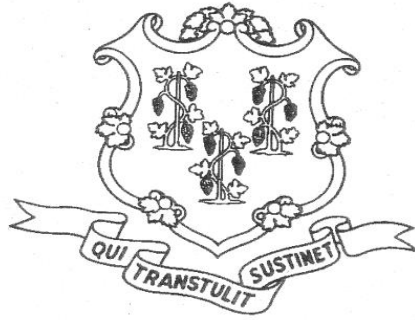


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2023

Name of Facility (as licensed) 162 South Britain Road Operating Company II, LLC of Fort Leet, NJ D/B/A River Glen Health Care Center	
Address (No. & Street, City, State, Zip Code) 162 South Britain Road, Southbury, CT 06488	
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 2280	(Specify)	(Specify)	Medicare Provider 07-5241
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Medicaid Provider Numbers:	CCNH / RHNS 9431	(Specify)	(Specify)
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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
162 South Britain Road Operating Company II, LLC d	2280	9/30/2023	1	37

Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR 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 162 South Britain Road Operating Company II, LLC of Fort Leet, NJ D/B/A River Glen Health Care 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) Linda Urbanski			Printed Name (Owner) David Baruch		
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 162 South Britain Road Operating Company II, LLC of Fort Leet, NJ D/B/A River Glen Heal		Period Covered:	From 10/1/2022	To 9/30/2023
Address of Facility 162 South Britain Road, Southbury, CT 06488				
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 203-264-9600		Report for Year Ended 9/30/2023	Page 2	of 37
Name of Facility (as shown on license) 162 South Britain Road Operating Company II, LLC of Fort Lee		Address (No. & Street, City, State, Zip) 162 South Britain Road, Southbury, CT 06488		
License Numbers:	CCNH / RHNS 2280	(Specify)	(Specify)	Medicare Provider No. 07-5241
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 Linda Urbanski		Nursing Home Administrator's License No.:	001171	
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 162 South Britain Road Operating Company II, LLC d		License No. 2280	Report for Year Ended 9/30/2023	Page 3	of 37
Legal Name of Partnership/LLC		Business Address	State(s) and/or Town(s) in Which Registered		
Name of Partners/Members	Business Address	Title	% Owned		
THCI Company, LLC		Direct Owner	100		
THCI Holidng Company, LLC		Indirect Owner	100		
Care Realty, LLC		Indirect Owner	100		
DES-A 2009 GRAT		Indirect Owner	18.856		
Care Holdings (MT), LLC		Indirect Owner	55.36		
Daniel E. Straus		Indirect Owner	26.784		

**General Information and Questionnaire
 Related Parties***

Name of Facility 162 South Britain Road Operating Company II, LLC of	License No. 2280	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	%**				
162 South Britain Road, LLC	162 South Britain Road, Southbury, CT 06488	<input type="radio"/>	<input checked="" type="radio"/>		Facility Real Estate Lease	22/9	716,062	1,072,808
Care Group, LLC	57 Old Road to Nine Acre Corner, Concord, MA 01742	<input type="radio"/>	<input checked="" type="radio"/>		Management Services/Clinical Specialists	16/m12	1,235,372	1,235,372
Partners Healthcare CT	6 Thompson Road, East Windsor, CT 06088	<input checked="" type="radio"/>	<input type="radio"/>		Pharmacy Drugs	20/5a2	563,034	534,882
Partners Healthcare CT	6 Thompson Road, East Windsor, CT 06088	<input checked="" type="radio"/>	<input type="radio"/>		Pharmacy Drugs Medicine Cabinet	20/5b	45,859	43,566
Partners Healthcare CT	6 Thompson Road, East Windsor, CT 06088	<input checked="" type="radio"/>	<input type="radio"/>		Pharmacy – IV's	20/5m	87,183	82,824
Partners Healthcare CT	173 Bridge Plaza North, Fort Lee, NJ	<input checked="" type="radio"/>	<input type="radio"/>		Pharmacy Consultant	20/5b	11,162	10,604
HealthBridge & Related Facilities	173 Bridge Plaza North, Fort Lee, NJ	<input checked="" type="radio"/>	<input type="radio"/>		Common Pension, Health and Insurance	15/27	2,097,379	2,097,379
		<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 162 South Britain Road Operating Company II,	License No. 2280	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 162 South Britain Road Operating Co	License No. 2280	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 162 South Britain Road	License No. 2280	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	
162 South Britain Road Operating Company II, LLC of Fort Leet, NJ D/			2280		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	120	120			120	120						
B. On last day of THIS report period	120	120							120	120		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	104	104			104	104						
B. As of midnight of THIS report period	87	87							87	87		
3. Total Number of Days Care Provided During Period												
A. Medicare	8,204	8,204			6,303	6,303			1,901	1,901		
B. Medicaid (Conn.)	15,995	15,995			11,790	11,790			4,205	4,205		
C. Medicaid (other states)												
D. Private Pay	7,654	7,654			6,065	6,065			1,589	1,589		
E. State SSI for RCH												
F. Other (Specify)	6,584	6,584			4,668	4,668			1,916	1,916		
G. Total Care Days During Period (3A thru F)	38,437	38,437			28,826	28,826			9,611	9,611		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	5	5							5	5		
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	38,442	38,442			28,826	28,826			9,616	9,616		

Schedule of Resident Statistics (Cont'd)

Name of Facility 162 South Britain Road Operating Company II, LLC	License No. 2280	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)	CCNH / RHNS	(Specify)	(Specify)	

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

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH / RHNS	CCNH / RHNS	(Specify)	CCNH / RHNS	(Specify)	(Specify)	R.C.H.	ICF-MR
No. of Residents	24	47		16				
Per Diem Rate								
a. One bed rm.	Various	#####		781.00				
b. Two bed rms.				604.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
A. Medicare - Part B	42	42			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	9	9			
2. Restorative Treatments					
C. Other	11,170	11,170			
D. Total Physical Therapy Treatments	11,221	11,221			
8. Total Number of Speech Therapy Treatments					
A. Medicare - Part B	33	33			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other	2,228	2,228			
D. Total Speech Therapy Treatments	2,261	2,261			
9. Total Number of Occupational Therapy Treatments					
A. Medicare - Part B	43	43			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other	11,447	11,447			
D. Total Occupational Therapy Treatments	11,490	11,490			

Annual Report of Long-Term Care Facility

CSP-10 Rev. 3/2023

Report of Expenditures - Salaries & Wages

Name of Facility 162 South Britain Road Operating Company II, LLC of Fort	License No. 2280	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)	124,152		1,606							
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)										
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	484,299		16,189							
5. Dietary Service										
a. Head Dietitian										
b. Food Service Supervisor										
c. Dietary Workers	598,107		26,322							
6. Housekeeping Service										
a. Head Housekeeper										
b. Other Housekeeping Workers	432,336		21,023							
7. Repairs & Maintenance Services										
a. Engineer or Chief of Maintenance										
b. Other Maintenance Workers	114,000		5,119							
8. Laundry Service										
a. Supervisor										
b. Other Laundry Workers	141,146		8,268							
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	284,752		4,251							
b. RN										
1. Direct Care	741,579		14,714							
2. Administrative**	513,892		13,517							
c. LPN										
1. Direct Care	1,772,852		48,087							
2. Administrative**										
d. Aides and Attendants	1,883,955		80,770							
e. Physical Therapists	609,931		13,307							
f. Speech Therapists	88,171		1,643							
g. Occupational Therapists	432,340	(432,340)	10,860							
h. Recreation Workers	235,351		10,171							
i. Physicians										
1. Medical Director										
2. Utilization Review										
3. Resident Care***										
4. Other (Specify)										
Respiratory Therapy	58,791		1,584							
j. Dentists										
k. Pharmacists										
l. Podiatrists										
m. Social Workers/Case Management	142,959		4,685							
n. Marketing	30,235	(30,235)	696							
o. Other (Specify)										
See Attached Schedule	62,277		2,222							
A-13. Total Salary Expenditures	8,751,126	(462,575)	285,034							

* 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	
162 South Britain Road Operating Company II, LLC of Fort Leet, NJ I				2280	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	
162 South Britain Road Operating Company II, LLC of Fort Leet, NJ D				2280	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***										
Amy Pellerin (10/1/22 - 12/16/22)	36,488			12,640	Administrator	446	A2			
Linda Urbanski (2/28/23 - 9/30/23)	87,665			25,632	Administrator	1,160	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.

Annual Report of Long-Term Care Facility

CSP-13 Rev. 3/2023

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended						Page	of
162 South Britain Road Operating Company II, LLC	2280	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									
4. Podiatrist									
5. Physical Therapy									
a. Resident Care									
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians									
a. Medical Director (entire facility)	56,369		96						
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)									
Pulmonology	18,080		120						
9. Speech Therapist									
a. Resident Care	217		1						
b. Other									
10. Occupational Therapist									
a. Resident Care									
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care									
2. Administrative***									
b. LPN									
1. Direct Care									
2. Administrative***									
c. Aides	5,796		187						
d. Other									
12. Other (Specify)									
See Attached Schedule	56,156		450						
B-13 Total Fees Paid in Lieu of Salaries	136,618		855						

* 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 162 South Britain Road Operating Company II, LLC of		License No. 2280	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		
Nuvance Health	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Alliance Medical Group	Pulmonologist	<input type="radio"/>	<input checked="" type="radio"/>		
Access Nursing Services of New Jersey Inc.	Agency Pool	<input type="radio"/>	<input checked="" type="radio"/>		
ATC Healthcare Services, LLC	Agency Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Solomon-Page Group LLC	Agency Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Swallowing Diagnostics, LLC/SDX Dysphagia Experts	Swallow Studies	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
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		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

* 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
162 South Britain Road Operating Company II, L	2280	9/30/2023					15	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
I. Administrative and General								
a. Employee Health & Welfare Benefits								
1. Workmen's Compensation	\$ 73,997	73,997						
2. Disability Insurance	\$							
3. Unemployment Insurance	\$ 63,564	63,564						
4. Social Security (F.I.C.A.)	\$ 653,215	653,215						
5. Health Insurance	\$ 1,852,232	1,852,232						
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 1,921	1,921						
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 55,050	55,050						
8. Uniform Allowance	\$ 27,661	27,661						
9. Other (<i>Specify</i>) See Attached Schedule	\$ 14,251	14,251	(3,544)					
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$							
c. Bad Debts*	\$ 632,631	632,631	(632,631)					
d. Accounting and Auditing	\$ 3,500	3,500						
e. Legal (<i>Services should be fully described on Page 15b</i>)	\$ 3,228	3,228	(3,228)					
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$							
g. Office Supplies	\$ 13,716	13,716						
h. Telephone and Cellular Phones								
1. Telephone & Pagers	\$ 37,045	37,045						
2. Cellular Phones	\$ 4,702	4,702	(1,902)					
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$							
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 3,160	3,160	(2,910)					
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	\$ 532,811	532,811						
Subtotal	\$ 3,972,684	3,972,684	(644,215)					

* 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
Employee Medical Expenses	\$ 4,320					
Employee Training	\$ 4,500					
Tuition Reimbursement	\$ 3,544	\$ (3,544)				
Other Employee Benefits	\$ 1,887					
Total	\$ 14,251	\$ (3,544)	\$ -	\$ -	\$ -	\$ -

Schedule of Other Taxes

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

General Information and Questionnaire
Accounting Basis

Name of Facility 162 South Britain Road Operating	License No. 2280	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 3 4	Address (No. & Street, City, State, Zip Code) 225 Pitkin St, East Hartford, CT 06108
--	---

Services Provided by This Firm (*describe fully*)

1 Medicaid Cost Report	\$ 3,500
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 3,500

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 2 3 4 5	Telephone Number
---	------------------

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

1
2
3
4
5

Services Provided by This Firm (*describe fully*)

1 Legal Settlements	\$ 3,228
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 3,228

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
162 South Britain Road Operating Company II, LLC o	2280	9/30/2023					16	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
Subtotals Brought Forward:	3,972,684	3,972,684	(644,215)					
l. Travel and Entertainment								
1. Resident Travel and Entertainment \$								
2. Holiday Parties for Staff \$	1,592	1,592						
3. Gifts to Staff and Residents \$	16,435	16,435	(1,379)					
4. Employee Travel \$	3,536	3,536	(3,536)					
5. Education Expenses Related to Seminars and Conventions \$	1,250	1,250						
6. Automobile Expense (<i>not purchase or depreciation</i>) \$	3,764	3,764						
7. Other (<i>Specify</i>) \$	5,366	5,366						
See Attached Schedule								
m. Other Administrative and General Expenses								
1. Advertising Help Wanted (<i>all such expenses</i>) \$	10,927	10,927						
2. Advertising Telephone Directory (<i>all such expenses</i>)*** \$								
3. Advertising Other (<i>Specify</i>)*** \$	60,354	60,354	(60,354)					
See Attached Schedule								
4. Fund-Raising*** \$								
5. Medical Records \$								
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** \$								
7. Postage \$	934	934						
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) \$	12,873	12,873						
See Attached Schedule								
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$	675	675	(675)					
9. Subscriptions \$	295	295						
10. Contributions*** \$	225	225	(225)					
See Attached Schedule								
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>) \$	172,347	172,347						
12. Administrative Management Services** \$	1,235,372	1,235,372	(950,737)					
13. Other (<i>Specify</i>) \$	89,928	89,928	(29,659)					
See Attached Schedule								
C-14 Total Administrative & General Expenditures	\$ 5,588,558	5,588,558	(1,690,780)					

* 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
Travel - Other	\$ 5,366					
Total Other Travel and Entertainment	\$ 5,366	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Marketing Expense	\$ 22,614	\$ (22,614)				
Marketing Corp Expense	\$ 34,802	\$ (34,802)				
Marketing - Meals	\$ 868	\$ (868)				
Shows & Conferences	\$ 70	\$ (70)				
Sponsorships	\$ 2,000	\$ (2,000)				
Total Other Advertising	\$ 60,354	\$ (60,354)	\$ -	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Connecticut Association of Health Care Facility	\$ 11,648					
AAPACN	\$ (817)					
Cuarspan	\$ 2,042					
Total Dues	\$ 12,873	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Contributions

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Charitable Contributions	\$ 225	\$ (225)				
Total Contributions	\$ 225	\$ (225)	\$ -	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Criminal Record Check	\$ 6,200					
Compliance Expense	\$ 8,194					
Other Professional Fees	\$ 37,779					
Bank Charges	\$ 7,929	\$ (7,929)				
Collection Fees	\$ 2,779	\$ (2,779)				
Service Fees	\$ 2,541	\$ (2,541)				
Off Site Storage	\$ 4,369					
License & Permits	\$ 2,757					
Consolidated Billing - Administration	\$ 2,736	\$ (2,736)				
Annual Report Fees	\$ 918					
Miscellaneous Expense	\$ 54					
Gift Shop Supplies	\$ 13,674	\$ (13,674)				
Total Other Administrative and General	\$ 89,928	\$ (29,659)	\$ -	\$ -	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
162 South Britain Road Operating Compa	2280	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 #
Care Group LLC	874,550	Operational and financial management services	16/m12
Care Group LLC	360,822	Data processing allocation to facility for payroll, HR and employee benefit systems	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
162 South Britain Road Operating Company II, LLC of		2280	9/30/2023				18	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
2. Dietary								
a. In-House Preparation & Service								
1. Raw Food	\$ 349,859	349,859						
2. Non-Food Supplies	\$ 36,792	36,792						
3. Other (Specify) _____	\$							
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$							
c. Other (Specify) _____ Dietary Supplies	\$ 5,466	5,466						
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 392,117	392,117						
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
162 South Britain Road Operating Company II, LLC of F		2280	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. \$						
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)		\$	9,400	9,400				
c. Other (Specify) Laundry Supplies		\$	14,354	14,354				
3D. Total Laundry Expenditures (3a + b + c)		\$	23,754	23,754				
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
162 South Britain Road Operating Company II		2280	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. \$	60,568	60,568				
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)	\$	60,568	60,568				
5.	Resident Care (Supplies)**							
a.	Prescription Drugs***							
	1. Own Pharmacy	\$						
	2. Purchased from Partners Pharmacy	\$	563,034	563,034	(563,034)			
b.	Medicine Cabinet Drugs	\$	71,653	71,653				
c.	Medical and Therapeutic Supplies	\$	61,127	61,127				
d.	Ambulance/Limousine***	\$						
e.	Oxygen							
	1. For Emergency Use	\$						
	2. Other***	\$	37,600	37,600	(37,600)			
f.	X-rays and Related Radiological Procedures***	\$	24,353	24,353	(24,353)			
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$	12,654	12,654	(12,654)			
h.	Laboratory***	\$	110,274	110,274	(110,274)			
i.	Recreation	\$	14,003	14,003				
j.	Direct Management Services*	\$						
k.	Indirect Management Services*	\$						
l.	Cable TV	\$	30,265	30,265				
m.	Other (Specify)**** See Attached Schedule	\$	207,443	207,443	(98,449)			
n.	Physical Therapy Expense	\$	11,713	11,713				
o.	Speech Therapy Expense	\$						
5P.	Total Resident Care Expenditures (5a - 5o)	\$	1,144,118	1,144,118	(846,364)			

* 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				License No.	Report for Year Ended	Page of				
162 South Britain Road Operating Company II, LLC of Fort Leet, NJ D/B/A				2280	9/30/2023	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
CWPM, LLC	PO Box 415, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Sanitation Services	40,152			22	6f
Green Horizon Landscaping LLC	685 Berkshire Road, Southbury, CT 06488	<input type="radio"/>	<input checked="" type="radio"/>		Grounds Maintenance & Snow Removal	30,774			22	6f
PointClickCare Technologies Inc.	Mississauga, ON L4W 0C4, Canada	<input type="radio"/>	<input checked="" type="radio"/>		Billing and Accounting System/Service	42,816			16	m11
Smart Linx	333 Thornall St, Edison, NJ 08837	<input type="radio"/>	<input checked="" type="radio"/>		Time Clock and Staff Scheduling Software	24,233			16	m11
Systems Solution, Inc. / Meriplex Solutions, LLC (Meriplex acquired)	Baltimore, MD 21297-7849	<input type="radio"/>	<input checked="" type="radio"/>		Network Support & Maintenance Fees - ASP	80,178			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"/>							

* 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
162 South Britain Road Operating Company II	2280	9/30/2023					22	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$ 83,334	83,334						
b. Heat	\$ 93,129	93,129						
c. Light & Power	\$ 146,864	146,864						
d. Water	\$ 22,982	22,982						
e. Equipment Lease (<i>Provide detail on page 22b</i>)	\$ 11,166	11,166						
f. Other (<i>itemize</i>)	\$ 118,679	118,679						
See Attached Schedule								
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 476,153	476,153						
7. Depreciation (<i>complete schedule page 23*</i>)								
a. Land Improvements	\$							
b. Building & Building Improvements	\$							
c. Non-Movable Equipment	\$							
d. Movable Equipment	\$ 52,369	52,369						
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 52,369	52,369						
8. Amortization (<i>Complete att. Schedule Page 24*</i>)								
a. Organization Expense	\$							
b. Mortgage Expense	\$							
c. Leasehold Improvements	\$ 292,635	292,635						
d. Other (<i>Specify</i>)	\$							
*8e. Total Amortization Costs (8a + b + c + d)	\$ 292,635	292,635						
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 716,062	716,062						
10. Property Taxes								
a. Real estate taxes paid by owner	\$							
b. Real estate taxes paid by lessor	\$ 122,429	122,429	(17,007)					
c. Personal property taxes	\$ 22,491	22,491	(1,881)					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,205,986	1,205,986	(18,888)					

* 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	
162 South Britain Road Operating Company II, LLC of Fort			2280	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							
Konica Minolta Business Solutions USA, Inc.	<input type="radio"/>	<input checked="" type="radio"/>	Copier	05/24/17		11,166		11,166	
	<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 ***	11,166

* 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.

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
1/1/2023	Monitor,MC,BP,SPO2, Oral Temp	Standard Resident	\$ 16,611	10	\$ 831
1/1/2023	Table Kit Only, No Monitor or Cart	Standard Resident	\$ 6,081	10	\$ 304
1/1/2023	Cover, Probe	Standard Resident	\$ 170	10	\$ 9
1/1/2023	Elevator	Administrative	\$ 17,020	10	\$ 851
1/1/2023	Appliance-Dietary	Administrative	\$ 285	10	\$ 14
		PICK A CATEGORY			
Total additions for Movable Equipment			\$ 40,167		\$ 2,009 *
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:				
9/19/2022	AC Unit	\$ 1,800	25	\$ 36
8/10/2022	Painting	\$ 10,074	25	\$ 201
9/23/2022	Painting	\$ 19,446	25	\$ 389
9/23/2022	Electrical Work	\$ 1,000	25	\$ 20
1/1/2023	Med Room	\$ 11,167	25	\$ 223
1/1/2023	Flooring	\$ 5,437	25	\$ 109
1/1/2023	Flooring	\$ 5,400	25	\$ 108
1/1/2023	Roof	\$ 62,308	25	\$ 1,246
4/25/2022	Fire Alarm	\$ 12,702	10	\$ 635
6/20/2023	Restaurant Range, Gas	\$ 9,972	7	\$ 712
Total additions for Leasehold Improvement		\$ 139,305		\$ 3,679 *
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
162 South Britain Road Operating Company II, LLC of Fort			2280		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	Var	Var		6,603,109	2,607,060	SL	Var	288,956	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				139,305				3,679	
C-4. Subtotal									292,635
D. Total Amortization									292,635

* 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 162 South Britain Road Operating Cor	License No. 2280	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					
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	06/29/10				
c. Interest Rate for the Cost Year	267.00%				
d. Term of Mortgage (number of years)	27				
e. Amount of Principal Borrowed	8,900,000				
f. Principal balance outstanding as of _____	8,633,292				
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
162 South Britain Road Operating Co		2280	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	
162 South Britain Road Operating		2280		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)				\$						
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$						
14. Insurance										
a. Insurance on Property (buildings only)				\$ 11,927	11,927					
b. Insurance on Automobiles				\$ 4,332	4,332					
c. Insurance other than Property (as specified above)										
1. Umbrella (Blanket Coverage)				\$ 121,109	121,109					
2. Fire and Extended Coverage				\$						
3. Other (Specify)				\$						
14d. Total Insurance Expenditures (14a + b + c)				\$ 137,367	137,367					
15. Total All Expenditures (A-13 thru C-14)				\$ 17,916,366	17,916,366	(3,018,607)				

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
162 South Britain Road Operating Comp	2280	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>)	\$ 8,286,158	8,286,158			
b. Medicaid Room and Board Contractual Allowance **	\$ (4,431,866)	(4,431,866)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 5,006,424	5,006,424			
b. Medicare Room and Board Contractual Allowance **	\$ 1,002,210	1,002,210			
4. a. Private-Pay Residents and Other	\$ 7,822,206	7,822,206			
b. Private-Pay Room and Board Contractual Allowance **	\$ (536,529)	(536,529)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 300,118	300,118			
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$ 273,858	273,858			
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	\$ 1,119,181	1,119,181			
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$ 899,887	899,887			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 270,612	270,612			
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$ 202,842	202,842			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 1,204,671	1,204,671			
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$ 897,839	897,839			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (<i>Specify</i>) - Medicare	\$ (2,786,177)			(2,786,177)	
b. Other (<i>Specify</i>) - Non-Medicare	\$ (2,189,001)			(2,189,001)	
III. Total Resident Revenue (Section I. thru Section II.)	\$ 17,342,432	22,317,611		(4,975,178)	
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>)	\$ 13	13			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 102,521	102,521			
V. Total Other Revenue (1 thru 8)	\$ 102,534	102,534			
VI. Total All Revenue (III +V)	\$ 17,444,966	22,420,145		(4,975,178)	

* 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)
	Lab			\$ 73,890
	IV Therapy			\$ 11,739
	X-Ray			\$ 12,409
	Ancillary Contractual Adjustment			\$ (2,884,215)
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ (2,786,177)

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
	Lab			\$ 312
	Lab			\$ 58,208
	Lab			\$ 527
	IV Therapy			\$ 7,867
	X-Ray			\$ 9,773
	X-Ray			\$ 65
	Ancillary Contractual Adjustment			\$ 1,158
	Ancillary Contractual Adjustment			\$ (2,230,807)
	Ancillary Contractual Adjustment			\$ (36,104)
Total Other Resident Revenue		\$ -	\$ -	\$ (2,189,001)

Interest Income

Account

Page Ref	Account	Balance	CCNH / RHNS	(Specify)	(Specify)
	Interest Income		\$ 13		
Total Interest Income			\$ 13	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
	Other Revenue	\$ 96,809		
	Extraordinary Items	\$ 363		
	Other Income	\$ 5,349		
Total Other Revenue		\$ 102,521	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
162 South Britain Road Operating Com	2280	9/30/2023	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	48,795
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,992,652
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	313
4. Inventories			\$	
5. Prepaid Expenses			\$	26,133
a. _____				
b. _____				
c. _____				
d. See Schedule		26,133		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	55,006

See Schedule		55,006		
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,122,900
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>6,742,414</u>		\$	3,842,719
	Accum. Depreciation <u>2,899,695</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>2,685,218</u>		\$	1,241,012
	Accum. Depreciation <u>1,444,206</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)			\$	5,083,731

* 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 GL PL - Third Party	\$ 14,980
		Prepaid Other Insurance	\$ 2,916
		Prepaid Property Taxes	\$ 5,610
		Prepaid Expenses - Other	\$ 2,627
		Total Prepaid Expenses	\$ 26,133

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

Page Ref	Line Ref	Description	
		Resident PNA Funds	\$ 55,006
		Total Other Current Assets (Itemize)	\$ 55,006

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		Deposit for Utilities	\$ 23,000
		Total Other Assets	\$ 23,000

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	
		Accrued Pharmacy	\$ 76,253
		Accrued Workers Comp Insurance	\$ (352,515)
		Accrued GL PL - Third Party	\$ 622,567
		Accrued Auto Insurance	\$ 1,314
		Accrued Other Insurance	\$ (91)
		Accrued Health Insurance	\$ 155,380
		Accrued Dental Insurance	\$ (12,542)
		Accrued Vision Insurance	\$ 1,465
		Accrued Whole Life Insurance	\$ 447
		Accrued Supplemental Life Payable	\$ 1,996
		Accrued Critical Illness	\$ (2,499)
		Accrued Short Term Disability	\$ 5,145
		Accrued Long Term Disability	\$ 2,201
		Accrued FSA Payable	\$ 772
		Accrued HSA Payable	\$ 8,533
		Accrued Dependent Care Payable	\$ 8
		Accrued 401K Employee Contributions	\$ 15,385
		Accrued 401K Loan Payments	\$ 598
		Accrued 401K Employer Match	\$ 34,773
		Other Payroll Withholdings	\$ 133
		Federal Withholding	\$ 27,701
		Medicare Withholding	\$ 4,870
		Social Security Withholding	\$ 20,825
		State Withholding	\$ 14,021
		City/Local Withholding	\$ 1,603
		Medicare Payable	\$ 4,870
		Social Security Payable	\$ 20,825
		SUI/SDI Payable	\$ 742
		FLTA Payable	\$ 3,750
		Accrued Provider Tax Payable	\$ 129,988
		Accrued Sales & Use Tax Payable	\$ 1,701
		Unearned Room & Board	\$ 246,268
		PNA Security Deposit	\$ 55,006
		Accrued Accounting	\$ 3,500
		Total Other Current Liabilities (Itemize)	\$ 1,094,996

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	License No.	Report for Year Ended	Page	of
162 South Britain Road Operating Com	2280	9/30/2023	32	37
Account			Amount	
Total Brought Forward:			\$	7,206,631
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>)			\$	23,000

See Schedule				
			23,000	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	23,000
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	7,229,631

* 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
162 South Britain Road Operating Company II		2280	9/30/2023	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	796,322
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>)				\$	248,978
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	620
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>)				\$	1,094,996

See Schedule					1,094,996
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	2,140,916

* 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 162 South Britain Road Operating Company	License No. 2280	Report for Year Ended 9/30/2023		Page 34	of 37
Account				Amount	
Total Brought Forward:				2,140,916	
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>)				\$ (11,666,132)	
Name and Address of Lender	Amount	Loan Date			
	(11,666,132)				
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ (11,666,132)	
C. Total All Liabilities (Lines A-13 + B-5)				\$ (9,525,216)	

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

Name of Facility	License No.	Report for Year Ended	Page	of
162 South Britain Road Operating Co	2280	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			\$	5,428,735
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			\$	5,428,735
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	11,797,511
6. Gain or Loss for Period			\$	(471,400)
	10/1/2022	thru	9/30/2023	
7. Total Net Worth			\$	11,326,111
C. Total Reserves and Net Worth			\$	16,754,846
D. Total Liabilities, Reserves, and Net Worth			\$	7,229,631

H. Changes in Total Net Worth

Name of Facility 162 South Britain Road Operating Comp	License No. 2280	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			\$	11,689,176
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	17,444,966
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	17,916,366
D. Net Income or Deficit			\$	(471,400)
E. Balance			\$	11,217,776
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			\$	11,217,776
				09/30/23

I. Preparer's/Reviewer's Certification

Name of Facility 162 South Britain Road Operating	License No. 2280	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				