 03	69,626.81	55,701.45	11,140.29
23,053.46	R	SLMM	06 03	23,053.46	18,442.75	3,688.55
25,000.00	R	SLMM	6	25,000.00	20,382.89	4,166.67
7,240.00	R	SLMM	6	7,240.00	5,731.67	1,206.67
10,600.00	R	SLMM	6	10,600.00	8,391.67	1,766.67

126.00	P	SLMM	5	126.00	111.76	14.24
830.33	P	SLMM	5	830.33	736.46	93.87
2,143.14	P	SLMM	3	2,143.14	2,143.14	-
31,281.11	R	SLMM	5	31,281.11	27,324.97	3,956.14
2,165.01	R	SLMM	5	2,165.01	1,891.20	273.81
7,657.20	R	SLMM	5	7,657.20	6,688.79	968.41
42,859.05	P	SLMM	5	42,859.05	37,438.64	5,420.41
525.58	P	SLMM	5	525.58	459.10	66.48
255.92	P	SLMM	5	255.92	223.56	32.36
190.35	P	SLMM	3	190.35	190.35	-
387.28	P	SLMM	3	387.28	387.28	-
43,307.85	R	SLMM	5	43,307.85	36,614.82	6,693.03
3,710.55	R	SLMM	5	3,710.55	3,137.10	573.45
4,419.79	P	SLMM	5	4,419.79	3,604.89	814.90
138.38	P	SLMM	5	138.38	110.70	27.68
2,275.15	P	SLMM		2,275.15		
4,736.38	P	SLMM		4,736.38		
(2,275.15)	P	SLMM		(2,275.15)		
(4,736.38)	P	SLMM		(4,736.38)		
2,275.15	P	SLMM	10	2,275.15	891.10	227.52
4,736.38	P	SLMM	10	4,736.38	1,855.08	473.64
2,924.63	P	SLMM	7	2,924.63	1,601.58	417.80
11,613.42	P	SLMM	20	11,613.42	2,177.52	580.67
80,219.47	P	SLMM	10	80,219.47	30,082.30	8,021.95
823.13	P	SLMM	10	823.13	301.81	82.31
607.16	P	SLMM	10	607.16	217.57	60.72
237.98	P	SLMM	10	237.98	85.28	23.80
4,252.55	P	SLMM	7	4,252.55	2,126.28	607.51
3,000.13	P	SLMM	10	3,000.13	1,025.04	300.01
554.19	P	SLMM	10	554.19	180.11	55.42
7,071.00	P	SLMM	10	7,071.00	2,298.08	707.10
509.42	P	SLMM	7	509.42	236.52	72.77
1,745.20	P	SLMM	10	1,745.20	538.10	174.52
3,262.50	P	SLMM	10	3,262.50	1,005.94	326.25
15,787.50	P	SLMM	10	15,787.50	4,867.81	1,578.75
6,030.00	P	SLMM	10	6,030.00	1,859.25	603.00
524.31	P	SLMM	10	524.31	157.29	52.43
4,060.00	P	SLMM	10	4,060.00	1,218.00	406.00
2,338.37	P	SLMM	10	2,338.37	701.51	233.84
2,483.27	P	SLMM	10	2,483.27	744.98	248.33
4,711.20	P	SLMM	10	4,711.20	1,413.36	471.12
18,449.25	P	SLMM	10	18,449.25	5,534.78	1,844.93
1,080.10	P	SLMM	10	1,080.10	324.03	108.01
2,414.25	P	SLMM	3	2,414.25	2,414.25	-
17,366.25	R	SLMM	20	17,366.25	2,460.22	868.31

3,588.75	R	SLMM	20	3,588.75	508.41	179.44
10,037.25	R	SLMM	20	10,037.25	1,421.94	501.86
6,633.00	R	SLMM	20	6,633.00	939.68	331.65
3,813.71	P	SLMM	10	3,813.71	1,080.55	381.37
2,395.00	P	SLMM	5	2,395.00	1,357.17	479.00
9,415.58	P	SLMM	3	9,415.58	8,892.49	523.09
3,726.00	R	SLMM	20	3,726.00	512.33	186.30
7,240.50	R	SLMM	20	7,240.50	995.57	362.03
12,267.75	R	SLMM	20	12,267.75	1,686.82	613.39
4,466.00	R	SLMM	20	4,466.00	614.08	223.30
-	R	SLMM	15	-	-	-
2,322.31	P	SLMM	10	2,322.31	619.28	232.23
3,983.15	P	SLMM	10	3,983.15	1,062.17	398.32
4,554.00	R	SLMM	20	4,554.00	588.23	227.70
8,849.50	R	SLMM	20	8,849.50	1,143.06	442.48
2,296.52	P	SLMM	10	2,296.52	593.27	229.65
46,794.00	R	SLMM	20	46,794.00	5,849.25	2,339.70
62,451.12	R	SLMM	15	62,451.12	10,408.52	4,163.41
555.10	P	SLMM	3	555.10	462.58	92.52
36,250.00	R	SLMM	20	36,250.00	4,078.13	1,812.50
23,715.00	R	SLMM	15	23,715.00	3,557.25	1,581.00
6,455.00	P	SLMM	5	6,455.00	2,904.75	1,291.00
671.05	P	SLMM	5	671.05	301.97	134.21
27,644.51	R	SLMM	20	27,644.51	2,994.82	1,382.23
37,548.88	R	SLMM	15	37,548.88	5,423.73	2,503.26
7,890.00	P	SLMM	5	7,890.00	3,287.50	1,578.00
18,977.74	P	SLMM	10	18,977.74	3,953.70	1,897.77
23,715.00	R	SLMM	15	23,715.00	3,162.00	1,581.00
2,332.82	P	SLMM	7	2,332.82	666.52	333.26
324.37			5			
	P	SLMM		324.37	124.34	64.87
4,639.54	P	SLMM	7	4,639.54	1,215.12	662.79
15,329.20	P	SLMM	8	15,329.20	3,512.94	1,916.15
4,492.08	P	SLMM	8	4,492.08	1,029.44	561.51
6,871.82	P	SLMM	7	6,871.82	1,717.96	981.69
1,576.36	P	SLMM	8	1,576.36	344.83	197.05
30,321.83	P	SLMM	8	30,321.83	6,632.90	3,790.23
3,573.09	P	SLMM	8	3,573.09	781.61	446.64
5,043.44	P	SLMM	8	5,043.44	1,103.25	630.43
718.10	P	SLMM	8	718.10	157.08	89.76
5,316.97	P	SLMM	3	5,316.97	3,101.57	1,772.32
1,238.96	P	SLMM	7	1,238.96	280.24	176.99
7,604.00	P	SLMM	7	7,604.00	1,629.43	1,086.29
366.90	P	SLMM	7	366.90	78.62	52.41

441.00	P	SLMM	5	441.00	132.30	88.20
4,222.08	P	SLMM	7	4,222.08	804.21	603.15
3,115.11	P	SLMM	7	3,115.11	593.35	445.02
1,068.50	P	SLMM	8	1,068.50	166.95	133.56
1,294.56	P	SLMM	8	1,294.56	202.28	161.82
1,094.34	P	SLMM	8	1,094.34	159.59	136.79
992.90	P	SLMM	7	992.90	153.66	141.84
9,868.31	P	SLMM	8	9,868.31	1,336.33	1,233.54
484.89	P	SLMM	8	484.89	65.66	60.61
536.00	R	SLMM	8	536.00	117.25	67.00
9,784.20	R	SLMM	8	9,784.20	2,140.29	1,223.03
1,121.99	R	SLMM	8	1,121.99	245.44	140.25
996.70	R	SLMM	8	996.70	197.26	124.59
22,320.74	R	SLMM	8	22,320.74	4,185.14	2,790.09
5,275.00	R	SLMM	8	5,275.00	1,153.91	659.38
5,102.67	P	SLMM	8	5,102.67	1,116.21	637.83
5,150.47	P	SLMM	8	5,150.47	751.11	643.81
6,567.11	R	SLMM	7	6,567.11	390.90	938.16
5,748.22	R	SLMM	7	5,748.22	342.16	821.17
6,288.18	R	SLMM	7	6,288.18	224.58	898.31
12,182.76	R	SLMM	7	12,182.76	435.10	1,740.39
13,187.41	R	SLMM	7	13,187.41	313.99	1,883.92
22,993.59	R	SLMM	7	22,993.59	-	3,284.80
6,876.18	P	SLMM	7	6,876.18	409.30	982.31
7,052.94	P	SLMM	7	7,052.94	335.85	1,007.56
17,774.07	P	SLMM	7	17,774.07	846.38	2,539.15
7,489.60	P	SLMM	7	7,489.60	356.65	1,069.94
5,597.18	P	SLMM	7	5,597.18	399.80	799.60
8,945.00	P	SLMM	5	8,945.00	745.42	1,789.00
6,183.19	P	SLMM	7	6,183.19	294.44	883.31

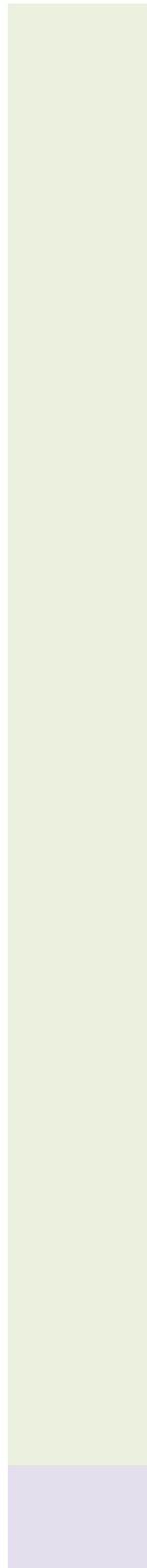
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**Current Accum
Depreciation**

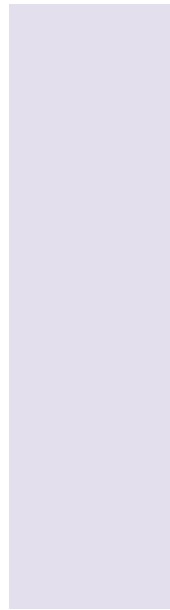
9/30/2023

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1,199.40
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1,177.75

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility Harborside CT Limited Partnership - d/b/a: Madison House			License No.		Report for Year Ended 9/30/2023			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

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

Name of Facility Harborside CT Limited Partnership - d	License No.	Report for Year Ended 9/30/2023	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased	n/a				
2. Date Structure Completed	n/a				
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	89				
6. Square Footage					
7. Acquisition Cost					
a. Land	n/a				
b. Building	n				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of _____					
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	
GMF	Facility Lease	7/1/2019-12/31	10 years	5,485	
650 Madison Avenue New York, NY 10022					

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

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

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

(Carry Subtotals forward to next page)

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

Name of Facility			License No.	Report for Year Ended				Page	of
Harborside CT Limited Partnership				9/30/2023				27	37
Item			Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Subtotals Brought Forward:									
12. C. Movable Equipment									
1. Automotive Equipment			\$						
A. Item	Rate	Amount							
Lender									
Address of Lender									
2. Other (Specify)			\$						
A. Item	Rate	Amount							
Lender									
Address of Lender									
B. Item	Rate	Amount							
Lender									
Address of Lender									
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)			\$						
12. D. Other Interest Expense (Specify)			\$						
13. Total All Interest Expense			\$						
14. Insurance									
a. Insurance on Property (buildings only)		\$	50,261	50,261					
b. Insurance on Automobiles		\$							
c. Insurance other than Property (as specified above)		\$							
1. Umbrella (Blanket Coverage)		\$	96,268	134,543	(38,276)				
2. Fire and Extended Coverage		\$							
3. Other (Specify)		\$							
14d. Total Insurance Expenditures			\$	146,528	184,804	(38,276)			
15. Total All Expenditures (A-13 thru C-14)			\$	9,443,617	10,542,318	(1,098,701)			

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Harborside CT Limited Partnership - d/b/:		9/30/2023		30	37
Item	Total	CCNH / RHNS	(Specify)	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 9,261,327	9,261,327			
b. Medicaid Room and Board Contractual Allowance **	\$ (3,306,565)	(3,306,565)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,584,163	1,584,163			
b. Medicare Room and Board Contractual Allowance **	\$ (2,351)	(2,351)			
4. a. Private-Pay Residents and Other	\$ 3,083,614	3,083,614			
b. Private-Pay Room and Board Contractual Allowance **	\$ (446,762)	(446,762)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 81,663	81,663			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (121)	(121)			
c. Prescription Drugs - Non-Medicare	\$ 114,238	114,238			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (17,809)	(17,809)			
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$ 68	68			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (24)	(24)			
3. a. Physical Therapy - Medicare	\$ 317,078	317,078			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (471)	(471)			
c. Physical Therapy - Non-Medicare	\$ 310,876	310,876			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (48,306)	(48,306)			
4. a. Speech Therapy - Medicare	\$ 218,199	218,199			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (324)	(324)			
c. Speech Therapy - Non-Medicare	\$ 166,002	166,002			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (25,199)	(25,199)			
5. a. Occupational Therapy - Medicare	\$ 293,305	293,305			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (435)	(435)			
c. Occupational Therapy - Non-Medicare	\$ 266,221	266,221			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (39,681)	(39,681)			
6. a. Other (<i>Specify</i>) - Medicare	\$ 30,169	30,169			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 8,741	8,741			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 11,847,613	11,847,613			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$ 816	816			
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 301	301			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$ 16,334	16,334			
8. Other (<i>Specify</i>)	\$				
V. Total Other Revenue (1 thru 8)	\$ 17,450	17,450			
VI. Total All Revenue (III +V)	\$ 11,865,063	11,865,063			

* 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)
II-6-a	X-Ray	\$ 1,466		
II-6-a	Laboratory	\$ 6,746		
II-6-a	Respiratory Therapy & Supplies	\$ -		
II-6-a	Nursing Treatment Supplies	\$ -		
II-6-a	Audiology	\$ -		
II-6-a	Incontinency	\$ -		
II-6-a	Oxygen & Supplies	\$ 127		
II-6-a	Physician Visit	\$ -		
II-6-a	Ambulance	\$ -		
II-6-a	Flu Shot	\$ 21,875		
II-6-a	Capitation Contracts	\$ -		
II-6-a	X-Ray- Contractual	\$ (2)		
II-6-a	Laboratory- Contractual	\$ (10)		
II-6-a	Respiratory Therapy & Supplies- Contractual	\$ -		
II-6-a	Nursing Treatment Supplies- Contractual	\$ -		
II-6-a	Audiology- Contractual	\$ -		
II-6-a	Incontinency- Contractual	\$ -		
II-6-a	Oxygen & Supplies- Contractual	\$ (0)		
II-6-a	Physician Visit- Contractual	\$ -		
II-6-a	Ambulance- Contractual	\$ -		
II-6-a	Flu Shot- Contractual	\$ (32)		
II-6-a	Capitation Contracts- Contractual	\$ -		
Total Other Resident Revenue - Medicare		\$ 30,169	\$ -	\$ -

X-Ray	(1,466.29)	2.18
Laboratory	(6,745.89)	10.01
Respirator	-	-
Nursing T	-	-
Audiology	-	-
Incontin	-	-
Oxygen &	(126.96)	0.19
Physician	-	-
Ambulanc	-	-
Flu Shot	(21,874.66)	32.47
Capitation	-	-

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
II-6-b	X-Ray	\$ 1,553		
II-6-b	Laboratory	\$ 8,442		
II-6-b	Respiratory Therapy & Supplies	\$ 470		
II-6-b	Nursing Treatment Supplies	\$ -		
II-6-b	Audiology	\$ -		
II-6-b	Incontinency	\$ -		
II-6-b	Oxygen & Supplies	\$ 357		
II-6-b	Physician Visit	\$ -		
II-6-b	Ambulance	\$ -		
II-6-b	Flu Shot	\$ -		
II-6-b	Capitation Contracts	\$ -		
II-6-b	X-Ray- Contractual	\$ (264)		
II-6-b	Laboratory- Contractual	\$ (1,573)		
II-6-b	Respiratory Therapy & Supplies- Contractual	\$ (134)		
II-6-b	Nursing Treatment Supplies- Contractual	\$ -		
II-6-b	Audiology- Contractual	\$ -		
II-6-b	Incontinency- Contractual	\$ -		
II-6-b	Oxygen & Supplies- Contractual	\$ (111)		
II-6-b	Physician Visit- Contractual	\$ -		
II-6-b	Ambulance- Contractual	\$ -		
II-6-b	Flu Shot- Contractual	\$ -		
II-6-b	Capitation Contracts- Contractual	\$ -		
Total Other Resident Revenue		\$ 8,741	\$ -	\$ -

	Medicaid		Others	
X-Ray	(185.00)	66.05	(1,368.00)	198.20
Laboratory	(1,647.81)	588.32	(6,794.06)	984.34
Respirator	(309.90)	110.64	(159.74)	23.14
Nursing T	-	-	-	-
Audiology	-	-	-	-
Incontin	-	-	-	-
Oxygen &	(276.96)	98.88	(80.46)	11.66
Physician	-	-	-	-
Ambulanc	-	-	-	-
Flu Shot	-	-	-	-
Capitation	-	-	-	-

Interest Income

Page Ref	Account	CCNH / RHNS	(Specify)	(Specify)
IV-5	Interest On Overdue Accounts	\$ 301		
Total Interest Income		\$ 301	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
IV-8	Interest Income	\$ -		
IV-8	Rental Income	\$ -		
IV-8	Telehealth Services	\$ -		
IV-8	Federal Stimulus	\$ -		
IV-8	State COVID support	\$ -		
IV-8	Misc Income			
IV-8				
Total Other Revenue		\$ -	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Harborside CT Limited Partnership - d/		9/30/2023	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	2,245
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,141,724
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	383,891
4. Inventories			\$	35,849
5. Prepaid Expenses			\$	28,159
a. _____				
b. _____				
c. _____				
d. See Schedule		28,159		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,591,868
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>846,734</u>		\$	531,078
	Accum. Depreciation <u>315,656</u>	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost <u>5,150</u>		\$	3,646
	Accum. Depreciation <u>1,505</u>	Net		
6. Movable Equipment	*Historical Cost <u>273,299</u>		\$	179,066
	Accum. Depreciation <u>94,233</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	713,790

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5	Prepaid Prop Taxes	\$ 31,827
31	A5	Prepaid Escrow Real Estate	\$ -
31	A5	Prepaid Escrow Insurance	\$ -
31	A5	Prepaid Escrow Replace Reserve	\$ -
31	A5	Prepaid Personal Property Tax	\$ (3,668)
			-
Total Prepaid Expenses			\$ 28,159

145040
145280
145290
145300
145310

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	Line D7	Elimination Intercompany	\$ 3,229,131
32	Line D7	I/C Due to/Due From GHCLLC	\$ 77,351,825
32	Line D7	I/C Due to/Due From GHCLLC PR	\$ (46,403,227)
32	Line D7	I/C Due to/Due From GHCLLC A/P	\$ (26,804,333)
32	Line D7	I/C Due to/Due From GHCLLC EX	\$ (10,231)
32	Line D7	I/C Due to/Due From GHCLLC AR	\$ (7,115,210)
32	Line D7	I/C Due to/Due From GHCLLC IN	\$ (510,926)
32	Line D7	O L/T A Suspense	\$ -
32	Line D7	ROU Bldg Asset-Oper Lease	\$ -
32	Line D7	AccumAmort-ROU Bldg OprLease	\$ -
32	Line D7		\$ -
32	Line D7		\$ -
32	Line D7		\$ -
32	Line D7		\$ -
Total Other Assets			\$ (262,970)

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

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

Page Ref	Line Ref	Description	
33	A12	Accr Exp Other	\$ 30,171
33	A12	Accr Exp Water and Sewer	\$ 4,357
33	A12	Accr Exp Gas	\$ 680
33	A12	Accr Exp Electricity	\$ 10,253
33	A12	Accr Exp Nursing Purchased Ser	\$ -
33	A12	Accr Exp Due to Prior Owner	\$ -
33	A12	Deferred Revenue	\$ 22,701
33	A12	A/R Credit Gross Up Liability	\$ 176,997
33	A12	Accrued Provider/Bed Tax	\$ 128,012
33	A12	Accr Sales and Use Tax - FY18	\$ -
33	A12	CP OprLease-Bldg Obligation	\$ 11,016
33	A12	CP-Self Insurance WC Reserve	\$ 162,760
33	A12	CP-Self Insurance GLPL Reserve	\$ 161,121
33	A12	Accr Exp Suspense	\$ 158,482
Total Other Current Liabilities (Itemize)			\$ 866,550

Accr Exp 210010
Accr Exp 210090
Accr Exp 210100
Accr Exp 210110
Accr Exp 210310
Accr Exp 210330
Deferred 210340
A/R Crec 210345
Accrued 210350
Accr Sak 215418
CP OprL 227610
CP-Self I 220110
CP-Self I 220120
Accr Exp 210240

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

Page Ref	Line Ref	Description	
34	B4	LT OprLease-Bldg Obligation	\$ 63,341
34	B4	LT WC Case Reserves	\$ 301,241
34	B4	LT GLPL Case Reserves	\$ 369,027
34	B4	LT WC Insurance Recoveries	\$ 117,698
34	B4	LT GLPL Insurance Recoveries	\$ 9,194
34	B4	LT WC Development	\$ 354,877
34	B4	LT GLPL Development	\$ 134,264
34	B4	LT WC Discount	\$ (42,639)
34	B4	LT WC Gross-up to CP	\$ (162,760)
34	B4	LT GLPL Gross-up to CP	\$ (161,121)
34	B4-1	Escheatable Funds	\$ 18,374
Total Other Current Liabilities (Itemize)			\$ 1,001,497

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

G. Balance Sheet (cont'd)

Name of Facility Harborside CT Limited Partnership - d/	License No.	Report for Year Ended 9/30/2023	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 2,305,658	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			\$	
*Historical Cost _____				
Accum. Depreciation _____				
Net			\$	
3. Buildings			\$	
*Historical Cost _____				
Accum. Depreciation _____				
Net			\$	
4. Non-Movable Equipment			\$	
*Historical Cost _____				
Accum. Depreciation _____				
Net			\$	
5. Movable Equipment			\$	
*Historical Cost _____				
Accum. Depreciation _____				
Net			\$	
6. Motor Vehicles			\$	
*Historical Cost _____				
Accum. Depreciation _____				
Net			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			\$	
*Historical Cost _____				
Accum. Depreciation _____				
Net			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	
_____		_____	_____	
_____		_____	_____	
7. Other Assets (<i>itemize</i>)			\$ (262,970)	

See Schedule			(262,970)	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ (262,970)	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 2,042,688	

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Harborside CT Limited Partnership - d/b/a: M4			9/30/2023	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,144,185
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>)				\$	146,640
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	(2,361)
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>)				\$	866,550

See Schedule				866,550	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	2,155,014

* 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 Harborside CT Limited Partnership - d/b/a:	License No.	Report for Year Ended 9/30/2023	Page 34	of 37
Account			Amount	
Total Brought Forward:			2,155,014	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
\$				
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 1,001,497
See Schedule				1,001,497
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 1,001,497
C. Total All Liabilities (Lines A-13 + B-5)				\$ 3,156,511

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

Name of Facility	License No.	Report for Year Ended	Page	of
Harborside CT Limited Partnership - c		9/30/2023	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(2,436,568)
6. Gain or Loss for Period			\$	1,322,745
	10/1/2022	thru	9/30/2023	
7. Total Net Worth			\$	(1,113,823)
C. Total Reserves and Net Worth			\$	(1,113,823)
D. Total Liabilities, Reserves, and Net Worth			\$	2,042,688

H. Changes in Total Net Worth

Name of Facility Harborside CT Limited Partnership - d/b/	License No.	Report for Year Ended 9/30/2023	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2022			\$	(3,535,269)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	11,865,063
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	9,443,617
D. Net Income or Deficit			\$	2,421,446
E. Balance			\$	(1,113,823)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	(1,113,823)
				09/30/23

I. Preparer's/Reviewer's Certification

Name of Facility Harborside CT Limited Partnership -	License No.	Report for Year Ended 9/30/2023	Page 37	of 37
<i>Check appropriate category</i>				
Chronic and Convalescent Nursing <input checked="" type="checkbox"/> Home (CCNH) & RHNS Combined	<input type="checkbox"/> (Specify)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Rick Fink				
Address Address			Phone Number	
515 Fairmount Avenue, STE 800, Towson, Maryland 21286				
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Rick Fink			410-494-7657	
Contact Email Address				
Rick.Fink@genesishcc.com				