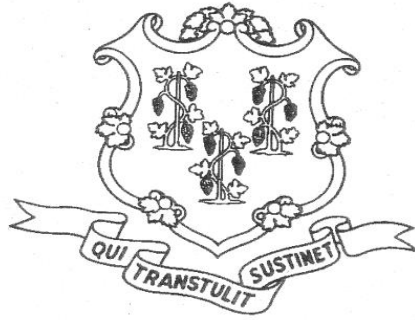


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2023

Name of Facility (as licensed) Monsignor Bojnowski Manor	
Address (No. & Street, City, State, Zip Code) 50 Paulaski Street, New Britain, CT 06053	
Type of Facility Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input type="checkbox"/> (Specify) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2022	Report for Year Ending 9/30/2023

License Numbers:	CCNH / RHNS 993-C	(Specify)	(Specify)	Medicare Provider 07-5374
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Medicaid Provider Numbers:	CCNH / RHNS	(Specify)	(Specify)
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General Information

Name of Facility (as licensed) Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2023	Page 1	of 37
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Administrator's/Owner's Certification

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

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

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Martin Julmisse			Printed Name (Owner) Daughters of Mary		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Monsignor Bojnowski Manor		Period Covered:	From 10/1/2022	To 9/30/2023
Address of Facility 50 Paulaski Street, New Britain, CT 06053				
Report Prepared By CJLC LLC		Phone Number 860-610-9009	Date	
Item	Total	CCNH / RHNS	(Specify)	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

		Phone No. of Facility 860-229-0336	Report for Year Ended 9/30/2023	Page 2	of 37
Name of Facility (as shown on license) Monsignor Bojnowski Manor		Address (No. & Street, City, State, Zip) 50 Paulaski Street, New Britain, CT 06053			
License Numbers:	CCNH / RHNS 993-C	(Specify)	(Specify)	Medicare Provider No. 07-5374	
Type of Facility (Check appropriate box(es))					
Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input type="checkbox"/> (Specify) <input type="checkbox"/> (Specify)					
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?					
<input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.					
Administrator					
Name of Administrator Martin Julmisse			Nursing Home Administrator's License No.:		
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

General Information and Questionnaire Related Parties*

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2023	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Immaculate Conception, Inc.	314 Osgood Avenue, New Britain, CT 06053	<input type="radio"/>	<input checked="" type="radio"/>		Lessor of Land	22/9	12,000	12,000
Immaculate Conception, Inc.	314 Osgood Avenue, New Britain, CT 06053	<input type="radio"/>	<input checked="" type="radio"/>		Provider of Financing	26/12A	2,546	2,546
Immaculate Conception, Inc.	314 Osgood Avenue, New Britain, CT 06053	<input type="radio"/>	<input checked="" type="radio"/>		Provider of Employee Services	10/A12m	71,107	71,107
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2023	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

General Information and Questionnaire
Other Lines of Business

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2023	Page 6	of 37
Square footage of entire facility.		0		
Outpatient Therapy				
Does the Facility provide outpatient therapy services?		No		
<i>If yes, please complete the following:</i>				
Square footage of therapy space.				
Meals on Wheels				
Does the facility provide Meals on Wheels?		No		
<i>If yes, please complete the following:</i>				
Square footage of kitchen				
Number of meals served per week				
No	Are meals included in meals served on page 18 of the Annual Report?			
No	Are direct costs included in the Annual Report?			
<i>If yes, please state where costs are reported.</i>				
No	Are drivers for the program included in the facility's payroll?			
<i>If yes, please complete the following:</i>				
Amount Reported				
Annual Report page and line				
Please state the salary amounts of specific cooks and/or dietary aides				
Please state where the cooks and/or dietary aides are reported in the Annual Report				
Apartments, Independent Living, Assisted Living				
Does the facility have apartments, independent living, and/or assisted living?		No		
<i>If yes, please complete the following:</i>				
Square footage of apartments				
Square footage of independent living				
Square footage of assisted living				
Please identify the services provided:				

General Information and Questionnaire
Other Lines of Business (Continued)

Name of Facility Monsignor Bojnowski	License No. 993-C	Report for Year Ended 9/30/2023	Page 7	of 37
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Child Day Care

Does the Facility provide Child Day Care? No

If yes, please complete the following:

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

Adult Day Care

Does the Facility provide Adult Day Care? No

If yes, please complete the following:

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

Schedule of Resident Statistics

Name of Facility			License No.		Report for Year Ended				Page		of	
Monsignor Bojnowski Manor			993-C		9/30/2023				8		37	
	Total All Levels	Total CCNH / RHNS Level	Total (Specify)	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH / RHNS	(Specify)	(Specify)	Total	CCNH / RHNS	(Specify)	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	60	60			60	60						
B. On last day of THIS report period	60	60							60	60		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	49	49			49	49						
B. As of midnight of THIS report period	47	47							47	47		
3. Total Number of Days Care Provided During Period												
A. Medicare	1,433	1,433			1,275	1,275			158	158		
B. Medicaid (Conn.)	10,672	10,672			7,864	7,864			2,808	2,808		
C. Medicaid (other states)												
D. Private Pay	4,718	4,718			3,365	3,365			1,353	1,353		
E. State SSI for RCH												
F. Other (Specify)	1,581	1,581			1,200	1,200			381	381		
G. Total Care Days During Period (3A thru F)	18,404	18,404			13,704	13,704			4,700	4,700		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	64	64			26	26			38	38		
B. Other Bed Reserve Days	11	11			8	8			3	3		
5. Total Resident Days (3G + 4A + 4B)	18,479	18,479			13,738	13,738			4,741	4,741		

Schedule of Resident Statistics (Cont'd)

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2023	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No
 If "YES", provide the following information:

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

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

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH / RHNS	CCNH / RHNS	(Specify)	CCNH / RHNS	(Specify)	(Specify)	R.C.H.	ICF-MR
No. of Residents	4	32		11				
Per Diem Rate								
a. One bed rm.		#####		475.00				
b. Two bed rms.				425.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
A. Medicare - Part B	3,610	3,610			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other	230	230			
D. Total Physical Therapy Treatments	3,840	3,840			
8. Total Number of Speech Therapy Treatments					
A. Medicare - Part B	691	691			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other	230	230			
D. Total Speech Therapy Treatments	921	921			
9. Total Number of Occupational Therapy Treatments					
A. Medicare - Part B	2,605	2,605			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other	230	230			
D. Total Occupational Therapy Treatments	2,835	2,835			

Annual Report of Long-Term Care Facility

CSP-10 Rev. 3/2023

Report of Expenditures - Salaries & Wages

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2023	Page 10	of 37
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Are time records maintained by all individuals receiving compensation? Yes No

Item	Total Cost and Hours									
	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours	
A. Salaries and Wages*										
1. Operators/Owners (Complete also Sec. I of Schedule A1)										
2. Administrator(s) (Complete also Sec. III of Schedule A1)	187,518		2,080							
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)										
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	96,000		6,640							
5. Dietary Service										
a. Head Dietitian										
b. Food Service Supervisor	64,506		2,104							
c. Dietary Workers	305,877		17,245							
6. Housekeeping Service										
a. Head Housekeeper	23,144		416							
b. Other Housekeeping Workers	132,570		8,839							
7. Repairs & Maintenance Services										
a. Engineer or Chief of Maintenance	53,923		1,250							
b. Other Maintenance Workers	132,741		6,333							
8. Laundry Service										
a. Supervisor	19,718		416							
b. Other Laundry Workers	82,709		2,906							
9. Barber and Beautician Services										
10. Protective Services										
11. Accounting Services										
a. Head Accountant										
b. Other Accountants										
12. Professional Care of Residents										
a. Directors and Assistant Director of Nurses	138,406		2,235							
b. RN										
1. Direct Care	329,219		9,670							
2. Administrative**	98,088		2,157							
c. LPN										
1. Direct Care	460,801		12,830							
2. Administrative**	83,042		2,108							
d. Aides and Attendants	500,685		26,072							
e. Physical Therapists										
f. Speech Therapists										
g. Occupational Therapists										
h. Recreation Workers	79,654		3,327							
i. Physicians										
1. Medical Director										
2. Utilization Review										
3. Resident Care***										
4. Other (Specify)										
j. Dentists										
k. Pharmacists										
l. Podiatrists										
m. Social Workers/Case Management	71,107		2,080							
n. Marketing										
o. Other (Specify) See Attached Schedule	140,916		5,814							
<i>A-13. Total Salary Expenditures</i>	3,000,623		114,522							

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

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

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

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

Name of Facility				License No.		Report for Year Ended			Page	of
Monsignor Bojnowski Manor				993-C		9/30/2023			11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH / RHNS	(Specify)	(Specify)							
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).										
Sister Mary Catherine Sirotnak	26,281				Social Service	2,080	A12m			
Sister Victoria Walonski	6,473				Receptionist	380	A4			

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

** Include all employment worked during the cost year.

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

Name of Facility (as licensed)				License No.		Report for Year Ended			Page	of
Monsignor Bojnowski Manor				993-C		9/30/2023			12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH / RHNS	(Specify)	(Specify)							
Section III - Administrators***										
Maritn Julmisse	187,518				Administrator	2,080	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended						Page	of
Monsignor Bojnowski Manor	993-C	9/30/2023						13	37
Total Cost and Hours									
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)									
1. Dietitian	17,014		362						
2. Dentist	6,516		109						
3. Pharmacist	7,130		108						
4. Podiatrist									
5. Physical Therapy									
a. Resident Care	174,083		2,951						
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians									
a. Medical Director (entire facility)	26,000		195						
b. Utilization Review (Title 18 and 19 only) monthly meeting									
c. Resident Care**									
d. Administrative Services facility									
1. Infection Control Committee (Quarterly meetings)									
2. Pharmaceutical Committee (Quarterly meetings)									
3. Staff Development Committee (Once annually)									
e. Other (Specify)									
9. Speech Therapist									
a. Resident Care	70,245		886						
b. Other									
10. Occupational Therapist									
a. Resident Care	167,577	(167,577)	3,377						
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care	318,872		1,983						
2. Administrative***									
b. LPN									
1. Direct Care	167,298		1,470						
2. Administrative***									
c. Aides	984,820		17,845						
d. Other									
12. Other (Specify)									
See Attached Schedule									
B-13 Total Fees Paid in Lieu of Salaries	1,939,554	(167,577)	29,285						

* 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 Monsignor Bojnowski Manor		License No. 993-C		Report for Year Ended 9/30/2023		Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship			
		Yes	No				
Preferred Therapy Solutions	PT, OT, ST	<input type="radio"/>	<input checked="" type="radio"/>				
TwoMagnets.Inc	CNA, LPN, RN	<input type="radio"/>	<input checked="" type="radio"/>				
Fusion Medical Staffing, LLC	CNA, LPN, RN	<input type="radio"/>	<input checked="" type="radio"/>				
Brightstar Care of West Hartford	CNA	<input type="radio"/>	<input checked="" type="radio"/>				
All American Healthcare Services, Inc	CNA, LPN, RN	<input type="radio"/>	<input checked="" type="radio"/>				
Plex Capital LLC	CNA, LPN, RN	<input type="radio"/>	<input checked="" type="radio"/>				
The Nurse Network	CNA, LPN, RN	<input type="radio"/>	<input checked="" type="radio"/>				
Heritage 7, Inc	LPN, RN	<input type="radio"/>	<input checked="" type="radio"/>				
Pamela Bozzuto	LPN	<input type="radio"/>	<input checked="" type="radio"/>				
Heritage Private Nursing Inc	CNA, LPN, RN	<input type="radio"/>	<input checked="" type="radio"/>				
Connectrn, Inc	CNA, LPN, RN	<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
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		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended					Page	of
Monsignor Bojnowski Manor	993-C	9/30/2023					15	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
1. Administrative and General								
a. Employee Health & Welfare Benefits								
1. Workmen's Compensation	\$ 183,872	183,872						
2. Disability Insurance	\$							
3. Unemployment Insurance	\$ (1,925)	(1,925)						
4. Social Security (F.I.C.A.)	\$ 229,548	229,548						
5. Health Insurance	\$ 554,202	554,202						
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 19,246	19,246						
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 6,304	6,304						
8. Uniform Allowance	\$							
9. Other (<i>Specify</i>) See Attached Schedule	\$							
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$							
c. Bad Debts*	\$							
d. Accounting and Auditing	\$ 44,751	44,751						
e. Legal (<i>Services should be fully described on Page 15b</i>)	\$ 18,000	18,000						
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$							
g. Office Supplies	\$ 12,732	12,732						
h. Telephone and Cellular Phones								
1. Telephone & Pagers	\$ 73,718	73,718						
2. Cellular Phones	\$							
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$							
j. Corporation Business Taxes (<i>franchise tax</i>)	\$							
k. Other Taxes (<i>Not related to property - See Page 22</i>)								
1. Income*	\$							
2. Other (<i>Specify</i>) See Attached Schedule	\$							
3. Resident Day User Fee	\$ 385,804	385,804						
Subtotal	\$ 1,526,252	1,526,252						

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

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

General Information and Questionnaire
Accounting Basis

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2023	Page 15b	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 CJLC LLC	225 Pitkin Street, East Hartford, CT 06108
2 Whittlesey & Hadley	280 Trumbull Street, Hartford, CT
3 Matrix Care	1150 American Blvd. East 9th Floor, Bloomington, MN 55425
4 Whittlesey PC	280 Trumbull Street, Hartford, CT 06103

Services Provided by This Firm (*describe fully*)

1 Medicaid Wages & Benefits Analysis; Medicaid and Medicare Cost Report	\$ 5,500
2 Financial Statements/990 Tax Return	\$ 14,118
3 Reconciliation	\$ 13,569
4 Accounting Services	\$ 11,564
	Charge for Services Provided
	\$ 44,751

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

- Yes No 15/1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Digital Insurance LLC	
2	
3	
4	
5	

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

1 200 Galleria Pkwy SE, Suite 1950, Atlanta ,GA 30339
2
3
4
5

Services Provided by This Firm (*describe fully*)

1 Consulting Services	\$ 18,000
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 18,000

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

- Yes No 15/1e

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

Name of Facility	License No.	Report for Year Ended					Page	of
Monsignor Bojnowski Manor	993-C	9/30/2023					16	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
Subtotals Brought Forward:	1,526,252	1,526,252						
l. Travel and Entertainment								
1. Resident Travel and Entertainment \$								
2. Holiday Parties for Staff \$	12,239	12,239						
3. Gifts to Staff and Residents \$	212	212	(212)					
4. Employee Travel \$	102	102						
5. Education Expenses Related to Seminars and Conventions \$	13,429	13,429						
6. Automobile Expense (<i>not purchase or depreciation</i>) \$								
7. Other (<i>Specify</i>) \$ See Attached Schedule								
m. Other Administrative and General Expenses								
1. Advertising Help Wanted (<i>all such expenses</i>) \$	13,736	13,736						
2. Advertising Telephone Directory (<i>all such expenses</i>)*** \$								
3. Advertising Other (<i>Specify</i>)*** \$ See Attached Schedule	6,152	6,152	(6,152)					
4. Fund-Raising*** \$	7,820	7,820	(7,820)					
5. Medical Records \$								
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** \$								
7. Postage \$	(2,882)	(2,882)						
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) \$ See Attached Schedule	8,094	8,094						
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$								
9. Subscriptions \$	5,433	5,433						
10. Contributions*** \$ See Attached Schedule								
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>) \$								
12. Administrative Management Services** \$								
13. Other (<i>Specify</i>) \$ See Attached Schedule	128,186	128,186	(75,880)					
C-14 Total Administrative & General Expenditures	\$ 1,718,774	1,718,774	(90,064)					

* Do not include Subscriptions, which should go in item 9.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.
 *** Facility should self-disallow the expense in the Adjustment column.

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Advertising Expense	\$ 3,875	\$ (3,875)				
Marketing Expense	\$ 2,277	\$ (2,277)				
Total Other Advertising	\$ 6,152	\$ (6,152)	\$ -	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
CT Association of Health	\$ 341					
Leading Age CT	\$ 7,400					
Association for Long-Term Care Financial Managers (ALTCFM)	\$ 95					
American Association of Post-Acute Care Nursing (AAPACN)	\$ 258					
Total Dues	\$ 8,094	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Background Check	\$ 2,233					
Bank Fees & Service Charges	\$ 3,088					
Bank Reconciliation Adjustments	\$ 1,418					
Fines/Penalties/Settlements	\$ 75,880	\$ (75,880)				
Computer Supplies Expense	\$ 2,044					
Computer Maintenance	\$ 33,660					
Miscellaneous Expense	\$ 8,049					
Bank Fees	\$ 1,815					
Total Other Administrative and General	\$ 128,186	\$ (75,880)	\$ -	\$ -	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2023	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Monsignor Bojnowski Manor		993-C	9/30/2023				18	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
2. Dietary								
a. In-House Preparation & Service								
1. Raw Food	\$ 168,691	168,691						
2. Non-Food Supplies	\$ 33,562	33,562						
3. Other (Specify) _____	\$							
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$							
c. Other (Specify) _____	\$							
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 202,253	202,253						
2E. Dietary Questionnaire		Total	CCNH / RHNS	(Specify)		(Specify)		
F. Resident Meals:	Total no. of meals served per day:*							
G. Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No						
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.			
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)								
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify cost.			
K. Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.			
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)								
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify cost.			
N. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.			
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)								

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Monsignor Bojnowski Manor		993-C	9/30/2023				19	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
3. Laundry								
a. In-House Processing*		Lbs.						
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	5,844	5,844				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.						
		Amt. \$						
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.						
		Amt. \$						
4. Repair and/or purchase of linens.***		Lbs.						
		Amt. \$						
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$						
c. Other (Specify)		\$						
3D. Total Laundry Expenditures (3a + b + c)		\$	5,844	5,844				
3E. Laundry Questionnaire								
F. Is cost of employee laundry included in 3D?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.				
G. Did you receive revenue from employees?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.				
H. Where is the revenue received reported in the Cost Report? (Page/Line Item)								
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.				
J. Did you receive revenue from these people?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.				
K. Where is the revenue received reported in the Cost Report? (Page/Line Item)								

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Monsignor Bojnowski Manor		993-C	9/30/2023				20	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
4.	Housekeeping							
	a. In-House Care	Sq. Ft. Serviced by Personnel						
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	13,254	13,254				
	b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel						
		Amt. \$						
	C. Other (<i>Specify</i>)	\$						
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	13,254	13,254				
5.	Resident Care (Supplies)**							
	a. Prescription Drugs***							
	1. Own Pharmacy	\$						
	2. Purchased from Medications	\$	100,811	100,811	(100,811)			
	b. Medicine Cabinet Drugs	\$	17,771	17,771	(17,771)			
	c. Medical and Therapeutic Supplies	\$	67,187	67,187				
	d. Ambulance/Limousine***	\$	1,223	1,223	(1,223)			
	e. Oxygen							
	1. For Emergency Use	\$						
	2. Other***	\$	6,458	6,458	(6,458)			
	f. X-rays and Related Radiological Procedures***	\$	10,412	10,412	(10,412)			
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$						
	h. Laboratory***	\$	23,345	23,345	(23,345)			
	i. Recreation	\$	10,443	10,443				
	j. Direct Management Services*	\$						
	k. Indirect Management Services*	\$						
	l. Cable TV	\$	7,090	7,090				
	m. Other (Specify)**** See Attached Schedule	\$	41,734	41,734	(12,488)			
	n. Physical Therapy Expense	\$						
	o. Speech Therapy Expense	\$						
5P.	Total Resident Care Expenditures (5a - 5o)	\$	286,474	286,474	(172,508)			

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

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

Name of Facility Monsignor Bojnowski Manor				License No. 993-C	Report for Year Ended 9/30/2023	Page of 21 37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH / RHNS	(Specify)	(Specify)	Pg	Line
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

* List all contracted services over \$10,000. Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.
 *** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended					Page	of
Monsignor Bojnowski Manor	993-C	9/30/2023					22	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$ 149,673	149,673	(10,986)					
b. Heat	\$ 41,762	41,762	(3,065)					
c. Light & Power	\$ 89,631	89,631	(6,579)					
d. Water	\$ 48,852	48,852	(3,586)					
e. Equipment Lease (Provide detail on page 22b)	\$ 501	501						
f. Other (itemize)	\$ 15,475	15,475	(1,136)					
See Attached Schedule								
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 345,894	345,894	(25,352)					
7. Depreciation (complete schedule page 23*)								
a. Land Improvements	\$ 23,785	23,785						
b. Building & Building Improvements	\$ 152,749	152,749	(11,212)					
c. Non-Movable Equipment	\$							
d. Movable Equipment	\$ 27,885	27,885						
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 204,419	204,419	(11,212)					
8. Amortization (Complete att. Schedule Page 24*)								
a. Organization Expense	\$							
b. Mortgage Expense	\$							
c. Leasehold Improvements	\$							
d. Other (Specify)	\$							
*8e. Total Amortization Costs (8a + b + c + d)	\$							
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 12,000	12,000						
10. Property Taxes								
a. 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)	\$ 216,419	216,419	(11,212)					

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of	
Monsignor Bojnowski Manor			993-C	9/30/2023			22b	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease		Amount Claimed	
	Yes	No							
Pitney Bowes, Inc.	<input type="radio"/>	<input checked="" type="radio"/>	Office Equipment			501		501	
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input type="radio"/> No	Total ***	501

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

** Attach copies of newly acquired leases.

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

Depreciation Schedule

Name of Facility Monsignor Bojnowski Manor		License No. 993-C		Report for Year Ended 9/30/2023			Page 23	of 37					
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals				
A. Land Improvements													
1. Acquired prior to this report period		337,426		337,426	189,686	SL	10	23,785					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal									23,785				
B. Building and Building Improvements													
1. Acquired prior to this report period		5,538,765		5,538,765	4,807,282	SL	Various	149,952					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		27,969						2,797					
B-4. Subtotal									152,749				
C. Non-Movable Equipment													
1. Acquired prior to this report period		40,355		40,355	40,355	SL	Various						
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal													
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. Tractor 2002 & Snowblowers			X	Var	Var	10,982		10,982	10,982	SL	Var		
b. GMC Pickup/Truck			X		6 2004	27,231		27,231	27,231	SL	Var		
c. 2017 GMC Sierra		X			12 2017	32,916		32,916	32,916	SL	5		
d. GMC Sierra		X		Var	Var	21,500		21,500	21,500	SL	5		
2. Movable Equipment													
a. Acquired prior to this report period						1,441,046		1,441,046	1,380,456	SL	Var	27,885	
b. Disposals (attach schedule)													
Acquired during this report period (attach schedule):													
c. Administrative													
d. Standard Resident													
e. Specialized Resident													
Total Acquired during this report period													
D-3. Subtotal													27,885
E. Total Depreciation													204,419

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/18/2022	A/C Unit	\$ 229	10	\$ 23
11/30/2022	Windows and Exterior Washing	\$ 798	10	\$ 80
12/21/2022	A/C Unit	\$ 669	10	\$ 67
12/21/2022	Fire Door Inspections	\$ 1,250	10	\$ 125
12/30/2022	Radio Receiver	\$ 353	10	\$ 35
1/17/2023	Kitchen Hood Suppression Inspection	\$ 475	10	\$ 48
3/3/2023	Fixing Pipe	\$ 2,550	10	\$ 255
3/13/2023	Fire Sprinkler Heads Replacement	\$ 1,930	10	\$ 193
3/31/2023	Sensory Room CIPP Installation	\$ 14,546	10	\$ 1,455
5/1/2023	Fire Sprinkler Inspection	\$ 220	10	\$ 22
7/25/2023	Kitchen Hood Suppression Inspection	\$ 360	10	\$ 36
8/1/2023	Fire Sprinkler Inspection	\$ 574	10	\$ 57
9/8/2023	Unit Repair	\$ 1,850	10	\$ 185
9/25/2023	Kitchen Exhaust System Cleaning	\$ 695	10	\$ 70
9/29/2023	Unit Repair	\$ 1,469	10	\$ 147
Total additions for Building Improvements		\$ 27,969		\$ 2,797 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

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

ges 23 24

**

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
Total additions for Movable Equipment			\$ -		\$ - *
Deletions:					
Total deletions for Movable Equipment			\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Monsignor Bojnowski Manor			993-C		9/30/2023			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2023	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description		Total			
1. Date Land Purchased		01/01/74			
2. Date Structure Completed		09/30/75			
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure		10/01/75			
5. Total Licensed Bed Capacity		60			
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)		Private	Private		
b. Date Mortgage Obtained		10/01/74	10/01/74		
c. Interest Rate for the Cost Year		6.00%	6.00%		
d. Term of Mortgage (number of years)		Interest only	Interest Only		
e. Amount of Principal Borrowed		2,000,000	400,000		
f. Principal balance outstanding as of _____					
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Monsignor Bojnowski Manor		993-C	9/30/2023				26	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
12. Interest								
A. Building, Land Improvement & Non-Movable Equipment								
1. First Mortgage		\$ 2546.09	2,546	(187)				
Name of Lender		Rate						
Address of Lender								
2. Second Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
3. Third Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
4. Fourth Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
B. CHEFA Loan Information								
1. Original Loan Amount		\$						
2. Loan Origination Date								
3. Interest Rate %								
4. Term								
5. CHEFA Interest Expense								
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$ 2,546	2,546	(187)				

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended				Page	of	
Monsignor Bojnowski Manor		993-C		9/30/2023				27	37	
Item				Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Subtotals Brought Forward:				2,546	2,546	(187)				
12. C. Movable Equipment										
1. Automotive Equipment										
A. Item				Rate	Amount					
Lender										
Address of Lender										
2. Other (Specify)										
A. Item				Rate	Amount					
Lender										
Address of Lender										
B. Item				Rate	Amount					
Lender										
Address of Lender										
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)										
12. D. Other Interest Expense (Specify)										
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 2,546	2,546	(187)				
14. Insurance										
a. Insurance on Property (buildings only)				\$ 47,999	47,999	(3,523)				
b. Insurance on Automobiles				\$ 7,523	7,523					
c. Insurance other than Property (as specified above)										
1. Umbrella (Blanket Coverage)										
2. Fire and Extended Coverage										
3. Other (Specify)										
14d. Total Insurance Expenditures (14a + b + c)				\$ 55,522	55,522	(3,523)				
15. Total All Expenditures (A-13 thru C-14)				\$ 7,787,158	7,787,158	(470,423)				

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Monsignor Bojnowski Manor	993-C	9/30/2023		30	37
Item	Total	CCNH / RHNS	(Specify)	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 4,449,620	4,449,620			
b. Medicaid Room and Board Contractual Allowance **	\$ (1,495,827)	(1,495,827)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 644,250	644,250			
b. Medicare Room and Board Contractual Allowance **	\$ 24,268	24,268			
4. a. Private-Pay Residents and Other	\$ 2,932,131	2,932,131			
b. Private-Pay Room and Board Contractual Allowance **	\$ (56,698)	(56,698)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$				
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$ 64,503	64,503			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 80,796	80,796			
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$ 200,298	200,298			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 33,332	33,332			
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$ 89,407	89,407			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 97,415	97,415			
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$ 189,147	189,147			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (<i>Specify</i>) - Medicare	\$ (46,451)	(46,451)			
b. Other (<i>Specify</i>) - Non-Medicare	\$ (241,188)	(241,188)			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 6,965,004	6,965,004			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$ (267)	(267)			
5. Interest Income (<i>Specify</i>)	\$ 1,815	1,815			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 1,431,812	1,431,812			
V. Total Other Revenue (1 thru 8)	\$ 1,433,360	1,433,360			
VI. Total All Revenue (III +V)	\$ 8,398,364	8,398,364			

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
30II6a	Medicare A - Pharmacy	\$ 68,788		
30II6a	Medicare A - Oxygen	\$ 576		
30II6a	Medicare A - X-Ray	\$ 3,245		
30II6a	Medicare A - Lab	\$ 9,135		
30II6a	Medicare B - Vaccines	\$ 2,740		
30II6a	Medicare B - Lab	\$ (72)		
30II6a	Medicare B - Contractual Adjustment	\$ (129,561)		
30II6a	Medicare B - Blue Cross Discounts	\$ (1,302)		
Total Other Resident Revenue - Medicare		\$ (46,451)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
30II6b	Medicaid - Oxygen	\$ (44)		
30II6b	Managed Care Medicare - Oxygen	\$ 725		
30II6b	Managed Care Medicare - X-Ray	\$ 3,160		
30II6b	Managed Care Medicare - Lab	\$ 11,261		
30II6b	Managed Care Medicare- Contractual Adjus	\$ (256,291)		
Total Other Resident Revenue		\$ (241,188)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH / RHNS	(Specify)	(Specify)
30IV5	Dividend Income		1,628		
30IV5	Interest Income		188		
Total Interest Income			\$ 1,815	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
30IV8	Recreation Revenue	\$ 200		
30IV8	Unrealized Gain/Loss Investment	\$ 675		
30IV8	Unrestricted Contributions	\$ 700		
30IV8	Restricted Contributions	\$ 300		
30IV8	Fund Raising Income	\$ 2,305		
30IV8	Other Income	\$ 1,442,843		
30IV8	Discounts Earned	\$ 1,388		
30IV8	Interim Rate Recoup.	\$ (16,599)		
Total Other Revenue		\$ 1,431,812	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Monsignor Bojnowski Manor	993-C	9/30/2023	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	1,828,465
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	609,487
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(50,000)
4. Inventories			\$	24,160
5. Prepaid Expenses			\$	127,378
a. _____				
b. _____				
c. _____				
d. See Schedule		127,378		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	33,578

See Schedule		33,578		
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,573,068
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	337,426	\$	123,953
	Accum. Depreciation	213,473	Net	
3. Buildings	*Historical Cost	5,566,734	\$	606,703
	Accum. Depreciation	4,960,031	Net	
4. Leasehold Improvements	*Historical Cost	157,000	\$	
	Accum. Depreciation	157,000	Net	
5. Non-Movable Equipment	*Historical Cost	40,355	\$	
	Accum. Depreciation	40,355	Net	
6. Movable Equipment	*Historical Cost	1,441,046	\$	32,705
	Accum. Depreciation	1,408,341	Net	
7. Motor Vehicles	*Historical Cost	92,630	\$	
	Accum. Depreciation	92,630	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	266,903

See Schedule		266,903		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,030,264

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Monsignor Bojnowski Manor	993-C	9/30/2023	32	37
Account			Amount	
Total Brought Forward:			\$	3,603,332
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
*Historical Cost _____				
Accum. Depreciation _____			Net	\$
3. Buildings				
*Historical Cost _____				
Accum. Depreciation _____			Net	\$
4. Non-Movable Equipment				
*Historical Cost _____				
Accum. Depreciation _____			Net	\$
5. Movable Equipment				
*Historical Cost _____				
Accum. Depreciation _____			Net	\$
6. Motor Vehicles				
*Historical Cost _____				
Accum. Depreciation _____			Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
*Historical Cost _____				
Accum. Depreciation _____			Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

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

See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 3,603,332	

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Monsignor Bojnowski Manor		993-C	9/30/2023	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	507,754
2. Notes Payable (<i>itemize</i>)				\$	

See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	(393,807)
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	268,432

See Schedule				268,432	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	382,378

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2023	Page 34	of 37
Account				Amount
Total Brought Forward:				382,378
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
\$				
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$ 1,643,104
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 82,462
Name and Address of Lender	Amount	Loan Date		
Advances Payable - D.O.M	82,462			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 775,544
See Schedule				775,544
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 2,501,110
C. Total All Liabilities (Lines A-13 + B-5)				\$ 2,883,488

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

Name of Facility	License No.	Report for Year Ended	Page	of
Monsignor Bojnowski Manor	993-C	9/30/2023	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	108,638
6. Gain or Loss for Period			\$	611,206
	10/1/2022	thru	9/30/2023	
7. Total Net Worth			\$	719,844
C. Total Reserves and Net Worth			\$	719,844
D. Total Liabilities, Reserves, and Net Worth			\$	3,603,332

H. Changes in Total Net Worth

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2023	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2022			\$	(371,023)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	8,398,364
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	7,787,158
D. Net Income or Deficit			\$	611,206
E. Balance			\$	240,183
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	240,183
				09/30/23

I. Preparer's/Reviewer's Certification

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2023	Page 37	of 37
<i>Check appropriate category</i>				
Chronic and Convalescent Nursing <input checked="" type="checkbox"/> Home (CCNH) & RHNS Combined	<input type="checkbox"/> (Specify)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
CJLC LLC				
Address Address		Phone Number		
225 Pitkin St., East Hartford, CT 06108		860-610-9009		
Contacted Person Regarding Additional Information Needed Regarding This Report		Phone Number		
CJLC		860-610-9009		
Contact Email Address				
annualreports@cjl.com				