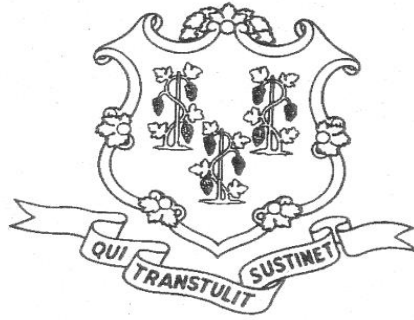


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2023

Name of Facility (as licensed) Pendleton Health & Rehab Center	
Address (No. & Street, City, State, Zip Code) 44 Maritime Drive, Mystic, CT 06355	
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 2069-C	(Specify)	(Specify)	Medicare Provider 07-5341
------------------	-----------------------	-----------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH / RHNS 3056	(Specify)	(Specify)
----------------------------	---------------------	-----------	-----------

Table of Contents

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

General Information

Name of Facility (as licensed) Pendleton Health & Rehab Center	License No. 2069-C	Report for Year Ended 9/30/2023	Page 1	of 37
---	-----------------------	------------------------------------	-----------	----------

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 Pendleton Health & Rehab Center [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) Susan Peglow			Printed Name (Owner) Mark Gottlieb		
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 Pendleton Health & Rehab Center		Period Covered:	From 10/1/2022	To 9/30/2023
Address of Facility 44 Maritime Drive, Mystic, CT 06355				
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 860-572-1700		Report for Year Ended 9/30/2023	Page 2	of 37
Name of Facility (as shown on license) Pendleton Health & Rehab Center		Address (No. & Street, City, State, Zip) 44 Maritime Drive, Mystic, CT 06355		
License Numbers:	CCNH / RHNS 2069-C	(Specify)	(Specify)	Medicare Provider No. 07-5341
Type of Facility (Check appropriate box(es)) Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input type="checkbox"/> (Specify) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box) <input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Susan Pelow		Nursing Home Administrator's License No.:	001290	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire
Partners/Members

Name of Facility Pendleton Health & Rehab Center		License No. 2069-C	Report for Year Ended 9/30/2023	Page 3	of 37
Legal Name of Partnership/LLC Pendleton SNF Operations LLC		Business Address	State(s) and/or Town(s) in Which Registered		
Name of Partners/Members	Business Address	Title	% Owned		
Moshe Gottlieb	1999 Cedar Bridge Avenue	Manager	20		
Moshe Sonnenschein	1999 Cedar Bridge Avenue	Manager	26.66		
Shlomo Goldberger	1999 Cedar Bridge Avenue	Manager	26.66		
Pinchos Bak	1999 Cedar Bridge Avenue	Manager	26.66		

**General Information and Questionnaire
 Related Parties***

Name of Facility Pendleton Health & Rehab Center	License No. 2069-C	Report for Year Ended 9/30/2023	Page 4	of 37
---	-----------------------	------------------------------------	-----------	----------

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	%**				
CT-3 Consulting LLC		<input type="radio"/>	<input checked="" type="radio"/>		Management Fees	16/ m12	346,931	346,931
See various Balance Sheet item.		<input type="radio"/>	<input checked="" type="radio"/>			31-34		
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Pendleton Health & Rehab Center	License No. 2069-C	Report for Year Ended 9/30/2023	Page 5	of 37
---	-----------------------	------------------------------------	-----------	----------

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 Pendleton Health & Rehab Center	License No. 2069-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 Pendleton Health & R	License No. 2069-C	Report for Year Ended 9/30/2023	Page 7	of 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.
	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 Pendleton Health & Rehab Center			License No. 2069-C		Report for Year Ended 9/30/2023				Page 8	of 37		
	Total All Levels	Total CCNH / RHNS Level	Total (Specify)	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH / RHNS	(Specify)	(Specify)	Total	CCNH / RHNS	(Specify)	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period												
B. On last day of THIS report period	120	120							120	120		
2. Number of Residents												
A. As of midnight of PREVIOUS report period												
B. As of midnight of THIS report period	90	90							90	90		
3. Total Number of Days Care Provided During Period												
A. Medicare	7,638	7,638			6,048	6,048			1,590	1,590		
B. Medicaid (Conn.)	19,687	19,687			14,144	14,144			5,543	5,543		
C. Medicaid (other states)												
D. Private Pay	4,029	4,029			2,764	2,764			1,265	1,265		
E. State SSI for RCH												
F. Other (Specify) Veterans / Commercial	5,154	5,154			3,846	3,846			1,308	1,308		
G. Total Care Days During Period (3A thru F)	36,508	36,508			26,802	26,802			9,706	9,706		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	272	272			163	163			109	109		
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	36,780	36,780			26,965	26,965			9,815	9,815		

Schedule of Resident Statistics (Cont'd)

Name of Facility Pendleton Health & Rehab Center	License No. 2069-C	Report for Year Ended 9/30/2023	Page 9	of 37
---	-----------------------	------------------------------------	-----------	----------

4. Were there any changes in the certified bed capacity during the report year? Yes No
 If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH / RHNS	(Specify)	(Specify)	Lost			Gained			CCNH / RHNS	(Specify)	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	(Specify)	(Specify)		
10/1/22-wait	X						120				120		

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

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH / RHNS	CCNH / RHNS	(Specify)	CCNH / RHNS	(Specify)	(Specify)	R.C.H.	ICF-MR
No. of Residents	16	62		12				
Per Diem Rate								
a. One bed rm.		#####		539.00				
b. Two bed rms.				521.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
A. Medicare - Part B	2,816	2,816			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	2,082	2,082			
2. Restorative Treatments					
C. Other	2,410	2,410			
D. Total Physical Therapy Treatments	7,308	7,308			
8. Total Number of Speech Therapy Treatments					
A. Medicare - Part B	327	327			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	527	527			
2. Restorative Treatments					
C. Other	290	290			
D. Total Speech Therapy Treatments	1,144	1,144			
9. Total Number of Occupational Therapy Treatments					
A. Medicare - Part B	4,776	4,776			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	1,976	1,976			
2. Restorative Treatments					
C. Other	2,510	2,510			
D. Total Occupational Therapy Treatments	9,262	9,262			

Annual Report of Long-Term Care Facility

CSP-10 Rev. 3/2023

Report of Expenditures - Salaries & Wages

Name of Facility Pendleton Health & Rehab Center	License No. 2069-C	Report for Year Ended 9/30/2023	Page 10	of 37
---	-----------------------	------------------------------------	------------	----------

Are time records maintained by all individuals receiving compensation? Yes No

Item	Total Cost and Hours									
	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours	
A. Salaries and Wages*										
1. Operators/Owners (Complete also Sec. I of Schedule A1)										
2. Administrator(s) (Complete also Sec. III of Schedule A1)	142,540		2,044							
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)										
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	286,658		10,399							
5. Dietary Service										
a. Head Dietitian										
b. Food Service Supervisor										
c. Dietary Workers	334,560		18,787							
6. Housekeeping Service										
a. Head Housekeeper										
b. Other Housekeeping Workers	179,173		10,015							
7. Repairs & Maintenance Services										
a. Engineer or Chief of Maintenance										
b. Other Maintenance Workers	112,078		4,269							
8. Laundry Service										
a. Supervisor										
b. Other Laundry Workers	6,332		321							
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	395,445		7,864							
b. RN										
1. Direct Care	1,260,642		20,134							
2. Administrative**	380,160		9,170							
c. LPN										
1. Direct Care	783,551		19,209							
2. Administrative**										
d. Aides and Attendants	1,316,771		49,026							
e. Physical Therapists	341,987		7,480							
f. Speech Therapists	96,796		2,136							
g. Occupational Therapists	362,103	(362,103)	9,360							
h. Recreation Workers	151,958		5,968							
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	142,346		4,259							
n. Marketing										
o. Other (Specify) See Attached Schedule	32,390		1,795							
<i>A-13. Total Salary Expenditures</i>	6,325,490	(362,103)	182,236							

* 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	
Pendleton Health & Rehab Center				2069-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).										

* 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
Pendleton Health & Rehab Center				2069-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***										
Susan Peglow	142,540				Manage Facility Operations	2,044	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
Pendleton Health & Rehab Center	2069-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									
2. Dentist									
3. Pharmacist	26,066		290						
4. Podiatrist									
5. Physical Therapy									
a. Resident Care	49,500		821						
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians									
a. Medical Director (entire facility)	158,720		842						
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	1,850		74						
b. Other									
10. Occupational Therapist									
a. Resident Care									
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care	23,730		268						
2. Administrative***	40,250		547						
b. LPN									
1. Direct Care	1,392,491		20,322						
2. Administrative***									
c. Aides	830,950		21,649						
d. Other									
12. Other (Specify) See Attached Schedule									
B-13 Total Fees Paid in Lieu of Salaries	2,523,558		44,813						

* 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 Pendleton Health & Rehab Center		License No. 2069-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				
Garnet SNF Care Reimbursement Consulting	MDS	<input type="radio"/>	<input checked="" type="radio"/>				
Eshyft	Nursing	<input type="radio"/>	<input checked="" type="radio"/>				
IntelyCare - CT	Nursing	<input type="radio"/>	<input checked="" type="radio"/>				
MAS Medical Staffing	Nursing	<input type="radio"/>	<input checked="" type="radio"/>				
Centra Healthcare Solutions	Nursing	<input type="radio"/>	<input checked="" type="radio"/>				
First Connect Center LLC	Nursing	<input type="radio"/>	<input checked="" type="radio"/>				
National Staffing Solutions	Nursing	<input type="radio"/>	<input checked="" type="radio"/>				
SambaCare	Nursing	<input type="radio"/>	<input checked="" type="radio"/>				
Health Quasar LLC	Nursing	<input type="radio"/>	<input checked="" type="radio"/>				
Karen Terwilliger	RN	<input type="radio"/>	<input checked="" type="radio"/>				
Mystic Geriatrics	Resident Care Physician	<input type="radio"/>	<input checked="" type="radio"/>				
InPatient Consultants of NE	Nursing	<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended					Page	of
Pendleton Health & Rehab Center	2069-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	\$ 99,928	99,928						
2. Disability Insurance	\$							
3. Unemployment Insurance	\$ 76,822	76,822						
4. Social Security (F.I.C.A.)	\$ 475,461	475,461						
5. Health Insurance	\$ 108,077	108,077						
6. Life Insurance (employees only) (not-owners and not-operators)	\$							
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$							
8. Uniform Allowance	\$ 12,721	12,721						
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*	\$ 147,200	147,200	(147,200)					
d. Accounting and Auditing	\$ 14,850	14,850						
e. Legal (<i>Services should be fully described on Page 15b</i>)	\$ 11,283	11,283						
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$							
g. Office Supplies	\$ 19,267	19,267						
h. Telephone and Cellular Phones								
1. Telephone & Pagers	\$ 19,918	19,918						
2. Cellular Phones	\$ 2,124	2,124						
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	\$ 10,463	10,463						
3. Resident Day User Fee	\$ 606,132	606,132						
Subtotal	\$ 1,604,246	1,604,246	(147,200)					

* 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
State of CT Sales Tax	\$ 10,463					
Total	\$ 10,463	\$ -	\$ -	\$ -	\$ -	\$ -

General Information and Questionnaire Accounting Basis

Name of Facility Pendleton Health & Rehab Center	License No. 2069-C	Report for Year Ended 9/30/2023	Page 15b	of 37
---	-----------------------	------------------------------------	-------------	----------

The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 CJLC LLC 2 Pease Bell, CPA 3 4	Address (No. & Street, City, State, Zip Code) 225 Pitkin St, East Hartford, CT 06108 411 Boulevard of the Americas, Lakewood, NJ 08701
--	--

Services Provided by This Firm (describe fully)

1 Medicaid Cost Report, Consulting Services	\$	8,250
2 Accounting Services	\$	6,600
3	\$	
4	\$	
Charge for Services Provided		
\$		14,850

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 1 Ulmer & Berne 2 Treasurer, State of Connecticut/ State Marshal 3 Murtha Cullina 4 Cooney, Scully and Dowling 5	Telephone Number
--	------------------

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

1	275 Madison Ave #2002m New York, NY 10016
2	
3	280 Trumbull Street, Hartford, CT 06103
4	10 Columbus Blvd, Hartford, CT 06106
5	

Services Provided by This Firm (describe fully)

1 Litigation & Dispute Resolution	\$	2,863
2 Conservatorship for resident	\$	1,381
3 Local Counsel Work	\$	5,398
4 Settled a Dispute	\$	1,641
5	\$	
Charge for Services Provided		
\$		11,283

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
Pendleton Health & Rehab Center	2069-C	9/30/2023				16	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Subtotals Brought Forward:	1,604,246	1,604,246	(147,200)				
l. Travel and Entertainment							
1. Resident Travel and Entertainment \$							
2. Holiday Parties for Staff \$							
3. Gifts to Staff and Residents \$	27,886	27,886	(13,943)				
4. Employee Travel \$	755	755					
5. Education Expenses Related to Seminars and Conventions \$	4,888	4,888					
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>) \$	18,455	18,455					
2. Advertising Telephone Directory (<i>all such expenses</i>)*** \$							
3. Advertising Other (<i>Specify</i>)*** \$	33,381	33,381	(33,381)				
See Attached Schedule							
4. Fund-Raising*** \$							
5. Medical Records \$	85	85					
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** \$							
7. Postage \$	1,416	1,416					
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) \$	8,831	8,831					
See Attached Schedule							
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$	598	598	(598)				
9. Subscriptions \$							
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>) \$	57,491	57,491					
12. Administrative Management Services** \$	346,931	346,931					
13. Other (<i>Specify</i>) \$	266,925	266,925	(18,463)				
See Attached Schedule							
C-14 Total Administrative & General Expenditures	\$ 2,371,888	2,371,888	(213,585)				

* 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
Marketing	\$ 33,381	\$ (33,381)				
Total Other Advertising	\$ 33,381	\$ (33,381)	\$ -	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
CT Association of Health Care	\$ 8,831					
Total Dues	\$ 8,831	\$ -	\$ -	\$ -	\$ -	\$ -

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
Start up Expenses	\$ 2,695					
Miscellaneous	\$ 372					
Economic Group Pension Services	\$ 188					
Audit Review Services	\$ 7,875					
Parkwood Assoc. Annual Fee	\$ 531					
Unemployment Tax Management Fee	\$ 190					
IT Fees	\$ 21,528					
Software	\$ 111,465					
Criminal Checks	\$ 8,923					
Licenses	\$ 4,105					
Bank Fees	\$ 8,962					
CC Processing Fees	\$ 4,438	\$ (4,438)				
Payroll Processing Fees	\$ 10,961					
Equip Rental	\$ 1,096					
Resident Reimbursement for Missing Items	\$ 4,800	\$ (4,800)				
Loan Fees	\$ 9,225	\$ (9,225)				
State of CT	\$ 80					
Med-Net Compliance	\$ 7,249					
AEM Investments	\$ 48,000					
Barmack and Associates	\$ 1,750					
Fox Rothchild	\$ 774					
Capital Finance	\$ 3,906					
CFG AR Line Fees	\$ 7,813					
Total Other Administrative and General	\$ 266,925	\$ (18,463)	\$ -	\$ -	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Pendleton Health & Rehab Center	2069-C	9/30/2023	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
CT-3 Consulting LLC	346,931	Management Services	16/m12

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Pendleton Health & Rehab Center		2069-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	\$ 288,019	288,019						
2. Non-Food Supplies	\$ 25,941	25,941						
3. Other (Specify) _____	\$							
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 179,402	179,402						
c. Other (Specify) _____ Dietary supplements and equipment rental	\$ 19,493	19,493						
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 512,855	512,855						
2E. Dietary Questionnaire		Total	CCNH / RHNS		(Specify)	(Specify)		
F. Resident Meals:	Total no. of meals served per day:*	3	3					
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 Pendleton Health & Rehab Center		License No. 2069-C	Report for Year Ended 9/30/2023				Page 19	of 37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
3. Laundry								
a. In-House Processing*		Lbs.						
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$						
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.						
		Amt. \$						
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.						
		Amt. \$						
4. Repair and/or purchase of linens.***		Lbs.						
		Amt. \$	4,350	4,350				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	108,580	108,580				
c. Other (Specify) Laundry Supplies		\$	6,087	6,087				
3D. Total Laundry Expenditures (3a + b + c)		\$	119,018	119,018				
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
Pendleton Health & Rehab Center		2069-C	9/30/2023				20	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
4.	Housekeeping	Sq. Ft. Serviced by Personnel						
a.	In-House Care	Amt.	\$ 19,005	19,005				
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)							
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel						
		Amt.	\$ 169,322	169,322				
C.	Other (<i>Specify</i>)							
4D.	Total Housekeeping Expenditures (4a + b + c)		\$ 188,327	188,327				
5.	Resident Care (Supplies)**							
a.	Prescription Drugs***							
1.	Own Pharmacy							
2.	Purchased from Pharmacy		\$ 292,855	292,855	(292,855)			
b.	Medicine Cabinet Drugs		\$ 34,806	34,806				
c.	Medical and Therapeutic Supplies		\$ 151,295	151,295				
d.	Ambulance/Limousine***		\$ 19,875	19,875	(19,875)			
e.	Oxygen							
1.	For Emergency Use							
2.	Other***		\$ 5,773	5,773	(5,773)			
f.	X-rays and Related Radiological Procedures***		\$ 11,386	11,386	(11,386)			
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$ 4,800	4,800	(4,800)			
h.	Laboratory***		\$ 34,437	34,437	(34,437)			
i.	Recreation		\$ 10,246	10,246				
j.	Direct Management Services*							
k.	Indirect Management Services*							
l.	Cable TV		\$ 15,277	15,277				
m.	Other (Specify)**** See Attached Schedule		\$ 135,822	135,822	(29,177)			
n.	Physical Therapy Expense		\$ 9,411	9,411				
o.	Speech Therapy Expense							
5P.	Total Resident Care Expenditures (5a - 5o)		\$ 725,984	725,984	(398,303)			

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

Schedule of Other Resident Care

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Contracted	\$ 16,039					
Medical Waste Removal	\$ 1,836					
Consulting Fees	\$ 64,160					
Equip Rental	\$ 22,946					
Equip Rental- Respiratory	\$ 26,836	\$ (26,836)				
Equip Rental-Bed	\$ 1,663					
Respiratory Therapy-Contracted Service	\$ 2,299	\$ (2,299)				
Barber & Beauty	\$ 42	\$ (42)				
Total Other Resident Care	\$ 135,822	\$ (29,177)	\$ -	\$ -	\$ -	\$ -

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

Name of Facility Pendleton Health & Rehab Center			License No. 2069-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
Healthcare Services Group, Inc.		<input type="radio"/>	<input checked="" type="radio"/>		Dietary	172,334			18	2b
Healthcare Services Group, Inc.		<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping	169,322			20	4b
Healthcare Services Group, Inc.		<input type="radio"/>	<input checked="" type="radio"/>		Laundry	108,580			19	3b
LTC Contracting		<input type="radio"/>	<input checked="" type="radio"/>		Administrative Support	57,491			16	m11
		<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
Pendleton Health & Rehab Center	2069-C	9/30/2023					22	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$ 107,379	107,379						
b. Heat	\$ 117,839	117,839						
c. Light & Power	\$ 236,781	236,781						
d. Water	\$ 64,282	64,282						
e. Equipment Lease (<i>Provide detail on page 22b</i>)	\$ 5,857	5,857						
f. Other (<i>itemize</i>)	\$ 69,631	69,631						
See Attached Schedule								
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 601,769	601,769						
7. Depreciation (<i>complete schedule page 23*</i>)								
a. Land Improvements	\$							
b. Building & Building Improvements	\$							
c. Non-Movable Equipment	\$							
d. Movable Equipment	\$ 14,641	14,641						
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 14,641	14,641						
8. Amortization (<i>Complete att. Schedule Page 24*</i>)								
a. Organization Expense	\$							
b. Mortgage Expense	\$							
c. Leasehold Improvements	\$ 2,313	2,313						
d. Other (<i>Specify</i>)	\$							
*8e. Total Amortization Costs (8a + b + c + d)	\$ 2,313	2,313						
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,089,750	1,089,750						
10. Property Taxes								
a. Real estate taxes paid by owner	\$ 178,705	178,705						
b. Real estate taxes paid by lessor	\$							
c. Personal property taxes	\$							
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,285,409	1,285,409						

* 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
Pendleton Health & Rehab Center			2069-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						
Out Back Storage	<input type="radio"/>	<input checked="" type="radio"/>	Storage Rental		Monthly	5,857		5,857
	<input checked="" type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
							Total ***	5,857

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes No

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
 ** Attach copies of newly acquired leases.
 *** Amount should agree to Page 22, Line 6e.

Depreciation Schedule

Name of Facility Pendleton Health & Rehab Center			License No. 2069-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													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
B. Building and Building Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal													
C. Non-Movable Equipment													
1. Acquired prior to this report period													
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.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period													
b. Disposals (attach schedule)													
Acquired during this report period (attach schedule):													
c. Administrative													
d. Standard Resident													
e. Specialized Resident													
Total Acquired during this report period													
D-3. Subtotal													
E. Total Depreciation													

768

71,096

11,721

82,818

12,784

1,857

14,641

14,641

14,641

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:				
Total additions for Building Improvements		\$ -		\$ - *
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		\$ -		\$ - **

*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:					
9/30/2022	IT Equipment Purchased at Close	Administrative	\$ 4,304	5	\$ 861
9/30/2022	Full Setup	Administrative	\$ 40,504	5	\$ 8,101
9/30/2022	Kiosk	Administrative	\$ 1,295	5	\$ 259
10/31/2022	Signaling device	Administrative	\$ 915	5	\$ 183
10/31/2022	Time clock	Administrative	\$ 1,823	5	\$ 365
10/31/2022	PCC setup	Administrative	\$ 7,525	5	\$ 1,505
10/31/2022	Patient lifts	Standard Resident	\$ 1,596	5	\$ 319
10/31/2022	Matresses	Standard Resident	\$ 6,522	5	\$ 1,304
11/30/2022	Laptop	Administrative	\$ 788	5	\$ 144
11/30/2022	Digatal signaling Device	Administrative	\$ 915	5	\$ 168
11/30/2022	Work Table	Administrative	\$ 1,120	5	\$ 205
12/31/2022	Laptop	Administrative	\$ 793	5	\$ 132
12/31/2022	Matress system	Standard Resident	\$ 814	5	\$ 136
1/31/2023	Signaling device	Administrative	\$ 967	5	\$ 145
2/28/2023	Laptop	Administrative	\$ 745	5	\$ 99
3/31/2023	Burnisher	Administrative	\$ 969	5	\$ 113
3/31/2023	Laptop	Administrative	\$ 745	5	\$ 87
5/31/2023	Computer and initial set up	Administrative	\$ 1,345	5	\$ 112
6/30/2023	Wheel chair	Standard Resident	\$ 531	5	\$ 35
6/30/2023	Printer	Administrative	\$ 694	5	\$ 58
6/30/2023	Laptop and initial setup	Administrative	\$ 745	5	\$ 50
7/13/2023	Laptop	Administrative	\$ 745	5	\$ 37
7/31/2023	Walk behind auto scrubber for housekeeping	Administrative	\$ 2,687	5	\$ 134
8/31/2023	Mattress	Standard Resident	\$ 1,502	5	\$ 50
9/30/2023	Laptop and initial setup	Administrative	\$ 1,470	5	\$ 25
9/30/2023	Mattress	Standard Resident	\$ 757	5	\$ 13
Total additions for Movable Equipment			\$ 82,818		\$ 14,641 *
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:				
11/30/2022	Mezuzos	\$ 1,960	10	\$ 180
12/31/2022	Installed new capacitor blow	\$ 592	10	\$ 49
1/31/2023	Undercounter Ice Machine	\$ 2,615	10	\$ 196
2/28/2023	Fire Sprinkler Repair - Installed with new pipe and fittings	\$ 4,146	10	\$ 276
2/28/2023	205 Tripping Breaker	\$ 899	10	\$ 60
2/28/2023	Replacement of water source heat pump	\$ 6,434	10	\$ 429
2/28/2023	Employee Cafe water source heat pump replacement	\$ 11,126	10	\$ 742
2/28/2023	Mattress	\$ 1,234	10	\$ 82
4/30/2023	A221 Water Source Heat Pump	\$ 5,980	10	\$ 299
Total additions for Leasehold Improvement		\$ 34,986		\$ 2,313 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility Pendleton Health & Rehab Center			License No. 2069-C		Report for Year Ended 9/30/2023			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				34,986				2,313	
C-4. Subtotal									2,313
D. Total Amortization									2,313

* 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 Pendleton Health & Rehab Center	License No. 2069-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?*

Yes No

If "Yes," complete Part B.
If "No," complete Part C.

*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total			
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	120			
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)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of _____				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

Part C - Arms-Length Leases for Real Property Improvements Only

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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
Pendleton Health & Rehab Center		2069-C	9/30/2023				26	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
12. Interest								
A. Building, Land Improvement & Non-Movable Equipment								
1. First Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
2. Second Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
3. Third Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
4. Fourth Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
B. CHEFA Loan Information								
1. Original Loan Amount		\$						
2. Loan Origination Date								
3. Interest Rate %								
4. Term								
5. CHEFA Interest Expense								
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$						

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended				Page	of	
Pendleton Health & Rehab Center		2069-C		9/30/2023				27	37	
Item				Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Subtotals Brought Forward:										
12. C. Movable Equipment										
1. Automotive Equipment				\$						
A. Item		Rate	Amount							
Lender										
Address of Lender										
2. Other (Specify)				\$						
A. Item		Rate	Amount							
Lender										
Address of Lender										
B. Item		Rate	Amount							
Lender										
Address of Lender										
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$						
12. D. Other Interest Expense (Specify)				\$	95,836	95,836				
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	95,836	95,836				
14. Insurance										
a. Insurance on Property (buildings only)				\$	37,431	37,431				
b. Insurance on Automobiles				\$						
c. Insurance other than Property (as specified above)										
1. Umbrella (Blanket Coverage)				\$						
2. Fire and Extended Coverage				\$						
3. Other (Specify)				\$	91,265	91,265				
Bond, GLPL, Crime, EPLI and Cyber Insurance										
14d. Total Insurance Expenditures (14a + b + c)				\$	128,695	128,695				
15. Total All Expenditures (A-13 thru C-14)				\$	14,878,829	14,878,829	(973,991)			

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Pendleton Health & Rehab Center	2069-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>)	\$ 5,512,142	5,512,142			
b. Medicaid Room and Board Contractual Allowance **	\$ (1,053)	(1,053)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 4,992,584	4,992,584			
b. Medicare Room and Board Contractual Allowance **	\$ 1,163	1,163			
4. a. Private-Pay Residents and Other	\$ 3,760,017	3,760,017			
b. Private-Pay Room and Board Contractual Allowance **	\$ (238)	(238)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 26,463	26,463			
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$				
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	\$ 183,360	183,360			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (395)	(395)			
c. Physical Therapy - Non-Medicare	\$ 4,782	4,782			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 46,088	46,088			
b. Speech Therapy - Medicare Contractual Allowance **	\$ 421	421			
c. Speech Therapy - Non-Medicare	\$ 890	890			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 193,027	193,027			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ 331	331			
c. Occupational Therapy - Non-Medicare	\$ 4,025	4,025			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (<i>Specify</i>) - Medicare	\$ 1,545	1,545			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 49	49			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 14,725,202	14,725,202			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 1,758	1,758			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 205	205			
V. Total Other Revenue (1 thru 8)	\$ 1,963	1,963			
VI. Total All Revenue (III +V)	\$ 14,727,165	14,727,165			

* 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)
	Vaccine Rev-Medicare	\$ 4,593		
	Vaccine Rev-Medicare-C/A	\$ (266)		
	Vaccine Rev-Managed Medicare	\$ 792		
	Vaccine Rev-Managed Medicare-C/A	\$ 16		
	Other Ancillary Rev-Medicare B-Sequester	\$ (3,510)		
	Other Ancillary Rev-Managed Medicare C/A	\$ (80)		
Total Other Resident Revenue - Medicare		\$ 1,545	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
	Vaccine Rev-Insurance	\$ 49		
	Radiology Rev-Disregarded W/O	\$ (2,071)		
	Radiology Rev-Disregarded	\$ 2,071		
Total Other Resident Revenue		\$ 49	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH / RHNS	(Specify)	(Specify)
	Other Rev-Interest		\$ 1,758		
Total Interest Income			\$ 1,758	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
	Other Rev-Miscellaneous	\$ 72		
	Other Rev-Medical Records	\$ 66		
	Other Rev-Credit Card Cash Back	\$ 67		
Total Other Revenue		\$ 205	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Pendleton Health & Rehab Center	2069-C	9/30/2023	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	753,211
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,688,115
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	41,536
a. _____				
b. _____				
c. _____				
d. See Schedule		41,536		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	535,958

See Schedule		535,958		
A-9. Total Current Assets (Lines A1 thru 8)			\$	4,018,819
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>34,986</u>		\$	32,672
	Accum. Depreciation <u>2,313</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>82,818</u>		\$	67,409
	Accum. Depreciation <u>15,409</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	100,081

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
		Prepaid Expenses	\$ 29,690
		Prepaid Expenses-RE Taxes	\$ 1,633
		Prepaid Insurance	\$ 145,081
		Prepaid Insurance-Installments	\$ (134,868)
		Total Prepaid Expenses	\$ 41,536

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

Page Ref	Line Ref	Description	
		Activities Gift Shop	\$ 54
		Security Deposits	\$ 270,000
		Escrow Deposits-Replacement Reserve	\$ 45,500
		Escrow Deposits-Real Estate Tax	\$ 170,619
		Escrow Deposits-Insurance	\$ 49,785
		Total Other Current Assets (Itemize)	\$ 535,958

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		Total Other Assets	\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
		Total Notes Payable	\$ -

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

Page Ref	Line Ref	Description	
		Other Current Payables-Patient Funds	\$ 47,548
		Accrued-Expenses	\$ 256,998
		Accrued-Accounting Fees	\$ 14,100
		Accrued-Health Insurance	\$ 109,176
		Accrued-Property Taxes	\$ 133,670
		Due To/(From)-Employee	\$ (2,563)
		Due To/(From)-Old Owner AR	\$ (224,663)
		Due To/(From)-Old Owner AP	\$ 2,643
		Due To/(From)-Old Owner AR Clearing	\$ 36,218
		Due To/(From)-Old Owner POC Corrections	\$ (66,054)
		Due To/(From)-Medicaid	\$ 38,694
		Due To/(From)-Managed Medicare	\$ 26,676
		Due To/(From)-Social Security	\$ 25,948
		Total Other Current Liabilities (Itemize)	\$ 398,393

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

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

G. Balance Sheet (cont'd)

Name of Facility Pendleton Health & Rehab Center	License No. 2069-C	Report for Year Ended 9/30/2023	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	4,118,901
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)			\$	4,118,901

* 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 Pendleton Health & Rehab Center		License No. 2069-C	Report for Year Ended 9/30/2023	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	427,226
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>)				\$	282,327
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	10,789
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>)				\$	398,393

See Schedule				398,393	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,118,735

* 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 Pendleton Health & Rehab Center	License No. 2069-C	Report for Year Ended 9/30/2023		Page 34	of 37
Account				Amount	
Total Brought Forward:				1,118,735	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 3,216,584	
Name and Address of Lender	Amount	Loan Date			
	3,216,584				
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 3,216,584	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 4,335,319	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Pendleton Health & Rehab Center	2069-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			\$	(64,753)
6. Gain or Loss for Period			\$	(151,664)
	10/1/2022	thru	9/30/2023	
7. Total Net Worth			\$	(216,417)
C. Total Reserves and Net Worth			\$	(216,417)
D. Total Liabilities, Reserves, and Net Worth			\$	4,118,902

H. Changes in Total Net Worth

Name of Facility Pendleton Health & Rehab Center	License No. 2069-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			\$		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$ 14,727,165		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$ 14,878,829		
D. Net Income or Deficit			\$ (151,664)		
E. Balance			\$ (151,664)		
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			\$ (151,664)		
			09/30/23		

I. Preparer's/Reviewer's Certification

Name of Facility Pendleton Health & Rehab Center	License No. 2069-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@cjlc.com				