State of Connecticut



Annual Report of Long-Term Care FacilityCost Year 2023

Name of Facility (as licensed)				
Matulaitis Nursing Home, Inc.				
Address (No. & Street, City, State, Z	(ip Code)			
10 Thurber Rd, Putnam, CT 06260				
Type of Facility				=
Chronic and Convalescent ☑ Nursing Home (CCNH) & RHNS Combined	Ø	Residential Care Home	Ø	Other
Report for Year Beginning		Report for Year Ending		
10/1/2022		9/30/2023	24	
				17
License Numbers:	CCNH / RHNS 989	Residential Care Home	Other	Medicare Provider 07-5411
E.				
Medicaid Provider Numbers:		CCNH / RHNS	Residential Care Home	Other
	07-AO86			

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Matulaitis Nursing Home, Inc.	989	9/30/2023	1	37

Administrator's/Owner's Certification

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

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

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

(a) Subject to Desk Audit Review

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Lisa Ryan			Printed Name (Owner)	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires
Address of Notary Public	•			

(Notary Seal)

Table of Contents

Gen	eral Information - Administrator's/Owner's Certification	1
Gen	eral Information and Questionnaire - Data Required for Real Wage Adjustment	1A
Gen	eral Information and Questionnaire - Type of Facility - Organization Structure	2
	eral Information and Questionnaire - Partners/Members	3
Gen	eral Information and Questionnaire - Corporate Owners	3A
Gen	eral Information and Questionnaire - Individual Proprietorship	3B
Gen	eral Information and Questionnaire - Related Parties	4
Gen	eral Information and Questionnaire - Basis for Allocation of Costs	5
Gen	eral Information and Questionnaire - Other Lines of Business	6
Gen	eral Information and Questionnaire - Other Lines of Business (Continued)	.7
Sche	edule of Resident Statistics	8
Sche	edule of Resident Statistics (Cont'd)	9
<u>A.</u>	Report of Expenditures - Salaries & Wages	10
	Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant	
	Administrators and Other Relatives	11
	Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant	
	Administrators and Other Relatives (Cont'd)	12
B.	Report of Expenditures - Professional Fees	13
	Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee	
	for Service Basis	14
C.	Expenditures Other than Salaries - Administrative and General	15
C.	Expenditures Other than Salaries (Cont'd) - Administrative and General	16
	Schedule C-1 - Management Services	17
C.	Expenditures Other than Salaries (Cont'd) - Dietary	18
C.	Expenditures Other than Salaries (Cont'd) - Laundry	19
C.	Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
-	Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C.	Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
	Depreciation Schedule	23
	Amortization Schedule	24
C.	Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C.	Expenditures Other than Salaries (Cont'd) - Interest	26
C.	Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
F.	Statement of Revenue	30
G.	Balance Sheet	31
G.	Balance Sheet (Cont'd)	32
G.	Balance Sheet (Cont'd)	33
G.	Balance Sheet (Cont'd)	34
G.	Balance Sheet (Cont'd) - Reserves and Net Worth	35
H.	Changes in Total Net Worth	36
Ī.	Preparer's/Reviewer's Certification	37

State of Connecticut Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	tm	ent		Page	of
1 3 3				1A	37
Name of Facility		Period Cove	ered:	From	To
Matulaitis Nursing Home, Inc.				10/1/2022	9/30/2023
Address of Facility					
10 Thurber Rd, Putnam, CT 06260					
Report Prepared By		Phone Num		Date	
Marcum LLP		203-781-96	00	1/19/2024	
				Residential	
		-	CCNH /	Care	
Item		Total	RHNS	Home	Other
Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$				
5. All other wages paid	\$				
6. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

State of Connecticut

Annual Report of Long-Term Care Facility
CSP-2 Rev. 3/2023

General Information and Questionnaire Type of Facility - Organization Structure

				one No. of Facility 0-928-7976		Report for Ye. 9/30/2023	ar Ended	Page 2		of 37
FP - 124 - /- 1 1 1 1	_		86	0-928-7976 Address (No. & S	tuc of		n)		_	31
Name of Facility (as shown on license) Matulaitis Nursing Home, Inc.				10 Thurber Rd, P			ν)			
iviaturatus inursing frome, me.		CCNH / RHN	SRe	sidential Care Home		Other		Medicare I	rovid	ler No.
License Numbers:		98	17.5-00	Sidential Care Front				07-5411		
Type of Facility (Check appropriate box Chronic and Convalescent ☑ Nursing Home (CCNH) & RHNS Combined	(es))		sidential Care Home	:	Ø	Other			
Type of Ownership (Check appropriate	box))								
O Proprietorship O LLC		Partnership	С	Profit Corp.	•	Non-Profit Cor	р. О	Government	0	Trust
If this facility opened or closed during r	epor	t year provide:			Date	Opened	Date Clo	osed		
Has there been any change in ownership)									
or operation during this report year?			С	Yes	•	No	If "Yes,	explain full	у	
Administrator										
Name of Administrator Lisa Ryan						Nursing l Administr License	ator's	1191		
Other Operators/Owners who are assist	ant a	dministrators (full o	r part time) of this f	acilit	y.				
Name N/A						License	e No.:			F

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3 Rev. 10/2005

General Information and Questionnaire Partners/Members

Name of Facility Matulaitis Nursing Home, Inc.		License No. 989	Report for Y 9/30/2023	ear Ended	Page of 3
Legal Name of Parts	nership/LLC	Business A		State(s) and/o Which R	or Town(s) in
N/A	T				
Name of Partners/Members	Business Ac	ldress	,	Γitle	% Owned
N/A				5	
			,		
*					

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year En-	ded	Page	of
Matulaitis Nursing Home, Inc.	989	9/30/2023		3A	37
If this facility is owned or operated as a corpor	ration, provide the	following information	on:		
Legal Name of Corporation	Busines	s Address	State(s) in Whi	ch Incorp	orated
Matulaitis Nursing Home, Inc.	10 Thurber Rd, Pt	ıtnam, CT 06260	CT		
				No. Sł	nares
Name of Directors, Officers	Busines	s Address	Title	Held by	
Ramona Savolis	10 Thurber Rd, Pi	ıtnam, CT 06260	President		
Robert Fournier	10 Thurber Rd, Pt	utnam CT 06260	Vice President		
Robert Fourmer	10 Thurber Ru, 1 t	o martin Ru, i umam, e i vozoo			
Paul Beaudoin	10 Thurber Rd, Pt	utnam, CT 06260	Treasurer		
Day Timothy Dags	10 Thurber Rd, Pu	stnom CT 06260	Secretary		
Rev. Timothy Ross	To Thurber Ru, T	illaili, C1 00200	Beeretary		
Names of Stockholders Owning at Least 10%					
of Shares					
of Silates					
N/A					

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3B Rev. 10/2005

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Matulaitis Nursing Home, Inc.	989	9/30/2023	3B	37
If this facility is owned or operated as an individual	proprietorship, pro	vide the following information	1:	
Ow	ner(s) of Facility			
N/A				

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-4 Rev. 10/2005

General Information and Questionnaire Related Parties*

Name of Facility Matulaitis Nursing Home, Inc.	e, Inc.	License No.	No. 989	Rep 9/30	Report for Year Ended 9/30/2023		Page 4	of 37
Are any individuals recei	Are any individuals receiving compensation from the facility related through	ility rela	ted through			If "Yes," provide the Name/Address and	e Name/Add	ress and
marriage, ability to conti	marriage, ability to control, ownership, tamily or business association?	ss associ	ation!	O Yes	0N ©	complete the information on Page 11 of the report.	ation on Pag	e 11 of the report.
Are any individuals or co	Are any individuals or companies which provide goods or	or services,	,S,					
including the rental of pr related through family as	including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business	this factoring the control, co	llity, or business		• Yes O No			
association to any of the	association to any of the owners, operators, or officials of this facility?	of this fac	ility?			If "Yes," provide the following information:	e following i	nformation:
		Als	Also Provides			Indicate Where		
		Good	Goods/Services to	_		Costs are Included		
Name of Related	Business	Non-R	꺜		Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No %	**%	Provided	Page # / Line #	Reported	Related Party
Sisters of the Immaculate Conception	600 Liberty Hwy, Putnam, CT 06260	0	•	Rent	1	Pg 22/ Line 9	230,040	230,040
		0	•					
		0	•					
		0	•					
		0	0					
		0	•					
		0	0					
		0	0					
		0	•					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								

^{*} 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									
Matulaitis Nursing Home, Inc.	989		9/30/2023	5	37				
If the facility is licensed as CDH and/or RCH or	provides AII	OS or TBI se	ervices with special Medicaid ra	tes, cost	S				
must be allocated to CCNH and RHNS as follow	s:								
Item			Method of Allocation						
Dietary		Number of meals served to residents							
Laundry		Number of	pounds processed						
Housekeeping			square feet serviced						
			hours of routine care provided b						
Nursing			lassification, i.e., Director (or C						
		Registered	Nurses, Licensed Practical Nurs	es, Aide	s and				
		Attendants							
Direct Resident Care Consultants		Number of	hours of resident care provided	by EAC	H				
		specialist (See listing page 13)						
Maintenance and operation of plant		Square feet							
Property costs (depreciation)		Square feet							
Employee health and welfare		Gross salaries							
Management services			e cost center involved						
All other General Administrative expenses			rect and Allocated Costs						
The preparer of this report must answer the follow	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 O Yes O No If "No," explain fully why such allocation was to					on was not				
costs allocated as required? made.									
N/A									
2. Explain the allocation of related company exp	enses and at	tach copy o	f appropriate supporting data.						
N/A									
×									
3. Did the Facility appropriately allocate and sel	f-disallow di	rect and ind	irect costs to non-nursing home	cost cen	iters?				
(e.g., Assisted Living, Home Health, Outpatie	nt Services,	Adult Day (Care Services, etc.)						
			If "No," explain fully why such	allocati	on was not				
	• Yes	O No	made.						
N/A									

General Information and Questionnaire Other Lines of Business

Name of Facility		License No.			ort for Year Ended	Page	- US	of
Matulaitis Nursin	g Home, Inc.	989		9/30	0/2023	6		37
Square footage of	fentire facility.	55,745						
					-			
Outpatient Ther			r	r				
Does the Facility	provide outpatient t	herapy services?	No					
If ves. please con	plete the following:							
,,,,,,	Square footage of t							
)	2505- 252						
Maria an Whai								
Meals on Wheel			I.					
Does the facility	provide Meals on W	heels?	No					
If yes, please con	plete the following:							
	Square footage of k	titchen						
	Number of meals s							
No	Are meals included				ual Report?			
No	Are direct costs inc			St.			┙	
NT.	If yes, please state			Litula navea	110		7	
No	Are drivers for the If yes, please comp			nty's payre	011 ?			
	ij yes, pieuse comp	Amount Repo					7	
		Annual Repor		ine				
	Please state the sal							
	Please state where	the cooks and/or	dietary aide	s are repor	ted in the Annual R	eport		
Apartments, Ind	lependent Living, A	ssisted Living						
	have apartments, inc	lependent living,	, and/or	No				
assisted living?	7 20 11							
If yes, please con	plete the following:		1					
	Square footage of a	partments						
	Square footage of i	ndependent livin	g					
	Square footage of a							
	Please identify the	services provided	1:]					

General Information and Questionnaire Other Lines of Business (Continued)

Name of Facility License No.	Report for Year Ended	Page of
Matulaitis Nursing Ho 989	9/30/2023	7 37
Child Day Care		
Does the Facility provide Child Day Care? No		
If yes, please complete the following:		
Square footage of child day care space.		
Average number of daily participants.		
Number of meals per day provided to child day care.		
Nature of services provided:		
-	 !	
Adult Day Care		_
Does the Facility provide Adult Day Care? No		
If yes, please complete the following:		
Square footage of adult day care space.		
Please state where it is located in relation to the facility	y.	
Average number of daily participants.		
Number of meals per day provided to adult day care.		
Nature of services provided:		
	_	

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-8 Rev. 3/2023

Schedule of Resident Statistics

Total All RHB CCN Total All RHB Levels Lev A. On last day of PREVIOUS report period 119	Total CCNH / RHNS Level Total				21.201.0012				0	7.0
Total All Levels EVIOUS report period				Period 10/	Period 10/1 Thru 6/30			Period 7/	Period 7/1 Thru 9/30	
EVIOUS report period	119	Total Other	Total	CCNH/]	Residential Care Home	Other	Total	CCNH /	Residential Care Home	Other
			119	119						
B. On last day of THIS report period	119						119	119		
Number of Residents A. As of midnight of PREVIOUS report period 97	26		76	76						
B. As of midnight of THIS report period 98	86						86	86		
3. Total Number of Days Care Provided During Period										
A. Medicare 2,928 2	2,928		2,199	2,199			729	729		
B. Medicaid (Conn.) 23,881 23	23,881		17,607	17,607			6,274	6,274		
C. Medicaid (other states)					×					
D. Private Pay 6,578 6	6,578		5,026	5,026			1,552	1,552		
E. State SSI for RCH										
F. Other (Specify) Commerical HMO 1,089	1,089		873	873			216	216		
G. Total Care Days During Period (3A thru F) 34,476 34	34,476		25,705	25,705			8,771	8,771		
Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days	-									
B. Other Bed Reserve Days										
5. Total Resident Days (3G + 4A + 4B) 34,476 34	34,476		25,705	25,705			8,771	8,771		

Schedule of Resident Statistics (Cont'd)

Name of Facil	ity			Licer	ise No			Î	Report	for Year	Ended		Page	of
Matulaitis Nu	rsing Ho	me, Inc.		9:	89					9/30/202	.3		9	37
		•	certified bed cap	acity	during	the r	eport y	ear?		0	Yes	•	No	
11 1100	Provide	Place of C			(hang	e in Be	eds		C	apacity After	Change		
	CCNH	Truce or C	duigo			,nang						9		
	1	Residential												
Date of	RHNS	Care Home	Other		Lost			Gaine	d		Residential			
Change								1		CCNH	Care			
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	/ RHNS	Home	Other	Reason fo	or Change
				_										
								-	-					
				_										
			ified bed capacity s following the			repor	t year	(as re	ported i	n item 4 a	above) provi	de the number o	of	
												50 11 J. 1		
		_		_						GOVE	I / DIDIO	Residential	0+	her
		C	hange in Resider	nt Day	ys					CCNF	I / RHNS	Care Home	Οι	IICI
1st chang				_					_					
2nd chan 3rd chan				_					_					
4th chan														
		ents and Rate	s on September	30 of	Cost Y	/ear								
			Medicare			licaid				S	elf-Pay		Other Star	te Assisted
						Resi	dential							
				CCI	NH/	ı	are	CC	NH/	Reside	ntial Care			
	Item		CCNH / RHNS		INS	H	ome	RI	INS	H	ome	Other	R.C.H.	ICF-MR
No. of R	esidents		5		70				23					
Per Dien	n Rate			THE SE		WEN.						E HA FIRE ST		THE REAL PROPERTY.
a. One b			Various		ининии			_	403.00					
b. Two l			Various	_	********			_	381,00					
c. Three														
bed r	ms.							-		-				-
7 Total Nu	mher of l	Physical The	rapy Treatments					тс	TAL	CCNH	I / RHNS	Residential Care Home	Outpatient	Other
		e - Part B	17						1,974		1,974			
B.	Medicai	d (Exclusive	of Part B)					201				Hall Wins		
	1. Main	tenance Trea	tments											
		rative Treatr	nents								C 180			
	Other	1 1 1771	Tuesday			_			6,472		6,472 8,446			
			apy Treatments apy Treatments	-		_		THE REAL PROPERTY.	8,446	1000 J. I. I.	0,440	SA BURNES X		
		e - Part B	ipy Treatments						179	A STATE OF THE PARTY OF THE PAR	179			
B.	Medicai	d (Exclusive	of Part B)					(IIII)	Black			Engin exposite	Market News	
		tenance Trea												
		rative Treatr												
	Other								506		506			
			y Treatments						685	No.	685			
			Therapy Treatm	ents							THEFT		ar Tront	and the second
<u>A</u> .	Medicar	e - Part B	CD (D)				_		2,570	ESTATE OF	2,570			. SB
В.		d (Exclusive								100-		H POLE TRIB	ALL VALUE OF	
	1. IVIain	tenance Trea rative Treatn	nents											
	Other	native HEAU	nemo						6,618		6,618			
		cupational	Therapy Treatm	ents					9,188		9,188			

CSP-10 Rev. 3/2023

Report of Expenditures - Salaries & Wages

Name of Facility	License No			Report for Year 9/30/2023	Ended			Page 10	of 37
fatulaitis Nursing Home, Inc.	989							10	31
re time records maintained by all individuals receiving co	npensation?		0	Yes		0	No		
				Total C	ost and Hours				
	GOVER (DVD)	A 35	77	Residential Care Home	Adjustment	Hours	Other	Adjustment	Hours
Item	CCNH / RHNS	Adjustment	Hours	Care Home	Adjustificht	Hours	Outer	Augustinent	110ui:
. Salaries and Wages* 1. Operators/Owners (Complete also Sec. I					William I				1133
of Schedule A1)									
2. Administrator(s) (Complete also Sec. III			CHECK					IS ILCONOMINATION	
of Schedule A1)	151,840		2,080						
 Assistant Administrator (Complete also Sec. IV 		O NOTE OF			2010230114004		EN DESAGNE		
of Schedule A1)									
4. Other Administrative Salaries (telephone	BESON MENE		15.000	and the second				March Commission	
operator, clerks, receptionists, etc.)	510,099	Committee Control of	15,922				A THE RESIDENCE	District Control	-
5. Dietary Service	SCHOOL SUPPLIES	OU DO HALL	1000						
a. Head Dietitian b. Food Service Supervisor	78,472		2,080						
c. Dietary Workers	537,587		26,573						
6. Housekeeping Service	E 320 27 7 E	- A-3250	Al piac	SUITS SITE				WI ST	
a. Head Housekeeper	100.000		0.047						
b. Other Housekeeping Workers	182,209	HOW HE WASHINGT	8,846		CAUSING AND	90 F21 - 11 - 1	Maria Day		0.000
Repairs & Maintenance Services a. Engineer or Chief of Maintenance	107,967		2,080			Horaco Control			
b. Other Maintenance Workers	95,708		4,195						
8. Laundry Service	J1500 11 00		MELLINGER PROPERTY		E. 744	W. Albita	DISPA SE	3 7 1 3	THE R
a. Supervisor	49,377		1,120						
b. Other Laundry Workers	136,727		7,491						
Barber and Beautician Services								-	
10. Protective Services 11. Accounting Services	(7) Sal Janes (4)		Harrison-OH	THE RESERVE OF THE PERSON NAMED IN		Smith Mile	Control of	I II I	
a. Head Accountant	Harris House House Coll								
b. Other Accountants									
12. Professional Care of Residents			TO THE						(SEE
a. Directors and Assistant Director of Nurses	139,631		2,080						
b. RN	USUR (E-1)	HE MINNEY		=3/2V/1.73		THE LETTER		THE PARTY OF	
1. Direct Care	1,024,548		15,718 7,922						-
2. Administrative** c. LPN	165,809	The state of the s	1,922				III AU - O	THE PERSON NAMED IN	MARKET
1. Direct Care	854,137		18,660			11110000000			
2. Administrative**									
d. Aides and Attendants	1,893,374		68,034						
e. Physical Therapists									
f. Speech Therapists								-	
g. Occupational Therapists h. Recreation Workers	138,861		5,460						
i. Physicians	150,001	TO SET SET	5,100	THE RESERVE	W-3-	10-10-11	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	O THE WAY	5000
Medical Director									
2. Utilization Review									
3. Resident Care***						MINISTRA	HICKSHIP -	10 -10 -101	CHICAGO.
4. Other (Specify)	HEELINICAL SERVICES					All Control of the Control			
j. Dentists									
k. Pharmacists									
L. Podiatrists									
m. Social Workers/Case Management	125,526		3,152						-
n. Marketing		MINE SERVICE	100H 0	DESCRIPTION OF REAL PROPERTY.	THE RESERVE	THE PARTY			-
 Other (Specify) See Attached Schedule 	78,071	(78,071)	1,811						
A-13. Total Salary Expenditures	6,269,943	(78,071)	193,224						

^{*} 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)

		CCNH / RHNS		Res	idential Care He	me		Other	
Position	S	Adjustment	Hours	S	Adjustment	Hours	S	Adjustment	Hours
	0								
Pastoral Care	S 78,071	\$ (78,071)	1,811		100				
	أساشن يجاهد			0.00					
DE NO. 12 NO. 12 NO. 12					R51 0 V		100	7 0 0	
									7.75
						=1			0.111
			THE RESERVE						
			- 8 11		SH II				100
						10			
									L'arche
	10 1 12000				2 2 1/4		THE RESERVE		8,51
			100			10000			
				100 (00)	00 1 7/80				
					The state of the s				
Total	\$ 78,071	\$ (78,071)	1.811	s -	s		s -	s -	

Schedule of Other Fees (Page 13)

		CCNH / RHNS		Re	sidential Care Ho	me		Other	
Service	\$	Adjustment	Hours	S	Adjustment	Hours	\$	Adjustment	Hours
	0			SUMB					
Chaplin	\$ 8,340	\$ (8,340)	Monthly Fee						
Taxiba Area III						Track I			
						3 V45 X			- 11 - NI
XVIII TELEVISIONI IN INC.									
Total	\$ 8,340	\$ (8,340)		s -	\$ -	3	S -	\$ -	1

State of Connecticut

Annual Report of Long-Term Care Facility CSP-11 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties*

		A	ssistant	Administra	Assistant Administrators and Other Kelated Parties*	Kelate	1 Farties			
Name of Facility				License No.		Report for	Report for Year Ended		Page	Jo
Matulaitis Nursing Home, Inc.				686		9/30/2023			11	37
		Salary Paid								
	CCNH/			Fringe Benefits and/or Other Payments	Full Description of	Total Hours	Line Where Claimed on	Name and Address of All	Total Hours	Compensation
Name	RHINS	Care Home	Other	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
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).										
				31						
	-			11.	3: -7 - 1 - 1	_				

^{*} 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.

State of Connecticut Annual Report of Long-Term Care Facility CSP-12 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties*

		Z.	ssistaill	Aummena	Assistant Administrators and Other Netated Latrics	Noiaica	alues			
Name of Facility (as licensed)				License No.		Report for Year Ended	ar Ended		Page	Jo
Matulaitis Nursing Home, Inc.				686		9/30/2023			12	37
		Salary Paid								
	,	:		Fringe Benefits and/or Other		Total			Total	:
Name	CCNH/ RHNS	Kesidential Care Home	Other	Payments (describe fully)	Full Description of Services Rendered	Hours	Claimed on Page 10	Name and Address of All Other Employment**	Hours	Compensation Received
Section III - Administrators***										
Lisa Ryan	151,840			Non Discriminatory	Administrator	2,080	A2			
Section IV - Assistant Administrators										
			Ÿ							
	:									

*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

		or Expen	uitures -	Professio	nai rees			T	
Name of Facility	License No.	000		Report for Y	ear Ended			Page 13	of 37
Matulaitis Nursing Home, Inc.		989		9/30/2023	C+ 1 II			13	37
				I ota	Cost and Hou	ITS		T	
Item	CCNH / RHNS	Adjustment	Hours	Residential Care Home	Adjustment	Hours	Other	Adjustment	Hours
B. Direct care consultants paid on a fee	L. Dr. St.	July Smith Ship	WEST VILLE	TELL TOP IN			THE RES	STATE OF THE PARTY	
for service basis in lieu of salary									
(For all such services complete Schedule B1)			5 C S L S L						
1. Dietitian	41,745		696						
2 Dentist	13,566		Monthly Fed						
3. Pharmacist	13,413		155						
4. Podiatrist									
5. Physical Therapy	2 11 11	6 101 180					1000		
a. Resident Care	312,152		4,939						
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians		IIIIII TI I TAGA		E 12 100	With the state of	ur militar s		HINE THE	CHARLES.
a Medical Director (entire facility)	60,000		600						
b. Utilization Review			337			THE STATE OF		di La Tino di	1
(Title 18 and 19 only) monthly meeting									
c. Resident Care**	6,259	(6,259)	Monthly Fee						
d. Administrative Services facility	Samuel Property							C III WE HOUSE	
1 Infection Control Committee									
(Quarterly meetings)									
Pharmaceutical Committee									
(Quarterly meetings) 3 Staff Development Committee									
(Once annually)									
e Other (Specify)				we all	De Carrie	nek globa			10.0
9. Speech Therapist	Pile Miles S. I	and the		Total Control of	in the same				SHELL LAND
a. Resident Care	15,539		320						
b. Other	15,555		320						
10. Occupational Therapist	HER CHILDREN	DESCRIPTION OF THE PARTY OF THE	EX. VIII.	DEVUIE DE	HINAHAMAN I	with the same			
a. Resident Care	103,259	(103,259)	2,401				7		
b. Other	105,257	(100,257)	2,102						
11. Nurses and aides and attendants	MA THE RESIDENCE	FEITHWAY.	Market To	The state of the state of	U. Dall V.		Name of the last		FIF 30
a. RN			Was all	Marie The	HOAD WILLIAM				
1. Direct Care	66,131		820						
2. Administrative***	00,101								====
b. LPN	of the latest the latest	dilliantia or part		UPSUIA I	Cartilla Committee		galanti la	III PERSONALI PE	400-00
1. Direct Care	163,419		1,193						
2. Administrative***			-,						
c. Aides	63,775		2,073						
d. Other	35,715		-,						
12. Other (Specify)	in-movey in	The State of the S		1 1 1 1 1 1 1 1	10000000				SILE
See Attached Schedule	8,340	(8,340)							
1-13 Total Fees Paid in Lieu of Salaries	867.598	(117,858)	13,197				1		

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

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

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

Report of Expenditures Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis*

Name of Facility	License No.		Report for	Year Ended	Page	of
Matulaitis Nursing Home, Inc.	989	D 1 : 10	9/30/2023		14	37
N	Enll Englandian - Consti		* to Owners, ors, Officers	Evalor	nation of Relat	ionshin
Name & Address of Individual	Full Explanation of Service	Yes	No No	Ехріаі	lation of Kelai	nonsinp
Jill Hebert, West Hartford, CT	Dietician	0	0	N/A		
Fusion Therapy	PT, ST, OT	0	0	N/A		
Preferred Therapy	PT, ST, OT	0	0	N/A		
Joseph Alessandro, Pomfret, CT	Medical Director	0	0	N/A		
David Wilterdink, Danielson, CT	Physician/Staff Meetings	0	0	N/A		
Omnicare	Pharmacist	0	0	N/A		
Rev. Isadore Sadowski, Putnam, CT	Chaplin	0	0	N/A		
Health Drive	Dentist	0	0	N/A		
Access Capital	RN, LPN, Aides	0	0	N/A		
Nursing Strong	RN, LPN, Aides	0	0	N/A		
KCI USA	Wound Care	0	0	N/A		
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			

^{*} Use additional sheets if necessary.

^{**} Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility Matulaitis Nursing Home, Inc.	License No. 989	Report for Y 9/30/2023	ear Ended				Page 15	of 1 37
Item	767	Total	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	Other	Adjustmen
Administrative and General		O PERSONAL PROPERTY OF THE PERSON NAMED IN COLUMN TWO IN C	OCH PRINCE	LE SECTION AND ADDRESS OF THE PARTY.	14.04 A			The second
a. Employee Health & Welfare Benefits								THE RESERVE
Workmen's Compensation		\$ 61,281	61,281					
Disability Insurance		\$ 24,617	24,617					
Unemployment Insurance		\$						
4. Social Security (F.I.C.A.)		\$ 430,846	430,846					
5. Health Insurance		\$ 482,816	482,816					
6 Life Insurance (employees only)				- STEEL STEEL	The state of	F 12 2 8 1	MA TERM	THE WAY
(not-owners and not-operators)		\$						
7. Pensions (Non-Discriminatory)		\$ 25,122	25,122					
(not-owners and not-operators)		BUILT THE RE	EN UN DESTRUCTION		To Marketta			
8. Uniform Allowance		\$						
9. Other (Specify)		\$ 18,713	25,063	(6,350)				
See Attached Schedule		CALL BUILD		Marine (120)	P			
b. Personal Retirement Plans, Pensions, and		\$						
Profit Sharing Plans for Owners and						IST STATE	AU TESTON	
Operators (Discriminatory)*		A 0	1 S 1 S 1 S					
Operators (2.001					N Real Property			
c. Bad Debts*		S	40,000	(40,000)				
d. Accounting and Auditing		\$ 30,634	30,634					
e. Legal (Services should be fully described		\$ 1,192	25,945	(24,753)				
f. Insurance on Lives of Owners and		\$						
Operators (Specify)*			HIRSHOW II				1, 61, 51, 13	
g. Office Supplies		\$ 45,834	45,834					
h. Telephone and Cellular Phones		THE RESERVE	THE PARTY OF THE P	-200			ALTERNA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1. Telephone & Pagers		\$ 6,955	6,955					
2. Cellular Phones		\$ 1,260	1,260					
i. Appraisal (Specify purpose and		\$						
attach copy)*			Waller See See					i de la composición dela composición de la composición de la composición dela composición de la composición de la composición dela composición dela composición de la composición dela composición dela composición dela composición dela composición dela composición d
								TENT (TITE
i. Corporation Business Taxes (franchise tax	:)	\$						
k. Other Taxes (Not related to property - Sec			THE RESERVE					
1. Income*		\$						
2. Other (Specify)		\$						
See Attached Schedule		THE PARTY		100		ES MAJACES		DE ROLLE
Resident Day User Fee		\$ 653,028	653,028					
Subtotal		\$ 1,782,298	1,853,401	(71,103)				

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

(Carry Subtotals forward to next page)

Schedule of Other Employee Benefits

Residential Care

				residential Ca			
Description	CC	NH/RHNS	Adjustment	Home	Adjustment	Other	Adjustment
		0					
Background Checks	\$	3,084		Harris Street			
Employee Benefits-Other	\$	18,091	\$ (6,35)	0)			like termina
Physicals - Employee	S	3,888					
	Say grading 18						
				Van III			
						Vani V	
		Selva F		0 -8)// 1			
			272 Million 272 Mi				
					A Brook Inc.		
		U.E.					
			0 131				
Total	\$	25,063	\$ (6,35)	0) \$	\$ -	\$ -	S -

Schedule of Other Taxes

Residential Care

Description	CCNH/RHNS	Adjustment	Home	Adjustment	Other	Adjustment
	0					1000
			THE STATE		7	
		N				I I G SG S
	109112000 1108	STREET B				
Total	\$ -	s -	s .	S -	\$ -	\$ -

General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page		of
Matulaitis Nursing Home, Inc.	989	9/30/2023		15b		37
The records of this facility for the p	eriod covered by this report v	were maintained on the following basis:				
	Modified Cash					
Is the accounting basis for this	**	TOTAL H 1-1-				
P	Yes	If "No," explain.				
previous period?	No				_	_
Independent Accounting Firm						
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)				
1 Marcum LLP		555 Long Wharf Dr. 8th Fl., New Haven,	, CT 06510)		
2						
3						
4						
Services Provided by This Firm (de	scribe fully)					
 Compilation 990 Pension audit, Cost I 	Report Preparation		\$	30,6	34	
2			\$			
3			\$			
4			\$			
			Charge fo	r Service	s Pro	vided
			\$	30,6	34	
Are These Charges Reflected in the Expend	iture Portion of This Report? If Ye	s, Specify Expense Classification and Line No.				
	Pg 15 Ln 1d					
Legal Services Information						
Name of Legal Firm or Independent	t Attorney		Telephon	e Numbe	r	
1 Wiggin & Dana LLP	•		203-498-4	1400		
2 Robinson & Cole LLP			860-275-	3200		
3						
4						
5						
Address (No. & Street, City, State,	Zip Code)					
1 265 Church St, New Haven, C						
2 280 Trumbull St, Hartford, CT						
3						
4						
5						
Services Provided by This Firm (de	scribe fully)					
1 Collections(Disallowed on Pg 15)			\$	24,7		
2 Employee Issues			\$	1,1	92	
3			\$			
4			\$			
5			\$			
			Charge fo	r Service	s Pro	vided
			\$	25,9	45	
	iture Portion of This Report? If Yes Pg 15 Line 1e	s, Specify Expense Classification and Line No.				
					_	

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

Name of Facility Matulaitis Nursing Home, Inc.	License No. 989	Report for Ye 9/30/2023	ar Ended				Page 16	of 37
Item		Total	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	Other	Adjustment
	Subtotals Brought Forward:	1,782,298	1,853,401	(71,103)				
l. Travel and Entertainment		THE COUNTY						110
 Resident Travel and Entertainment 								
2. Holiday Parties for Staff	\$							
Gifts to Staff and Residents	\$							
4. Employee Travel	S							
Education Expenses Related to Semin	nars and Conventions S	5,576	5,576					
6. Automobile Expense (not purchase o	r depreciation) S	1,131	1,131					
7. Other (Specify)	\$							
See Attached Schedule					NEW COL	Mos Harris	DESCRIPTION OF THE PERSON OF T	
m. Other Administrative and General Expens	es			D 183 Military	HIRO CONTRACTOR	HAVE BELLEVILLE	D WIND	
1. Advertising Help Wanted (all such ex		16,303	16,303					
Advertising Telephone Directory (all	such expenses)*** S							
 Advertising Other (Specify)*** 	\$		17,473	(17,473)				
See Attached Schedule					THE TOT			
4. Fund-Raising***								
5. Medical Records	\$							
Barber and Beauty Supplies (if this se	rvice is supplied \$		233	(233)				
directly and not by contract or fee for	service)***						AND IN	
7. Postage	\$	6,216	6,216					
* 8. Dues and Membership Fees to Profes	sional \$	13,350	13,350					
Associations (Specify)		307						HENNING S
See Attached Schedule				HITCH,		THE COURT	SOUTH PROPERTY.	
8a. Dues to Chamber of Commerce & O								
9. Subscriptions	S		364					
10. Contributions***	\$							
See Attached Schedule		(a) (a) (a)			MR = S 10	Ga Hillian		1000
11. Services Provided by Contract (Speci	fy and Complete \$	237,490	237,490					
Schedule C-2, Page 21 for each firm		18 3						
Administrative Management Services								
13. Other (Specify)	\$	13,443	38,843	(25,400)				
See Attached Schedule		DE HE HAS		28 U BE				mean Ea
C-14 Total Administrative & General Expende	tures 5	2,076,171	2,190,380	(114,209)				

^{*} 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 expensein the Adjustment column.

Schedule of Other Travel and Entertainment

Description	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	Other	Adjustment
	0					I REIL III
			DO NOW	TO = 1		
			7		THE THE EAST	H I
		1			CALL BUT	
			VIII SEE			
Total Other Travel and Entertainment	S -	\$	\$ -	\$ -	\$ -	S -

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	Other	Adjustment
	0					
Public Relations	\$ 3,830	\$ (3,830)				
Website Advertising	\$ 13,643	\$ (13,643)		THE RESERVE OF THE PERSON OF T	No.	THE RESERVE
Total Other Advertising	\$ 17,473	\$ (17,473)	S -	S -	\$ -	\$ -

Schedule of Dues

Description	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	Other	Adjustment
	0	100				
Leading Age	\$ 13,000				1 -	No. of the last
CT ACHCA	\$ 350					
					EX.	
			TEST OF THE		12 70	15 . 33
	The property of the property o					
					200	
Total Dues	\$ 13,350	\$ -	s -	S -	\$ -	S -

Schedule of Contributions

CCNH / RHN	S Adju	stment			Adju	stment	O	ther	Adj	ustment
									200	
				0.0	c		S		5	
	CCNH / RHN	CCNH / RHNS Adju	CCNH / RHNS Adjustment		CCNH / RHNS Adjustment Care Home					

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	Other	Adjustment
	0					
Pastoral	\$ 17,176	\$ (17,176)			DOM: H	ALC: UNK
Permits And Licenses	\$ 1,043		14 2 12 2			
Penalty	\$ 7,004	\$ (7.004)		THE AVII		
Finance charge	\$ 25	\$ (25)		TERM VIEW		
Covid-19	\$ 850			DOUB HELL		
Outside Signs for facility	\$ 11,550					
Appeal Letters	\$ 788	\$ (788)				22 100 2.0
Flowers & Music	\$ 407	\$ (407)				
Total Other Administrative and General	\$ 38,843	\$ (25,400)	S -	\$ - 2	s -	s -

Schedule C-1 - Management Services*

Name of Facility Matulaitis Nursing Home, Inc.	License No. 989	Report for Year Ended 9/30/2023	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #

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

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

C. Expenditures Other Tha Name of Facility Matulaitis Nursing Home, Inc.	License		Report for Ye 9/30/2023		Page 18	of 37		
		Total	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	Other	Adjustment
ltem .		Total	Killys	Aujustinem	Carc Home	Aujustinein	Other Control	- regestion
Dietary a. In-House Preparation & Service	e	720,101	226 191					
1. Raw Food	5	326,181	326,181					<u> </u>
Non-Food Supplies Other (Specify)	S .	29,816	29,816					
Dietary Supplies			2,810					
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	S							
c. Other (Specify')	s			THE WAY				
2D Total Dietary Expenditures (2a + b + c + d)	S	355,997	355,997					
Dietary Questionnaire Resident Meals: Total no. of meals served per Is cost of employee meals included in 2D? Did you receive revenue from employees?	day:* O Yes		No No	/ RHNS	If yes, specify			
					amt.			
I. Where is the revenue received reported in the C	ost Report?	(Page/Line Re	m)					
Is cost of meals provided to persons other than J. employees or residents (i.e., Board Members, Guests) included in 2D?	O Yes	0	No		If yes, specify cost.			
K. Is any revenue collected from these people?	O Yes	0	No		If yes, specify amt.			
L. Where is the revenue received reported in the C	Cost Report?	(Page/Line Ite	m)					
Is cost of food (other than meals, e.g., snacks M. at monthly staff meetings, board meetings) provided to employees included in 2D?	O Yes	0	No		If yes, specify cost.			
N. Is any revenue collected from employees?	O Yes	0	No		If yes, specify amt			
O. Where is the revenue received reported in the C	Cost Report?	(Page/Line Ite	m)					

^{*} 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		Report for Yea	r Ended			Page	of
Matulaitis Nursing Home, Inc.		989	9/30/2023				19	37
Item		Total	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	Other	Adjustment
Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,	Lbs.							
gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$							
Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.							
processed.***	Amt \$							
3 Personal clothing of residents	Lbs.							
washed, ironed, and/or processed.***	Amt. \$							
4. Repair and/or purchase of linens.***	Lbs.							
	Amt. \$							
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	S							
c. Other (<i>Specify</i>) Laundry Supplies	\$	98,732	98,732	10 TO 100	(the same that			
3D. Total Laundry Expenditures (3a + b + c)	\$	98,732	98,732					
3E. Laundry Questionnaire					10			
F. Is cost of employee laundry included in 3D? O	Yes	Θ	No		If yes, specify cost.			
G. Did you receive revenue from employees?	Yes	0	No		If yes, specify amt.			
H. Where is the revenue received reported in the Cost l	Report?		(Page/Line Ite	em)				
Is Cost of laundry provided to persons other than employees or residents included in 3D?	Yes	0	No		If yes, specify cost.	4		
Bid you receive for ende from these people.	Yes	0	No		If yes, specify amt.			
K. Where is the revenue received reported in the Cost !	Report?		(Page/Line Ite	em)				

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)

	ne of Facility		Rep	ort for Year E	nded				Page	of
Mai	tulaitis Nursing Home, Inc.	989		9/30/2023					20	37
	Item			Total	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	Other	Adjustment
1.	Housekeeping	Sq. Ft. Serviced								
	a. In-House Care	by Personnel								
	 Supplies - Cleaning (Mops, pails, brooms, etc.) 	Amt	\$							
	b. Purchased Services (by contract other	Sq. Ft. Serviced								
	than through Management Services)	by Personnel								
	(Complete Schedule C-2 att. Page 21)	Amt	\$							
	C. Other (Specify)		5	60,116	60,116					
	Housekeeping Supplies			300, 111			DE REINS			
ID.	Total Housekeeping Expenditures (4a +	b+c)	S	60,116	60,116					
5.	Resident Care (Supplies)**								OF THE REAL PROPERTY.	
	a. Prescription Drugs***					OF E H WE		ill makes	Tom But	
	Own Pharmacy		\$							
	2. Purchased from		5		154,224	(154,224)				
	Omnicare			ieu iiix eiiii				A SAID OF		
	b. Medicine Cabinet Drugs		S	34,452	34,452					
	c. Medical and Therapeutic Supplies		\$	76,483	76,483					
	d. Ambulance/Limousine***		S							
	e. Oxygen			E SHE HOLD		RIGHT	le solt,			
	For Emergency Use		\$							
	2. Other***		5		26,607	(26,607)				
	f. X-rays and Related Radiological		\$		4,685	(4,685)				
	Procedures***						UNIX CHIEF			
	g. Dental (Not dentists who should be inc	luded under	\$							
	salaries or fees)									
Т	h. Laboratory***		\$		13,092	(13,092)				
	i. Recreation		\$	8,422	8,422					
	j. Direct Management Services*		\$							
	k. Indirect Management Services*		\$							
	I. Cable TV		S	7,200	33,341	(26,141)				
7	m. Other (Specify)****		\$	5,277	9,401	(4,124)				
	See Attached Schedule			man Block and III	HTTLE STORY	ENHANCE HIT	TO SERVE SERVE			
	n. Physical Therapy Expense		\$	3,067	3,067					
	o. Speech Therapy Expense		\$							
(P	Total Resident Care Expenditures (5a - 5	(a)	\$	134,901	363,774	(228,873)				

^{*} 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

Matulaitis Nursing Home, Inc. Disallowance Schedule for Cable TV 9/30/2023

Total Cable TV Expense	Amount 33,341 TB Linked
Monthly Allowable amount Months in Cost Report Year Total Allowable Cost	\$ 600 12 \$ 7,200
Disallowed Cable TV	\$ 26,141 Pg 20 Ln 5l

Schedule of Other Resident Care

Description	CC	NH / RHNS	Adju	istment	Residential Care Home	Adjustment	Other	Adjustment
		0				I COLUMN TO SERVICE	05 HE V	
Direct Supply Mattress	S	4,656			EV DE III C			
Special services expense	2	1,324	\$	(1,324)		W		
medical staff meetings	S	275				[B] -2 No.		MARKET IN
Chapel expense	\$	2,800	\$	(2,800)		INDIAS - IN	TOTAL TEX	
Social Services Supplies	S	346					IRIS III SEV.	
		1 200				The party		
	rie e e orine n	U., * 1978						
TROUGH STORY						To IT I a rife		
		1,300	10					57 84 84 8
							TER .	THE AL
		N T. NI			E BIRES	12.3		
			100					
	10 6		10		10 33 11		Aures V	
				TING OF	والشريدين			with the
Total Other Resident Care	2	9,401	S	(4,124)	\$ -	\$	\$ -	S -

State of Connecticut Annual Report of Long-Term Care Facility CSP-21 Rev. 3/2023

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

Name of Facility Matulaitis Nursing Home, Inc.				License No. 989	Report for Year Ended 9/30/2023	ъ			Page 21	of 37
		Related ** to Owners,	Owners,				E	9 9 4		
		Operators, Officers	OTHER				1 otal Cost/Page Ket. * * *	ige Kei. T T		
Name of Individual or Company	Address	Yes	N _o	Explanation of Relationship	Full Explanation of Service Provided*	CCNH / RHNS	Residential Care Home	Other	Pg	Line
Willimantic Waste	121 Chronicle Rd, Wllimantic, CT 06226	0	0	N/A	Waste Removal	21,455			22 6f	ef.
Putnam Water	126 Church St, Putnam, CT 06260	0	0	N/A	Sewer Usage	24,030			22 6f	ef.
Paychex	Rochester, NY	0	•	N/A	Payroll Processing	131,815			161	16 m11
		0	•							
		0	•							
		0	•							
		0	•							
		0	•					00		
		0	•							
		0	•							
		0	•							
		0	0							
		0	0							
		0	•							

^{*} 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
Matulaitis Nursing Home, Inc.	989	9/30/2023				·	22	37
Item		Total	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	Other	Adjustment
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$							
b. Heat	\$	102,085	102,085					
c. Light & Power	\$	95,683	95,683					
d. Water	\$							
e. Equipment Lease (Provide detail on page	e 22b) \$							
f. Other (itemize)	\$	159,579	159,579					
See Attached Schedule		OF E ORALING	IV I FOR THE				HI TO SAN	
6g. Total Maint. & Operating Expense (6a - 6t) \$	357,347	357,347					
7. Depreciation (complete schedule page 23*)								
a. Land Improvements	\$							
b. Building & Building Improvements	\$							
c. Non-Movable Equipment	\$	64,233	64,233					
d. Movable Equipment	\$	34,603	34,603					
*7e. Total Depreciation Costs (7a+b+c+d)	\$	98,836	98,836					
Amortization (Complete att. Schedule Page a. Organization Expense	24*) \$							
b. Mortgage Expense	\$							
c. Leasehold Improvements	\$	155,384	155,384					
d. Other (Specify)	\$							
*8e. Total Amortization Costs (8a + b + c + d)	\$	155,384	155,384					
Rental payments on leased real property less real estate taxes included in item 10b	\$	230,040	230,040					
Property Taxes Real estate taxes paid by owner	\$		-					
b. Real estate taxes paid by lessor	\$							
c. Personal property taxes	\$							
11. Total Property Expenses (7e + 8e + 9 + 10)) \$	484,260	484,260					

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

Schedule of Other Repairs and Maintenance

Residential Care

Description	CCNH / RHNS	Adjustment	Home	Adjustment	Other	Adjustment
	0	1188= 33				
outside services/repairs	\$ 45,986			II NAME I		
Waste Removal	\$ 21,455					
Maintenance supplies	\$ 50.927					
grounds	\$ 17,180					
sewer usage	\$ 24,031			2 2 2 2 2	100000	
	ote famou pass de entre					
				# JU 75 FAIT	LA PAREN	
					100 n _ 1 s	
NITY AND IN THE WAR IN THE WAR		are ry	(LE () CO			- N T 75.0
			1		201 E.S.	
Total Other Repairs and Maintenance	\$ 159,579	s -	s -	s -	s -	s -

State of Connecticut Annual Report of Long-Term Care Facility CSP-22b Rev. 3/2023

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.

SHOULD HOLDE INCIDENT IN HISSE AHOURIES.							
Name of Facility			License No.	Report for Year Ended	ar Ended		Page of
Matulaitis Nursing Home, Inc.			686	9/30/2023			22b 37
	Related	d * to					
	Own	ers,					
	Operators,	itors,				Annual	
	Officers	sers		Date of	Term of	Amount	Amount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Claimed
N/A	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	•					
	0	0					
	0	0					
	0	0					
	0	0					

Is a Mileage Log Book Maintained for All Leased Vehicles?

Total ***

o No O

O Yes

* 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-23 Rev. 10/2022

				Deprec	Depreciation Schedule	hedule					
Name of Facility				License No.			Report for Year Ended	nded		Page	Jo
Matulaitis Nursing Home, Inc.				686	6		9/30/2023			23	37
, and a second s				Historical Cost Exclusive of	Less Salvage		Accumulated Depreciation to Beginning of Year's		Useful	Depreciation	Ē
				Land	Value	Depreciated	Operations	Depreciation	Life	tor This Year	Lotals
A. Land Improvements 1. Acquired prior to this report period										OV STEE	
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)	schedule)										
1-	(ampaige			M. THE WOODE		THE PART WHEN	DE SELECTED	Links sein	Sur William		Total State of the last
Acquired prior to this report period											
3. Acquired during this report period (attach schedule)	schedule)										
B-4. Subtotal				THE REAL PROPERTY.		THE REAL PROPERTY.	THE PERSON NAMED IN	The same			
C. Non-Movable Equipment											
I. Acquired prior to this report period				1,426,859		1,426,859	944,978	S/L	Various	56,663	
											THE REAL PROPERTY.
 Acquired during this report period (attach schedule) 	schedule)			143,924		143,924	100000000000000000000000000000000000000	S/L	Various	7,570	
C-4 Subtotal				THE PERSON	The state of	THE SECOND	Strain the strain	THE REAL PROPERTY.	Section 19	THE PERSON AND PERSON	64,233
	Is a mileage logbook maintained?	Date of	Acquisition	Is a mileage logbook maintained? Date of Acquisition Historical Cost	Less		Accumulated Depreciation to	Method of			
	Yes	Month	Year	Exclusive of Land	Salvage Value	Cost to Be Depreciated	Beginning of Year's Operations	Computing Depreciation	Useful Life	Depreciation for This Year	Totals
D. Movable Equipment			335	Mark Sandard	The same of	STATE OF THE PARTY				HE STATE OF THE PARTY OF	INTERNATION OF THE PARTY OF THE
1. Motor Vehicles (Specify name, model											
and year of each vehicle) a. GMC Truck	×		5 95	23,814		23,814	23,814	S/L	5		
*5											
d,											
2. Movable Equipment				TRUCK TO SERVICE	DESCRIPTION OF					STATION STATE	
a. Acquired prior to this report period		Var	Var	1,153,120		1,153,120	1,030,853	S/L	Various	30,852	
b. Disposals (attach schedule)											
Acquired during this report period (attach schedule):											
c. Administrative		Var	Var	8,585		8,585		S/L	Various	943	
	が 大 大 大 大 大 大 大 大 大 大 大 大 大 大 大 大 大 大 大	Var	Var	9,575		9,575		S/L	Various	2,808	
e. Specialized Resident											
Total Acquired during this report				0).						132.0	
D-3 Subtotal				18,100	STATISTICS OF	16,100	Portraction or an artist			167,6	34 603
D Total Damociation				TO US							928 80
E. Ioun Depreciation		No. of Street, or other	1000	THE RESERVE	TICLE - I	CINCULAR SECTION	THE PARTY SHOWS IN	THE REAL PROPERTY.			000,07

Schedule of Land Improvements Acquired during this report period

Acquisition Date	ts Acquired during this report period Description of Item	Cost	Useful Life	Depreciatio	n
Additions:					
					-
			Sevi e		H
					Ħ
				JIX HIGH	
Fotal additions for Land Impro	ovements	\$		s -	
Deletions:					
					-
Total deletions for Land Impro	vements	\$ -		S -	

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				1
		Region of the second		
		al all el la la casal		
No. X 'A ST ST				
CANDON FILE IN A		Calle S E VE VI WE WE TO	IN SVIE	
		s -		- 2
Total additions for Building Im	provements	2 .		3
Deletions:				
				4
			W 6 N 1	-
Total deletions for Building Im	provements	\$ 1		\$ -

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item		Cost	Useful Life	Dep	reciation
Additions:						
Various	Various(See Attached)	\$	143,924	Var	S	7,570
Total additions for	r Non-Movable Equipment	\$	143,924		S	7,570
Deletions:						
Total deletions for	Non-Movable Equipment	Š	8.5		Š	877

^{**}Ties to Page 23, Line A2

^{**}Ties to Page 23, Line B2

^{*}Ties to Page 23, Line C3
**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

		Pick One	ħ.		Useful		
Acquisition Date	Description of Item	Movable Category		Cost	Life	Dep	reciation
Additions:							
12/7/2022	Laptop	Standard Resident	S	950	3	\$	317
12/26/2022	Laptop	Standard Resident	\$	1,552	3	\$	517
12/26/2022	Laptop	Standard Resident	\$	1,462	3	S	487
3/28/2023	Laptop	Standard Resident	S	990	3	\$	330
5/1/2023		Standard Resident	\$	1,749	3	\$	583
	Emergency Drinking Water	Standard Resident	S	2,872	5	S	574
	Steel Container	Administrative	S	845	5	\$	169
8/28/2023	Auto Scrubber	Administrative	S	7,740	10	\$	774
		PICK A CATEGORY					
Total additions for	Movable Equipment		S	18,160		\$	3,751
Deletions:							
						1867	3880
						1000	
Total deletions for	Moyable Equipment		\$			\$	

^{*}Ties to Page 23, Line D2c
**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Dep	reciation
Additions:					
Var	Various(See Attached)	\$ 52,35	Var	S	2,715
Total additions for	r Leaschold Improvement	\$ 52,35		S	2,715
Deletions:					-0-y-11
					7.5
Total deletions for	Leasehold Improvement	S		\$	3.0

^{*}Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility CSP-24 Rev. 10/2006 State of Connecticut

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended	Ended		Раде	Jo
Matulaitis Nursing Home, Inc.			686		9/30/2023			24	37
					Accumulated				
	Da	Date of			Amort. to				
	Acqu	Acquisition			Beginning of	Basis for			
			Length of	Cost to Be	Year's	Computing	Rate	Rate Amortization	
Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A. Organization Expense									
1.									
2.									
3,									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									THE TOTAL
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	Var	Var		3,448,321	2,157,493	S/L	Var	152,669	
2. Disposals (attach schedule)									
3. Acquired during this report period			音川はいいます						
(attach schedule)	Var	Var		52,351		S/L	Var	2,715	The second
C-4. Subtotal	THE SHA	No. of Lot					Harris Harry		155,384
D. Total Amortization								Total Parket	155,384

* 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.

Matulahlis Nursing Home, Inc. | FIXED ASSET / DEPRECIATION SCHEDULE

CPL Secrent	Description	Date 1st Service	Method	Life	Historical Cost	Depent.	2/122 A/D	2023 Depres	3.50	NW
LEASEI JOLD INT'R										
Prior Period Leaseho Leaschold Imp	Various	Various	53.	Mar:	3,449,321	146,549	2,157,493	152 669	2,310,162	1,138,159
TOTAL PY LEASEI	TOLD IMPROVEMENTS				3,440,321	144,549	2,157,493	H1,600	2,118,162	1,131,129
2022 LEASEROLD I	MPROVEMENTS									
Disposals	None									
•	None D IMPROVEMENTS 2022							-		
2023 LEASEHOLD I										
Additions Leasthold Imp	Repair Back Door/Frame	5/2/2023	SIL	15	4,200	154	===	200	280	3,920
Learthold Imp. Learthold Imp	Install Power Unit Install Phone Board	3/1/2023 5/2/2023	SL	20 10	36,000 2,491	3		1,300	1,300	34,200 2,242
Leasehold Imp	5 Year Inspection/Sprinkler System	5/3/2023	SIL	25	9,660	- 33		386	386	9,274
	.D IMPROVEMENTS 2023				\$1,351	-	-	2,713	1,711	0.01
	.D IMPROVEMENTS				3,500,672	146,541	2,157,493	155,394	7,312,877	1,887,795
MOVABLE EQUIPM										
Prior Period Movabl FF&E	e Equipment Vanous	Varience	st.	Ver	1,139,751	42.755	1,028,327	28.326	1,061,705	78,046
TOTAL PY MOVAE	ILE EQUIPMENT				1,139,751	42,755	1,829,327	24,326	1,041,785	78,946
1011 MOVABLE EQ	DUIPMENT									
Additions FF&E FF&E	Computers GL Software	9/28/2022 12/17/2021	5/L 5/L	5	4,457 3.187	1,062	1,062	1,062	1,782	2,675 1,063
FF&E Dispusals	Sala lift	5/18/2022	51.	10	5.725	573	573	573	1,146	4,579
TOTAL MOVABLE	EQUIPMENT 1872				13,369	2,526	2,526	1,314	5,652	8,317
2023 MOVABLE EQ										
Additions Consputer	Laytop	12/7/2022	S.L	3	930	(2)	17	317	317	633
Computer	Laptop Laptop	12/26/2022 12/26/2022	S/L S/L	3	1,552	- 7		517 487	517 487	1,035 975
Computer	Laptop	3/211/2023 5/1/2023	S/L S/L	3	990 1,749	- 5	35	330 583	330 583	660 1,166
Compatter FF&E	Laptop Energency Drinking Water	9/21/2023	S/L	5	2,872		3	574	574	2,298 676
FFAE	Steel Coutainer Auto Scrubber	9/21/2023 8/26/2023	5/L 5/L	5 10	145 7,740	- 5	- 3	169 774	774	6,966
TOTAL MOVABLE	EQUIPMENT 2023				LB,160		-	3,751	3,751	14,459
TOTAL MOVABLE	EQUIPMENT				1,171,210	45,281	1,030,853	31.603	i,eta_tau	186,772
NON-MOVABLE E	DESIGNAT.									
Prior Period Non-Mo Various	wable Equipment Various	Variota			1,390,961	51,928	942,122	53,807	1,001,641	441,1139
TOTAL PV NON-M	OVABLE EQUIPMENT				1,390,961	51,928	942,122	53,897	1,001,641	449,929
2022 NON-MOVABI	LE EQUIPMENT									
Additions Florid Equipment	Washing Machine	10/15/2023 3/36/2022	S.L S/L	10	10,200 3,610	1_020 368	1,020	1,020	2,040	8,160 2,944
Fixed Equipment	Freezer AC UNIT	W/W/2022	S/L	15	22,018	1,461	1,468	1,469	2,936	19,012
TOTAL NON-MOV	ABLE EQUIPMENT 2022				35,898	2,856	2,856	2,856	5,711	39,156
2023 NON-MOVABI	LE EQUIPMENT									
Additions Fixed Equipment	Wiring Minn Splits	12/7/2022	SL	21	22,500		25	900	900 3,115	21,600
Fixed Equipment	Multi Splits Nurse Call Ny stem	1/6/2023	S-L S/L	25 10	77,688 20,185			3,115 2,011	2,011	18,094
Fixed Equipment	Nurse Call Cords	2/7/2023 4/27/2023	S/L S/L	18 21	512 14,900	1	- 3	31 596	58 596	524 14,304
Fixed Equipment Fixed Equipment	Fite Danas Durner Booaler	6/11/2023	S-L	10	2,000	-	- 5	200	200	1,800
Fixed Equipment	Burner Bounter Fire Alann Panel	6/29/2023 7/26/2023	SA	10	2,600	-		260 241	260 241	2,340
Fixed Equipment Fixed Equipment	Elevator Carpet	B/2B/2023	S.L	\$	944	. 3	2.5	189	189	755
TOTAL NON-MOV.	ABLE EQUIPMENT 1023				143,924			7,570	3,376	136,354
TOTAL NON-MOV.	ABLE EQUIPMENT				1,570,783	34,784	34011	61,333	1,014,923	615,379
MOTOR VEHICLES										
Prior Period Motor \ Motor Vehicle	Vehicles Venice	Various	s.L	Var	23,114	3	23,814	: -	23,814	38
TOTAL PY MOTOS	EVEHICLES				23,814		23,514		23,514	- 3
2022 MOTOR VEIII Additions										
Dispusab	None None									
TOTAL MOTOR VI	EHICLE 2021						_		- 200	
TOTAL MOTOR VI	EHICLES				23,614		23,814		23,314	
TOTAL ASSETS					6,166,549	246.514	4,157,138	254229	4,422,122	1,593,546
TOTAL ASSETS PE					6,366,549	246,614	4,157,138 4,157,138	254,226 254,220	4,422,122 4,411,358	1,503,946
TOTAL ASSETS PE VARIANCE	R TRIAL BALANCE				6,266,549	250		235,449	10,764	48,758
	F/S vs C/R NBV - Page 31, Line R9	(48,755	9							

F/S vs C/R NBV - Page 31, Line R9 F/S vs C/R Depreciation - Page 36, Line F1 (48,755)

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

Name of Facility	License No.		port for Year En	ded		Page	of
Matulaitis Nursing Home, Inc.	989	9/3	0/2023			25	37
11. Property Questionnaire							
Part A							
Is the property either owned by th	e Facility	O 37-	_	0	No	If "Yes," complet	te Part B.
or leased from a Related Party?*		O Ye	S	0	INO	If "No," complete	e Part C.
*If any owner or operator of this fac-	ility is related by famil	ly, marriage	e, ownership, ability	to control or			
business association to any person or	organization from wh	nom buildin	gs are leased, then i	t is considered a			
related party transaction.		Ü	Total	Description and Boats	WILLIAM E. L.	CHARLES DATE OF	CHILD SUPPL
Description 1. Date Land Purchased			10141				
Date Land Furchased Date Structure Completed							
3. If NOT Original Owner, Date	of Purchase						
4. Date of Initial Licensure	011 11 011 110						
5. Total Licensed Bed Capacity			119				
6. Square Footage							
7. Acquisition Cost		10	San Manka				
a. Land							
b. Building							ell segmen
Part B - Owner and Related Pa	rties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortg	age
1. Financing		1000					
a. Type of Financing (e.g., fi	xed, variable)	_					
b. Date Mortgage Obtained c. Interest Rate for the Cost	Voor						
d. Term of Mortgage (number							
e. Amount of Principal Borro							
f. Principal balance outstand							
Complete if Mortgage was l		in the second					
During Current Cost Ye		1112					
g. Type of Financing (e.g., fi							
h. Date of Refinancing							
i. New Interest Rate							
j. Term of Mortgage (number	er of years)						
k. Amount of Principal Borre							
Principal Outstanding on							
Part C - Arms-Length Leas					I'm cx	I A 1 A	4 . CT
Name and Address of Lesso	r	Propert	y Leased	Date of Lease	Term of Lease	Annual Amount	t of Lease

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

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

Name of Facility Matulaitis Nursing Home, Inc.	License No. 989		Report for Ye 9/30/2023	ar Ended				Page 26	of 37
Ito	em		Total	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	Other	Adjustment
12. Interest A. Building, Land Impro Equipment 1. First Mortgage	vement & Non-Movable	\$			- ŭ				
Name of Lender		Rate							
Address of Lender		1.4							
2. Second Mortgage		\$							
Name of Lender		Rate		Arts II E					NEXTRACTION OF THE PARTY OF THE
Address of Lender									
3. Third Mortgage		S							
Name of Lender		Rate	TEXT DESCRIPTION	THE REAL PROPERTY.					
Address of Lender								7.797	
4. Fourth Mortgage		S				The second of	Jan 11	THE REAL PROPERTY.	The same of the sa
Name of Lender		Rate							
Address of Lender									
B. CHEFA Loan Informa	ntion								
Original Loan Ame		\$							# "Tyring St
2. Loan Origination I									100
3. Interest Rate %									
4. Term						N # 100			
5. CHEFA Interest Ex	rpense								
12 B7. Total Building Interest E.	· -	\$							

(Carry Subtotals forward to next page)

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

Name of Facility Matulaitis Nursing Home, Inc.	License No. 989		Report for Yea	r Ended				Page 27	of 37
Ite	em		Total	CCNH / RHNS	Adjustment	Residential Care Home	Adjustment	Other	Adjustment
	Subtotals Brou	ight Forward:							
12. C. Movable Equipment 1. Automotive Equipme	ent	\$							
A. Item	Rate	Amount	ROLL			4011			
Lender									
Address of Lender									
2. Other (Specify)		\$	-						
A. Item	Rate	Amount					REPORT OF		
Lender									
Address of Lender									
B, Item	Rate	Amount							
Lender									
Address of Lender								THE INC.	
12. C. 3. Total Movable Equip Expense (C1 + 2)	ment Interest	\$							
12. D. Other Interest Expense (Specify)	\$							
13. Total All Interest Expense (12B7 + 12C3 + 12D) \$							THE REAL PROPERTY.
14. Insurance									
a. Insurance on Property (b		S		31,301					
b. Insurance on Automobil c. Insurance other than Pro	es								
Insurance other than Pro Umbrella (Blanket Co		\$							
Fire and Extended Co		\$							
Other (Specify) Commerical/Liability		s	168,028	168,028					
14d. Total Insurance Expenditus	res(14a+b+c)	\$	199,329	199,329					
15. Total All Expenditures (A-)		S		11,247,476	(539,011)				

F. Statement of Revenue

	F. Statement of Re					70	-
Name of Facility	License No.		Report for Y	ear Ended		Page 30 l	of 37
Matulaitis Nursing Home, Inc.	989		9/30/2023			30]	37
	Item		Total	CCNH / RHNS	Residential Care Home	Otl	ner
I. Resident Room, Board & Routing	e Care Revenue			THE STATE OF		County in	
1. a. Medicaid Residents (CT oni	(y)	\$	6,272,769	6,272,769			
b. Medicaid Room and Board		\$	(22,148)	(22,148)			
2. a. Medicaid (All other states)		\$					
b. Other States Room and Boar	rd Contractual Allowance **	\$					
3. a. Medicare Residents (all inc.		\$	1,731,484	1,731,484			
b. Medicare Room and Board	Contractual Allowance **	\$	(96,405)	(96,405)			
4. a. Private-Pay Residents and C	Other	\$	2,939,196	2,939,196			
b. Private-Pay Room and Boar		\$	(29,001)	(29,001)			
II. Other Resident Revenue							
1. a. Prescription Drugs - Medica	ure	\$					
b. Prescription Drugs - Medica		\$					
c. Prescription Drugs - Non-M		\$					
	edicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicar		\$					
b. Medical Supplies - Medicar		\$					
c. Medical Supplies - Non-Me		\$					
	dicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicard		\$	131,916	131,916			
b. Physical Therapy - Medicare		\$					
c. Physical Therapy - Non-Med		\$	33,386	33,386			
	dicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare		\$	37,796	37,796			
b. Speech Therapy - Medicare	Contractual Allowance **	\$					
c. Speech Therapy - Non-Med	icare	\$	8,305	8,305			
d. Speech Therapy - Non-Med		\$					
5. a. Occupational Therapy - Me		\$	239,171	239,171			
	dicare Contractual Allowance **	\$					
c. Occupational Therapy - No.		\$	41,194	41,194			
	n-Medicare Contractual Allowance **	\$					
6. a. Other (Specify) - Medicare		\$					
b. Other (Specify) - Non-Medi	care	\$	(233,564)	(233,564)			
III. Total Resident Revenue (Section	1. thru Section II.)	\$	11,054,099	11,054,099			
IV. Other Revenue*					THE WALLE		NAME OF
Meals sold to guests, employee	s & others	\$					
Rental of rooms to non-resident		\$					
3. Telephone		\$					
Rental of Television and Cable	Services	\$					
5. Interest Income (Specify)		\$	17,074	17,074			
6. Private Duty Nurses' Fees		\$					
7. Barber, Coffee, Beauty and Gif	t shops	\$					
8. Other (Specify)		\$	10,900	10,900			
V. Total Other Revenue (1 thru 8)		\$	27,974	27,974			
		\$					
VI. Total All Revenue (M +V)		Φ	11,082,073	11,082,073			

^{*} 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	Residential Care Home	Other
Marie R		0		
			THE S	1000-0-00-1
die T				LL-Y-LX
8"-1"			SEXO-THE P	
WITE S			a programme	
				Mark Miles
Total Othe	er Resident Revenue - Medicare	\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH / RHNS	Residential Care Home	Other
		0		
30 Il 6b	Commercial HMO PT OT	\$ (196,154)	taxiron Matt	
30 П бь	Contractual Allow Reduction MC 2%	\$ (37,410)		IIIW, K
2-117				
VII 8 80.				
5-124	Add to the Second Secon			
Total Oth	er Resident Revenue	\$ (233,564)	\$ -	\$ -

Interest Income

Account

				Residential	
Page Ref	Account	Balance	CCNH / RHNS	Care Home	Other
THE IA			0		
30 IV 5	Interest Income	2,138,050	\$ 17,074		
			5 00 500		
Total Inte	rest Income		\$ 17,074	S -	\$ -

Schedule of Other Revenue

			Residential	
Page Ref	Description	CCNH / RHNS	Care Home	Other
				2 4 11 1
30 IV 8	Vaccines	\$ 2,360		
30 IV 8	Donations Revenue(No Related Expense)	\$ 15,081	HOEK TO	Carl Marie
30 IV 8	MC Review - HMO Prior Year Adj	\$ 8		
30 IV 8	Accounts Receivables Adjustments	\$ (6,549)		
(201.) I				
Total Othe	er Revenue	\$ 10,900	\$ -	S -

G. Balance Sheet

	f Facility	License No.	Report for Year Ended 9/30/2023	Pag 31	e of 37
Matulai	tis Nursing Home, Inc.	Account	9/30/2023	31	Amount
Assets		Account			7 Hillouin
	urrent Assets				
1.)		\$	2,931,505
	Resident Accounts Receivab		r Bad Debts)	\$	1,523,447
	Other Accounts Receivable (\$	
4	Inventories	<i>G</i>		\$	
5.				\$	5,400
	a. Prepaid Expenses		5,400		
	b				
	c.				
	d. See Schedule				
6.	135			\$	
7.	Medicare Final Settlement R	eceivable		\$	
	Other Current Assets (itemiz			\$	105,929
	Insurance Package	,	70,967		
	D And O Liability		4,962 30,000		
	Supplies See Schedule		30,000	A CONTRACTOR	
A-9. To	otal Current Assets (Lines A1	thru 8)		\$	4,566,281
	ixed Assets				
	Land			\$	
	Land Improvements	*Historical Cost		\$	
2.	Dana Improvements	Accum. Depreciation	on Net		
3	Buildings	*Historical Cost	1804000	\$	
٥.	Dandings	Accum. Depreciation	on Net	ľ	
4	Leasehold Improvements	*Historical Cost	3,500,672	\$	1,187,795
	Deaderfold Improvements	Accum. Depreciation			, ,
5	Non-Movable Equipment	*Historical Cost	1,570,783	\$	561,572
3.	Tron Movaore Equipment	Accum. Depreciation			,
6	Movable Equipment	*Historical Cost	1,171,280	\$	105,824
0.	Wovable Equipment	Accum. Depreciation		ľ	,
7	Motor Vehicles	*Historical Cost	23,814	\$	
/.	Wilder Vernoles	Accum. Depreciation			
8.	Minor Equipment-Not Depre			\$	
9	Other Fixed Assets (itemize))		\$	4,804
<i>)</i> .	F/S vs C/R NBV	,			ŕ
	See Schedule		4,804		
B-10.	Total Fixed Assets (Lines B	1 thru 9)	.,	\$	1,859,995

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

Page Ref	Line Ref	Description		- 1-20
T . I II			-	
Total Prep	raid Expen-		<u> </u>	

Schedule of Other Current Assets	(itamirad) Dune 31 I inc AR
Schedule of Other Current Assets ((Heinfzeu) Fage 31 Line An

Page Ref	Line Ref	Description	
			District Control
	In I Of		
			ili kinasiin.
	1 50		
Fotal Othe	Current .	Assets (Ilemize)	\$.

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

Page Ref	Line Ref	Description		
31	B9	Statue	2	4,803
		Setver Project	2	627,657
31	B9	Sewer Project Depreciation	2	(627,656)
100	region (
Total Othe	r Other Fi	sed Assets (Itemize)	3	4,804

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description		
HART SALES				
			125.	
05.00			5-1	
	127		1000	
			1000	
			III SU	
Total Othe	r Assets		5	

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description			_
				II WITE	
				6000	
	N C			1500	
	100		8 8 11 8		71.7
					-
					371
ntal Note	s Payable		The to the	5	

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

Page Ref	Line Ref Description		
- 1			
23 11		SOUTH N	
-			
9116			
Total Othe	r Current Liabilities (Itemize)	-5	

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

Page Ref	Line Ref	Description		
-117-07-1211				
11 (1)				
			100	
			4	-
			-	-
	-			3.71
otal Othe	r Current	Aabilities (Itemize)	- 3	-

G. Balance Sheet (cont'd)

	e of Facility	License No.	Report for Year Ended		Page	07	
Matı	ulaitis Nursing Home, Inc.	989	9/30/2023	+	32	37	
		Account		1	Am	nount	
			Total Brought Forward	1: \$		6,426,27	
C.	Leasehold or like property rec	corded for Equity Purposes	5.				
	1. Land			\$			
	2. Land Improvements	*Historical Cost					
		Accum. Depreciation	n Net	\$			
	3. Buildings	*Historical Cost					
		Accum. Depreciation	n Net	\$			
	4. Non-Movable Equipment		*Historical Cost				
		Accum. Depreciation	n Net	\$			
	5. Movable Equipment	*Historical Cost	9				
		Accum. Depreciation	n Net	\$			
	6. Motor Vehicles	*Historical Cost	· · · · · · · · · · · · · · · · · · ·				
		Accum. Depreciation	n Net	\$			
	7. Minor Equipment-Not De			\$			
C-8		easehold or Like Properties (C1 thru 7)					
D,	Investment and Other Assets						
	1. Deferred Deposits	\$					
	2. Escrow Deposits			\$			
	3. Organization Expense	*Historical Cost		\$			
		Accum. Depreciation	Accum. Depreciation Net				
	4. Goodwill (Purchased Only						
	5. Investments Related to Re	esident Care (itemize)	ent Care (itemize)				
	6. Loans to Owners or Relat	ed Parties (itemize)		\$	(IIII)		
	Name and Address	s Amount	Loan Date				
						100	
	7. Other Assets (itemize)			\$	and the same of	1,89	
	Property - Beds		1,895				
	See Schedule						
	Total Investments and Other			\$		1,89	
D-9.	Total All Assets (Lines A9 +	B10 + C8 + D8		\$		6,428,17	

^{*} 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 Fac	_		License No.	Report for Year E	nded	Page	of
Matulaitis N	ursing	Home, Inc.	989	9/30/2023		33	37
			Account			An	nount
Liabilities							
Α.	Cu	rrent Liabilities			- 1		
	1.	Trade Accounts Payable				\$	300,640
	2.	Notes Payable (itemize)				\$	THAN BUILDING THE
		7					
		<u></u>					
		See Schedule		S (4)		A CONTRACTOR	
	3.	Loans Payable for Equipme				\$	Markett State
		Name of Lender	Purpose	Amount	Date Due		
					1 1		
					1 1		
					1 1		
					1 1		
					1 1		
1					1 1		
					1 1		
					1 1		
	4.	Accrued Payroll (Exclusive	of Owners and/or	I Stockholders only)		\$	726,465
	5.	Accrued Payroll (Owners of				\$	
	6.	Accrued Payroll Taxes Pay				\$	30,601
	7.	Medicare Final Settlement				\$	
	8.	Medicare Current Financin				\$	
	9.	Mortgage Payable (Curren				\$	
		Interest Payable (Exclusive		elated Parties)		\$	
		Accrued Income Taxes*	7	, , , , , , , , , , , , , , , , , , , ,		\$	
		Other Current Liabilities (i	temize)			\$	213,650
		Medicare		225 P/R - pension	3,723	NEW PROPERTY.	
		CT User Fee Payable		,068 P/R - employee attachm			
		Patients personal monies		432			
		P/R - credit union		130 See Schedule			
A-13	. To	tal Current Liabilities (Line	es A1 thru 12)			\$	1,271,356

^{*} Business Income Tax (not that withheld from employees). Attach copy of owner's Federal Income Tax Return.

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year l	Ended	Page		of
Matulaitis Nursing Home, Inc.	989	9/30/2023		34		37
A	Account			An	nount	
		Total Broug	nt Forward:		1,271,	356
Liabilities (cont'd)						
B. Long-Term Liabilities						
Loans Payable-Equipment (a)			\$	The Division of the Land	utiles - ett	W 200
Name of Lender	Purpose	Amount	Date Due			
			500			
			100			
2. Mortgages Payable			\$			
Loans from Owners or Related	ed Parties (itemize)		\$			
Name and Address of Lender	Amount	Loan Da			Taly and	
Traine and Madress of Donder	1 Milouit					
			100			
			910			
			100			
	(1. 1.)			i System		
4. Other Long-Term Liabilities	(itemize)		\$		Design Co.	NAME OF THE OWNER,
			- 8			
						
0 01 11						
See Schedule	' D14 - 4)		0			(Barrell
B-5. Total Long-Term Liabilities (L			\$		1,271,	356
C. Total All Liabilities (Lines A-1	o ⊤ o- o)		12		1,∠/1,	٥٥د

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

	ne of Facility	License No.			ear Ended		Page		of
Mat	ulaitis Nursing Home, Inc.	989	9/30	/2023			35		37
_	D	Account				-	A	mount	
A.	Reserves								
_	1. Reserve for value of leased l					\$			
	2. Reserve for depreciation value	ue of leased buildi	ngs and	appurtena	nces				
	to be amortized					\$			
	3. Reserve for depreciation value	ue of leased perso	nal prope	erty (<i>Equi</i>	ty)	\$			
	4. Reserve for leasehold real pr	operties on which	fair rent	al value is	s based	\$			
	5. Reserve for funds set aside a	s donor restricted		3		\$			
	6. Total Reserves					\$			
B.	Net Worth								
	Owner's Capital					\$			
	2. Capital Stock					\$			
	3. Paid-in Surplus				-11	\$			
	4. Treasury Stock					\$			
	5. Cumulated Earnings					\$		5,32	2,218
	6. Gain or Loss for Period	10/1/2	022	thru	9/30/2023	\$		(16	5,403)
	7. Total Net Worth	n.				\$		5,15	6,815
C.	Total Reserves and Net Worth					\$		5,15	6,815
D.	Total Liabilities, Reserves, and	Net Worth				\$		6,42	8,171

H. Changes in Total Net Worth

	e of Facility	License No.	Report for Year	Ended	Page	of
Matı	laitis Nursing Home, Inc.	989	9/30/2023		36	37
		Account				ount
A.	Balance at End of Prior Period as s		9/30/2022	5		5,322,218
B.	Total Revenue (From Statement of					11,082,073
C.	Total Expenditures (From Statemen	nt of Expenditures Pa	age 27)	5		11,247,476
D.	Net Income or Deficit					(165,403)
E.	Balance					5,156,815
F.	Additions 1. Additional Capital Contributed 2. Other (itemize)	(itemize)				
F-3.	Total Additions				S	
G.	Deductions					
	1. Drawings of Owners/Operators	s/Partners (Specify)			\$	
	Name and Address (No., City,		Title	Amount		
	2. Other Withdrawings (Specify)		1		S CONTRACTOR OF STREET	
	Purpose		Amo	unt		
	3. Total Deductions	00/20/2				£ 156 015
H.	Balance at End of Period	09/30/2	3		5	5,156,815

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of
Matulaitis Nursing Home, Inc.	989	9/30/2023	37	37
	Check appropriate category			
Chronic and Convalescent Nursing Home (CCNH) & RHNS Combined	☑ Residential Care Home	☑ Other		
]	Preparer/Reviewer Certific	ation		
I have prepared and reviewed this rehave read the most recent Federal and personnel as to the possible inclusion regulations. All non-reimbursable expremoved in the State rate computation are properly reported as such in this redata contained in this report is in agree	in this report of expenses which are no penses of which I am aware (except the system) as a result of reading reports, is eport on Pages 28 and 29 (adjustments)	Facility and have inquired of approtent reimbursable under the applicable ose expenses known to be automatinguiry or other services performed to statement of expenditures). Further services performed to statement of expenditures.	opriate ically by me	
Signature of Preparer	PRINCIPAL	Date Signed	4	
Printed Name of Preparer	1.1			
Matthew S. Bavolack				
Addres Address		Phone Number		
555 Long Wharf Dr. 8th Floor, New Haven, O		203-781-9600		
Contacted Person Regarding Additional Infor	mation Needed Regarding This Report	Phone Number		
Carolyn Wells		860-928-7976		
Contact Email Address				

cwells@matulaitisnh.org



ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for Matulaitis Nursing Home, Inc. for the year ended September 30, 2023, included in the accompanying prescribed form. We have prepared the Cost Report in accordance with the American Institute of Certified Public Accountants' Statements on Standards for Consulting Services. The Cost Report was prepared in conformity with regulations prescribed by The State of CT Department of Social Services (DSS) from data provided to us by the management of Matulaitis Nursing Home, Inc. We did not audit or review the Cost Report included in the accompanying prescribed form, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the Cost Report included in the accompanying prescribed form.

Management is responsible for maintaining its records in accordance with accounting principles generally accepted in the United States of America and in accordance with reimbursement regulations set forth by DSS. Management is also responsible for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial data and supplemental information included in the Cost Report.

This report is intended solely for the information and use of the management of Matulaitis Nursing Home, Inc. and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

MARCUM LLP

New Haven, CT January 19, 2024





Workpaper Index:

400 2

Prepared By:

Reviewed By:

Workpaper Date Run Date:

1/19/2024

Provider Name:

Matulaitis Nursing Home, Inc. Cost Reports

Provider Number: Period Ended:

9/30/23

VEHICLE COMPLIANCE CHECKLIST

Name of Workpaper VHCL CKLST

PURPOSE:

To determine that vehicles comply with the published February 15, 2000 guidelines developed to assist providers in understanding what transportation costs are allowable and how the costs must be documented.

		Yes	No	Support Filed at?	Finding Issued?
1	Are all vehicles registered and insured in the facility's name? Request insurance cards and current vehicle registration.				
2	Are all purchase and lease agreements made in the facility's name?				
3	Were mileage logs obtained for facility vehicles claimed for reimbursement				
4	Were the number of vehicles allowed for reimbursement determined?				
5	Was personal use of the facility vehicles determined?				
6	Has the maximum cost allowed for depreciation purposes or the maximum allowablemonthly lease expense been determined?				
7	Were all newly acquired vehicle additions for the cost years specified to supporting invoices and cancelled checks verified?				
8	Were all motor vehicle additions physically inspected?				

Conclusion:

Client: Engagement: Period Ending: Trial Balance:

Matulaitis Nursing Home, Inc. Cost Reports Medicaid - Matulaitis Nursing Home, Inc. 9/30/2023 A.01 - TB-CCNH A.03 - TB-CCNH Combined Detail LS

Workpaper:	A.03 - TB-CCNH Combined Detail LS							
Account	Description	ADJ	JE Ref# RJE	≣	FINAL	UNADJ	1st PP-FINAL	
		9/30/2023			9/30/2023	9/30/2023	9/30/2022	
Group : [10-A]	Salaries and Wages							
Subgroup : [2]	Administrators				454 040 00	454 840 00	147,036.00	
800010-23-10 Subtotal [2] Admi	Administrator	151,840.00 151,840.00		0.00	151,840,00 151,840,00	151,840,00 151,840:00	147,036,00	
		7				\ 		
Subgroup : [4] 800020-23-10	Other Administrative Salaries Clerical	401,838,00		0.00	401,838.00	401,838.00	353,980_00	
800150-23-10	Financial Manager	108,261.00		0.00	108,261.00	108,261,00	106,164.00	
Subtotal [4] Other	Administrative Salaries	510,099.00	-	0.00	510,098.00	510,099.00	460,144.00	
Subgroup : [5B]	Food Service Supervisor							
800050-23-10	Culinary Supervisor	78,472.00 78,472.00	-	0.00	78,472.00 78,472.00	78,472,00 78,472.00	76,667,00 76,667.00	
Subtotal [56] Foc	d Service Supervisor	18,412.00	-	0.00	10(111111			
Subgroup : [5C]		537,587,00		0.00	537,587.00	537,587,00	543,415,00	
800030-23-10 Subtotal [5C] Die	Culinary tary Workers	537,587,00	-	0.00	537,587.00	537,587.00	543,415,00	
		-	-					
800060-23-10	Other Housekeeping Workers Housekeeping	182,209.00		0.00	182,209,00	182,209,00	167,018,00	
Subtotal [6B] Oth	er Housekeeping Workers	182,209,00	-	0.00	182,209.00	182,209.00	167,018.00	
Subgroup : [7A]	Engineer or Chief of Maintenance							
800070-23-10	Maintenance Supervisor	107,957.00	-	0.00	107,967.00	107,967,00	94,517.00 94,517.00	
Subtotal [7A] Eng	ineer or Chief of Maintenance	107,967.00		0.00	107,967.00	107,967.00	94,317.00	
	Other Maintenance Workers	700000000			ef 700 pg	05 700 00	04 475 00	
800080-23-10	Maintenance er Maintenance Workers	95,708.00 95,708.00		0.00	95,708.00 95,708.00	95,708.00 95,708.00	94,475.00 94,475.00	
		23/100100	-		Coloradores			
Subgroup : [8A]	Laundry Supervisor	49,377.00		0.00	49,377.00	49,377,00	52,419,00	
800120-23-10 Subtotal [8A] Lau	Housekeeping/Laundry Supervisor ndry Supervisor	49,377.00		0.00	49,377.00	49,377.00	52,419,00	
Subgroup : [8B] 800090-23-10	Other Laundry Workers Laundry	136,727.00		0.00	136,727,00	136,727,00	136,360,00	
	er Laundry Workers	136,727.00		0,00	136,727,00	136,727.00	136,360,00	
Subgroup : [12A]	Director of Nurses/Assistant Director							
801010-23-10	DNS	139,631.00		0.00	139,631.00	139,531.00	140,889.00	
Subtotal [12A] Di	rector of Nurses/Assistant Director	139,631,00		0.00	139,631.00	139,631.00	140,889.00	
Subgroup : [12B1]RNs - Direct Care							
801040-23-10	R _i N.s	735,498,00 289,050.00		0.00	735,498,00	735,498,00 289,050.00	1,116,383.00 0,00	
803010-23-10M Subtotal [12B1] F	R.N Sister's Ne - Direct Care	1,024,548.00		0.00	1,024,548.00	1,024,548.00	1,116,383.00	
801070-23-10]RNs - Administrative MDS	100,191.00		0.00	100,191,00	100,191,00	97,857.00	
802050-23-10	director of clinical development	65,618.00	-	0.00	65,618.00	65,618,00	77,770,00 175,727.00	
Subtotal [12B2] R	Ns - Administrative	165,809.00	*	0.00	165,809.00	165,699,00	175,727,00	
]LPNs - Direct Care				054 427 00	BE4 127 00	940 759 00	
801050-23-10	L.P.N.s PNs - Direct Care	854,137.00 854,137.00	-	0.00	854,137.00 854,137.00	854,137,00 854,137,00	819,758.00 819,758.00	
					- 2			
Subgroup : [12D] 801060-23-10	Aides and Attendants Nurses's aides	1,792,711.00		0.00	1,792,711.00	1,792,711.00	1,771,367.00	
803020-23-10M		100,693.00		0.00	100,653,00	100,663,00	0,00	
	des and Attendants	1,893,374.00		0.00	1,893,374.00	1,893,374.00	1,771,367.00	
Subgroup : [12H]	Recreation Workers							
802010-23-10	Activities	138,861.00		0.00	138,861.00	138,661,00	147,749.00	
Subtotal [12H] Re	creation Workers	136,861,00	-	0.00	138,861.00	138,861.90	141,143.00	
	Social Workers/Case Management	405		0.00	100 500 00	125 526 00	125 654 00	
802030-23-10 Subtotal [12M] Sc	Social services cial Workers/Case Management	125,526.00 125,526.00		0.00	125,526,00 125,526,00	125,526.00 125,526.00	135,654,00 135,654,00	
		.25/020/00	•			V====//		
Subgroup : [120]	Other pastoral care	78,071,00		0.00	78,071.00	78,071,00	73,201.00	
802040-23-10 Marcum 001	Admissions Salary	0.00		0.00	0.00	0.00	59,701.00	
Subtotal [120] Ot	her	78,071.00 6,269,943.00		0.00	78,071.00 6,269,943.00	75,071.00 6,269,943.00	142,902.00 5,222,480.00	
Total [10-A] Salar	ies and wages	0,207,943,00		0.00	0,500,040,00	0,200,000	7,546,7760,60	
Group : [13-B]	Professional Fees							
Subgroup : [1] 828000-32-10	Dietitian Dietician	41,745,00		0,00	41,745.00	41,745.00	38,925.00	
Subtotal [1] Dietit		41,745,00		0.00	41,745,00	41,745.00	38,925.00	
Subgroup : [2] 841400-32-10	Dentist Dental	13,566.00		0.00	13,566.00	13,566,00	13,674.00	
Subtotal [2] Denti		13,566.00		0,00	13,566.00	13,566.00	13,674.00	
Subgroup : [3]	Pharmacist							
821000-32-10	Pharmacy consultant	13,413.00		0.00	13,413.00	13 413 00	11,145,00	
Subtotal [3] Phari	mecist	13,413.00	-	0.00	13,413.00	13,413.00	11,145.00	
	PT - Resident Care					020 000 00	ar- 14- 4-	
841000-32-10	Per Diem Part A PT Part B	230,338,00 49,286.00		0.00	230,338,00 49,286,00	230,338,00 49,286,00	233,106,00 56,190,00	
841100-32-10 842000-32-10	PT Part B Physical Therapy	32,528,00		0.00	32,528.00	32,528,00	25,195,00	
Subtotal [5A] PT		312,152,00		0.00	312,152.00	312,152,00	315,491.00	
Subgroup : [8A]	Medical Director							
811010-32-10	Dr Visits - PMA	60,000.00		0.00	60,000,00	60,000,00	50,000,00	
Subtotal [8A] Med	lical Director	60,000.00		0.00	60,000,00	60,000.00	60,000,00	
Subgroup : [8C]	Resident Care							
2								

Client: Engagement: Period Ending: Trial Balance: Workpaper

Matulaitis Nursing Home, Inc. Cost Reports Medicaid - Matulaitis Nursing Home, Inc. 9/30/2023 A.01 - TB-CCNH A.03 - TB-CCNH Combined Detail LS

Workpaper: Account	A.03 - TB-CCNH Combined Detail LS Description	ADJ	JE Ref#	RJE	FINAL	UNADJ	1st PP-FINAL	
Account		9/30/2023			9/30/2023	9/30/2023	9/30/2022 7,761,00	
812000-32-10 Subtotal [8C] Res		6,259,00 8,259,00	Ē	0.00	6,259,00 6,259,00	6,259,00 6,259,00	7,761,00	
Subgroup : [9A] 841300-32-10 848000-32-10 Subtotal [9A] ST	ST - Resident Care ST Part B Speech Therapy - Resident Care	11,095,00 4,444,00 15,539,00	5 3	0.00 0.00 0.00	11,095,00 4,444,00 15,539,00	11,095,00 4,444,00 15,539.00	29,182,00 7,429,00 36,511.0D	
841200-32-10 845000-32-10	OT - Resident Care OT Part B Occupational Therapy T - Resident Care	69,456 00 33,803 00 103,259,00	3	0,00 0,00 0.00	69,456,00 33,803,00 103,259.00	69,456.00 33,803.00 103,259.00	73,941,00 25,060,00 99,001.00	
801080-32-10	I]RN's - Direct Care Nursing pool RNs RN's - Direct Care	66,131.00 66,131.00	4 5	0.00	66,131,00 66,131,00	66,131,00 66,131.00	72,220,00 72,220.00	
801090-32-10	()LPN's - Direct Care Nursing Pool LPNs LPN's - Direct Care	163,419.00 163,419.00	3	0.00	163,419,00 163,419,00	163,419.00 163,419.00	40,711.00	
Subgroup : [110] 801095-32-10 Subtotal [110] Ai	Nursing Pool CNA	63,775.00 63,775.00	5	0.00	63,775,00 63,775,00	63,775.00 63,775.00	43,638,00 43,638,00	
Subgroup : [12] 875000-32-10 Subtotal [12] Oth Total [13-B] Prof	Chaplin er	8,340.00 8,340.00 867,598.00	:	0.00 0.00 0.00	8,340.00 8,340.00 867,598.00	8,340.00 8,340.00 857,598.00	11,640.00 11,640.00 750,817,00	
952000-25-10	Expenditures Other than Salaries Workmen's Compensation Worker's Comp Insurance Orkmen's Compensation	61,281.00 61,281.00	3	0.00	61,281.00 61,281.00	61,281.00 61,281.00	54,923,00 54,923,00	
949010-25-10	Disability Insurance Disability Insurance sability Insurance	24,617.00 24,617.00		0.00	24,617,00 24,617,00	24,617.00 24,617.00	35,618,00 35,618,00	
962010-25-10	Uneinployment Insurance State unemployment remployment Insurance	0.00	Ş	0,00	0,00 0,00	0.00	7,994,00 7,994,00	
982000-25-10 Subtotal [1A4] Se	Social Security (FICA) FICA ocial Security (FICA)	430,846.00 430,846.00	ŝ	0,00	430,846.00 430,846.00	430,846.00 430,846.00	429,018.00 429,018.00	
Subgroup: [1A5] 949000-25-10 949030-25-10 Subtotal [1A5] He	Health Insurance health insurance dental insurance raith insurance	467,299,00 15,517.00 462,816,90	ē	0.00 0.00 0.00	467,289.00 15,517.00 482,816.00	467,299.00 15,517.00 482,816.00	456,825,00 16,251,00 473,076,00	
Subgroup : [1A7] 952010-25-10 Subtotal [1A7] Po	Pension matching	25,122.00 25,122.00	į	0.00	25,122.00 25,122.00	25,122.00 25,122.00	38,415.00 38,415.00	
Subgroup : [1A9] 935031-26-10 969000-26-10 976000-26-10 Subtotal [1A9] O	Background checks Employee Benefits-Other Physicals - Employees	3,084,00 18,091,00 3,888,00 25,063,00	9	0.00 0.00 0.00 0.00	3,084,00 18,091.00 3,888,00 25,063.00	3,084,00 18,091,00 3,888,00 25,063,00	3,935.00 22,641.00 1,808.00 28,384.00	
Subgroup : [1C] 952030-26-10 Subtotal [1C] Ba	Bad Debts d Debts	40,000.00 40,000.00	į	0.00	40,000.00 40,000.00	40,000.00 40,000.00	60,000.00	
956010-26-10 Subtotal [1D] Ac	Accounting and Auditing Accounting Fees counting and Auditing	30,634.00 30,634.00	5 3	0.00	30,634.00 30,634.00	30,634.00 30,634.00	34,188.00 34,188.00	
Subgroup : [1E] 956000-26-10 Subtotal [1E] Leg	Legal Fees gal	25,945.00 25,945.00	5 e	0.00	25,945,00 25,945,00	25,945.00 25,945.00	11,267,00 11,267,00	
957000-26-10 Subtotal [1G] Off	Office Supplies Office Supplies ice Supplies Telephone and Telegraph	45,834,00 45,834,00	15 16	00,0	45,834.00 45,834.00	45,834.00 45,834.00	55,552.00 55,552,00	
961000-26-10	Telephone	8,215,00	RJE - 4	(1,250,00) (1,250,00)	6,955,00	8,215.00	7,934.00	
	elephone and Telegraph Cellular Phones and Beepers	B,215.00	8	(1,260.00)	6,955.00	8,215.00	7,934.00	
Marcum 003	Cell Phone Expense	0.00	RJE - 4	1,260,00 1,250,00 1,260,00	1,260,00	0.00	i,820.00	
Subgroup : [1K3] 985000-33-10 Subtotal [1K3] R	ellular Phones and Beepers Resident Day User Fee CT User Fee Bed Tax esident Day User Fee	653,028,00 653,028,00		0.00	653,028.00 653,028.00	653,028,00 653,028,00	609,829,00 609,829,00	
Total [15] Expend	ditures Other than Salaries	1,853,401.00	9	0,00	1,853,401.00	1,853,401.00	1,848,018,00	
Group : [16] Subgroup : [5] 970000-26-10 Subtotal [5] Educ	Expenditures Other than Salaries (cont'd) - Adm Education Expense Education ation Expense	5,576,00 5,576,00	3	0,00	5,576,00 5,576,00	5,576,00 5,576,00	3.042.00 3.042.00	
Subgroup : [6] 964020-27-10	Automobile Expense Transportation - Truck	614.00		0,00	614,00	614.00	3,887_00	

Matulaitis Nursing Home, Inc. Cost Reports Medicaid - Matulaitis Nursing Home, Inc. 9/30/2023 A,01 - TB-CCNH A,03 - TB-CCNH Combined Detail LS

Client: Engagement Period Ending: Trial Balance: Workpaper

Workpaper	A 03 - TB-CCNH Combined Detail LS							
Account	Description	ADJ	JE Ref#	RJE	FINAL	UNADJ	1st PP-FINAL	
		9/30/2023			9/30/2023	9/30/2023	9/30/2022	
964040-26-10	Travel reimbursement	517.00		0,00	517,00	517.00	787,00	
Subtotal [6] Auto	mobile Expense	1,131,00		0.00	1,131.00	1,131.00	4,674.00	
	Advertising Help Wanted	40 000 00		0.00	16,303,00	16,303.00	22,570.00	
972000-26-10	Help wanted ads	16,303,00		0.00	16,303,00	16,303.00	22,570.00	
Subtotal [M1] Ad	vertising Help Wanted	10,303,00		0.00	10,000,00	10/000100	- 11070100	
Subaraun : [M3]	Advertising Other							
971000-26-10	Advertising Other Public relations	3,830,00		0,00	3,830,00	3,830,00	5,471,00	
972010-26-10	Website Advertising	13,643.00		0,00	13,643.00	13.643.00	16,347.00	
Subtotal [M3] Ad		17,473.00		0.00	17,473.00	17,473.00	21,818.00	
Odbiotal final ve	vertising other							
Subgroup : [M6]	Barber and Beauty Supplies							
869000-32-10	Beauty/Gifts	233.00		0.00	233.00	233.00	30,00	
	rber and Beauty Supplies	233.00		0.00	233.00	233.00	30.00	
Subgroup : [M7]	Postage						F 400.00	
958000-26-10	Postage	5,216,00		0,00	6,216.00	6,216,00	5,460,00	
Subtotal [M7] Po	stage	6,216.00		0,00	6,216,00	6,215,00	5,450.00	
	Dues and Membership Fees to Professional As	0,00		13,350,00	13,350,00	0,00	12,140,00	
973010-26-10	Association Dues	0,00	RJE - 2	13,350,00	10,000,00	0,00	,	
D1-4-4-1 (140) D-	es and Membership Fees to Professional Associ	oti 0.00	NOL - 2	13,350.00	13,350.00	0.00	12,140.00	
Subtotal [Me] Di	es and Membership rees to Professional Associ	4.20		10,000,00				
Subgroup : [M9]	Subscriptions							
973000-26-10	Subscriptions And Dues	13,714,00		(13,350.00)	364.00	13,714.00	1,464,00	
310000-20-10	000301-001010101010000	1-11-11-11-11	RJE - 2	(13,350.00)			-	
Subtotal [M9] Su	bscriptions	13,714.00		(13,350.00)	364.00	13,714.00	1,464.00	
				FF				
Subgroup : [M11	Services Provided by Contract							
935030-26-10	Payroll services	131,815.00		0,00	131,815,00	131,815.00	119,137.00	
956020-26-10	Education Consultant	2,771,00		0.00	2,771.00	2,771,00	3,515.00	
956030-26-10	Computer Consultant	7,439,00		0,00	7,439.00	7,439.00	2,814,00	
960010-26-10	Computer expense	128,806.00		(33,341.00)	95,465,00	128,806,00	114,838.00	
			RJE - 3	(33,341.00)	727 400 00	270 024 00	240,304.00	
Subtotal [M11] S	ervices Provided by Contract	270,931.00		(33,341.00)	237,490.00	270,831.00	240,304,00	
Subgroup : [M13	Other	47 470 00		0,00	17,176.00	17,176,00	18,741.00	
803070-23-10	Pastoral	17,176,00		0.00	1,043.00	1,043,00	4,396,00	
933000-26-10	Permits And Licenses	1,043.00 12,745.00		0.00	12,745.00	12,745.00	250.00	
935010-26-10	General/Misc.	25.00		0.00	25.00	25,00	81.00	
935060-34-10	Finance charge Covid-19	850,00		0.00	850.00	850,00	47,700.00	
952011-25-10 952020-26-10	Penalty	7,004.00		0.00	7,004,00	7,004,00	5,000.00	
Subtotal [M13] C		38,843.00		0.00	38,843.00	38,843.00	76,168,00	
Total I161 Expen	ditures Other than Salaries (cont'd) - Admin. and			(33,341.00)	336,979.00	370,320.00	387,670.00	
rotal [to] cape				Name of the last o	- HARMANIA COM			
Group : [18]	Dietary Basis for Aflocation of Costs							
Subgroup : [2A1								
898000-28-10	Food	311,674,00		0.00	311,674.00	311,674.00	277,072.00	
898010-28-10	Med. Nutriment Supplement	14,507.00		0.00	14,507.00	14,507.00	12,762.00	
Subtotal [2A1] R		326,181.00		0.00	326,181.00	326,181.00	289,534,00	
Subgroup : [2A3	Other					00.046.00	25 022 52	
899000-28-10	Dietary supplies	29,816,00		0.00	29,816,00	29,816,00 29,816,00	28,002,00	
Subtotal [2A3] O	ther	29,816,00		0,00	29,816,00 355,997,00	355,997,00	317,535.00	
Total [18] Dietar	y Basis for Allocation of Costs	355,997.00		0,00	355,997,00	353,997,00	317,439,00	
Group : [19]	Laundry-Basis for Allocation of Costs							
Subgroup : [3C]		en 700 00		0.00	98,732,00	98,732.00	84,687.00	
907000-29-10	Laundry supplies	98,732.00 98,732.00		0.00	98,732.00	98,732.00	84,687,00	
Subtotal [3C] Ot	her	98,732.00		0.00	98,732,00	98,732,00	84,687.00	
Lotal [1a] ranno	ry-Basis for Allocation of Costs	00,102,00			Papastos.		Deal Processor	
	11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	and the of Corts						
Group : [20]	Housekeeping and Resident Care Basis for All Other	ocation of Coats						
Subgroup : [4C] 914000-30-10	housekeeping supplies	60,116.00		0.00	60,116,00	80,116.00	54,883,00	
Subtotal [4C] Ot		60,116.00		0.00	60,116,00	60,116.00	54,883.00	
Subtotal [40] Of	iler							
Subaroun : ISA2	Purchased from							
824020-32-10	RX Cost - Olher	32,784.00		0.00	32,784.00	32,784.00	45,430.00	
824040-32-10	RX Cost - MD unpaid	1,879.00		0.00	1,879.00	1,879.00	3,633.00	
824050-32-10	RX Cost - Medicare	119,561.00		0.00	119,561.00	119,561.00	91,005.00	
Subtotal [5A2] P		154,224.00		0.00	154,224.00	154,224.00	140,968.00	
Subgroup : [58]					21.782.64	0.4.450.00	DE 000 00	
823000-24-10	Medicine Cabinet Supplies	34,452.00		0.00	34,452,00	34,452.00	25,026.00 25,026.00	
Subtotal [5B] Me	dicine Cabinet Drugs	34,452.00		0.00	34,452,00	34,452,00	23,020,00	
Subgroup : [5C]		76 400 00		0.00	76,483.00	76,483.00	49,776,00	
806000-24-10	Medical Supplies	76,483.00		0.00	76,483.00	76,483.00	49,776.00	
Subtotal [5C] Ma	dical and Therapeutic Supplies	75,483.00		0.00	, 9,403,00	, 0,400.00	40,770,00	
Cubarra Con	Oxygen - Other							
		26,607.00		0,00	26,607,00	26,607.00	36,593,00	
806100-32-10	Oxygen And Breathing Supplies	26,607.00		0,00	25,507.00	26,607,00	36,593.00	
Subtotal [5E2] O	Aygen - Onici	20,007,00						
Subgroup - reet	X-Rays and related radiological							
809000-32-10	medicare xrays	4,685.00		0.00	4,685,00	4,685.00	4.213.00	
	Rays and related radiological	4,685.00		0,00	4,685.00	4,685,00	4,213,00	
Capitali [st] As								
Subgroup : [5H]	Laboratory							
808000-32-10	Medicare lab charges patient	13,092,00		0.00	13,092.00	13,092.00	5,709.00	
Subtotal [5H] La		13,092.00		0.00	13,092.00	13,092.00	5,709.00	
	•							
Subgroup : [51]	Recreation					0.400.00	# cn4 22	
881000-32-10	Activities	8,422.00		0.00	8,422.00	8,422.00	8,604.00	
Subtotal [51] Rec	reation	8,422.00		0.00	8,422.00	8,422.00	8,604.00	

Matulaitis Nursing Home, Inc. Cost Reports Medicald - Matulaitis Nursing Home, Inc. 9/30/2023 A.01 - TB-CCNH A.03 - TB-CCNH Combined Detail LS

Client: Engagement: Period Ending: Trial Balance: Workpaper:

Subgroup : [7C] Physical Therapy - Non-medicare

Workpaper.	A.03 - TB-CCNH Combined Detail LS							
Account	Description	ADJ	JE Ref#	RJE	FINAL	UNADJ	1st PP-FINAL	
Account	Description	9/30/2023	OL INCI II	1102	9/30/2023	9/30/2023	9/30/2022	
Subgroup : [5L]	Cable Television	- MI-SHANKA			2222222			
Marcum 002	Cable TV	0,00		33,341.00	33,341,00	0,00	38,238,00	
			RJE - 3	33,341,00			38,238.00	
Subtotal (SL) Cab	de Television	0,00		33,341,00	33,341,00	0.00	30,230,00	
Subgroup : [5M]	Other							
807000-24-10	Miscellaneous supplies	4,656.00		0,00	4,656.00	4,656,00	7,399,00	
310000-32-10	Special services expense	1,324,00		0.00	1,324,00	1,324.00	618.00	
311000-32-10	medical staff meetings	275.00		0.00	275.00	275.00	75,00	
876000-32-10	Chapei expense	2,800,00		0,00	2,800,00	2,800,00	2,414.00	
957010-26-10	Social Services Supplies	346.00		0.00	346.00	346,00 9,401.00	1,083,00	
Subtotal [5M] Oth	ner ner	9,401.00		0.00	9,401.00	9,401,00	T Type of the	
Subgroup : [5N]	Physical Therapy Expense							
844000-32-10	Physical Therapy supplies	3,097.00		0.00	3,067.00	3,067.00	1,529.00	
Subtotal [5N] Phy	sical Therapy Expense	3,067.00		0.00	3,067.00	3,067,00	1,520.00	
Total [20] Housek	eeping and Resident Care Basis for Allocation of	390,549,00		33,341.00	423,890,00	390,549.00	376,219.00	
Group : [22]	Maintenance and Property							
Subgroup : [6B]	Heat	72,761,00		0.00	72,761.00	72,761.00	51,747,00	
27000-27-10 29000-27-10	fuel	29,324.00		0.00	29,324.00	29,324.00	30,380.00	
iubtotal [6B] Hea	gas	102,085.00	-	0,00	102,085,00	102,085.00	82,127.00	
aptotal [ob] Her	••							
Subgroup : [6C]	Light & Power							
928000-27-10	electric	95,683,00		0.00	95,683.00	95,683.00	85,579_00	
Subtotal [6C] Lig	ht & Power	95,683.00		0,00	95,683.00	95,683.00	H5,579.00	
	Other							
Subgraup : [6F]	Other	45,986.00		0.00	45,986.00	45,986,00	47,437.00	
920000-27-10 920040-27-10	outside services/repairs Waste Removal	21,455,00		0.00	21,455.00	21,455,00	19,223,00	
923000-27-10	Maintenance supplies	50,927.00		0.00	50,927,00	50,927,00	32,545,00	
926000-27-10	grounds	17,180,00		0.00	17,180,00	17,180,00	7,240.00	
29100-27-10	sewer usage	24,031.00		0.00	24,031.00	24,031.00	21,456.00	
Subtotal [6F] Oth	er	159,579.00		0.00	159,579.00	159,579.00	127,901.00	
	Building & Building Improvements	455 204 00		0.00	155,384.00	155,384,00	146,549.DD	
988040-31-10	Depreciation-Lease Hold	155,384.00 155,384.00		0.00	155,384.00	155,384,00	145,549.00	
Sub(ota) [/B] Bui	Iding & Building Improvements	00,4400,00		0,00	103,004,00	- tonjouries	- 110,010,000	
Subgroup : [7C]	Non-movable Equipment							
988010-31-10	Depreciation-Fixed	64,233.00		0.00	64,233,00	64,233,00	54,784.00	
	n-movable Equipment	64,233,00		0,00	64,233.00	64,233.00	54,784.00	
	Movable Equipment	24 602 00		0.00	34,603.00	34,603.00	45,281.00	
988020-31-10	Depreciation-Major Movables	34,603.00		0.00	34,603.00	34,603.00	45,281.00	
Subtotal [10] wo	vable Equipment	24,003.00		0.00	- 04,000,000			
Subgroup : [9]	Rental Payments							
987000-35-10	Rent	230,040.00		0.00	230,040.00	230,040,00	230,040.00	
Subtotal [9] Rent	al Payments	230,040.00		0.00	230,040.00	230,040.00	230,040.00	
Total [22] Mainter	nance and Property	841,607.00		0.00	841,607.00	841,607.00	772,261.00	
Group : [27]	Interest and Insurance							
Subgroup : [14A] 955010-26-10	Insurance on Property Insurance - Property	31,301.00		0.00	31,301.00	31,301.00	29,460.00	
	urance on Property	31,301,00		0.00	31,301,00	21,301.00	29,460.00	
o a b to tal [, m g m.						-		
Subgroup : [14C3	3]Other							
841420-32-10	Commerical Insurance - PT OT ST	53,027.00		0.00	53,027.00	53,027,00	51,429.00	
955000-26-10	other insurance	579.00		0.00	579.00	579,00	2,024,00 81,280.00	
955030-26-10	Ins - Liability	94,784.00		0.00	94,784.00 19,638.00	94,784,00 19,638,00	16,539,00	
955040-26-10 Subtotal [14C3] C	Ins - D And O	19,638.00		0,00	168,028,00	168,028,00	151,372.00	
Total [27] Interest		199,329.00		0,00	199,329.00	199,329.00	180,832.00	
total [21] Interes	and moderne						111111111111111111111111111111111111111	
Group : [30]	Statement of Revenue							
Subgroup : [1A]	Medicaid Residents (CT only)				WHEELSTON REVO	WINESTER WAR	TIGHTIO STREET	
500020-10-10	Tite XIX RandB Revenue	(6,272,769.00)		0.00	(6,272,769.00)	(6,272,769,00)	(5,776,108.00)	
Subtotal [1A] Med	dicaid Residents (CT only)	(6,272,769.00)		0.00	(6,272,769.00)	[0,212,109,00]	[3,770,100,00]	
Cubaraua : (4D1	Medicaid room and board contractual allowance							
725050-13-10	Contractual Allowance Medicaid	22,148.00		0.00	22,148.00	22,148,00	43,252.00	
	dicaid room and board contractual allowance	22,148.00		0,00	22,148.00	22,148.00	43,252,00	
Subgroup : [3A]	Medicare Residents (All inclusive)				PRATERONS	0.01220102010224	(10-000-000-000-000-00	
500030-10-10	Medicare - Part A RandB Revenue	(1,731,484.00)		0.00	(1,731,454.00)	(1,731,484.00)	(1,698,985,00)	
Subtotal [3A] Med	dicare Residents (All inclusive)	(1,731,484.00)		0.00	(1,731,484.00)	(1,731,484.00)	(1,698,985.00)	
	Medicare room and board contractual allowance							
Subgroup : [3B] 725030-13-10	Contractual Allowance Med-A	32,764,00		0.00	32,764,00	32,764.00	77,013.00	
725040-13-10	Contractual Allowance Med-B	63,641.00		0.00	63,641.00	63,641.00	77,494.00	
	dicare room and board contractual allowance	96,405.00		0.00	96,405.00	96,405.00	154,507.00	
	Private-pay residents and other				11/24/11/12/42		In Inc 301 00	
500010-10-10	SNF Private RandB Revenue	(2,374,426,00)		0.00	(2,374,425,00) (563,396,00)	(2,374,426.00)	(2,489,761,00) (348,624,00)	
500040-10-10	Commercial HMO	(563,396.00) (1,374.00)		00.0 00.0	(1,374,60)	(563,396.00)	0,00	
500060-10-10	Room And Board - HMO	(2,939,196.00)		0.00	(2,939,196.00)	(2,939,196,00)	(2,835,385.00)	
onnotal [4A] PN	ate-pay residents and other	Teransi inginal		0.00	- 1			
Subgroup : [4B]	Private-pay room and board contractual allowan	ice						
725010-13-10	Contractual Allowance Private	29,001.00		0.00	29.001,00	29,001.00	46,142.00	
	vate-pay room and board contractual allowance	29,001.00		0.00	29,001.00	29,001.00	46,142.00	
	- Andreas - Constitution							
Subgroup : [7A]	Physical Therapy - Medicare	/mp m11 on:		0.00	(36 344 00)	(26,244.00)	(32,041,00)	
510030-11-10	Mediare - Part A Revenue PT Medicare Part B Revenue PT	(26,244.00) (105,672.00)		0.00	(26,244.00) (105,672.00)	(105,672.00)	(124,242,00)	
510050-11-10 Subtotal IZA1 Phy	Medicare Part B Revenue P1 sical Therapy - Medicare	(131,916.00)		0.00	(131,916.00)	(131,916.00)	(156,283.00)	
Suprotal [/A] Phy	ratear interapy - medicare	110.101000		10.00	11-19-11-11	- Marini		
	Division I Thomas with Man madianes							

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Matulaitis Nursing Home, Inc. Cost Reports Medicaid - Matulaitis Nursing Home, Inc. 9/30/2023 A.01 - TB-CCNH A.03 - TB-CCNH Combined Detail LS

Client: Engagement: Period Ending: Trial Balance: Workpaper:

Workpaper:	A.03 - TB-CCNH Combined Detail LS							
Account	Description	ADJ	JE Ref#	RJE	FINAL	UNADJ	1st PP-FINAL	
		9/30/2023			9/30/2023	9/30/2023	9/30/2022	
	N. diseld Dansen DT	582,00		0.00	582,00	582.00	(3,335.00)	
510110-11-10	Medicaid Revenue PT				(33,968.00)	(33,968,00)	(33,434,00)	
510310-11-10	Private Revenue PT	(33,968,00)		0.00			(36,769.90)	
Subtotal [7C] Phy	sical Therapy - Non-medicare	(33,386,00)		0,00	(33,386.00)	(33,386,00)	[36,769,00]	
Subgroup : [8A]	Speech Therapy - Medicare							
510080-11-10	Medicare - B Revenue ST	(15,398:00)		0.00	(15,398.00)	(16,398.00)	(42,960,00)	
	Medicare - A Revenue ST	(21,398,00)		0.00	(21,398.00)	(21,398.00)	(72 957.00)	
510210-11-10				0.00	(37,796.00)	(37,796,00)	(115,917.00)	
Subtotal [8A] Spe	ech Therapy - Medicare	(37,796.00)		00.0	[31,190,00]	[37,730,00]	1110,211,001	
	Speech Therapy - Non-medicare						10012122201	
510130-11-10	Medicaid Revenue ST	(76.00)		0.00	(76.00)	(76.00)	(1,005.00)	
510330-11-10	Private Revenue ST	(6,229.00)		0.00	(8,229.00)	(8,229.00)	(15,006,00)	
	eech Therapy - Non-medicare	(8,305,00)		0,00	(8,305,00)	(8,305.00)	(16,012.00)	
Subtotal [ac] Spe	seell therapy - Hon-medicare	[miconina]			10000000	- Administration		
0	Occupational Therapy - Medicare							
	Occupational Therapy - Medicare			0.00	Zon sen nov	(99,800.00)	(106,680.00)	
510070-11-10	Medicars - B revenue OT	(99,800,00)		0,00	(99,500.00)			
510120-11-10	Medicaid Revenue OT	(9.00)		0,00	(9.00)	(9,00)	(2,771,00)	
510200-11-10	Medicare - A Revenue OT	(139,362.00)		0.00	(139,362.00)	(139,382.00)	(153,957,00)	
Subtotal (9A) Occ	supational Therapy - Medicare	(239,171,00)		0.00	(239,171,00)	(239,171,00)	(263,408,00)	
) 				-		
Subaroup : [9C]	Occupational Therapy - Non-medicare							
	Private Revenue OT	(41,194,00)		0.00	(41,194,00)	(41,194.00)	(49,503,00)	
510320-11-10		(41,194,00)		0,00	(41,194.00)	(41,194,00)	(49,503,00)	
Subtotal [BC] Oct	cupational Therapy - Non-medicare	(41,194,00)		0,00	[41,124,00]	1411144001	Tanisaniani.	
Subgroup : [10B]	Other - Non-medicare							
500070-10-10	Medicaid Advances	0.00		0,00	0.00	0,00	(39,772.00)	
725060-11-10	Commercial HMO PT OT	196,154,00		0.00	196,154.00	196,154.00	145,460.00	
725070-13-10	Contractual Allow Reduction MC 2%	37,410.00		0.00	37,410,00	37,410,00	15,060.00	
				0.00	233,564.00	233,564,00	121,748.00	
O [HUF] IBJOJANG	ther - Non-medicare	233,564.00		0,00	200,004.00	2-5/00-1/00		
Subgroup : [15]	Interest Income				(/#1956/756)	2475 AM 4 AM	in who are	
700020-12-10	interest income	(17,074.00)		0.00	(17,074.00)	(17,074.00)	(9,676.00)	
Subtotal [15] inte	rest Income	(17,074.00)		0,00	(17,074,00)	(17,074.00)	(9,676,00)	
					24 NOVO-10-121			
Subgroup: [18]	Other Revenue							
510040-11-10	Vaccines	(2,360,00)		0.00	(2,360,00)	(2,360.00)	(6,571 00)	
				0.00	(15,081.00)	(15,081,00)	(25,939,00)	
700000-12-10	Other revenue	(15,081.00)						
704060-12-10	MC Review - HMO Prior Year Adj	(8.00)		0.00	(8,00)	(8.00)	92.00	
799990-12-10	Accounts Receivables Adjustments	6,549.00		0_00	6,549,00	6,549,00	10,334.00	
Subtotal [18] Other		(10,906,00)		0.00	(10,900.00)	(10,900,00)	(22,084.00)	
Total [30] Statem		(11,082,073.00)		0.00	(11,082,073.00)	(11,082,073,00)	(10,617,481.00)	
total fool atatem	chic of recomme							
Group : [31]	Balance Sheet Accounts							
Subgroup: None						804.054.00	747 244 00	
101010-00-10	Checking	604,951,00		0.00	604,951.00	604,951,00	747,241.00	
101011-00-10	Pettycosh	200,00		0.00	200.00	200.00	200,00	
101020-00-10	Payroll	1,853.00		0.00	1,853.00	1,853.00	2,015,00	
101060-00-10	Citizens Bank - Personal Money	35,092.00		0.00	35,092.00	35,092.00	37,025.00	
		340.00		0.00	340.00	340,00	340.00	
101070-00-10	Personal Money-Petty Cash						2,121,078.00	
102010-00-10	Savings Acct CD	2,138,050,00		0.00	2,138,050.00	2,138,050.00		
102050-00-10	Donation Acct	39,519.00		0.00	39,519.00	39,519,00	47,252.00	
102190-00-10	Bed Tex Cash Acct	111,500 00		0,00	111,500.00	111,500.00	105,989.00	
104000-00-10	Accounts Receivable	1,552,966.00		0.00	1,552,966.00	1,552,966.00	1,604,808,00	
105000-00-10	Allowance for Doubtful Accounts	(29,519,00)		0.00	(29,519.00)	(29,519.00)	(89,519.00)	
119000-00-10		5,400,00		0.00	5,400,00	5,400.00	1,000.00	
	Prepaid expenses	70,967,00		0.00	70,967.00	70,967.00	53,825,00	
119020-00-10	Insurance Package						4,752.00	
119030-00-10	D And O Liability	4,962,00		0.00	4,962.00	4,962.00		
110040-00-10	Supplies	30,000.00		0.00	30,000.00	30,000,00	30,000.00	
150010-00-10	Fixed equipment	1,573,970,00		(3,187.00)	1,570,783.00	1,573,970.00	1,426,859,00	
			RJE - 1	(3,187.00)				
150020-00-10	Major moveable equipment	1,168,093,00		3,187,00	1,171,280.00	1,168,093,00	1,153,120,00	
130020-00-10	Major moveable equipment	1,100,000	RJE - 1	3,187.00				
450000 00 40	Statue	4,803,00		0.00	4,803,00	4,803,00	4,803.00	
150030-00-10					23,814.00	23,814,00	23,814.00	
150040-00-10	Motor Vehicle	23,814.00		0.00		3,457,018.00	3,448,321.00	
150050-00-10	Leasehold improvements	3,457,018,00		0.00	3,457,018.00			
150070-00-10	Sewer Project	627,657,00		0.00	627,657.00	627,657,00	627,657.00	
151010-00-10	Building improvement	43,654.00		0.00	43,654.00	43,654.00	0.00	
151020-00-10	Fixed equipment depreciation	(1,009,211.00)		0.00	(1,009,211.00)	(1,009,211.00)	(944,978.00)	
151030-00-10	Major moveable depreciation	(1,065,456.00)		0.00	(1,065,456.00)	(1,065,456,00)	(1,030,853.00)	
		(23,814.00)		0.00	(23,814.00)	(23,814.00)	(23,814.00)	
151040-00-10	Motor vehicle depreciation	(2,312,877,00)		0.00	(2,312,877,00)	(2,312,877.00)	(2,157,493.00)	
151060-00-10	Leasehold improvements depreciation				(E,U E,D ((=UU)		(627,656.00)	
151070-00-10							(027,000 UU)	
	Sewer Project depreciation	(627,656.00)		0.00	(627,656.00)	(627,656.00)	4 005 00	
152020-00-10		(627,656,00) 1,895,00		0.00	(627,656.00) 1,895.00	1,895,00	1,895,00	
	Sewer Project depreciation Property - Beds	(627,656.00)		0.00 0.00 0.00	(627,656.00) 1,895.00 (300,640.00)	1,895,00 (300,640,00)	(353,163,00)	
301010-00-10	Sewer Project depreciation Property - Beds Accounts Payable	(627,656,00) 1,895,00		0.00	(627,656.00) 1,895.00	1,895,00 (300,640,00) (86,023,00)	(353,163,00) (69,262,00)	
301010-00-10 301030-00-10	Sewer Project depreciation Property - Beds Accounts Payable Accrued Wages	(627,656,00) 1,895,00 (300,640,00) (86,023,00)		0.00 0.00 0.00 0.00	(627,656.00) 1,895.00 (300,640.00) (86,023.00)	1,895,00 (300,640,00) (86,023,00)	(353,163,00)	
301010-00-10 301030-00-10 301035-00-10	Sewer Project depreciation Property - Beds Accounts Payable Accrued Wages Accrued Vacation And Sick	(627,656,00) 1,895,00 (300,640,00) (85,023,00) (640,442,00)		0.00 0.00 0.00 0.00 0.00	(627,656.00) 1,895.00 (300,640.00) (86,023.00) (640,442.00)	1,885.00 (300,640,00) (86,023,00) (640,442,00)	(353,163,00) (69,262,00)	
301010-00-10 301030-00-10 301035-00-10 301050-00-10	Sewer Project depreciation Property - Beds Accounts Payable Accrued Wages Accrued Vacation And Sick stale laxes	(627,656,00) 1,895,00 (300,640,00) (86,023,00) (640,442,00) (5,008,00)		0.00 0.00 0.00 0.00 0.00 0.00	(627,656.00) 1,895.00 (300,640.00) (86,023.00) (640,442.00) (5,008.00)	1,895.00 (300,640.00) (86,023.00) (640,442.00) (5,008.00)	(353,163,00) (59,262,00) (594,266,00) (4,102,00)	
301010-00-10 301030-00-10 301035-00-10 301050-00-10 301051-00-10	Sewer Project depreciation Property - Beds Accounts Payable Accrued Wages Accrued Vacation And Sick stale laxes Federal witholding tax	(627,656.00) 1,895.00 (300,640.00) (86,023.00) (640,442.00) (5,008.00) (11,207.00)		0.00 0.00 0.00 0.00 0.00 0.00	(527,656.00) 1,895.00 (300,640.00) (86,023.00) (640,442.00) (5,008.00) (11,207.00)	1,895.00 (300,640.00) (86,023.00) (640,442.00) (5,008.00) (11,207.00)	(353,163,00) (59,262,00) (594,266,00) (4,102,00) (9,658,00)	
301010-00-10 301030-00-10 301035-00-10 301050-00-10 301051-00-10 301053-00-10	Sewer Project depreciation Property - Beds Accounts Payable Accrued Wages Accrued Vacation And Sick stale laxes	(627,656.00) 1,895.00 (300,640,00) (86,023.00) (640,442.00) (5,008.00) (11,207.00) (597.00)		0.00 0.00 0.00 0.00 0.00 0.00 0.00	(627,656.00) 1,895.00 (300,640.00) (86,023.00) (640,442.00) (5,008.00) (11,207.00) (597.00)	1,885.00 (300,640,00) (86,023,00) (640,442.00) (5,008.00) (11,207.00) (597.00)	(353,163,D0) (59,262,00) (594,266,00) (4,102,00) (8,658,00) (490,00)	
301010-00-10 301030-00-10 301035-00-10 301050-00-10 301051-00-10	Sewer Project depreciation Property - Beds Accounts Payable Accrued Wages Accrued Vacation And Sick stale laxes Federal witholding tax	(627,656.00) 1,895.00 (300,640.00) (86,023.00) (640,442.00) (5,008.00) (11,207.00) (597.00)		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(627,656 00) 1,895.00 (300,640.00) (86,023.00) (640,442.00) (5,008.00) (11,207.00) (597.00) (13,788.00)	1,885.00 (300,640.00) (86,023.0D) (640,442.00) (5,008.00) (11,207.00) (597.00) (13,769.00)	(353,163,00) (69,262,00) (594,266,00) (4,102,00) (9,658,00) (490,00) (11,526,00)	
301010-00-10 301030-00-10 301035-00-10 301050-00-10 301051-00-10 301053-00-10 301053-00-10	Sewer Project depreciation Property - Beds Accounts Payable Accrued Wages Accrued Vacation And Sick state laxes Federal witholding tax CT EE Disability Tax Social Security	(627,656.00) 1,895.00 (300,640,00) (86,023.00) (640,442.00) (5,008.00) (11,207.00) (597.00)		0.00 0.00 0.00 0.00 0.00 0.00 0.00	(627, 656, 00) 1,885,00 (300, 640,00) (86,023,00) (640,442,00) (5,008,00) (11,207,00) (597,00) (13,789,00) (3,225,00)	1,895.00 (300,640,00) (86,023.00) (640,442.00) (5,008.00) (11,207.00) (597.00) (13,749.00) (3,225.00)	(353,163,D0) (59,262,D0) (594,266,D0) (4,102,D0) (8,658,D0) (490,D0) (11,526,D0) (2,696,D0)	
301010-00-10 301030-00-10 301035-00-10 301050-00-10 301051-00-10 301053-00-10 301053-00-10 301062-00-10	Sewer Project depreciation Property - Beds Accounts Payable Accrued Wages Accrued Vacation And Sick state laxes Federal witholding tax CT EE Disability Tax Social Security Medicare	(627,656.00) 1,895.00 (300,640,00) (86,023.00) (640,442.00) (5,008.00) (11,207.00) (587.00) (13,789.00)		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(627,656 00) 1,895.00 (300,640.00) (86,023.00) (640,442.00) (5,008.00) (11,207.00) (597.00) (13,788.00)	1,885.00 (300,640.00) (86,023.0D) (640,442.00) (5,008.00) (11,207.00) (597.00) (13,769.00)	(353,163,00) (69,262,00) (594,266,00) (4,102,00) (9,658,00) (490,00) (11,526,00)	
301010-00-10 301030-00-10 301035-00-10 301050-00-10 301051-00-10 301053-00-10 301061-00-10 301062-00-10 301070-00-10	Sewer Project depreciation Property - Beds Accounts Payable Accrued Wages Accrued Vacation And Sick state laxes Federal witholding tax CT EE Disability Tax Social Security Medicare CT User Fee Payable	(627,656.00) 1,895.00 (300,640.00) (86,023.00) (640,442.00) (5,006.00) (11,207.00) (5,57.00) (13,789.00) (3,225.00)		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(627, 656, 00) 1,895,00 (300,640,00) (86,023,00) (640,442,00) (5,008,00) (11,207,00) (597,00) (13,788,00) (3,225,00) (167,088,00)	1,895.00 (300,640,00) (86,023.00) (640,442.00) (5,008.00) (11,207.00) (597.00) (13,749.00) (3,225.00) (167,088.00)	(353,163,00) (59,262,00) (594,266,00) (4,102,00) (8,658,00) (490,00) (11,526,00) (2,696,00) (155,758,00)	
301010-00-10 301030-00-10 301035-00-10 301050-00-10 301051-00-10 301053-00-10 301061-00-10 301062-00-10 301070-00-10 325010-00-10	Sewer Project depreciation Property - Beds Accounts Payable Accrued Wages Accrued Vacation And Sick state laxes Federal witholding tax CT EE Disability Tax Social Security Medicare CT User Fee Payable Pathents personal monies	(627,656.00) 1,895.00 (300,640,00) (86,023.00) (640,442.00) (5,008.00) (11,207.00) (557.00) (13,789.00) (3,225.00) (167,068.00) (35,432.00)		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(627,656,00) 1,895,00 (300,640,00) (66,023,00) (640,442,00) (5,008,00) (11,207,00) (597,00) (3,225,00) (16,798,00) (3,432,00)	1,885.00 (300,640.00) (86,023.00) (640,442.00) (5,008.00) (11,207.00) (597.00) (13,749.00) (3,225.00) (167,088.00) (35,432.00)	(353,163,D0) (69,262,00) (594,266,00) (4,102,00) (8,658,00) (490,00) (11,526,00) (2,696,00) (37,366,00)	
301010-00-10 301030-00-10 301035-00-10 301035-00-10 301051-00-10 301051-00-10 301061-00-10 301061-00-10 301070-00-10 325010-00-10	Sewer Project depreciation Property - Beds Accounts Payable Accrued Wages Accrued Vacation And Sick state laxes Federal witholding tax CT EE Disability Tax Social Security Medicare CT User Fee Payable Patients personal romies PiR - credit union	(627, 656.00) 1,895.00 (300, 640,00) (86,023.00) (640,442.00) (5,008.00) (11,207.00) (37,789.00) (13,728.00) (35,432.00) (41,33.00)		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(627,656 00) (1,985,00) (300,640,00) (86,023,00) (50,000,00) (11,207,00) (397,00) (13,789,00) (147,068,00) (35,432,00) (4,130,00)	1,885,00 (300,640,00) (86,023,00) (640,442,00) (5,008,00) (11,207,00) (3,789,00) (3,225,00) (35,738,00) (35,432,00) (4,130,00)	(353,163,D0) (594,262,D0) (594,265,D0) (4,102,D0) (9,658,D0) (490,D0) (11,526,D0) (2,696,D0) (37,366,D0) (3,939,D0)	
30103-00-10 301030-00-10 301035-00-10 301035-00-10 301051-00-10 301051-00-10 301082-00-10 301082-00-10 325010-00-10 325010-00-10 325050-00-10	Sewer Project depreciation Property - Beds Accounts Payable Accrued Wages Accrued Vacation And Sick state laxes Federal witholding tax CT EE Disability Tax Social Security Medicare CT User Fee Payable Pathents personal monies PIR - credit union PIR - pension	(627,656.00) 1,895.00 (300,640.00) (86,023.00) (66,04.42.00) (5,008.00) (11,207.00) (597.00) (13,789.00) (3,225.00) (41,30.00) (4,130.00) (3,132.00)		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(627,656.00) 1,885.00 (300,640.00) (86,023.00) (86,023.00) (840,442.00) (5,008.00) (11,207.00) (597.00) (13,789.00) (3,225.00) (167,068.00) (35,432.00) (4,130.00) (3,723.00)	1,885,00 (300,640,00) (86,023,00) (640,442,00) (5,008,00) (11,207,00) (32,225,00) (47,788,00) (35,432,00) (41,30,00) (37,233,00)	(353,163,00) (69,262,00) (594,266,00) (4,102,00) (8,658,00) (490,00) (11,526,00) (2,696,00) (37,366,00) (3,398,00) (3,237,00)	
301010-00-10 301030-00-10 301035-00-10 301035-00-10 301051-00-10 301051-00-10 301061-00-10 301061-00-10 301070-00-10 325010-00-10	Sewer Project depreciation Property - Beds Accounts Payable Accrued Wages Accrued Vacation And Sick state laxes Federal witholding tax CT EE Disability Tax Social Security Medicare CT User Fee Payable Patients personal romies PiR - credit union	(627,656.00) 1,895.00 (300,640,00) (86,023.00) (640,442.00) (5,008.00) (11,207.00) (587.00) (13,789.00) (33,225.00) (41,008.00) (35,432.00) (4,130.00) (3,723.00) (72.00)		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(627,656 00) 1,895.00 (300,640.00) (85,023.00) (85,023.00) (5,008.00) (11,207.00) (397.00) (13,789.00) (3,725.00) (4,130.00) (3,723.00) (4,723.00)	1,885,00 (300,640,00) (86,023,00) (640,442,00) (5,008,00) (11,207,00) (13,789,00) (3,225,00) (41,708,00) (41,730,00) (41,730,00) (7,723,00)	(353,163.00) (59,262.00) (594,265.00) (4,102.00) (9,658.00) (490.00) (11,526.00) (2,696.00) (37,366.00) (3,339.00) (3,237.00) 0.00	
301010-00-10 301033-00-10 301035-00-10 301035-00-10 301051-00-10 301053-00-10 301062-00-10 301073-00-10 325010-00-10 325010-00-10 325050-00-10	Sewer Project depreciation Property - Beds Accounts Payable Accrued Wages Accrued Vacation And Sick state laxes Federal witholding tax CT EE Disability Tax Social Security Medicare CT User Fee Payable Pathents personal monies PIR - credit union PIR - pension	(627,656.00) 1,895.00 (300,640.00) (86,023.00) (66,04.42.00) (5,008.00) (11,207.00) (597.00) (13,789.00) (3,225.00) (41,30.00) (4,130.00) (3,132.00)		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(627,656.00) (1,895.00) (300,640.00) (86,023.00) (86,023.00) (86,042.00) (5,008.00) (11,207.00) (597.00) (13,780.00) (3,225.00) (41,30.00) (43,323.00) (72.00) (2,256,547.00)	1,885,00 (300,640,00) (86,023,00) (86,023,00) (50,008,00) (11,207,00) (13,789,00) (3,225,00) (41,30,00) (4,130,00) (4,130,00) (2,256,547,00) (2,256,547,00)	(353,163.00) (59,262.00) (594,266.00) (4,102.00) (9,656.00) (490.00) (11,526.00) (2,696.00) (37,366.00) (3,339.00) 0.00 (2,579,885.00)	
30103-00-10 301030-00-10 301035-00-10 301050-00-10 301051-00-10 301051-00-10 301061-00-10 301062-00-10 325010-00-10 325040-00-10 325050-00-10 400000-00-10	Sewer Project depreciation Property - Beds Accounts Payable Accrued Wages Accrued Vacation And Sick state taxes Federal witholding tax CT EE Disability Tax Social Security Medicare CT User Fee Payable Patients personal monies PIR - readt union PIR - pension PIR - persion PIR - persion	(627,656.00) 1,895.00 (300,640.00) (86,023.00) (86,023.00) (86,023.00) (50,008.00) (11,207.00) (597.00) (13,789.00) (3,225.00) (41,130.00) (41,130.00) (3,723.00) (72.00) (2,256,547.00)		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(627,656 00) 1,885.00 (300,640.00) (85,023.00) (85,023.00) (5,008.00) (11,207.00) (37,780.00) (37,780.00) (37,780.00) (41,30.00) (41,30.00) (72.00) (2,256,547.00) (3,005,677.00)	1,885,00 (300,640,00) (86,023,00) (840,442,00) (5,006,00) (11,207,00) (13,789,00) (3,225,00) (41,300,00) (3,723,00) (41,300,00) (2,256,547,00) (3,055,647,00)	(353,163.00) (59,262.00) (594,265.00) (4,102.00) (9,658.00) (490.00) (11,526.00) (2,995.00) (37,366.00) (3,393.00) (3,237.00) (2,279.885.00) (2,279.885.00)	
301010-00-10 301030-00-10 301035-00-10 301055-00-10 301051-00-10 301051-00-10 301061-00-10 301081-00-10 301070-00-10 325010-00-10 325010-00-10 325070-00-10 400000-00-10	Sewer Project depreciation Property - Beds Accounts Payable Accrued Wages Accrued Vacation And Sick state laxes Federal witholding tax CT EE Disability Tax Social Security Medicare CT User Fee Payable Patients personal monies PR - credit union PR - pension PR - pension	(627,656.00) 1,895.00 (300,640,00) (86,073.00) (640,442.00) (5,008.00) (11,207.00) (587.00) (13,789.00) (3,225.00) (41,30.00) (4,130.00) (4,130.00) (2,256,547.00) (3,255,647.00)		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(627,656 00) 1,885.00 (300,640.00) (85,023.00) (85,023.00) (5,008.00) (11,207.00) (37,780.00) (37,780.00) (37,780.00) (41,30.00) (41,30.00) (72.00) (2,256,547.00) (3,005,677.00)	1,885,00 (300,640,00) (86,023,00) (840,442,00) (5,006,00) (11,207,00) (13,789,00) (3,225,00) (41,300,00) (3,723,00) (41,300,00) (2,256,547,00) (3,055,647,00)	(353,163.00) (59,262.00) (594,266.00) (4,102.00) (9,656.00) (490.00) (11,526.00) (2,696.00) (37,366.00) (3,339.00) 0.00 (2,579,885.00)	
301010-00-10 301030-00-10 301035-00-10 301055-00-10 301055-00-10 301053-00-10 301053-00-10 301052-00-10 301052-00-10 301052-00-10 325010-00-10 325010-00-10 325050-00-10 40000-00-10 40000-00-10 5000-10-10	Sewer Project depreciation Property - Beds Accounts Payable Accrued Wages Accrued Vacation And Sick state taxes Federal witholding tax CT EE Disability Tax Social Security Medicare CT User Fee Payable Patients personal monies PR - readt union PR - pension	(627,656.00) 1,895.00 (300,640.00) (86,023.00) (66,023.00) (640,442.00) (5,008.00) (11,207.00) (597.00) (13,789.00) (3,225.00) (44,130.00) (37,23.00) (4,130.00) (2,256,547.00) (3,025,547.00) (1,025,547.00)		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(627,656.00) (1,895.00) (300,640.00) (66,023.00) (66,023.00) (640,442.00) (5,008.00) (11,207.00) (597.00) (13,728.00) (3,225.00) (45,080.00) (35,432.00) (47,100.00) (3,723.00) (72.00) (2,256,547.00) (3,065,674.00) (105,403.00)	1,885,00 (300,640,00) (86,023,00) (86,023,00) (5,008,00) (11,207,00) (3,225,00) (32,225,00) (35,432,00) (4,130,00) (4,130,00) (2,256,547,00) (2,256,547,00) (1,055,571,00) (1,055,571,00)	(353, 163.00) (59, 262.00) (594, 265.00) (4, 102.00) (9, 658.00) (490.00) (11,526.00) (2,595.00) (37,369.00) (3,399.00) (3,237.00) 0.00 (2,579.885.00) (3,005,672.00)	
301010-00-10 301030-00-10 301035-00-10 301055-00-10 301051-00-10 301051-00-10 301061-00-10 301061-00-10 301070-00-10 325010-00-10 325010-00-10 325070-00-10 400000-00-10	Sewer Project depreciation Property - Beds Accounts Payable Accrued Wages Accrued Vacation And Sick state taxes Federal witholding tax CT EE Disability Tax Social Security Medicare CT User Fee Payable Patients personal monies PR - readt union PR - pension	(627,656.00) 1,895.00 (300,640,00) (86,073.00) (640,442.00) (5,008.00) (11,207.00) (587.00) (13,789.00) (3,225.00) (41,30.00) (4,130.00) (4,130.00) (2,256,547.00) (3,255,647.00)		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(627,656 00) 1,885.00 (300,640.00) (85,023.00) (85,023.00) (5,008.00) (11,207.00) (37,780.00) (37,780.00) (37,780.00) (41,30.00) (41,30.00) (72.00) (2,256,547.00) (3,005,677.00)	1,885,00 (300,640,00) (86,023,00) (840,442,00) (5,006,00) (11,207,00) (13,789,00) (3,225,00) (41,300,00) (3,723,00) (41,300,00) (2,256,547,00) (3,055,647,00)	(353,163.00) (59,262.00) (594,265.00) (4,102.00) (9,658.00) (490.00) (11,526.00) (2,995.00) (37,366.00) (3,393.00) (3,237.00) (2,279.885.00) (2,279.885.00)	
301010-00-10 301030-00-10 301035-00-10 301035-00-10 301035-00-10 301035-00-10 301035-00-10 301035-00-10 301025-00-10 325010-00-10 325010-00-10 325010-00-10 325010-00-10 400010-00-10 400010-00-10 400010-00-10	Sewer Project depreciation Property - Beds Accounts Payable Accrued Wages Accrued Vacation And Sick state taxes Federal witholding tax CT EE Disability Tax Social Security Medicare CT User Fee Payable Patients personal monies PR - readt union PR - pension	(627,656.00) 1,895.00 (300,640.00) (86,023.00) (66,023.00) (640,442.00) (5,008.00) (11,207.00) (597.00) (13,789.00) (3,225.00) (44,130.00) (37,23.00) (4,130.00) (2,256,547.00) (3,025,547.00) (1,025,547.00)		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(627,656.00) (1,895.00) (300,640.00) (66,023.00) (66,023.00) (640,442.00) (5,008.00) (11,207.00) (597.00) (13,728.00) (3,225.00) (45,080.00) (35,432.00) (47,100.00) (3,723.00) (72.00) (2,256,547.00) (3,065,674.00) (105,403.00)	1,885,00 (300,640,00) (86,023,00) (86,023,00) (5,008,00) (11,207,00) (3,225,00) (32,225,00) (35,432,00) (4,130,00) (4,130,00) (2,256,547,00) (2,256,547,00) (1,055,571,00) (1,055,571,00)	(353, 163.00) (59, 262.00) (594, 265.00) (4, 102.00) (9, 658.00) (490.00) (11,526.00) (2,595.00) (37,369.00) (3,399.00) (3,237.00) 0.00 (2,579.885.00) (3,005,672.00)	
301010-00-10 301030-00-10 301035-00-10 301035-00-10 301031-00-10 301031-00-10 301031-00-10 301031-00-10 325010-00-10 325010-00-10 325010-00-10 325010-00-10 325010-00-10 325010-00-10 325010-00-10 325010-00-10 325010-00-10	Sewer Project depreciation Property - Beds Accounts Payable Accrued Wages Accrued Vacation And Sick state taxes Federal witholding tax CT EE Disability Tax Social Security Medicare CT User Fee Payable Patients personal monies PR - readt union PR - pension	(627,656.00) 1,895.00 (300,640.00) (86,023.00) (86,023.00) (86,023.00) (86,023.00) (11,207.00) (597.00) (13,789.00) (32,225.00) (41,300.00) (35,432.00) (41,300.00) (2,256,547.00) (3,055,571.00) (165,403.00)		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(627,656.00) (1,895.00) (300,640.00) (65,023.00) (640,442.00) (5,000,00) (11,207.00) (597.00) (13,789.00) (14,736.00) (167,068.00) (3,225.00) (41,330.00) (72.00) (3,255.00) (15,565.670.00) (165,403.00)	1,895,00 (300,640,00) (86,023,00) (640,442,00) (5,008,00) (11,207,00) (32,725,00) (167,088,00) (41,30,00) (3,722,00) (4,130,00) (72,00) (2,256,647,00) (2,256,647,00) (105,403,00)	(353,163.00) (594,266.00) (4,102.00) (9,658.00) (4,90.00) (11,526.00) (2,696.00) (37,366.00)	
301010-00-10 301030-00-10 301035-00-10 301035-00-10 301031-00-10 301031-00-10 301031-00-10 301031-00-10 325010-00-10 325010-00-10 325010-00-10 325010-00-10 325010-00-10 325010-00-10 325010-00-10 325010-00-10 325010-00-10	Sewer Project depreciation Property - Beds Accounts Payable Accrued Wages Accrued Vacation And Sick state taxes Federal witholding tax CT EE Disability Tax Social Security Medicare CT User Fee Payable Patients personal monies PR - readt union PR - pension	(627,656.00) 1,895.00 (300,640.00) (86,023.00) (66,023.00) (640,442.00) (5,008.00) (11,207.00) (597.00) (13,789.00) (3,225.00) (44,130.00) (37,23.00) (4,130.00) (2,256,547.00) (3,025,547.00) (1,025,547.00)		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(627,656.00) (1,895.00) (300,640.00) (66,023.00) (66,023.00) (640,442.00) (5,008.00) (11,207.00) (597.00) (13,728.00) (3,225.00) (45,080.00) (35,432.00) (47,100.00) (3,723.00) (72.00) (2,256,547.00) (3,065,674.00) (105,403.00)	1,885,00 (300,640,00) (86,023,00) (86,023,00) (5,008,00) (11,207,00) (3,225,00) (32,225,00) (35,432,00) (4,130,00) (4,130,00) (2,256,547,00) (2,256,547,00) (1,055,571,00) (1,055,571,00)	(353, 163.00) (59, 262.00) (594, 265.00) (4, 102.00) (9, 658.00) (490.00) (11,526.00) (2,595.00) (37,369.00) (3,399.00) (3,237.00) 0.00 (2,579.885.00) (3,005,672.00)	
301010-00-10 301030-00-10 301035-00-10 301035-00-10 301031-00-10 301031-00-10 301031-00-10 301031-00-10 325010-00-10 325010-00-10 325010-00-10 325010-00-10 325010-00-10 325010-00-10 325010-00-10 325010-00-10 325010-00-10	Sewer Project depreciation Property - Beds Accounts Payable Accrued Wages Accrued Vacation And Sick state laxes Federal witholding tax CT EE Disability Tax Social Security Medicare CT User Fee Payable Pathents personal monies PIR - credit union PIR - pension PIR - personal PI	(627,656.00) 1,895.00 (300,640.00) (85,023.00) (65,023.00) (640,442.00) (5,008.00) (11,207.00) (597.00) (13,789.00) (3,225.00) (41,330.00) (41,330.00) (41,330.00) (2,256,547.00) (3,055,971.00) (165,403.00)		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(627,656.00) (1,895.00) (300,640.00) (86,023.00) (86,023.00) (640,442.00) (5,008.00) (11,207.00) (597.00) (13,780.00) (3,225.00) (41,730.00) (43,725.00) (47,720.00) (3,723.00) (72.00) (2,256,547.00) (3,065,674.00) (165,403.00)	1,885,00 (300,540,00) (86,023,00) (840,442,00) (11,207,00) (13,207,00) (3,225,00) (37,23,00) (41,30,00) (4,130,00) (2,225,42,00) (2,256,547,00) (3,065,571,00) (165,403,00)	(353,163.00) (594,265.00) (4,102.00) (4,102.00) (4,60.00) (4,102.00) (4,60.00) (2,595.00) (37,365.00) (37,365.00) (3,237.00) 0.00 (2,579.885.00) (3,237.00) 0.00 (2,579.885.00) (3,237.00) 3,005.672.00] (323,339.00)	
301010-00-10 301030-00-10 301035-00-10 301035-00-10 301031-00-10 301031-00-10 301031-00-10 301031-00-10 325010-00-10 325010-00-10 325010-00-10 325010-00-10 325010-00-10 325010-00-10 325010-00-10 325010-00-10 325010-00-10	Sewer Project depreciation Property - Beds Accounts Payable Accrued Wages Accrued Vacation And Sick state laxes Federal witholding tax CT EE Disability Tax Social Security Medicare CT User Fee Payable Pathents personal monies PIR - credit union PIR - pension PIR - personal PI	(627,656.00) 1,895.00 (300,640.00) (86,023.00) (86,023.00) (86,023.00) (86,023.00) (11,207.00) (597.00) (13,789.00) (32,225.00) (41,300.00) (35,432.00) (41,300.00) (2,256,547.00) (3,055,571.00) (165,403.00)		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(627,656.00) (1,895.00) (300,640.00) (65,023.00) (640,442.00) (5,000,00) (11,207.00) (597.00) (13,789.00) (14,736.00) (167,068.00) (3,225.00) (41,330.00) (72.00) (3,255.00) (15,565.670.00) (165,403.00)	1,895,00 (300,640,00) (86,023,00) (640,442,00) (5,008,00) (11,207,00) (32,725,00) (167,088,00) (41,30,00) (3,722,00) (4,130,00) (72,00) (2,256,647,00) (2,256,647,00) (105,403,00)	(353,163.00) (594,266.00) (4,102.00) (9,658.00) (4,90.00) (11,526.00) (2,696.00) (37,366.00)	

Matulaitis Nursing Home, Inc. Cost Reports Client: Medicaid - Matulaitis Nursing Home, Inc. Engagement: 9/30/2023 Period Ending: A.01 - TB-CCNH Trial Balance: RJE FINAL 1st PP-FINAL JE Ref# Description UNADJ ADJ Account 9/30/2023 9/30/2022 9/30/2023 9/30/2023 747,241.00 604,951.00 604,951.00 604.951.00 101010-00-10 Checking 200.00 200,00 200.00 101011-00-10 Pettycash 200.00 1,853,00 2,015.00 1.853.00 1,853.00 101020-00-10 Payroll 35,092.00 37,025,00 Citizens Bank - Personal Money 35,092,00 35.092.00 101060-00-10 340,00 340.00 340.00 340.00 101070-00-10 Personal Money-Petty Cash 2,121,078.00 2,138,050.00 2.138.050.00 102010-00-10 Savings Acct CD 2.138.050.00 39 519 00 39,519.00 47 252 00 102050-00-10 Donation Acct 39.519.00 111,500.00 105.989.00 102190-00-10 Bed Tax Cash Acct 111.500.00 111.500.00 1,552,966,00 1,604,808.00 104000-00-10 Accounts Receivable 1.552.966.00 1,552,966.00 (29,519,00) (89,519,00) Allowance for Doubtful Accounts (29,519,00)(29,519.00)105000-00-10 5.400.00 1,000.00 5 400 00 5,400,00 119000-00-10 Prepaid expenses 70,967.00 53,825.00 70,967.00 70.967.00 119020-00-10 Insurance Package 4,752.00 4.962.00 119030-00-10 D And O Liability 4,962.00 4.962.00 30,000.00 30,000,00 30.000.00 30,000.00 119040-00-10 Supplies (3,187.00) 1,570,783.00 1,426,859,00 150010-00-10 Fixed equipment 1,573,970.00 1,573,970.00 **RJF - 1** (3.187.00)1,168,093.00 1,168,093.00 3,187.00 1,171,280,00 1,153,120,00 150020-00-10 Major moveable equipment RJE - 1 3.187.00 4,803.00 4.803.00 4.803.00 4,803.00 150030-00-10 Statue Motor Vehicle 23.814.00 23,814.00 23.814.00 23,814,00 150040-00-10 3,457,018.00 3,457,018,00 3,448,321,00 3,457,018.00 150050-00-10 Leasehold improvements 627,657.00 627,657,00 627,657,00 150070-00-10 Sewer Project 627,657.00 43.654.00 0.00 Building improvement 43,654.00 43,654,00 151010-00-10 (1,009,211.00) (1,009,211,00)(1,009,211.00)(944.978.00)151020-00-10 Fixed equipment depreciation (1,065,456,00) (1,065,456.00) (1,065,456,00) (1,030,853,00) Major moveable depreciation 151030-00-10 (23,814,00)(23.814.00)(23.814.00)(23,814.00)151040-00-10 Motor vehicle depreciation (2,312,877,00) (2,157,493,00) (2,312,877.00)(2,312,877.00) Leasehold improvements depreciation 151060-00-10 (627,656.00) (627,656.00) (627,656,00) (627,656,00) 151070-00-10 Sewer Project depreciation 1.895.00 1,895.00 1.895.00 1.895.00 152020-00-10 Property - Beds (353,163,00) (300.640.00) (300.640.00) (300.640.00)301010-00-10 Accounts Pavable (86.023.00) (86,023,00) (69.262.00) 301030-00-10 Accrued Wages (B6 023-00) (640,442.00) (594, 266, 00) Accrued Vacation And Sick (640.442.00) (640,442,00) 301035-00-10 (5,008.00)(4.102,00)(5.008.00) (5.008.00) 301050-00-10 state taxes (11,207,00)(9,658,00) (11,207.00) 301051-00-10 Federal witholding tax (11,207,00)(597.00)(490.00)301053-00-10 CT EE Disability Tax (597.00)(597.00)(13,789,00) (11,526.00) (13.789.00) 301061-00-10 Social Security (13.789.00) (2,696,00) (3.225.00)301062-00-10 Medicare (3.225.00)(3,225.00)(155,758,00)(167.068.00) 301070-00-10 CT User Fee Payable (167,068,00)(167,068,00) (35, 432, 00) (37.366.00)Patients personal monies (35,432.00)(35,432,00)325010-00-10 (4 130.00) (3.939.00) P/R - credit union (4,130.00)(4,130,00)325040-00-10 (3,237,00) (3,723,00)P/R - pension (3,723.00)(3,723,00)325050-00-10 0.00 P/R - employee attachments (72,00)(72.00)(72.00)325070-00-10 (2,256,547,00) (2,579,885,00) (2,256,547.00) (2.256,547.00)400000-00-10 Fund Balances (3,065,671,00) (3,065,672,00) (3,065,671.00) (3,065,671.00)400010-00-10 unrestricted operating funds 500010-10-10 SNF Private RandB Revenue (2,374,426.00) (2,374,426.00) (2.374.426.00) (2,489,761,00) 500020-10-10 Tite XIX RandB Revenue (6.272.769.00) (6,272,769.00) (6,272,769.00) (5,776,108,00) (1,731,484,00) (1,698,985.00) Medicare - Part A RandB Revenue (1,731,484.00)(1,731,484,00) 500030-10-10 (563,396,00) (563,396,00) (348, 524.00)500040-10-10 Commercial HMO (563.396.00) Room And Board - HMO (1,374,00)0.00500060-10-10 (1,374.00)(1,374.00)(39,772.00) 0.00 0.00 0.00 500070-10-10 Medicaid Advances (26, 244, 00)(32,041,00)Mediare - Part A Revenue PT (26,244.00) (26.244.00) 510030-11-10 (2,360.00)(6,571,00)(2,360.00) (2,360,00)510040-11-10 Vaccines Medicare Part B Revenue PT (105,672.00) (105,672.00) (105.672.00)(124, 242, 00)510050-11-10 (99,800,00) (99,800.00) (106,680,00)(99.800.00) 510070-11-10 Medicare - B revenue OT (42,960,00)(16.398.00) (16,398.00)(16.398.00)Medicare - B Revenue ST 510080-11-10 582.00 (3.335.00)582.00 582.00 510110-11-10 Medicaid Revenue PT (2,771.00) (9.00)Medicaid Revenue OT (9.00) (9.00)510120-11-10 (75.00)(1.006:00) 510130-11-10 Medicaid Revenue ST (76.00)(76.00) (139,362,00)(153,957.00)510200-11-10 Medicare - A Revenue OT (139.362.00) (139.362.00) (21,398,00) (72,957,00)510210-11-10 Medicare - A Revenue ST (21.398.00)(21,398,00) (33,968,00) (33.968.00)(33,434,00)510310-11-10 Private Revenue PT (33.968.00)(41,194.00) (41.194.00) (49,503,00) (41,194,00) 510320-11-10 Private Revenue OT (15,006,00) (8.229.00)Private Revenue ST (8,229.00)(8.229.00)510330-11-10 (25 939,00) (15,081.00)(15.081.00)(15.081.00) 700000-12-10 Other revenue (9,676,00) 700020-12-10 interest income (17,074.00)(17,074.00)(17.074.00)MC Review - HMO Prior Year Adj (8,00) 92.00 704060-12-10 (8.00) (8.00) 725010-13-10 Contractual Allowance Private 29,001.00 29,001.00 29 001 00 46 142 00 32,764.00 32,764.00 32 764 00 77.013.00 725030-13-10 Contractual Allowance Med-A

Account	Description	UNADJ	ADJ	JE Ref#	RJE FINAL	1st PP-FINAL
Account		9/30/2023	9/30/2023		9/30/2023	9/30/2022
725040-13-10	Contractual Allowance Med-B	63,641.00	63,641.00	HIGH-HILLS III	63,641.00	77,494.00
	Contractual Allowance Medicaid	22,148.00	22,148.00		22,148.00	43,252.00
	Commercial HMO PT OT	196,154.00	196,154.00		196,154.00	145,460.00
	Contractual Allow Reduction MC 2%	37,410.00	37,410.00		37,410.00	16,060.00
	Accounts Receivables Adjustments	6,549.00	6,549.00		6,549.00	10,334.00
800010-23-10	Administrator	151,840.00	151,840.00		151,840.00	147,036.00
800020-23-10	Clerical	401,838.00	401,838.00		401,838.00	353,980.00
800030-23-10		537,587.00	537,587.00		537,587.00	543,415.00
	Culinary Supervisor	78,472.00	78,472.00		78,472.00	76,667.00 167,018.00
800060-23-10		182,209.00	182,209.00		182,209.00 107,967.00	94,517.00
	Maintenance Supervisor	107,967.00 95,708.00	107,967.00 95,708.00		95,708.00	94,475.00
800080-23-10 800090-23-10		136,727.00	136,727.00		136,727.00	136,360.00
	Housekeeping/Laundry Supervisor	49,377.00	49,377.00		49,377.00	52,419.00
	Financial Manager	108,261.00	108,261.00		108,261.00	106,164.00
801010-23-10		139,631.00	139,631.00		139,631.00	140,889.00
801040-23-10		735,498.00	735,498.00		735,498.00	1,116,383.00
801050-23-10		854,137.00	854,137.00		854,137.00	819,758.00
801060-23-10	Nurses's aides	1,792,711.00	1,792,711.00		1,792,711.00	1,771,367.00
801070-23-10		100,191.00	100,191.00		100,191.00	97,957.00
	Nursing pool RNs	66,131.00	66,131.00		66,131.00	72,220.00
	Nursing Pool LPNs	163,419.00	163,419.00		163,419.00 63,775.00	40,711.00 43,638.00
	Nursing Pool CNA	63,775.00	63,775.00		138,861.00	147,749.00
802010-23-10		138,861.00	138,861.00 125,526.00		125,526.00	135,654.00
802040-23-10	Social services	125,526.00 78,071.00	78,071.00		78,071.00	73,201.00
	director of clinical development	65,618.00	65,618.00		65,618.00	77,770.00
803010-23-10M		289,050.00	289,050.00		289,050.00	0.00
803020-23-10M		100,663.00	100,663.00		100,663.00	0.00
803070-23-10		17,176.00	17,176.00		17,176.00	18,741.00
	Medical Supplies	76,483.00	76,483.00		76,483.00	49,776.00
806100-32-10	Oxygen And Breathing Supplies	26,607.00	26,607.00		26,607.00	36,593.00
807000-24-10	Miscellaneous supplies	4,656.00	4,656.00		4,656.00	7,399.00
	Medicare lab charges patient	13,092.00	13,092.00		13,092.00	5,709.00
	medicare xrays	4,685.00	4,685.00		4,685.00	4,213.00 618.00
	Special services expense	1,324.00	1,324.00		1,324.00 275.00	75.00
	medical staff meetings	275,00 60,000.00	275.00 60,000.00		60,000.00	60,000,00
811010-32-10 812000-32-10	Dr Visits - PMA	6,259.00	6,259.00		6,259.00	7,761.00
	Pharmacy consultant	13,413.00	13,413.00		13,413.00	11,145.00
	Medicine Cabinet Supplies	34,452.00	34,452.00		34,452.00	25,026.00
	RX Cost - Other	32,784.00	32,784.00		32,784.00	45,430.00
	RX Cost - MD unpaid	1,879.00	1,879.00		1,879.00	3,633.00
824050-32-10	RX Cost - Medicare	119,561.00	119,561.00		119,561.00	91,005.00
828000-32-10		41,745.00	41,745.00		41,745.00	38,925.00
	Per Diem Part A	230,338.00	230,338.00		230,338.00	233,106.00
841100-32-10		49,286.00	49,286.00		49,286.00	56,190.00 73,941.00
841200-32-10		69,456.00	69,456.00 11,095.00		69,456.00 11,095.00	29,182,00
841300-32-10		11,095.00 13,566.00	13,566.00		13,566.00	13,674.00
841400-32-10	Commerical Insurance - PT OT ST	53,027.00	53,027.00		53,027.00	51,429.00
	Physical Therapy	32,528.00	32,528.00		32,528.00	26,195.00
	Physical Therapy supplies	3,067.00	3,067.00		3,067.00	1,520,00
	Occupational Therapy	33,803,00	33,803.00		33,803.00	25,060.00
	Speech Therapy	4,444.00	4,444.00		4,444.00	7,429.00
875000-32-10		8,340.00	8,340.00		8,340.00	11,640.00
	Chapel expense	2,800.00	2,800.00		2,800.00	2,414.00
881000-32-10		8,422.00	8,422.00		8,422.00	8,604.00
889000-32-10	Beauty/Gifts	233.00	233,00		233.00	30.00
898000-28-10		311,674.00	311,674.00		311,674.00	277,072.00
	Med. Nutriment Supplement	14,507.00	14,507.00		14,507.00 29.816.00	12,762.00 28,002.00
	Dietary supplies	29,816.00	29,816.00 98,732.00		98,732.00	84,687.00
	Laundry supplies	98,732.00 60,116.00	60,116.00		60,116.00	54,883.00
	housekeeping supplies outside services/repairs	45,986,00	45,986.00		45,986.00	47,437.00
	Waste Removal	21,455.00	21,455.00		21,455.00	19,223.00
	Maintenance supplies	50,927.00	50,927.00		50,927.00	32,545.00
926000-27-10		17,180.00	17,180.00		17,180.00	7,240.00
927000-27-10		72,761.00	72,761.00		72,761.00	51,747.00
928000-27-10		95,683.00	95,683.00		95,683.00	85,579.00
929000-27-10	gas	29,324.00	29,324.00		29,324.00	30,380.00
929100-27-10	sewer usage	24,031.00	24,031.00		24,031.00	21,456.00

Account	Description	UNADJ	ADJ	JE Ref#	RJE	FINAL	1st PP-FINAL
		9/30/2023	9/30/2023			9/30/2023	9/30/2022
933000-26-10	Permits And Licenses	1,043.00	1,043.00			1,043.00	4,396.00
935010-26-10	General/Misc.	12,745.00	12,745.00			12,745.00	250,00
935030-26-10	Payroll services	131,815.00	131,815.00			131,815.00	119,137.00
935031-26-10	Background checks	3,084.00	3,084.00			3,084.00	3,935.00
935060-34-10		25.00	25.00			25.00	81.00
949000-25-10	health insurance	467,299.00	467,299.00			467,299.00	456,825.00
949010-25-10	Disability Insurance	24,617.00	24,617.00			24,617.00	35,618.00
949030-25-10	dental insurance	15,517.00	15,517.00			15,517.00	16,251.00
952000-25-10	Worker's Comp Insurance	61,281.00	61,281.00			61,281.00	54,923.00
952010-25-10	Pension matching	25,122.00	25,122.00			25,122.00	38,415.00
952011-25-10	Covid-19	850.00	850.00			850.00	47,700.00
952020-26-10		7,004.00	7,004.00			7,004.00	5,000.00
952030-26-10		40,000.00	40,000.00			40,000.00	60,000.00
955000-26-10		579.00	579.00			579.00	2,024.00
955010-26-10	Insurance - Property	31,301.00	31,301.00			31,301.00	29,460.00
955030-26-10	Ins - Liability	94,784.00	94,784.00			94,784.00	81,280.00
955040-26-10	Ins - D And O	19,638.00	19,638.00			19,638.00	16,639.00
956000-26-10		25,945.00	25,945.00			25,945.00	11,267.00
956010-26-10	Accounting Fees	30,634.00	30,634.00			30,634.00	34,188.00
956020-26-10		2,771.00	2,771.00			2,771.00	3,515.00
956030-26-10	Computer Consultant	7,439.00	7,439.00			7,439.00	2,814.00
957000-26-10	Office Supplies	45,834.00	45,834.00			45,834.00	55,552.00
957010-26-10	Social Services Supplies	346.00	346.00			346.00	1,083.00
958000-26-10	Postage	6,216.00	6,216.00			6,216.00	5,460.00
960010-26-10	Computer expense	128,806.00	128,806.00		(33,341,00)	95,465.00	114,838.00
000010 25 10	Sumparior on parior			RJE - 3	(33,341.00)		
961000-26-10	Telephone	8,215.00	8,215.00		(1,260.00)	6,955.00	7,934.00
001000 20 10	10,00			RJE - 4	(1,260.00)		
962000-25-10	FICA	430,846,00	430,846.00			430,846.00	429,018.00
962010-25-10	State unemployment	0.00	0.00			0.00	7,994.00
964020-27-10	Transportation - Truck	614.00	614.00			614.00	3,887.00
964040-26-10	Travel reimbursement	517.00	517.00			517.00	787.00
969000-26-10	Employee Benefits-Other	18,091.00	18,091.00			18,091.00	22,641.00
970000-26-10	Education	5,576.00	5,576.00			5,576.00	3,042.00
971000-26-10	Public relations	3,830.00	3,830.00			3,830.00	5,471.00
972000-26-10	Help wanted ads	16,303.00	16,303.00			16,303.00	22,570.00
972010-26-10	Website Advertising	13,643.00	13,643.00			13,643.00	16,347.00
973000-26-10	Subscriptions And Dues	13,714.00	13,714.00		(13,350.00)	364.00	1,464.00
313000-20-10	Odbachpilona / ma Dada	75,7 1 1122	74,7 7 11	RJE - 2	(13,350.00)		
973010-26-10	Association Dues	0.00	0.00		13,350.00	13,350.00	12,140.00
9/3010-20-10	Association Ducs	0.00	0.00	RJE - 2	13,350.00		•
976000-26-10	Physicals - Employees	3,888.00	3,888.00		,	3,888.00	1,808.00
985000-33-10	CT User Fee Bed Tax	653,028,00	653,028.00			653,028.00	609,829,00
987000-35-10	•	230,040.00	230,040.00			230,040.00	230,040.00
988010-31-10		64,233.00	64,233.00			64,233.00	54,784.00
	•	34,603.00	34,603.00			34,603.00	45,281.00
988020-31-10 988040-31-10	Depreciation-Major Movables Depreciation-Lease Hold	155,384.00	155,384.00			155,384.00	146,549,00
	Admissions Salary	0.00	0.00			0.00	69,701,00
Marcum 001 Marcum 002	Cable TV	0.00	0.00		33,341,00	33,341.00	38,238.00
Marcum 002	Caple 1 A	0.00	0.00	RJE - 3	33,341,00	00,011.00	03,200,00
M 600	Call Dhana Evanna	0.00	0.00	1705 - 0	1,260.00	1,260.00	1,820.00
Marcum 003	Cell Phone Expense	0.00	0.00	RJE-4	1,260.00	,,200,00	.,020,00
Total		0.00	0.00	1300-4	0.00	0.00	0.00
Total		0.00	0.00		0.00	0.00	0.00
	Net (Income) Loss	165,403.00	165,403.00		0.00	165,403.00	323,339.00
	Net (income) Loss	100,400.00					

51,138.00

51,138.00

Client:

Matulaitis Nursing Home, Inc. Cost Reports Medicaid - Matulaitis Nursing Home, Inc.

Engagement: Period Ending:

9/30/2023

Trial Balance: Workpaper:

A.01 - TB-CCNH

Total All Journal Entries

H.01 - Combined Journal Entries Report

Credit W/P Ref Debit Description Account Reclassifying Journal Entries K.03 Reclassifying Journal Entries JE # 1 to tie fixed asset additions in accordance to the 2023 Audit 3,187.00 150020-00-10 Major moveable equipment 3,187,00 150010-00-10 Fixed equipment 3,187.00 3,187.00 D.01 Tab O Reclassifying Journal Entries JE # 2 to reclass dues out of subscriptions and to the correct line of the cost report 13,350.00 973010-26-10 Association Dues 973000-26-10 Subscriptions And Dues 13,350.00 13,350.00 13,350.00 Total N.01a ReclassifyIng Journal Entries JE # 3 to reclass cable tv to the correct line of the cost report 33,341.00 Marcum 002 Cable TV 33,341.00 960010-26-10 Computer expense 33,341.00 33,341.00 Total N.01a Reclassifying Journal Entries JE # 4 to reclass cell phone expense to the correct line of the cost report 1,260.00 Marcum 003 Cell Phone Expense 1,260.00 961000-26-10 Telephone 1,260,00 1,260.00 Total 51,138.00 51,138,00 Total Reclassifying Journal Entries