State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2023

| Name of Facility (as licensed) | | | | |
|---|---------------------|----------------------------------|-----------|-----------------------------|
| Salmon Brook Rehab and Nursing | | | | |
| Address (No. & Street, City, State, 2 | Zip Code) | | | |
| 72 Salmon Brook Drive, Glastonbur | y, CT 06033 | | | |
| Type of Facility | | | | |
| Chronic and Convalescent ✓ Nursing Home (CCNH) & RHNS Combined | Ø | (Specify) | Ø | Other |
| Report for Year Beginning 10/1/2022 | | Report for Year Ending 9/30/2023 | | |
| | | | | |
| License Numbers: | CCNH / RHNS 2093 | (Specify) | Other | Medicare Provider 075060 |
| | | L. | | |
| Medicaid Provider Numbers: | 20412 | CCNH / RHNS | (Specify) | Other |

General Information

| Name of Facility (as licensed) | License No. | Report for Year Ended | Page | of |
|--------------------------------|-------------|-----------------------|------|----|
| Salmon Brook Rehab and Nursing | 2093 | 9/30/2023 | 1 | 37 |

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Salmon Brook Rehab and Nursing [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. (a)

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

(a) Subject to Desk Audit review

| Signed (Administrator) | | Date | Signed (Owner) | Date |
|---|----------|------|---|---------------|
| Printed Name (Administrator) Raymond Wilkens | | | Printed Name (Owner) Eliezer Elefant | |
| Subscribed and Sworn to before me: | State of | Date | Signed (Notary Public) | Comm. Expires |
| Address of Notary Public | | • | <u> </u> | |

(Notary Seal)

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State of Connecticut Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

| Data Required for Real Wage Adjus | tm | ent | | Page 1A | of 37 |
|--|----|------------|----------------|------------|-----------|
| Name of Facility | | Period Cov | ered: | From | To |
| Salmon Brook Rehab and Nursing | | | | 10/1/2022 | 9/30/2023 |
| Address of Facility 72 Salmon Brook Drive, Glastonbury, CT 06033 | | | | | |
| Report Prepared By | | Phone Num | ber | Date | |
| Marcum LLP | | 203-781-96 | 500 | 2/9/2024 | |
| Item | | Total | CCNH / RHNS | (Specify) | Other |
| 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

| | | | | ne No. of Facility -938-2223 | | Report for Yes 9/30/2023 | ar Ended | Page 2 | | of 37 |
|---|--------------|---------------------|--------|---------------------------------|---------|--------------------------|-----------|----------------|---------|----------|
| Name of Facility (as shown on lice | ense) | | 000 | Address (No. & S | treet. | | p) | | | |
| Salmon Brook Rehab and Nursing | | | | 72 Salmon Brook | | | | | | |
| | | CCNH / RHNS | | (Specify) | | Other | | Medicare I | Provide | er No. |
| License Numbers: | | 2093 | | | | | | 075060 | | |
| Type of Facility (Check appropriat Chronic and Convales ✓ Nursing Home (CCNH RHNS Combined | cent | | (Spe | ecify) | | ☑ | Other | | | |
| Type of Ownership (Check approp | riate box) |) | | | | | | | | |
| ⊙ Proprietorship O LLC | 0 | Partnership | 0 | Profit Corp. | 0 | Non-Profit Cor | р. О | Government | 0 | Trust |
| If this facility opened or closed du | ring repor | t year provide: | | | Date | Opened | Date Clo | osed | | |
| Has there been any change in own | ership | | | | | | | | | |
| or operation during this report year | r? | | 0 | Yes | 0 | No | If "Yes," | ' explain full | у | |
| | | | | | | | | | | |
| Administrator | | | | | | | | | | |
| Name of Administrator | | | | | | Nursing I | | | | |
| Raymond Wilkens | | | | | | Administr | | 1841 | | |
| Other Operators/Owners who are a | ancistant s | dministrators (fi | II or | nort time) of this f | acilits | License | e No.:[| | | |
| Name | 1551514111 2 | idinimistrators (10 | 111 01 | part time) of tims is | acmity | License | No.: | | | |
| N/A | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

General Information and Questionnaire Partners/Members

| Name of Facility Salmon Brook Rehab and Nurs | ing | License No. 2093 | Report for Y 9/30/2023 | ear Ended | Page of 3 37 | |
|---|-------------|------------------|------------------------|-----------|----------------------------|--|
| Legal Name of Parti | | Business A | | | or Town(s) in egistered | |
| N/A | | | | | | |
| Name of Partners/Members | Business Ac | ldress | - | Γitle | % Owned | |
| N/A | | | | | | |
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State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3A Rev. 10/2005

General Information and Questionnaire Corporate Owners

| Name of Facility | License No. | Report for Year End 9/30/2023 | ded | Page of | |
|---|-------------------------------|----------------------------------|-----------------|----------------------------|--|
| Salmon Brook Rehab and Nursing | 2093 | | 3A 37 | | |
| If this facility is owned or operated as a corpor | | | n: | | |
| Legal Name of Corporation | Busines | State(s) in Whie | ch Incorporated | | |
| Salmon Brook Rehab and | 72 Salmon Brook | | | | |
| Nursing | CT 06033 | | | | |
| | | | <u> </u> | | |
| Name of Directors, Officers | Busines | s Address | Title | No. Shares Held by Each | |
| Eliezer Elefant | 7634 Quail Meado TX, 77071 | ow Drive, Houstan | Owner | 100 | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Names of Stockholders Owning at Least 10% of Shares | I | | | | |
| | i,a | | | | |
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State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3B Rev. 10/2005

General Information and Questionnaire Individual Proprietorship

| Name of Facility | License No. | Report for Year Ended | Page | of |
|--|---------------------|--------------------------------|------|----|
| Salmon Brook Rehab and Nursing | 2093 | 9/30/2023 | 3B | 37 |
| If this facility is owned or operated as an individual | proprietorship, pro | vide the following information | 1: | |
| Ow | ner(s) of Facility | 170 | | |
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State of Connecticut
Annual Report of Long-Term Care Facility
CSP-4 Rev. 10/2005

General Information and Questionnaire Related Parties*

| Name of Facility Salmon Brook Rehab and Nursing | Nursing | License No. | No. 2093 | R 9/ | Report for Year Ended 9/30/2023 | | Page 4 | of 37 |
|---|---|--------------------------------|---------------------|---------|------------------------------------|---|--------------|-----------------------------|
| Are any individuals receimarriage, ability to contro | Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? | lity related thus association? | ed through | | Yes © No | If "Yes," provide the Name/Address and complete the information on Page 11 of the report. | : Name/Add | ess and e 11 of the report. |
| | | | | | | | | |
| Are any individuals or co | Are any individuals or companies which provide goods or | r services, | S, | | | | | |
| including the rental of prorelated through family ass | including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business | this faci ontrol, o | lity, r business | | ⊙ Yes O No | | | |
| association to any of the | association to any of the owners, operators, or officials of this facility? | fthis fac | ility? | | | If "Yes," provide the following information: | following in | nformation: |
| | | | | 9 | | | | |
| | | Also | Also Provides | | | Indicate Where | | |
| | | Good | Goods/Services to | | | Costs are Included | | |
| Name of Related | Business | Non-R | Non-Related Parties | ies | Description of Goods/Services | in Annual Report | Cost | Actual Cost to the |
| Individual or Company | Address | Yes | No % | **% | Provided | Page # / Line # | Reported | Related Party |
| RegalCare Rehab | 26 Firemens Memorial Drive, Suite 205, Pomona, NY 10970 | 0 | 0 | PI | Physical Therapy | Page 13/ 5a | 295,337 | 295,337 |
| RegalCare Rehab | 26 Firemens Memorial Drive, Suite 205, Pomona, NY 10970 | 0 | • | Si | Speech Therapy | Pg 13/ Line 9a | 27,675 | 27,675 |
| RegalCare Rehab | 26 Firemens Memorial Drive, Suite 205, Pomona, NY 10970 | 0 | • | 0 | Occupational Therapy | Page 13/Line 10a | 274,052 | 274,052 |
| Salmon Brook PropCo | 31 Brookfall Road, Edison, NJ 08817 | 0 | 0 | Ä | Rental Property | Page 22/ Line 9 | 2,894,082 | 1,406,469 |
| | | 0 | • | N | Various Intercompany Loans | Page 34/ Line B3 | 264,271 | 264,271 |
| Salmon Brook PropCo | 31 Brookfall Road, Edison, NJ 08817 | 0 | • | * | Working Capital Loan Interest | Page 27/ Line 12d | 28,930 | 28,930 |
| | | 0 | • | | | | | |
| | | 0 | • | | | | | |
| | | 0 | • | | | | | |

^{*} 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 | License No. Report for Year Ended Page | | | | | | | |
|---|--|--|----------------------------------|------------|------------|--|--|--|
| Salmon Brook Rehab and Nursing | 2093 | | | | | | | |
| If the facility is licensed as CDH and/or RCH or p | provides AI | OS or TBI se | ervices with special Medicaid ra | tes, cost | S | | | |
| must be allocated to CCNH and RHNS as follow | s: | | | | | | | |
| Item | | | Method of Allocation | | | | | |
| Dietary | | Number of | meals served to residents | | | | | |
| Laundry | | | pounds processed | | | | | |
| Housekeeping | | | square feet serviced | | | | | |
| | | | hours of routine care provided b | - | | | | |
| Nursing | | employee classification, i.e., Director (or Charge Nurse), | | | | | | |
| | | Registered Nurses, Licensed Practical Nurses, Aides and | | | | | | |
| | | Attendants | | | | | | |
| Direct Resident Care Consultants | | | hours of resident care provided | by EAC | H | | | |
| | | specialist (| See listing page 13) | | | | | |
| Maintenance and operation of plant | | Square feet | | | | | | |
| Property costs (depreciation) | | | | | | | | |
| 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 follow | ons applicable to the cost information provided. | | | | | | | |
| 1. In the preparation of this Report, were all | O No | If "No," explain fully why such | allocati | on was not | | | | |
| costs allocated as required? • Yes O No made. | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| 2. Explain the allocation of related company exp | enses and a | ttach copy o | f appropriate supporting data. | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| 3. Did the Facility appropriately allocate and self | f-disallow d | irect and ind | irect costs to non-nursing home | cost cen | ters? | | | |
| (e.g., Assisted Living, Home Health, Outpatie | nt Services, | Adult Day (| Care Services, etc.) | | | | | |
| | | | If "No," explain fully why such | allocati | on was not | | | |
| | Yes | O No | made. | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

General Information and Questionnaire Other Lines of Business

| Name of Facility | 1 1 1 1 1 1 1 1 | License No. | | | eport for Year Ended 30/2023 | Page 6 | of 37 |
|-------------------------------------|---|-------------------|--------|----------|---------------------------------|--------|----------|
| Salmon Brook Re | hab and Nursing | 2093 | | [9/3 | 30/2023 | 0 1 | 37 |
| Square footage of | entire facility. | 48,712 | | | | | |
| Outpatient Ther | ару | | | | | | |
| Does the Facility | provide outpatient t | herapy services? | No | | | | |
| If yes, please com | plete the following: | | | | | | |
| | Square footage of t | herapy space. | | | | | |
| Meals on Wheels | 3 | | | | | | |
| Does the facility | provide Meals on W | heels? | No | | | | |
| If yes, please com | plete the following: | | | | | | |
| | Square footage of k | | | | | | |
| | Number of meals so | | | | | | |
| No | 221 - 600 - 6102 | | | | | | |
| No | | | | | | | |
| | If yes, please state where costs are reported. Are drivers for the program included in the facility's payroll? | | | | | | |
| No | If yes, please comp | | | my's pay | roii? | | |
| | ij yes, pieuse comp | Amount Repor | | | | | |
| | | Annual Report | | ine | | | |
| | Please state the sala | | | | lietary aides | | |
| | | | | | orted in the Annual R | eport | |
| | | | | | | | |
| | | | | | | | |
| | ependent Living, A | | | 500 | | | |
| Does the facility lassisted living? | nave apartments, ind | lependent living, | and/or | No | | | |
| If yes, please com | plete the following: | | 1 | | | | |
| | Square footage of a | partments | | | | | |
| | Square footage of i | ndependent living | g | | | | |
| | Square footage of a | ssisted living | | | | | |
| | Please identify the | services provided | | | | | |
| 9 | | | J | | | | |

General Information and Questionnaire Other Lines of Business (Continued)

| Name of Facility License No. | Report for Year Ended | Page of |
|--|-----------------------|---------|
| Salmon Brook Rehab 2093 | 9/30/2023 | 7 37 |
| Child Day Care | | |
| Does the Facility provide Child Day Care? No | | |
| If yes, please complete the following: | | |
| Square footage of child day care space. | | |
| Average number of daily participants. | | |
| Number of meals per day provided to child day ca | re. | |
| 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 fa | cility. | |
| Average number of daily participants. | | |
| Number of meals per day provided to adult day ca | re. | |
| Nature of services provided: | | |
| | | |
| | | |
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State of Connecticut
Annual Report of Long-Term Care Facility
CSP-8 Rev. 3/2023

Schedule of Resident Statistics

| Total All RHNS RHNS Total CONH RHNS | Name of Facility | | | License No. | | | | Report for Year Ended | ear Ended | | | Page | fo |
|--|--|-----------|-------------------------|-------------|-------------|--------|------------|-----------------------|-----------|--------|-----------|-------------|---------------|
| Total All RHNS Total All RHNS Total Other Other Specify) Other Total Other Other Other States St for Residents Total Other | Salmon Brook Rehab and Nursing | | | 2(| 193 | | | 9/30/2023 | | | | ~ | 37 |
| CCNH CONH | | | | | | | Period 10, | /1 Thru 6/3(| | | Period 7/ | 1 Thru 9/30 | |
| Certified Bed Capacity A. On last day of PREVIOUS report period B. On last day of PREVIOUS report period I.26 I.26 I.26 I.20 I.20 I.20 I.20 I.20 I.20 I.20 I.20 | · | Total All | Total CCNH / RHNS | £ | Total Other | Total | CCNH / | (Specific) | | | CCNH / | (Shooth) | , contraction |
| B. On last day of THIS report period Number of Residents A. As of midnight of PREVIOUS report period Total Number of Days Care Provided During Period A. Medicare A. Medicare A. Medicare C. Medicaid (other states) D. Private Pay E. State SSI for RCH E. State SSI for RCH F. Other (Specify) (HMO and Hospice) D. Private Days Not Included in Figures in 3G G. Total Number of Days Not Included in Figures in 3G A. Which Revenue Was Received for Reserved Beds A. Which Revenue Was Received For Say 287 B. Other Bed Reserve Days B. Other Bed Reserv | Certified Bed Capacity A On last day of PREVIOUS report period | 126 | 138 | 1 004 | Total Oute | 100 | 126 | (Specify) | Onici | Lotai | CATTAN | (abcary) | |
| As of midnight of PREVIOUS report period 120 120 120 120 111 | 1 | 126 | 126 | | | | | | | 126 | 126 | | |
| B. As of midnight of THIS report period 111 | Num | 120 | 120 | | | 120 | 120 | | | | | | |
| Total Number of Days Care Provided During Period 4,083 4,083 4,083 4,083 4,083 4,083 4,083 4,083 4,083 4,083 4,083 4,083 3,406 3,406 3,406 7,871 7,972 7,973 <t< td=""><td></td><td>Ξ</td><td>Ξ</td><td></td><td></td><td></td><td></td><td></td><td></td><td>111</td><td>111</td><td></td><td></td></t<> | | Ξ | Ξ | | | | | | | 111 | 111 | | |
| A. Medicare | | | | | | | | | | | | | |
| B. Medicaid (Conn.) 31,631 31,631 31,631 31,631 7,872 7,872 7, | A. Medicare | 4,083 | 4,083 | | | 3,406 | 3,406 | | | 677 | 677 | | |
| C. Medicaid (other states) 4,384 4,384 794 77 D. Private Pay 4,384 4,384 794 77 E. State SSI for RCH 796 77 796 77 F. Other (Specify) (HMO and Hospice) 1,470 1,470 674 674 796 77 G. Total Care Days During Period (3A thru F) 41,568 31,430 31,430 10,138 10,138 Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds 287 287 86 A. Medicaid Bed Reserve Days 5 5 5 5 B. Other Bed Reserve Days 5 5 70 Total Resident Days (3G + 4A + 4B) 41,860 <td></td> <td>31,631</td> <td>31,631</td> <td></td> <td></td> <td>23,760</td> <td>23,760</td> <td></td> <td></td> <td>7,871</td> <td>7,871</td> <td></td> <td></td> | | 31,631 | 31,631 | | | 23,760 | 23,760 | | | 7,871 | 7,871 | | |
| D. Private Pay D. Private Pay 4,384 4,384 4,384 4,384 4,384 794 794 794 794 797 E. State SSI for RCH F. Other (Specify) (HMO and Hospice) 1,470 1,470 674 674 796 776 796 77 G. Total Care Days During Period (3A thru F) 41,568 41,568 41,568 10,138 10,279 | | | | | | | | | | | | | |
| E. State SSI for RCH E. State SSI for RCH F. Other (Specify) (HMO and Hospice) 1,470 1,470 674 674 796 77 G. Total Care Days During Period (3A thru F) 41,568 41,568 31,430 31,430 10,138 10,138 Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds 287 287 86 A. Medicaid Bed Reserve Days 5 5 86 B. Other Bed Reserve Days 5 5 Total Resident Days (3G+4A+4B) 41,860 41,860 41,860 | | 4,384 | 4,384 | | | 3,590 | 3,590 | | | 794 | 794 | | |
| F. Other (Specify) (HMO and Hospice) 1,470 1,470 1,470 796 776 G. Total Care Days During Period (3A thru F) 41,568 41,568 131,430 31,430 10,138 10,138 Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds 287 287 86 A. Medicaid Bed Reserve Days 5 5 5 5 B. Other Bed Reserve Days 5 5 5 Total Resident Days (3G + 4A + 4B) 41,860 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<> | | | | | | | | | | | | | |
| G. Total Care Days During Period (3A thru F) 41,568 41,568 41,568 10,138 10,102 < | | 1,470 | 1,470 | | | 674 | 674 | | | 796 | 296 | | |
| Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds 287 287 86 A. Medicaid Bed Reserve Days 5 5 5 5 B. Other Bed Reserve Days 5 5 5 6 Total Resident Days (3G + 4A + 4B) 41 860 41 860 41 860 41 860 41 860 41 860 41 860 | | 41,568 | 41,568 | | | 31,430 | 31,430 | | | 10,138 | 10,138 | | |
| A. Medicaid Bed Reserve Days 287 287 287 287 86 B. Other Bed Reserve Days 5 5 5 5 5 5 Total Resident Days (3G+4A+4B) 41 860 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<> | | | | | | | | | | | | | |
| B. Other Bed Reserve Days 5 5 5 5 5 Total Resident Days (3G+4A+4B) 41860 41860 41860 41860 41860 41860 | - 1 | 287 | 287 | | | 201 | 201 | | | 98 | 98 | | |
| Total Resident Davs (3G + 4A + 4B) 41860 41860 31631 31631 | | 5 | 5 | | | | | | | 5 | 5 | | |
| and the sector of the sector o | 5. Total Resident Days (3G+4A+4B) | 41,860 | 41,860 | | | 31,631 | 31,631 | | | 10,229 | 10,229 | | |

CSP-9 Rev. 3/2023

Schedule of Resident Statistics (Cont'd)

| Name of Facil | ity | | | Licer | se No. | | | | Report | for Year | Ended | | Page | of |
|--------------------|-----------|----------------|--------------------|-------|------------|--------|---------|--------|----------------------------|----------------|----------------|-----------------|------------|------------|
| Salmon Brook | c Rehab a | and Nursing | | 20 | 093 | | | | | 9/30/202 | .3 | | 9 | 37 |
| | - | | certified bed cap | acity | during ' | the re | port ye | ar? | | 0 | Yes | • | No | |
| 11 125 | Provide | Place of C | | | C | hange | in Be | ds | | С | apacity After | r Change | | |
| | CCNH | 7 1400 01 0 | l l | | | | | | | | | Ü | | |
| Date of | / RHNS | (Specify) | Other | | Lost | | | Gaine | d | | | | | |
| Change | (1) | (2) | (3) | (1) | (2) | (3) | (1) | (2) | (3) | CCNH / RHNS | (Specify) | Other | Reason fo | or Change |
| | | | | | | | | _ | | | | | | |
| | | | | - | | | | - | | | - | | | |
| | | | | | | | | | | | | | | |
| | | | ified bed capacity | | | eport | year (| as rep | orted in | item 4 a | bove) provid | e the number o | f | |
| | | (| Change in Reside | nt Da | ys | | | | | CCNI | I / RHNS | (Specify) | Oti | her |
| 1st chan | | | | | | | | | | | | | | |
| 2nd char | | | | | | | | | | | | | | |
| 3rd chan | | | | | | | | | | | | | | |
| 4th chan 6. Number | | ents and Rate | s on September | 30 of | Cost Y | ear | | | | 1 | | | | |
| O. Ivanibei | OI ICOSIG | chis and rais | Medicare | 01 | Med | | | | | S | elf-Pay | | Other Stat | e Assisted |
| | Item | | CCNH / RHNS | | NH/ INS | (Sn) | ecify) | | NH / INS | (Sr | necify) | Other | R.C.H. | ICF-MR |
| No. of R | | | 10 | 10 | 83 | (Opt | cony, | -10 | 18 | (0) | ,,,,,, | 0 | | |
| Per Dien | | | | 1512 | 013 | Post | 18236 | MAN | NAE A | 400 | 14-14-14 K | SAFEL S | AND THE | |
| a. One b | ed rm | | Various | | 282,27 | | | | 505,00 | | | | | |
| b. Two l | oed rms. | | Various | _ | 282,27 | | | | 475,00 | | | | | |
| c. Three | | | | | | | ì | | | | | | | |
| bed r | ms, | | | | | | | | | | | | | |
| 7. Total Nu | mber of | Physical The | rapy Treatments | | | | | ТО | TAL | CCNI | I/RHNS | (Specify) | Outpatient | Other |
| | | e - Part B | | | | | | | 6,711 | | 6,711 | | | |
| В. | | d (Exclusive | | | | | | | DATE OF THE PARTY NAMED IN | | 57 157 17 | | STAN DELL | BALL TANK |
| | | itenance Trea | | | | | | | 184 | | 184 | | | |
| C | | orative Treati | ments | | | | | | 7,827 | | 1,654 7,827 | | | |
| | Other | hysical Ther | apy Treatments | | | | | | 16,376 | | 16,376 | | | |
| | | | apy Treatments | | | | | illi 2 | ASIR D | Finish 8 | W 11/2 33 | THE SUBJECT | AN SHIP | |
| Α. | Medicar | e - Part B | | | | | | | 380 | | 380 | | | |
| В | | d (Exclusive | | | | | | 11, 10 | (18 J | O V PIR | Sy . C | SAME DIFFERENCE | | |
| | | tenance Trea | | | | | | | 109 | | 12 | | | |
| C | Other | orative Treati | nents | | | | | | 375 | | 375 | | | |
| | | peech Thera | by Treatments | | | | | | 876 | | 876 | | | |
| | | | Therapy Treatm | ents | | | | OIL 5 | M9 U B | PAL, IV | S/28578 | | | |
| Α. | Medicar | e - Part B | | | | | | | 6,574 | | 6,574 | | | |
| В. | Medicai | d (Exclusive | of Part B) | | | | | | 27.5 | | | | 10 Se S | R TREAT |
| | | tenance Treat | | | | _ | | | 288 | - | 288 | | | |
| | Other | orative Treati | 1101112 | | | | | | 7,157 | | 7,157 | | | |
| | | ccupational | Therapy Treatm | ents | | | | | 16,606 | | 16,606 | | | |

Report of Expenditures - Salaries & Wages

| Name of Facility | License No. 2093 | | | Report for Yea 9/30/2023 | r Ended | | | Page 10 | of 37 |
|--|---------------------|-------------------------------------|----------------------------|-----------------------------|----------------|-------------------------|--|---------------------|--------------|
| Salmon Brook Rehab and Nursing | | | | Yes | | 0 | No | 10 | 37 |
| Are time records maintained by all individuals receiving con | npensation? | | | | Cost and Hours | | 140 | | |
| | | | | Total | Cost and Hours | | | | |
| | | | | | | | | | |
| Item | CCNH / RHNS | Adjustment | Hours | (Specify) | Adjustment | Hours | Other | Adjustment | Hours |
| A. Salaries and Wages* 1 Operators/Owners (Complete also Sec. I | | | | | DE ME SEN | | Comments of | NASA . | |
| of Schedule A1) | | | | | | | | | |
| 2. Administrator(s) (Complete also Sec. III | 5-8-74 V-18 | E. WENT | EXPERIMENT OF | 2 1 1 2 2 | 18 80 | | PER CONTRACTOR | (Cloville |) I == == |
| of Schedule A1) | 126,396 | | 2,086 | | | | | | |
| 3. Assistant Administrator (Complete also Sec. IV | STREET, STA | TO B TO B | DOI HE | IIIKES SAW | III SVIII | | | Resemble | OIL NO |
| of Schedule A1) | | | | | | | | | |
| 4. Other Administrative Salaries (telephone | | | | 1 100 100 | 100 | 100-300 | W. Eller Still | a describe | |
| operator, clerks, receptionists, etc.) | 251,464 | | 9,034 | | | | | | |
| Dietary Service | | | | | | | THE SECOND | | 200,00 |
| a. Head Dietitian | | | | | | | | | |
| b. Food Service Supervisor | 423,844 | | 21,729 | | | | | | |
| c. Dietary Workers 6. Housekeeping Service | 423,844 | 3 - 3 | 21,729 | 0 32 -0 0 | Inches Name | WAS U.S. | 8 8 9 8 8 | 001 - X-VV | ALCO |
| a. Head Housekeeper | | 1 - W W - W - W - W - W - W - W - W | 10 | | | | | | |
| b. Other Housekeeping Workers | 488,605 | | 26,450 | | | | | | |
| 7. Repairs & Maintenance Services | NO DESCRIPTION | (4) 11 // 6 | 0 0 9 0 | He min | | | | | The state of |
| a. Engineer or Chief of Maintenance | | | | | | | | | |
| b. Other Maintenance Workers | 145,537 | | 6,598 | | | | | | |
| 8. Laundry Service | Massa M | | 077 (00.00) | Shall say like | | No. III | 28181 | | San Contract |
| a. Supervisor | | | | | | | | | |
| b. Other Laundry Workers | 105,168 | | 5,371 | | | - | | - | |
| Barber and Beautician Services | | - | | | 1 | | | | |
| 10. Protective Services 11. Accounting Services | | | | | N | CONTRACTOR OF THE PARTY | 100000000000000000000000000000000000000 | ALC: NO. 1982 | A 100 S |
| a. Head Accountant | | | | | | | - | | |
| b. Other Accountants | | | | | | | | | |
| 12 Professional Care of Residents | Estimate and the | | | | | | | HIND HOX | 08.93 |
| a. Directors and Assistant Director of Nurses | 161,981 | | 2,533 | | | | | | |
| b. RN | | | Total Control | 0.00 | A | | | Paragraph Vita | - J. J. |
| 1. Direct Care | 1,057,850 | | 17,165 | | | | | | |
| 2. Administrative** | 314,773 | | 16,268 | | | | | | |
| c. LPN | | - No. 5 | | STRUMBULE OF | | | - 1 | | 1850 July |
| Direct Care | 1,265,744 | | 34,091 | | 4 | | | | |
| 2. Administrative** | 2,181,427 | | 99,186 | | - | | | | |
| d. Aides and Attendants e. Physical Therapists | 4,181,42/ | | 77,160 | | | | | | |
| f. Speech Therapists | | | | | | | | | |
| g. Occupational Therapists | | | | | | | | | |
| h. Recreation Workers | 135,305 | | 6,572 | | | | | | |
| i Physicians | | 10 C 30 E | 000/-15-00 | BIOL WELVE | | O REBUIL | The last of | D. C. D. C. | |
| Medical Director | | | | | | | | | |
| 2 Utilization Review | | | | | | | | | |
| 3. Resident Care*** | H2- 0 | The state of | CONTRACTOR OF THE PARTY OF | To the second second | No. | | THE RESERVE TO | The second second | |
| 4. Other (Specify) | | | | 1000 | | | The state of the s | 1 1 1 1 1 1 1 1 1 1 | |
| j Dentists | | | | | | | | | |
| k. Pharmacists | | | | | | - | | | |
| 1 Podiatrists | 100.460 | | 2 057 | | 1 | - | | | |
| m. Social Workers/Case Management | 122,468 3,503 | (3.502) | 3,857 Non allowal | | 1 | | | | |
| n. Marketing o. Other (Specify) | 3,503 | (5,303) | INOIT BIJOWAL | | The second | STORES. | N | S 30 /5 | 150 |
| See Attached Schedule | 154,213 | | 5,273 | | No. | | | | |
| A-13. Total Salary Expenditures | 6,938,278 | (3,503) | | | | | | | |

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

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

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

Schedule of Other Salaries and Wages (Page 10)

| | | CCNH / RHNS | | | (Specify) | | | Other | |
|--|------------|-------------|------------|---------------|------------|----------|----------|-----------------------------|-----------|
| Position | S | Adjustment | Hours | S | Adjustment | Hours | S | Adjustment | Hours |
| Nursing Admin Expense>Medical Records>Wages | \$ 77,950 | | 3,283 | | | | - | 175 | |
| | | | 1,990 | | | = 75-31V | III SU | E 1/1/1/11 | |
| Admin Expense>Admissions>Wages | S 76,263 | | 1,990 | | | | | of the state of the | |
| | | | | | - | | | | |
| | | 0 - 5/ | | | | _ | | | |
| | | | | | | | | | |
| | | | | | (E) () W V | 0511 | | | |
| | | | E, 0 | | | 10112 | | | |
| | | | | | | _//_//\ | 100 | - S LOCUR A | 11.00 |
| | | | | | 0.5 | | | | |
| | | | | | | | | - X | |
| | | | | | | - V | | | 120 |
| ALL COLUMN TO STORY OF | | n | | Carrier Trans | | | | | |
| | | | | | Seniol mes | | | | - v - 3,2 |
| | | | 0.00 | | | 0.00 | | | |
| The state of the s | | | | 100 | | 81151 | The same | | |
| | | | -0 =0 | * | | SAN 16 | | | |
| | | | | | | 100 | 100000 | VO TO TO THE REAL PROPERTY. | |
| | | | No. of the | | | | | | 100 |
| | | | | | | -010000 | P TO S | | |
| Total | \$ 154,213 | s - | 5,273 | s - | s - | | s | S | . ROSONE |

Schedule of Other Fees (Page 13)

| | | | CCN | H/RHNS | | | | (Specify) | | | | Other | |
|-----------------------------|----------|--------|------|----------|-------|-----|-----|------------|-------|--------|------|------------|-------------------|
| Service | | S | Ad | justment | Hours | S | | Adjustment | Hours | | S | Adjustment | Hours |
| | | 0 | | | .=01 | | m | | | | | | 315 |
| TV Insertion Nurse | S | 18,508 | 2 | (18,508) | N/A | 1 | 11 | 0=000 | | (A0.50 | | | |
| Respiratory Nurse | \$ | 3,656 | \$ | (3,656) | N/A | 201 | | | | | 100 | | |
| Audiologist | S | 194 | \$ | (194) | N/A | | | | | | | | 155.01 |
| Optamology Physician | \$ | 183 | S | (183) | N/A | | | | LE EU | | | | |
| MDS | S | 29,200 | 1000 | | 416 | | | | | PH 11 | | | |
| Nursing Consulting Services | \$ | 30,800 | | | 280 | | | | | | | | |
| | | | | 156 | | | | | | | 1116 | | |
| | U S DELE | | | 17/ | | | 72 | | | | | | |
| | | | li E | | | | | idi n = | | | | | |
| | | | 00 | | | | 700 | | | | | | |
| | | | | | | | 113 | | | | 1000 | | |
| | | | 100 | | | . W | 34 | V. | | | | | |
| | | | | | | | | T X MAD U | | | -175 | | No. of the little |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | IL MALLES |
| | | | Do | | N = W | | -01 | | | | | | |
| | | | 11/2 | | | | | VIII . | | | | | |
| Total | S | 82,541 | \$ | (22,541) | 696 | 5 | 2 | \$ | - | \$ | | s - | |

State of Connecticut

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

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

| | | ¥ | ssistant | Administra | Assistant Administrators and Other Related Parties* | Relate | d Parties | v . | | |
|--|----------------|-------------|----------|--|---|--------------------------|-------------------------------------|--|--------------------------|--------------------------|
| Name of Facility | | | | License No. | | Report for | Report for Year Ended | | Page | Jo |
| Salmon Brook Rehab and Nursing | bū | | | 2093 | | 9/30/2023 | | | 11 | 37 |
| | | Salary Paid | | | | | | | | |
| | CCNH / RHNS | (Specify) | Other | 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 |
| 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). | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | I | | | | | |
| | | | | | | | | | | |
| | : | | | | | | | | | 1 |

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

^{**} Include all employment worked during the cost year.

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

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

Assistant Administrators and Other Related Parties*

| | | 4 | SSIStalit | Administra | Assistant Auministrators and Other Related Falues. | Nelaled | raines. | | | |
|---|--------|-------------|-----------|--|--|--------------------------|-------------------------------------|---|--------------------------|--------------------------|
| Name of Facility (as licensed) | | | | License No. | | Report for Year Ended | ear Ended | | Page | Jo |
| Salmon Brook Rehab and Nursing | | | | 2093 | | 9/30/2023 | | | 12 | 37 |
| | | Salary Paid | | | | | | | | |
| Name | CCNH / | (Specify) | Other | 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 |
| Section III - Administrators*** | | | | | | | | | | |
| Amelia Fiore (10/1/2022- 10/31/2022) | 10,857 | | | Non- Discriminatory | Administrator | 174 | A2 | | | |
| Phyllis Aronson (11/01/2022- 12/18/2022) | 11,115 | | | Non- Discriminatory | Administrator | 280 | A2 | | | |
| Christal Altius (12/19/2022- 01/08/2023) | 1,442 | | | Non- Discriminatory | Administrator | 24 | A2 | | | |
| Section IV - Assistant Administrators | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | 9 | |
| | | | | | | | | | | |
| | | | | | | | | | | |

^{*}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.

State of Connecticut Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

| Name of Facility (as licensed) | | ASSIS | tant Adr | License No. | Assistant Administrators and Other Related Parties - License No. | ed Farties" Report for Year Ended | S." ar Ended | | Pare | of |
|---|-------------|-------------|----------|---|--|-----------------------------------|-------------------------------------|---|--------------------------|--------------------------|
| Salmon Brook Rehab and Nursing | | | | 2093 | | 9/30/2023 | | | 12 | 37 |
| | S | Salary Paid | | | | | | | | |
| Name | CCNH / RHNS | (Specify) | Other | 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 |
| Section III - Administrators*** | | | | | | | | | | |
| Ashely Frame (01/09/2023-05/07/2023) | 45,000 | | | Non- Discriminatory | Administrator | 768 A2 | A2 | | | |
| Freddie Diaz (05/08/2023-07/30/2023) | 31,155 | | | Non- Discriminatory | Administrator | 480 A2 | A2 | | | |
| Raymond Wilkens (07/31/2023-09/30/2023) | 26,827 | | | Non- Discriminatory | Administrator | 360 A2 | A2 | | | |
| Section IV - Assistant Administrators | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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

^{**} Include <u>all</u> other employment worked during the cost year. *** If more than one Administrator is reported, include dates of employment for each.

R Report of Expenditures - Professional Fees

| | | or Expend | mures - | Professio | nai rees | | | | |
|--|------------------|--|--|---------------|----------------|--|-------------------|--------------|---|
| Name of Facility | License No. | | | Report for Y | ear Ended | | | Page | of |
| Salmon Brook Rehab and Nursing | | 2093 | | 9/30/2023 | | | | 13 | 37 |
| Tiny and with Make and A | | | | Tota | l Cost and Hou | ırs | | | |
| Item | CCNH / RHNS | Adjustment | Hours | (Specify) | Adjustment | Hours | Other | Adjustment | Hours |
| *B. Direct care consultants paid on a fee | III SEE SEE | Both Mark | (FE) 19,18 | Manager 19 | | 20 PB 015 | William I | TAN SUNTERS | in Trial |
| for service basis in lieu of salary (For all such services complete Schedule B1) | | | | | | | | | |
| 1. Dietitian | 68,562 | | 1,498 | | | | | | |
| 2. Dentist | 5,100 | | 84 | Estimate | | | | | |
| 3. Pharmacist | 34,280 | | Contracted | | | | | | |
| 4. Podiatrist | | | | | | | | | |
| Physical Therapy Resident Care | 295,337 | | 4,391 | | | cii******* | | | |
| b. Other | | | | | | | | | |
| 6. Social Worker | | | | | | | | | |
| 7. Recreation Worker | | | | | | | | | |
| 8. Physicians | The Name | NVS SW | 24 (S) S | a was write | | | Moston k | | 100000000000000000000000000000000000000 |
| a. Medical Director (entire facility) | 36,000 | | 186 | | | | | | |
| b. Utilization Review | EVALUATE NAME OF | | | | Market Co. | ULO DE V | 38 1000 | | 1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| (Title 18 and 19 only) monthly meeting | | | | | | | | | |
| c. Resident Care** | | | | | | | | | |
| d. Administrative Services facility 1 Infection Control Committee | ST 10 3/60 | | | | | Bunt Su | S.D. SV. | | |
| (Quarterly meetings) 2 Pharmaceutical Committee | | | | | | | | | |
| (Quarterly meetings) | | | | | | | | | |
| 3 Staff Development Committee (Once annually) | | | | | | | | | |
| e. Other (Specify) | 10000000 | sussessible. | | WS V R X | | | | | end or |
| | THE RESIDENCE | | A CONTRACTOR OF THE PARTY OF TH | | | | Marie Control | 0.000 | |
| 9. Speech Therapist | 25,626 | | 415 | Visual Inc. | | | SHIDELLEGAL | | IN PROPERTY. |
| a. Resident Care | 27,675 | | 415 | | | | | | |
| b. Other | | 11 500 51 50 | 0 -0 -0 | | 1 (S - S) (10) | MCIII WOM | MISSAWS EX | Tollows Inc. | Time to a |
| 10. Occupational Therapist | 274.052 | KS NEW BIRTHE | 4.079 | | 1121 1121 | | No. of Concession | | |
| a Resident Care | 274,052 | | 4,078 | | | | - | | |
| b. Other 11. Nurses and aides and attendants | - 1516 SHOW | | | 10-2-12 | | | SE 39/4 | PROPERTY. | MARKET S |
| | | Bar In. | | E-1095-1 | | | April Street | | |
| a. RN | 19,918 | MANUSCO DE | 176 | I VIIIS CONTI | DOM: NO | | | | |
| Direct Care Administrative*** | 17,718 | | 170 | | | | | | |
| b. LPN | | 8 B 10 B 1 | | 28 1 SV | 1980 - E-128 | A DESCRIPTION OF THE PERSON OF | - A-6 12 1 | W-U-U-E | 2 22-12 |
| LPN Direct Care | 23.570 | | 352 | | | and the second | | | |
| Direct Care Administrative*** | 23,370 | | 332 | | | | | | |
| c. Aides | 75,241 | | 1,701 | | | | | | |
| d. Other | 13,241 | | 1,701 | | | | | | |
| 12 Other (Specify) | CIT GUACO | 100000000000000000000000000000000000000 | NV Seed | SE 11/8-10 | THE PART OF | | 0.000000 | | |
| See Attached Schedule | 82,541 | (22,541) | 696 | | | | | | |
| B-13 Total Fees Paid in Lieu of Salaries | 942,276 | (22,541) | 13,577 | | 1 | | | | |

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

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

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

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

| Name of Facility | License No. | | Report for ' | Year Ended | Page | of |
|---|--|---|------------------------------|------------|-----------------|---------|
| Salmon Brook Rehab and Nursing | 2093 | - | 9/30/2023 | , | 14 | 37 |
| Name & Address of Individual | Full Explanation of Service | | * to Owners, rs, Officers | Expla | nation of Relat | ionship |
| LTC Management, 174 Scott Road Prospect CT 06712 | Dental Services | 0 | 0 | N/A | | |
| Placemates 3622 Lyckan Parkway Suite 3003 Durham, NC 27707 | CNA | 0 | 0 | N/A | | |
| Medwiz Solutions, LLC 167 Route 304 Bardonia, NY 10954 | Insertions | 0 | 0 | N/A | | |
| Technical Gas products 101 North Plains Industrial Rd Wallingford CT 06492 | Respiratory Service and Therapy Service | 0 | 0 | N/A | | |
| Regal Care Rehabilitation LLC | PT, ST, OT | 0 | 0 | Common Own | ership | |
| HC Consulting, PO Box 265 Waterbury CT 06720 | MDS Consulting | 0 | 0 | N/A | | |
| AAA Nursing Care, 3303 Main Street, Stratford CT 06614 | RN | 0 | 0 | N/A | | |
| The Nurse Network, 653 Main Street Plantsville, CT 06479 | RN, LPN, CNA | 0 | 0 | N/A | | |
| Integra Scripts, 160 Airport Rd Lakewood NJ 08701 | Pharmacy Services | 0 | 0 | N/A | | |
| NutraCo, 5691 Brookfield Cir W Ft Lauderdale , FL 33312 | Dietician/Nutritionist Services | 0 | 0 | N/A | | |
| Chana Perara | Medical Director | 0 | 0 | N/A | | |
| Worldwide Staffing, 2222 Sedwick Road, Durham NC 27713 | CNA | 0 | 0 | N/A | | |
| Spring Garden Agency and Home Care | RN, LPN, CNA | 0 | 0 | N/A | | |
| LTC Compliance, 6 Woodcrest Rd Monsey, NY 10952 US | Medication regimen review | 0 | 0 | N/A | | |
| HC Consulting, PO Box 265 Waterbury CT 06720 | MDS Consulting | 0 | 0 | N/A | | |
| KHP Consulting Services LLC, 40 Lacey Road Bethany, CT 06524 | Nursing Consulting Services | 0 | 0 | N/A | | |
| Uconn Health Department #345 PO Box 150464 Hartford, CT 06115-0464 | Optamology | 0 | 0 | N/A | | |
| Healthdrive Audiology Group 888 Worcester Street Wellesley, MA 02482-3744 | Audiology | 0 | 0 | N/A | | |
| | | 0 | 0 | | | |
| | | 0 | 0 | | | |
| | | 0 | 0 | | | |
| | | 0 | 0 | | | |

^{*} Use additional sheets if necessary.

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

C. Expenditures Other Than Salaries - Administrative and General

| Name of Facility | License No. | | Report for Y- 9/30/2023 | ear Ended | | | | Page 15 | of 37 |
|--|----------------------------|-----------|--|-------------------|----------------|----------------|---|--------------------|--------------|
| Salmon Brook Rehab and Nursing | 2093 | | 9/30/2023 | - | | | 1 | 15 | 37 |
| Ite | em | | Total | CCNH / RHNS | Adjustment | (Specify) | Adjustment | Other | Adjustment |
| Administrative and General | | | | | Suffering | | | | |
| a. Employee Health & Welfa | re Benefits | | | | | | | | 1 32 W |
| 1 Workmen's Compensat | tion | \$ | 127,554 | 127,618 | (64) | | | | |
| Disability Insurance | | \$ | | | | | | | |
| Unemployment Insurar | nce | \$ | 63,115 | 63,147 | (32) | | | | |
| 4. Social Security (F.I.C., | | \$ | 690,184 | 690,533 | (349) | | | | |
| 5. Health Insurance | | \$ | 1,074,795 | 1,075,338 | (543) | | | | |
| 6. Life Insurance (employ | rees only) | | | 0.5745 | WEST STATE | | EXTERIOR | | |
| (not-owners and not-or | perators) | \$ | | | | | | | |
| 7. Pensions (Non-Discrim | | \$ | 438,960 | 439,182 | (222) | | | | |
| (not-owners and not-or | | | 4-00-00-00-00-00-00-00-00-00-00-00-00-00 | | AND ASSESSED. | | E37, E75182 | 210 85 10/1 | |
| 8. Uniform Allowance | | \$ | | | | | | | |
| 9. Other (Specify) | | \$ | 41,756 | 46,145 | (4,389) | | | | |
| See Attached Schedule | | | | 100 | THE RESERVE | Mary Comment | STATE OF THE | THE PARTY | E-NEW |
| b. Personal Retirement Plans, | | \$ | | | | | | | |
| Profit Sharing Plans for Ov | | | 1000 | No. | W 1935015 | The Samuel | RES EN | Sec. 33 - 1 | 18 ALI IN 16 |
| Operators (Discriminatory) | | | Lit but in | | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| Operators (Discriminatory) | , | | | | | | MALES NOT | | MEN STATE |
| c. Bad Debts* | | \$ | | 247,629 | (247,629) | | | | |
| d. Accounting and Auditing | | \$ | 72,185 | 72,185 | | | | | |
| e. Legal (Services should be | fully described on Page 1 | | | 130,298 | (14,300) | | | | |
| f. Insurance on Lives of Own | | \$ | , | | | | | | |
| Operators (Specify)* | ioro mia | • | TOTAL STREET | | B81585 0 | D/W | SIN CONTRACT | 1000 | FE TOTAL N |
| g. Office Supplies | | 5 | 12,917 | 12,917 | | | | | |
| h. Telephone and Cellular Ph | ones | 34 | II allow | The Louis Land | | 1000 | A STATE OF THE PARTY OF | THE REAL PROPERTY. | E STEEL BY |
| Telephone & Pagers | ones | \$ | 9,893 | 9,893 | | | | | |
| Cellular Phones | | \$ | 2,066 | 2,066 | | | | | |
| i. Appraisal (Specify purpose | and | \$ | 2,000 | 2,000 | | | 1 | | + |
| attach copy)* | : или | Ψ | | The second second | 1200 1000 | Const 12 A | CONTRACTOR OF THE PARTY OF THE | DI PARCE | E E FP |
| unach copy) | | | HINTE CON | | SE PARK | | | | |
| j. Corporation Business Taxe | es (franchise tax) | 5 | 80 | 80 | | | | | |
| k. Other Taxes (Not related to | o property - See Page 221 | | 80 | Eline | 300 300 | | | | (10 R (1 77) |
| 1. Income* | o property - See 1 uge 22) | \$ | | | | | | | |
| | | \$ | | | | | | | |
| 2. Other (Specify) | | Ф | All Parks | STATE OF STREET | D. 283 203 | I BUILD HE WAY | N 15 5 H | COLUMN TO SERVICE | T. 18. W/S |
| See Attached Schedule | | \$ | 772,464 | 772,464 | | | | | |
| 3. Resident Day User Fee | | <u>\$</u> | 3,421,967 | 3,689,495 | (267,528) | | | | |
| Subtotal | | | | - | tale forward t | | | | |

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

(Carry Subtotals forward to next page)

Schedule of Other Employee Benefits

| Description | CCN | H/RHNS | Ad | justment | (Specify) | Adjustment | Other | Adjustment |
|---|----------|--------|----|-----------|--------------|------------|-------|-------------|
| E-slaves Deserte European Missellanous | S | 4,366 | ¢ | (4,368) | | | | |
| Employee Benefits Expense>Miscellaneous | | | _ | | | | | 1 2 1 |
| Employee Benefits Expense>Training Fund>Union | \$ | | \$ | (19) | | | | _ |
| Employee Benefits Expense>Background Checks | \$ | 3,828 | \$ | (2) | | | | |
| | | | | | | No. 1 | | |
| | | | | | | | | |
| | | | | | | | | |
| | Tio, Tio | | | | | | | |
| | | | | 7 710 | | | 1000 | |
| | | | | N 11 78/A | STILL ON THE | | | |
| | | | | | | | | E TENETRALE |
| | | | | | | | | |
| Total | s | 46,145 | S | (4,389) | s - | s - | \$ - | s - |

Schedule of Other Taxes

| Description | CCNH / RHNS | Adjustment | (Specify) | Adjustment | Other | Adjustment |
|-------------|-------------|--|--------------------|------------------|--------|------------------|
| | 0 | T 19 19 19 19 19 19 19 19 19 19 19 19 19 | | New York Control | - 1542 | EVILLE |
| | | | N 4 1 N 4 1 | JUSTIN WELL | | SSV IIIII |
| | | Marie William | NA STATE OF | | | Carlotte Control |
| | | | All places and the | | | |
| Total Total | S | s - | s - | s - | \$ - | S - |

| Marketing Salary | 3,503 | Page 10 | |
|--|-----------|-----------|-------------|
| Total Salaries | 6,938,278 | TB Linked | |
| Percent to Total Salaries | 0.05% | Til (1) | |
| Total Benefits (Pg 15, Line 1a3 - 1a6) | 2,441,963 | TB Linked | |
| Workmen's Compensation | 127,618 | 64 | Page 15 1a1 |
| Disability Insurance | 0 | 920 | Page 15 1a2 |
| Unemployment Insurance | 63,147 | 32 | Page 15 1a3 |
| Social Security (F.I.C.A.) | 690,533 | 349 | Page 15 1a4 |
| Health Insurance | 1,075,338 | 543 | Page 15 1a5 |
| Life Insurance | 0 | S=3 | Page 15 1a6 |
| Pensions | 439,182 | 222 | Page 15 1a7 |
| Uniform Allowance | 0 | :=: | Page 15 1a8 |
| Other (Specify): | 46,145 | | |
| Miscellaneous | 4,366 | 2 | Page 15 1a9 |
| Training Fund>Union | 37,951 | 19 | Page 15 1a9 |
| Background Checks | 3,828 | 2 | Page 15 1a9 |
| Marketing Benefits Disallowed | 1,233 | - | |

General Information and Questionnaire Accounting Basis

| Name of Facility | License No. | Report for Year Ended | | Page o | |
|--|---|--|-------------|------------------|---|
| Salmon Brook Rehab and Nursing | 2093 | 9/30/2023 | | 15b 3' | 7 |
| 2. | | were maintained on the following basis: | | | |
| | Modified Cash | | | | |
| Is the accounting basis for this | | | | | |
| F | Yes | If "No," explain. | | | |
| previous period? | No | | | | _ |
| | | | | | |
| Independent Accounting Firm | | | | | |
| Name of Accounting Firm | | Address (No. & Street, City, State, Zip Code) | | | |
| 1 Marcum LLP | | 555 Long Wharf Drive, New Haven, CT | | | |
| 2 Roth&Co CPA & Consultants | 1428 36th St #200, Brooklyn, NY, 11218 | 3 | | | |
| 3 4 | | | | | |
| Services Provided by This Firm (de | scribe fully) | | | | |
| 1 Review of rate computation report, Pr | eperation of Cost Reports | | \$ | 8,685 | |
| 2 Financial, Tax Prep Services, and Aud | | | \$ | 63,500 | |
| 3 | | | \$ | | |
| 4 | | | \$ | | |
| | | | Charge for | Services Provide | d |
| | | | \$ | 72,185 | |
| Are These Charges Reflected in the Expend | liture Portion of This Report? If Ye | s, Specify Expense Classification and Line No. | | | |
| | Pg 15 1d | | | | |
| Legal Services Information | | | | | |
| Name of Legal Firm or Independen | t Attorney | | Telephone? | | |
| 1 Garfunkel Wild, P.C. | | | (516) 393-2 | 200 | |
| 2 Labor Advisors | | | N/A | | |
| 3 Murtha Cullina LLP | | | 203-772-77 | | |
| 4 Goldberg & Weinberger LLP | | | 212-986-89 | 99 | |
| 5 See Attachment | 7:- (-d-) | | L | | |
| Address (No. & Street, City, State, 1 111 Great Neck Rd, Great Nec | | | | | |
| 1 111 Great Neck Rd, Great Nec2 N/A | K, N 1 11021 | | | | |
| 3 265 Church Street, New Haver | CT 06510 | | | | |
| 4 630 3rd Ave #1801, New York | | | | | |
| 5 | , | | | | |
| Services Provided by This Firm (de | scribe fully) | | | 127.5 | |
| 1 Civil Investigation | | | \$ | 55,776 | |
| 2 HR Consulting | | | \$ | 36,750 | |
| 3 Professional Services | | | \$ | 6,180 | |
| 4 File apprearance, legal research, work | on election, settlement invoice (Dis | sallow Page 15) | \$ | 10,000 | |
| 5 See Attachment | | | \$ | 21,592 | _ |
| | | | ~ | Services Provide | d |
| | | | \$ | 130,298 | |
| Are These Charges Reflected in the Expend | liture Portion of This Report? If Ye. Pg 15 1e | s, Specify Expense Classification and Line No. | | | |
| O Yes O No | | | | | |

General Information and Questionnaire Accounting Basis

| Name of Facility | License No. | Report for Year Ended | | Page | (20) | of |
|--|--------------------------------------|---|------------|--------------|------|----|
| Salmon Brook Rehab and Nursing | 2093 | 9/30/2023 | | 15b | | 37 |
| The records of this facility for the per | iod covered by this report were m | naintained on the following basis: | | | | |
| | | | | | | |
| Accrual O Cash O | Modified Cash | | | | | |
| Is the accounting basis for this | | | | | | |
| | Yes | If "No," explain. | | | | |
| | No | | | | | |
| Legal Services Information | | | 12.7 | N. I. | | |
| Name of Legal Firm or Independent A | ttorney | | Telephone | | | |
| 1 Robinson & Cole LLP | | 860-275-8 | | | | |
| 2 Schettino and Temchin | | | 203-239-6 | | | |
| 3 Alex Rodriguez | | | 860-883-8 | | | |
| 4 Treasurer of CT 5 Wiggin and Dana LLP | | | 860-702-3 | | | |
| | | | 203-498-4 | 400 | | |
| Address (No. & Street, City, State, 2 | • | | | | | |
| 1 280 Trumbull St, Hartford, CT 06 | 103 | | | | | |
| 2 18 Peck St, North Haven, CT 064 | | | | | | |
| 3 39 Russ Street, Hartford, CT 061 | 06 | | | | | |
| 4 55 Elm Street, Hartford, CT 0610 | 06 | | | | | |
| 5 265 Church St, New Haven, CT 0 | 6510 | | | | | |
| Services Provided by This Firm (descr | ibe fully) | | | | | |
| 1 Union negotiations prep and propos | al, document review | | S | 12,21 | 88 | |
| 2 Probate (Disallow Page 15) | | | \$ | 2,50 | 00 | |
| 3 Conservatorship (Disallow Page 15 |) | | \$ | 25 | 99 | |
| 4 Conservatorship (Disallow Page 15 |) | | \$ | 1,50 | 00 | |
| 5 Legal Services | | | \$ | 5,00 |)5 | |
| | | | Charge for | Services Pro | vide | 1 |
| | | | \$ | 21,59 |)2 | |
| Are These Charges Reflected in the Expe | nditure Portion of This Report? If Y | es, Specify Expense Classification and Line No. | | | | |
| ⊙ Yes O No | Pg 15 1e | | | | | |
| G 163 O NO | | | | | | |

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

| Name of Facility Salmon Brook Rehab and Nursing | License No. 2093 | Report for Ye 9/30/2023 | ar Ended | | | | Page 16 | of 37 |
|--|-------------------------------|---------------------------------------|----------------|--------------------|-------------|-------------|--------------|------------|
| Item | | Total | CCNH / RHNS | Adjustment | (Specify) | Adjustment | Other | Adjustment |
| | Subtotals Brought Forward: | 3,421,967 | 3,689,495 | (267,528) | | | | |
| l. Travel and Entertainment | | | | | | | AVENUE VI | III SEE |
| I Resident Travel and Entertainment | S | | 284 | (284) | | | | |
| Holiday Parties for Staff | 3 | 167 | 167 | | | | | |
| Gifts to Staff and Residents | \$ | | | | | | | |
| 4 Employee Travel | \$ | 6,824 | 8,989 | (2,165) | | | | |
| 5 Education Expenses Related to Semi | nars and Conventions S | 2,461 | 2,461 | | | | | |
| 6. Automobile Expense (not purchase of | or depreciation) | | | | | | | |
| 7 Other (Specify) | 3 | | | | | | | |
| See Attached Schedule | | | 100000 | No. of the last | | | | |
| m. Other Administrative and General Expens | es | 100 TO 0 T | 10-20 M | 12014 | | | | 105 |
| Advertising Help Wanted (all such e. | xpenses) \$ | 957 | 957 | | | | | |
| Advertising Telephone Directory (all | such expenses)*** S | | | | | | | |
| 3 Advertising Other (Specify)*** | S | | 10,570 | (10,570) | | | | |
| See Attached Schedule | | LUBEY O | DE STOL | | | | | |
| 4 Fund-Raising*** | \$ | | | | | | | |
| 5 Medical Records | | | | | | | | |
| 6. Barber and Beauty Supplies (if this se | ervice is supplied 5 | | | | | | | |
| directly and not by contract or fee for | | IEIDE DE | 10 15 10 | WHEN SHOW | 100000 | 8 5 5 6 | | 1 |
| 7 Postage | S | 2,264 | 2,264 | | | | | |
| * 8. Dues and Membership Fees to Profe | | | | | | | | |
| Associations (Specify) | 17 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | N | LS2101 | | TO A DES | STATE OF | 2000 |
| See Attached Schedule | | THE OUT W | | | | | | |
| 8a. Dues to Chamber of Commerce & O | ther Non-Allowable Org.*** \$ | | | | | | | |
| 9. Subscriptions | S S | | 180 | (180) | | 1 | | |
| 10 Contributions*** | 5 | | | | | | | |
| See Attached Schedule | | TWEE IN S | MIN 8550 | (0.9) STATE OF THE | CO. DEK. | 103 NOS | A SHAN | HILL JEHLA |
| 11. Services Provided by Contract (Spec. | ify and Complete S | 328,670 | 328,670 | | | | | |
| Schedule C-2, Page 21 for each firm | | | 1000000 | The second second | | | THE STATE OF | 100 m |
| 12 Administrative Management Services | | | | | | | | |
| 13. Other (Specify) | | | 23,550 | (18,016) | | | | |
| See Attached Schedule | | ALCOHOL: | Charles II | 10,010 | THE RESERVE | THE RESERVE | TE COLUMN | O DE SE |
| C-14 Total Administrative & General Expend | itures | 3,768,844 | 4.067.587 | (298,743) | | | | |

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

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

*** Facility should self-disallow the expensein the Adjustment column.

Schedule of Other Travel and Entertainment

| Description | CCNH / RHNS | Adjustment | (Specify) | Adjustment | Other | Adjustment |
|--|---------------|------------|-----------|------------|------------|------------|
| - Company of the Comp | 0 | | | 1 1 | decision 1 | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | ALLESTINE LIE | 18.2 | | | | |
| | | | | | | |
| | | | | | 6 | 6 |
| Total Other Travel and Entertainment | S - | 5 | 2 - | 2 - | 2 . | 3 - |

Schedule of Other Advertising

| Description | CCNH | / RHNS | Adjustmer | nt (S | pecify) | Adju | stment | 0 | ther | Adju | stment |
|---------------------------------------|------|--------|-----------|---------|---------|------|--------|---|-------|-------|---------|
| | | 0 | | | | (E0) | 1 6 2 | | 11-11 | 10313 | |
| Admin Expense>Marketing & Advertising | S | 10,570 | \$ (10, | 570) | STWI | | | | | | 2 / / . |
| Total Other Advertising | S | 10,570 | \$ (10, | 570) \$ | | S | | S | | S | • |

Schedule of Dues

| Description | CCNH / RHNS | Adjustment | (Specify) | Adjustment | Other | Adjustment |
|-------------|-------------|-------------|-------------|------------|-----------|------------|
| | 0 | | | | | |
| | | MIZX - | | | | |
| | | Manual III | 1 (t M 3) | | | |
| | | | | | Dall Is a | |
| | | Menting and | | | | |
| | | 1000 | | | | |
| | | | | | 10000000 | |
| | | | - | | | |
| | | | | | | |
| Total Dues | s - | S - | s - | 2 - | s - | \$ - |

Schedule of Contributions

| Description | CCNH / RHNS | Adjustment | (Specify) | Adjustment | Other | Adjustment |
|---------------------|-------------|------------|-----------|------------|-------|------------|
| | 0 | | | | | |
| | | | | | | |
| | | | | | | |
| Total Contributions | \$ - | S - | \$ - | \$ - | 5 - | 5 - |

Schedule of Other Administrative and General

| Description | CCNH / RHNS | Adjustment | (Specify) | Adjustment | Other | Adjustment |
|--|---------------------------|-------------|-----------|------------|--------|------------|
| | 0 | | | | | |
| Admin Expense>Licenses | \$ 2,593 | | | | | |
| Admin Expense>Fines, Penalties & Settlements | S 962 | \$ (962) | | | 55 5 1 | |
| Admin Expense>Late Fees | \$ 2,383 | \$ (2,383) | | | 0.000 | T SAUTH X |
| Admin Expense>Bank Fees | S 10,107 | \$ (5,697) | | | | |
| Other Rev>Medical Records | | \$ (1,469) | | | | |
| Employee Food | \$ 3,589 | \$ (3,589) | | HILE | | |
| Employee Relations | \$ 3,916 | \$ (3,916) | | | | |
| Employee Relations | | | | | | |
| | 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | |
| Total Other Administrative and General | \$ 23,550 | \$ (18,016) | 5 | \$ - | s - | S -: |

Schedule C-1 - Management Services*

| Name of Facility Salmon Brook Rehab and Nursing | License No. 2093 | Report for Year Ended 9/30/2023 | Page of 17 37 |
|---|----------------------------|--|--|
| Name & Address of Individual or Company Supplying Service | Cost of Management Service | Full Description of Mgmt. Service Provided | Indicate Where Costs are Included in Annual Report Page #/Line # |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

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

| | ne of Facility mon Brook Rehab and Nursing | License | No. 2093 | Report for Ye 9/30/2023 | ar Ended | | | Page 18 | of 1 37 |
|-----------------|--|----------------|---------------|----------------------------|------------|-----------------------|------------|-------------|-------------|
| San | Item | | Total | CCNH / RHNS | Adjustment | (Specify) | Adjustment | Other | Adjustment |
| 2. | Dietary a. In-House Preparation & Service | | Total | Rans | Adjustment | (Specify) | Adjustment | | Adjustition |
| _ | 1. Raw Food | \$ | 364,011 | 364,011 | | | | | |
| _ | Non-Food Supplies Other (Specify) | S | 38,156 | 38,156 | 18.00 IS | | 0=2545XI | 311 23 0 37 | |
| | b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) | S | 101,788 | 101,788 | | | | | |
| | c. Other (Specify) | \$ | | | | | | | |
| 2D. | Total Dietary Expenditures (2a + b + c + d) | S | 503,955 | 503,955 | | | | | |
| 2E. F. G. | Dietary Questionnaire Resident Meals: Total no. of meals served per Is cost of employee meals included in 2D? | day:* | Total | CCNH | / RHNS | (Spe | ecify) | 0 | ther |
| H. | Did you receive revenue from employees? | O Yes | | No | | If yes, specify amt. | | | |
| I. | Where is the revenue received reported in the C | Cost Report? (| Page/Line Ite | m) | | | | | |
| Į, | Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? | O Yes | 0 | No | | If yes, specify cost. | | | |
| K. | Is any revenue collected from these people? | O Yes | 0 | No | | If yes, specify amt. | | | |
| L. | Where is the revenue received reported in the C | Cost Report? (| Page/Line Ite | m) | | | | | |
| M. | Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? | O Yes | 0 | No | | If yes, specify cost. | | | |
| N. | Is any revenue collected from employees? | O Yes | 0 | No | | If yes, specify | | | |
| 0. | Where is the revenue received reported in the C | Cost Report? (| Page/Line Ite | m) | | | | | |

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

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

| Name of Facility Salmon Brook Rehab and Nursing | License | : No. 2093 | Report for Year 9/30/2023 | r Ended | | | Page 19 | of 37 |
|---|---------|---------------|------------------------------|---|---|------------|------------|------------|
| Item | | Total | CCNH / RHNS | Adjustment | (Specify) | Adjustment | Other | Adjustment |
| Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, | Lbs | | | | | | | |
| gowns and other resident care items washed, ironed, and/or processed.*** | Amt. \$ | | | | | | | |
| Employee items including uniforms, gowns, etc. washed, ironed and/or | Lbs | | | | | | | |
| processed.*** | Amt. \$ | | | | | | | |
| 3 Personal clothing of residents | Lbs | | | | | | | |
| washed, ironed, and/or processed.*** | Amt. \$ | | | | | | | |
| 4. Repair and/or purchase of linens.*** | Lbs. | | | | | | | |
| | Amt. \$ | | | | | | | |
| b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) | \$ | | | | | | | |
| c. Other (Specify) | \$ | 18,054 | 18,054 | | | | | -8W (8V/ 8 |
| Laundry Supplies 3D. Total Laundry Expenditures (3a + b + c) | S | 18,054 | 18,054 | 100000000000000000000000000000000000000 | | | | |
| 3E. Laundry Questionnaire | -1 | | | | *************************************** | *** | | |
| F. Is cost of employee laundry included in 3D? | Yes | Θ | No | | If yes, specify cost | | | |
| G. Did you receive revenue from employees? | Yes | 0 | No | | If yes, specify amt | | | |
| H. Where is the revenue received reported in the Cost | Report? | | (Page/Line Ite | em) | | | | |
| I. Is Cost of laundry provided to persons other than employees or residents included in 3D? | Yes | 0 | No | | If yes, specify cost. | | | |
| J. Did you receive revenue from these people? O | Yes | 0 | No | | If yes, specify amt. | | | |
| K. Where is the revenue received reported in the Cost | Report? | | (Page/Line Ite | m) | | | | |

^{*} 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 | | Rep | ort for Year E | nded | | | | Page | of |
|---|----------------|----------|----------------|------------------|------------------|--------------|------------------------------|--------------|---------------------------------------|
| Salmon Brook Rehab and Nursing | 2093 | | 9/30/2023 | | | - | | 20 | _ 37 |
| Item | | | Total | CCNH / RHNS | Adjustment | (Specify) | Adjustment | Other | Adjustment |
| 4 Housekeeping | Sq Ft Serviced | | | | | | | | |
| a. In-House Care | by Personnel | | | | | | | | |
| Supplies - Cleaning (Mops, pails, brooms, etc.) | Amt | S | | | | | | | |
| b. Purchased Services (by contract other | Sq Ft Serviced | | | | | | | | |
| than through Management Services) | by Personnel | | | | | | | | |
| (Complete Schedule C-2 att. Page 21) | Amt | \$ | | | | | | | |
| C. Other (Specify) | 1. | \$ | 39,100 | 39,100 | | | | | |
| Housekeeping Supplies | | | | | | | J. 378 (1.335) | | BELL SELV |
| 4D. Total Housekeeping Expenditures (4a + | b+c) | S | 39,100 | 39,100 | | | | | |
| 5. Resident Care (Supplies)** | | | | TOWN MAGI | 10 Test 1 | 1000 | SEAL DESCRIPTION | | No. |
| a. Prescription Drugs*** | | - 9 | 15 4 | La popular des | | | 2 10W | ALL AND AND | |
| Own Pharmacy | | \$ | | | | | | | |
| Purchased from | | \$ | | 210,236 | (210,236) | | | | |
| Medwiz | | | | TOO THE STATE OF | N. LUNES | THE PARTY OF | # 10-by (20) | in Seculity | |
| b. Medicine Cabinet Drugs | | - 5 | 2,347 | 2,347 | | | | | |
| Medical and Therapeutic Supplies | | 5 | | | | | | | |
| d. Ambulance/Limousine*** | | S | | 7,151 | (7,151) | | | | |
| e. Oxygen | | | Programme. | UK DISOY | 100 7 100 | | HOW SILLIES | S 1000 111 | HISTORIAL H |
| For Emergency Use | | \$ | | | | | | | |
| 2. Other*** | | \$ | | 3,599 | (3,599) | | | | |
| f. X-rays and Related Radiological | | S | | 6,291 | (6,291) | | | | |
| Procedures*** | | | | - TO | Table, J. AMILES | | | | HODOSAGE |
| g. Dental (Not dentists who should be inc | duded under | \$ | | | | | | | |
| salaries or fees) | | 6 | | 10.520 | (19,520) | | SSAME FOR THE REAL PROPERTY. | SECRETARIES. | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| h. Laboratory*** | | \$ \$ | 2.710 | 19,520 | (19,320) | | | | |
| i. Recreation | | 2 | 2,719 | 2,719 | | | | | |
| j Direct Management Services* | | \$ | | | | | | - | |
| k. Indirect Management Services* | | \$ | 7.200 | 18,302 | (11,102) | | | | |
| I. Cable TV | | \$ \$ | 7,200 | | (69,884) | | | | |
| m. Other (Specify)**** See Attached Schedule | | 3 | 154,137 | 224,021 | (09,884) | | | ENWIE 22 | filtotif (paix |
| n. Physical Therapy Expense | | \$ | | | | | | | |
| o. Speech Therapy Expense | | 5 | | | | | | | |
| 5P. Total Resident Care Expenditures (5a - : | 50) | \$ | 166,403 | 494,186 | (327,783) | | | | |

^{*} 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.

Salmon Brook Disallowance Schedule for Cable TV September 30, 2023

| Total Cable TV Expense acct #80-232-00 | \$ \$ | <u>mount</u> 18,302 |
|---|----------|----------------------------|
| Monthly Allowable amount Months in Year % of Actual Days in Cost Year (365 Days) Total Allowable Cost | \$ | 600 12 100% 7,200 |
| Disallowed Cable TV | \$ | 11,102 |

Schedule of Other Resident Care

| Description | CCNH / RHNS | Adjustment | (Specify) | Adjustment | Other | Adjustment |
|---|-------------|-------------|----------------|-------------|--------------|-----------------|
| | 0 | | | | | |
| Nursing Expense>Supplies | \$ 137,752 | \$ (47,187) | | | IIII III III | A PLANE TO |
| Nursing Expense>Supplies>COVID19 | \$ 8.859 | | | | | |
| Nursing Expense>Minor Equip & Supplies | \$ 9,540 | | THE DEC. | | | |
| Nursing Expense>Sanitation & Incineration | \$ 374 | | 1. 2. E. K. S. | | I STATE | |
| Nursing Expense>Equip-Rental | \$ 59,158 | \$ (22,697) | We VIII | | in two | No South Silver |
| Nursing Expense>Data Processing | \$ 7,881 | | | | 701 - 100 | ROLL DIEVO |
| Nursing Expense>Data Processing>COVID19 | \$ 457 | | | | | |
| | | | 1 | | | |
| | | | W/ SEE | | THE PER | |
| | | | | | A CONTRACTOR | |
| | | | | | | |
| | | | | | | |
| | S 201 S 111 | | | | | |
| | | | 2001 | 1 | 200 | |
| | | | | | | |
| | | | | , II/Je III | | |
| | | | | | | |
| | | ALV LAVO | is a let | 1 -1 -1 0 0 | Ilea econoli | |
| | | | | | | |
| | | | | | DIL N TO S | |
| | | | | | | |
| Total Other Resident Care | \$ 224,021 | \$ (69,884) | 2 | s - | s - | s - |

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

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

| Name of Facility Salmon Brook Rehab and Nursing | sing | | | License No. 2093 | Report for Year Ended 9/30/2023 | T | | | Page of 21 37 |
|--|--|---|-----------|---------------------|--|---------|-------------------------|-----------|-----------------|
| | | Related ** to Owners, Operators, Officers | o Owners, | | | | Total Cost/Page Ref.*** | ge Ref.** | |
| | | | | | | | | | |
| Name of Individual or | | | | Explanation of | Full Explanation of | CCNH/ | | | |
| Сотрапу | Address | Yes | Š | Relationship | Service Provided* | RHINS | (Specify) | Other | Pg Line |
| Healthcare Services Group Inc. | PO Box 829677, Philidelphia, PA 19182 | 0 | • | N/A | Dietary Dept Management Services | 101,674 | | | 18 2b |
| On-time IT Solution | 154 Spring Street, Monroe NY 10950 | 0 | • | N/A | Ħ | 28,824 | | | 22 6f |
| Caretech Group | McDonald Ave, Brooklyn NY 11230 | 0 | • | N/A | Purchasing Company | 16,800 | | | 16 m11 |
| All Waste inc | PO box 2472, Hartford CT 06146 | 0 | • | N/A | Waste Disposal | 31.178 | | | 22 6f |
| LTC Consulting Servies | Americas, Lakewood, NJ 08701 | 0 | 0 | N/A | Finance/ Payroll/ Consulting Services | 203,225 | | | 16 m11 |
| | | 0 | 0 | | | | | | |
| | | 0 | 0 | | | | | | |
| | | 0 | • | | | | | | |
| | | 0 | • | | | | | | |
| | | 0 | 0 | | | | | | |
| | | 0 | • | | | | | | |
| | | 0 | • | | | | | | |
| | | 0 | • | | | | | | |
| | | 0 | • | | | | | | |

^{*} List all contracted services over \$10,000. Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

*** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

| Name of Facility | License No. | Report for Year | Ended | | | | Page | of |
|---|-------------|-----------------|----------------|------------|-----------|------------|-------|------------------|
| Salmon Brook Rehab and Nursing | 2093 | 9/30/2023 | | | | | 22 | 37 |
| Item | | Total | CCNH / RHNS | Adjustment | (Specify) | Adjustment | Other | Adjustment |
| 6 Maintenance & Operation of Plant | | | | | 1.00 | | | |
| a Repairs & Maintenance | \$ | 71,503 | 71,503 | | | | | |
| b. Heat | \$ | 18,254 | 18,254 | | | | | |
| c. Light & Power | \$ | 513,575 | 513,575 | | | | | |
| d. Water | \$ | 84,282 | 84,282 | | | | | |
| e. Equipment Lease (Provide detail on pag | e 22b) \$ | 15,963 | 15,963 | | | | | |
| f. Other (itemize) | \$ | 105,720 | 105,720 | | | | | |
| See Attached Schedule | | | | | | | Siver | The State of the |
| 6g. Total Maint. & Operating Expense (6a - 6: | f) \$ | 809,297 | 809,297 | | | | | |
| 7. Depreciation (complete schedule page 23*) | | | | | | | | |
| a. Land Improvements | \$ | | | | | | | |
| b. Building & Building Improvements | \$ | | | | | | | |
| c. Non-Movable Equipment | \$ | 3,139 | 3,139 | | | | | |
| d. Movable Equipment | \$ | 15,142 | 15,142 | | | | | |
| *7e. Total Depreciation Costs (7a + b + c + d) | \$ | 18,281 | 18,281 | | | | | |
| 8 Amortization (Complete att. Schedule Page | 24*) | | | | | | | |
| a Organization Expense | \$ | | | | | | | |
| b. Mortgage Expense | \$ | | | | | | | |
| c. Leasehold Improvements | \$ | 33,484 | 33,484 | | | | | |
| d. Other (Specify) | \$ | | | | | | | |
| *8e. Total Amortization Costs (8a + b + c + d) | \$ | 33,484 | 33,484 | | | | | |
| 9. Rental payments on leased real property less | | | | | | | | |
| real estate taxes included in item 10b | \$ | 2,894,082 | 2,894,082 | | | | | |
| 10. Property Taxes | | | | | | | | |
| Real estate taxes paid by owner | \$ | | | | | | | |
| b. Real estate taxes paid by lessor | \$ | 119,941 | 119,941 | | | | | |
| c. Personal property taxes | \$ | 20,519 | 20,519 | | | | | |
| 11. Total Property Expenses (7e + 8e + 9 + 10 |) \$ | 3,086,307 | 3,086,307 | | | | | |

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

Schedule of Other Repairs and Maintenance

| Description | CCNH / RHNS | Adjustment | (Specify) | Adjustment | Other | Adjustment |
|--|--|------------------|-----------------|----------------|-------------|------------|
| | 0 | | | | | |
| Maintenance Expense>Supplies | \$ 8,984 | S 1, E 15 | 15/5/5 | | | |
| Maintenance Expense>Minor Equip & Supplies | \$ (1,028) | | | | 100 -00 | |
| Maintenance Expense>Sanitation & Incineration | \$ 31,178 | | MILLEL ST | | J 1 | F 52 B |
| Maintenance Expense>Extermination | \$ 2,000 | | | | 38 VA V | |
| Maintenance Expense>Snow Removal | \$ 6,767 | | 1/2 | | | 200 M |
| Maintenance Expense>Landscaping | \$ 5,323 | S13 | | THE THE LETTER | | |
| Maintenance Expense>Fire Drill | \$ 9,768 | | Vel en la la | 100 211 1130 | | |
| Maintenance Expense>Contracted Service | \$ 42,728 | | With the second | | | |
| | | | ES STILL | | | |
| | | 1 3 3 3 4 4 1 | THE RESERVE | | | |
| بالتباع والبري التعلي بالقرية بإيهال والمستع | | THE STATE OF THE | | | | 3 SV. 10, |
| | | | | | | |
| | A STATE OF THE STA | | | | | Tagar ar |
| استأنوا والأناف فسأفث بالمعاون والمراد المتعام | THE PERSON NAMED IN COLUMN 1 | | | | E 100, 108 | |
| | | Windles I as | | | | |
| | | | | | | |
| | | | Maria Nation | | LE STEEL WE | |
| | | | | | | |
| | فرمناهي زين إعلامان هي | Series M | | | 0.04.5 | B DAMES WE |
| | | | | | | |
| Total Other Repairs and Maintenance | \$ 105,720 | S - | \$ - | \$ - | S - | \$ - |

General Information and Questionnaire Leases (Excluding Real Property)

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

| should not be included in these amounts. | | | | | | | |
|---|------------|--------|-----------------------------|-----------------------|-----------|----------|---------|
| Name of Facility | | | License No. | Report for Year Ended | ear Ended | | Page of |
| Salmon Brook Rehab and Nursing | | | 2093 | 9/30/2023 | | | 22b 37 |
| | Related | 1 * to | | | | | |
| | Owners, | ers, | | | | | |
| | Operators, | tors, | | | | Annual | |
| | Officers | ers | | Date of | Term of | Amount | Amount |
| Name and Address of Lessor | Yes | No | Description of Items Leased | Lease** | Lease | of Lease | Claimed |
| Pure Water Partners Dept CH 19648 Palatine 1L 60055 | 0 | • | water cooler | 11/29/18 | 5 years | 1,340 | 1,340 |
| Balboa Capital 575 Anton Blvd 12th Floor Costa Mesa CA 92626 | 0 | • | 2 Copier systems | 05/08/19 | 63 months | 9,848 | 9,848 |
| Balboa Capital 575 Anton Blvd 12th Floor Costa Mesa CA 92626 | 0 | • | 1 Copier system | 08/01/20 | 63 months | 2,175 | 2,175 |
| LEAF PO Box 5066 Hartford CT 06102 | 0 | 0 | Copier system | 06/25/19 | 63 months | 1,660 | 1,660 |
| Pitney Bowes 2225 American Drive Neenah WI 54956 | 0 | 0 | postage scale | 06/14/19 | 51 months | 940 | 940 |
| | 0 | 0 | | | | | |
| | 0 | 0 | | | | | |
| | 0 | 0 | | | | | |
| | 0 | 0 | | | | | |
| | 0 | • | | | | | |
| | | | | | | | |

Is a Mileage Log Book Maintained for All Leased Vehicles?

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

Total *** 15,963

0 0 0

O Yes

** Attach copies of newly acquired leases.

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

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

| | | | | Deprec | Depreciation Schedule | edule | | | | | |
|---|--|-------|------------|---|-----------------------|---|--|--|----------------|---|----------------|
| Name of Facility Salmon Brook Rehab and Nursing | | | | License No. 2093 | 3 | | Report for Year Ended 9/30/2023 | lded | | 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) | | | | | | | | | | | |
| Acquired during this report period (attach | schedule) | | | | | | | | | | |
| A-4. Subtotal | | | | | | THE RESERVE | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | 12 S S S | |
| | | | | | | | | | | | |
| 1. Acquired prior to this report period | | | | | | | | | | | |
| 2. Disposais (attach schedule) | 1-1-1-1 | | | | | | | | | | |
| Acquired during this report period (attach schedule) B-4. Subtotal | chequie | | | | 100 C 100 C | 1 10 ESST | TOTAL S COUNTY | S - 19 C | THE STATE OF | Town Small | |
| C. Non-Movable Equipment | | | | | | | | | | | Canada Maria |
| 1. Acquired prior to this report period | | | | 11,638 | | 11,638 | 2,327 | S/L | Var | 2,327 | |
| 2. Disposals (attach schedule) | | | | | | | | | | | |
| Acquired during this report period (attach s | n schedule) | | | 8,117 | | 8,117 | | S/L | Var | 812 | Sall'Its muser |
| C-4. Subtotal | | | | | WASHING W | THE REAL PROPERTY AND ADDRESS OF THE PERTY | | | April 1 | N. S. | 3,139 |
| **1 | Is a mileage logbook maintained? | | cquisition | Date of Acquisition Historical Cost | Less | | Accumulated Depreciation to | Method of | | | |
| | Yes No | Month | Year | Exclusive of Land | Salvage Value | Cost to Be Depreciated | Beginning of Year's Operations | Computing Depreciation | Useful Life | Depreciation for This Year | Totals |
| D. Movable Equipment 1. Motor Vehicles (Specify name, model | | | | | | | | | | | |
| and year of each vehicle) a. | | | | | | | | | | | |
| p. | | | | | | | | | | | |
| С. | | | | | | | | | | | |
| | | | | | | | | | | | |
| Movable Equipment Acquired prior to this report period | | Var | Var | 91,901 | | 91,901 | 25,685 | S/L | Var | 12,913 | |
| b. Disposals (attach schedule) | | Var | Var | | | | | | | | |
| Acquired during this report period (attach schedule): | | | | | | | | | | | |
| c Administrative | | Var | Var | 6,688 | | 6,688 | | S/L | 3 | 2,229 | |
| d. Standard Resident | 370 | | | | 7.0 | | | | | | |
| e. Specialized Resident | | | | | | | | | | | |
| Total Acquired during this report | | | | 0077 | | 8877 | | | | 2 220 | |
| D-3. Subtotai | | | | 00,00 | | 0,008 | | TANK DE | | (27,2 | 15,142 |
| E. Total Depreciation | | | | | | | | | | | 18,281 |

Schedule of Land Improvements Acquired during this report period

| Acquisition Date | ts Acquired during this report period Description of Item | Cost | Useful Life | Depre | ciation |
|-------------------------------|--|--------------------------|----------------|-------|---------|
| Additions: | | | | | |
| | | | | + | |
| | | | 111 | + | |
| | | Water State of Part 1975 | 11 25 4 | | 150 |
| | | | | | 189 |
| | | | | | |
| Total additions for Land Impr | ovements | \$ - | | 2 | |
| Deletions: | | | | - | 0.7 |
| | | | SI. | A | |
| | | | | | |
| | | | | | |
| | | | | 1638 | |
| | | | | | ni e " |
| Total deletions for Land Impr | ovements | \$ | | S | • |

^{*}Tics to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

| Acquisition Date | Description of Item | Cost | Useful Life | Depreciation |
|---|---|------|----------------|--------------|
| Additions: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total additions for Building Im | provements | \$ - | | S - |
| Deletions: | H V 1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (| | | |
| | | | | |
| | | | | |
| ALL DESCRIPTION OF THE PERSON | | | | |
| | | | | |
| | | | TOWN TOWN | |
| Total deletions for Building Imp | | S - | | s - |
| total deterious for pullding im | H OAEIHEH 12 | | | |

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

| Acquisition Date | Description of Item | Co | st | Useful Life | Depr | eciation |
|---------------------|-----------------------|----|-------|----------------|-------|---------------------|
| Additions: | | | | | | |
| 7/31/2023 | Dishwasher | S | 3,798 | 10 | \$ | 380 |
| 6/16/2023 | CookRite Range Stove | S | 4_319 | 10 | \$ | 432 |
| | | | | | | y ²⁵ (3) |
| | | | | | | |
| Total additions for | Non-Movable Equipment | S | 8,117 | i jiw A | \$ | 812 |
| Deletions: | | | | | | |
| | | | | | T-FWI | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total deletions for | Non-Movable Equipment | S | | | \$ | |

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

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

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

Schedule of Movable Equipment Acquired during this report period

| | | Pick One | 1 | | Useful | | |
|--------------------------------|---------------------|--------------------------|------|----------|--------|------|-----------|
| Acquisition Date | Description of Item | Movable Category | | Cost | Life | Dep | reciation |
| Additions: | | | | | | | |
| 7/5/2023 Chrome Kio | sks | Administrative | \$ | 6,688 | 3 | \$ | 2,229 |
| | | PICK A CATEGORY | | | | | |
| | | PICK A CATEGORY | 11 | | | U.V | |
| | | PICK A CATEGORY | | | | | XH |
| | | PICK A CATEGORY | (34) | | | | |
| | | PICK A CATEGORY | | | | | T |
| Total additions for Movable Eq | uipment | San Pileton Circ | \$ | 6,688 | | \$ | 2,229 |
| Deletions: | | | | | | | |
| | | 50 102-X N. 11550 X 1551 | | 128.1 | | 15,0 | |
| | | | W | WATER OF | | | |
| | | | | | | | |
| | | | | | | 102 | |
| | | | | | | 100 | |
| | | | | | | DO | |
| Total deletions for Movable Eq | uipment | | \$ | 10.0 | | \$ | |

Schedule of Leasehold Improvements Acquired during this report period

| 40-004-840-00-W00-00-0 | Washington CT. | Cost | Useful Life | Depreciation |
|-----------------------------|--|-----------|----------------|--------------|
| Acquisition Date Additions: | Description of Item | Cost | Line | Depreciation |
| | CIP- Architectural Services | \$ 7,400 | 20 | \$ 370 |
| | Replaced electrical in motor | \$ 2,821 | 8 | \$ 353 |
| | Backflow Preventer Service | 2479.49 | 20 | \$ 124 |
| | Relocate wire fence | 2800 | 10 | \$ 280 |
| 4/28/2023 | Remounted mag hold open armatures on door | 11700 | 10 | \$ 1,170 |
| 6/23/2023 | Fixed Compressor | 5531.55 | 10 | \$ 553 |
| 7/19/2023 | Ice Machine Repaired | 2528.52 | 10 | \$ 253 |
| | Site Renovation/ Grease Duct and Exhaust Replacement | 6061.95 | 10 | \$ 606 |
| 8/17/2023 | Grease Duct and Exhaust Replacement | 6061.95 | 10 | \$ 606 |
| | Re-modeled resident room | 3900 | 25 | \$ 156 |
| 9/15/2023 | Replaced Door | 8654.87 | 10 | |
| | Leasehold Improvement | \$ 59,939 | | \$ 5,336 |
| Deletions: | | | | |
| | | | | |
| | | | 100 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | 6 |
| Total deletions for | Leasehold Improvement | \$ | | S |

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

^{*}Ties to Page 24, Line C3

**Ties to Page 24, Line C2

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

Amortization Schedule*

| Name of Facility | | | License No. | | Report for Year Ended | r Ended | | Page | Jo |
|--|-------------|---|--------------------|------------|-----------------------|--------------------|------------|-------------------|--|
| Salmon Brook Rehab and Nursing | | | 2093 | | 9/30/2023 | | | 24 | 37 |
| | | | | | Accumulated | | | | |
| | Date of | of | | | Amort. to | | | | |
| | Acquisition | ition | | | Beginning of | Basis for | | | |
| | | | Length of | Cost to Be | Year's | | Rate | Rate Amortization | |
| Item | Month | Year | Amortization | Amortized | Operations | Aı | % | for This Year | Totals |
| A. Organization Expense | | | | | | | | | |
| 1. Startup Costs | 10 | 2019 | | 92,800 | 92,800 S/L | S/L | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| A-4. Subtotal | | | TO SERVICE SERVICE | | | THE REAL PROPERTY. | | | |
| B. Mortgage Expense | | | | | | | | | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| B-4. Subtotal | | | | S. Shiring | | | | | |
| C. Leasehold Improvements and Other | | | | | | | | | |
| Acquired prior to this report period | Var | Var | | 275,595 | 78,745 | S/L | Var | 28,148 | |
| 2. Disposals (attach schedule) | | | | | | | | | The Part of the Pa |
| 3. Acquired during this report period | | Toy I | The State of the | | | | A STATE OF | | |
| (attach schedule) | Var | Var | | 59,939 | | S/L | Var | 5,336 | |
| C-4. Subtotal | | THE REAL PROPERTY. | | | | | The same | | 33,484 |
| D. Total Amortization | | N. S. | | | | | 9 | | 33,484 |
| | | | | | | | | | |

* 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.

| | | Date In Service | Method | 111 | Historical | Total | Depres. | 2022 A/D D | 2023 Deprese. | 2012 A/0 | NIIV | |
|---|---|-----------------|----------|----------|------------|--------|----------|---------------|------------------|---------------|-------|--|
| алактица инчату | | | | | | | | j | 1 | Ü | | |
| इत्तर्भ निवर्धाताम | | | | | | | | | | | | |
| Phunking & Destings new water fire in refrigerators and new valve and angle in toilet | Leasehold Improvements | 5/14/2019 | 1 | 20 | 1,225 | 1,225 | 19 | 244 | 19 | 305 | 920 | |
| Countered by a man all landware kitchen deep | Leasehold Improvements | 6/6/2019 | Z : | 2 5 | 998 | 866 | 28 | 232 | 200 | 290 | 576 | |
| Consult Australiana Georgea Per Parlament Consult Metaliana Georgea (February Personal Person | Learning Improvement | 6/12/2019 | i d | 2 2 | 3,451 | 3,451 | 288 | 1152 | 288 | 1440 | 2,011 | |
| Aldrich Equipment install actuals | Leasehold Improvements | 6/25/2019 | zi i | 9 1 | 1,971 | 1,971 | 197 | 786 | 197 | 985 | 986 | |
| statistical mentalismus and weight Lock, entregency, regain in gas time i repinated me regionated Bridged Line Global Multimer constructives, requirements | Leasthold Improvements | 5/9/2019 | 1 1 | 9 2 | 1,177 | 1,214 | 8 = | 472 | 8 - | 969 | 587 | |
| Plumbing & Heating: metalled fasset hundles in kitchen | Leasehold Improvements | 7/12/2019 | Ľ, | 20 | 960 | 999 | 28 | 112 | 28 | 140 | 420 | |
| covatal neciminal as services repute de la companya de la companya de la companya de la companya de la companya Covatal Neciminal Services e refutes hell road inhavaber. Est fast un dischance line, chance chiller with R-22, straighten out fine on de la companya del companya de la companya de la companya del companya de la companya de | Leasehold Improvements | N/3/2019 | g z | 5 5 | 7.735 | 7,735 | 77.1 | 3096 | 2 E | 320 | 3,165 | |
| Harftond Nigar & Design, nerv signe | Leasehold Improvements | 8/5/2019 | 13 | 2 0 | 3,669 | 3,669 | 367 | 1468 | 367 | 1835 | 1,834 | |
| Asolitorite Collings 1,LC Stations as Need Palets under sink area 1188 F. Francisco, each hace moure | Leasehold Improvements | 8/12/2019 | z v | <u> </u> | 7,508 | 8061 | 161 | 192 | 161 | 955 | E26 | |
| Goostal Mechanical Services: installed linnsycling switch and filter on unit | Leasehold Improvements | 8/21/2019 | 2 5 | 2 2 | 1,135 | 1,135 | 36 | 304 | 16 | 380 | 755 | |
| Countal Mechanical Services: new services | Leasehold Improvements | 9/6/2019 | 2 | 50 | 31,609 | 31,690 | 3,70 | 10,814 | 2,701 | 505 11,995 | 11125 | |
| Cupier | Capital Lease | \$/1/2019 | S/L | ~ | 50,184 | 50,184 | 10,037 | 40,148 | 10,036 | 50,184 | ٥ | |
| 2020 Additions | | | | | 50,184 | 50,184 | | 40,148 | | 50,184 | | |
| MYLO Plumbing & Heading Mixed Priping | Leasehold Improvements | 10/2/2019 | S/L | 20 | 962 | 962 | | 120 | | 091 | | |
| Avename Committed for the an attackment of the 100 members of the control of the | Leasehold Improvements | 10/28/2019 | S/L | 2 2 | 169 | 169 | | 138 | | # H | | |
| MVI O Plumbing & Heating: type trap on vink, Happer and tank lever on toillet | Leavehold Improvements | 11/12/2019 | LS | 그 : | 713 | 713 | | 213 | | 284 | | |
| Assemble Village and Bringland and Bright Special Problems (Special Bright) and Assemble Village (Special Br | Leasehold Improvements Leasehold Improvements | 11/14/2019 | S.L | 2 5 | 1,102 | 1,102 | | 27.3 | | 292 | | |
| Aldrich Equipment, 2 Edro power celle | Leasehold Improvements | 12/1/2019 | S/L | 0 | 577 | 577 | | 171 | | 232 | | |
| Constal Accidental Services relative and development of the Internment of Constal Accidental Services relative and deve envent locarity. | Leasehold Improvements | 12/1/2019 | S/L | 0 2 | 2,018 | 2,018 | | 909 | | 808 | 1.210 | |
| Crastal Mechanical Surviers: ohunged heater elements and drained vaier | Leasehold Improvements | 12/1/2019 | S.T | 0. | 1,198 | 1,198 | | 360 | | 480 | | |
| Coastal Mechanismal Services three Working State from refligieraliusy Diese Astumbe Ine. I deadaige 12 Series Jose names | Leasehold Improvements | 12/1/2019 | 18 18 | 55 25 | 1,339 | 1,339 | | 267 | | 356 | 983 | |
| CAC Blechard Uniquely, Inc. new order | Leasehold Improvements | 1/17/2020 | ST | 15 | 9,12 | 932 | | 186 | | 248 | | |
| Bridgel ine Global Schultures and 3 evternions | Leasehold Improvements | 1/31/2020 | S/L | 9 : | 580 | 580 | | 174 | | 232 | | |
| Leaves in reconstruction and a second and a second and a second a second a second a second a second a second a Alterial Equipment in real, in which we see that the second a s | Leasehold Improvements | 2/4/2020 | S.L. | 2 2 | 3,136 | 2,663 | | 798 | | 1064 | | |
| LIAEE Enterprize: new theorms | Leasehold Improvenents | 2.6.2020 | S.L | 20 | 5,600 | 5.600 | | 840 | | 1120 | | |
| CAVE Hereitral Chompany hen makel They with determined First Princetion Testina. In evaluated their detector test switches | Leasthold Improvements Teasthold Improvements | 2/14/2020 | 78.7 | 0 5 | 1,967 | 1,967 | | 165 | | 788 268 | 4179 | |
| MYI O Plumbing & Heating, teplaced fauct and p-frap | Leasehold Improvements | 2/24/2020 | TS. | 209 | 504 | 504 | | 75 | | 100 | | |
| MYLO Huming & Hough (eXhow & ceparatum) State-wide Electric, Inc. metalled new dimmers | Leasehold Improvements | 3/3/2020 | 13 | 20 | 2,460 | 2,060 | | J(4) | | 412 | | |
| Raintech wurdt, new inglieck main beaud | Leasthold found sments | 3/16/2020 | 3.7 | 2 2 | 1,340 | 1,340 | | 267 | | 356 | | |
| MYTO Philips & Fleshing makes MYTO Philips and Fleshing with the MYTO Philips and Philips | Leachold Improvements | 0/20/2020 | 2.5 | 20 | 909 | 909 | | 3 2 | | 120 | | |
| Automitic Dure Docks, just use general | Leasthold Improvements | 4/8/2020 | 12 | 2 2 | 14. | 144. | | 288 | | 384 | | |
| Hard May Sprake Con an reptile a sprakel to the standard of th | Leasthold Improvements | 4/21/2020 | NS 15 | 20 | 3,752 | 3,752 | | \$6. | | 752 | | |
| County Michael Services on Michael (General | Leavelold Improvements | 5/1/2020 | N. | 2 2 | 1,152 | 1,152 | | 12. | | 308 | | |
| Costal Mechanical Services, replaced fan cyding control | Leasehold Improvements | 6/1/2020 | S/L | 2 2 | 1,446 | 1,446 | | 288 | | 384 | 1,062 | |
| Welch Routing Toxal CC, and | Leasehold Improvements | 8/1/2020 | 7.5 | 20 | 1,000 | 1,000 | | 150 | | 200 | | |
| Constal Mechanical Party races New 1DMY and installed Statestack Pleanies Inc. vermous Account and and a State of the Constant Account and a State of the Constant Account and a state of the Constant Account | Leavehold Improvements | 8/20/2020 | Z/S | 20 | 3,403 | 3,403 | 071 | 510 | 0.73 | 089 | 2,723 | |
| 2021 statisfores | | | 1 | h | 56,863 | 56,863 | | #65'11 | | 15,464 | | |
| Commence in Healer | Leasthold Improvements | 11/20/2020 | Z/S | 20 | 1.658 | 1.658 | 2 | 991 | E. | 249 | 1.409 | |
| Compressor Intalled | Leachold Improvements | 11/18/2020 | S/L | 2 | 4,390 | 4,390 | 219 | 439 | 219 | 658 | 3,731 | |
| Bask(low) provides an allowands. Institute of select and allowands. | Leasehold Improvements Leasehold Improvements | 9/9/2020 | S/L | 5 51 | 530 | 530 | 32 % | 71 | 98 FT | 106 | 424 | |
| Contractor and a consultation of a consultation | Leanthold Improvements | 1/14/2021 | S/L | 51 * | 173 | 773 | 505 | 103 | 52 | 155 | 918 | |
| Replaced and processors | Leasehold Improvements | 2/8/2021 | S/L | 15 | 846 | PM6 | 56 | 2 2 | 36 | 691 | 677 | |
| Promot by his quantitative and produced the control of the control | Leasehold Improvements | 2/16/2021 | S/L | 5 5 | 690 | 627 | 42 | 324 | 42 | 125 | 502 | |
| Addressed a work framework in the control of the co | Leasthold Improvements | 9/30/2020 | ST | 15 | 957 | 957 | E | 128 | E | 161 | 766 | |
| Generator balleties replaced mad javor running Re-set smole deles tor | Leaschold Improvements | 3/9/2021 | S/L | 9 9 | 1,089 | 1.089 | 28 28 | 218 | 109 58 | 127 | 763 | |
| Emergency service requested on the air composency | Leasehold Improvements | 1/29/2021 | SV | 2 | 633 | 833 | 36 | Ξ | 56 | 191 | 299 | |
| instantium en Verhild protein australia (Protein australia australia). Current Technologies Electroricis Regains form australia reprecien | Leasehold Improvements | 5/19/2021 | N. | 2 0 | 8,218 | 8,218 | 822 | 1,644 | K22 | 2,455 | 5,752 | |
| Removiol and replaced faincis. Illerd and tested Sancets. PM worden if the Machine and the Walkale Conters for sensitive to the Chiller. | Leasehold Improvements | 5/24/2021 | S/L | 2 9 | 2,519 | 2,519 | 252 | 504 | 252 | 756 | 1,563 | |
| Cach Bsun Repair | Leasehold Improvements | 5/24/2021 | 3/2 | 2 2 3 | 2,600 | 2,600 | 260 | 520 | 260 | 780 | 1,820 | |
| Kepirri to isality deship staken si shaken sa maraken jarah maraken sa maraken sa maraken sa maraken sa maraken Kepirri to emmeren lindge and cartaf ac hiller | Leasehold Improvements | 7/2/2021 | Z Z | 2 2 | 3,098 | 3,098 | 124 | 248 | 138 | 415 | 2,726 | |
| | | | | | | | | | | | | |

| | | | | 1 | | 11-16-16-16-16-16-16-16-16-16-16-16-16-1 | 000 | 1000 | | | - |
|--|--|------------------------|------------|----------|---|--|--------------|-----------|------------|------------|------------|
| A Marian Control | | Date in Senior | Method | | | | | - | | N/I | MA |
| Further Committee States and the States and | Leauthold Improventing | W16/2021 | 5/L | 2 | 2.53# | | # 1 | 100 | | | 250 |
| TO YOU WANTED (INDICES CHAPITED AND ADDRESS CHAPITE | Leasthold Improvements | 1/20//20 | 7.5 | 25 | 1 088 | 5,790 | 384 | /68 R7 | | | 4,608 |
| Freet Wilk in combany or proposed propo | Leasehold Improvements | 9/2/2021 | 122 | 5 5 5 | 2,680 | 2,880 | 192 | 384 | 192 | | 2 304 |
| 2022. dálátlaus | | 7110000 | è | d 2 | 59,625 | 59,625 | 1,650 | 9,300 | 4,650 | 13,951 | 15,674 |
| | | | | | | | | | | | |
| APPLY WATER RODG MAKINKAN UI PITIE WALLS. » FRETILE FLOODRING AND GERAMIC COVE RASE - GROUT TILES WITH APOXSEE WATER PROOF GROUT REFLACE FLOORING AND DARAGED WATER FROOF GROUT REFLACE TOORING AND DARAGED WATER FRANCE DAMAGESTEEL STID AND SHEET ROCK. | Leasehold Improvements | 8/24/2021 | S/L | 2 | 7,500 | 7,500 | 375 | 375 | 375 | 750 | 6,750 |
| element emeks in parishing lot, sent nil emeks with nibberize sentinit, materials Jahor and state tax inclined. | Leasehold Improvements | 9/21/2021 | Z/L | Ħ | 8,000 | B,000 | 1,000 | 0.00 | 0.00 | 2,000 | 0,000 |
| freed chouse and additional or support of the suppo | Leasehold Improvements | 10/26/2021 | S/L | 12 : | 3,448 | 3,448 | 230 | 230 | 230 | 460 | 2,988 |
| removed unique and repeated in a constraint of the constraint of t | Leasthold Improvements | 12/6/2021 | N N | 9 9 | 4.710 | 4.710 | 471 | 471 | 471 | 300 942 | 3,768 |
| replaced water leafer | Leasehold Improvements | 12/27/2021 | SVL | 12 | 4,836 | 4,836 | 181 | 48-1 | 484 | 896 | 3.868 |
| IIAI Waker Pleater Replacement | Leasthold Improvements | 12/30/2021 | S/L | 2 | 686'01 | 10.989 | 1.099 | 1.009 | 6607 | 2,198 | 8.791 |
| contests and part and white the man and th | Leavehold Improvements | 12/30/2021 | N/S | 2 5 | 0,063 | 6,063 | 909 | 909 | ollo an | 1,212 | 4,85 |
| Weleh Raufing | Leachold Inprovements | 12/31/2021 | S/L | 2.0 | 3,625 | 3.625 | 2 2 2 | 2 3 | 8 8 | 362 | 3,263 |
| lived hat water problem | Leasehold Improvements | 2/4/2022 | S/L | g i | 3,043 | 3,043 | 704 | 304 | 304 | MO9 | 2,435 |
| Treed draw (COI) | Lenseladd Improvements | 1/17/2022 | 10 | u. | 1,600 | 1,6001 | 107 | 107 | 1117 | 214 | 386 |
| Jired bloom (2011) | Lenschold Improvements | 3/17/2022 | 2 5 | 5 | 1,601 | 1091 | 107 | 107 | 107 | 717 | 1,387 |
| izer junga. | Leasthold Improvements | 5/11/2022 | 7 5 | 0 2 | 1,277 | 10.138 | 108 | 1013 | 1018 | 017 | 8 1111 |
| Amp draw of compressor and conderver firm meter which were all in spece, unit is now running ok | Leasehold Improvements | K/11/2022 | S/L | 9 | 2,985 | 2,085 | 299 | 299 | 662 | S98 | 2,387 |
| | | | | i. | 77,314 | 77,314 | 6,895 | 56R*9 | 6,895 | 13,790 | 63,524 |
| 2023. Additions | | | | | | | | | | | |
| CIP - Anhitectual Scorus | Leavenhald Terrest consents | 12/11/2021 | 3 | 96 | 7 400 | 7 4161 | 112 | 504 | 170 | 370 | 7.030 |
| Replaced Electrical in montor | Leasehold Improvements | 1/20/2023 | S/L | × | 2,821 | 2,821 | 1 | (19e | 353 | 353 | 2,468 |
| Taction Prevaler Service | Leaselyild Improvements | 2/2/2023 | S/I. | 0.5 | 2,479 | 2,479 | Ti | () | 134 | 124 | 2,355 |
| Referente Wite (Rep. | Leasehold Improvements | 4/15/2023 | 7/8 | 2 : | 2,800 | 2,800 | 2 (5) | * (-) | 280 | 280 | 2,520 |
| Feeling and all all all all all all all all all al | Lease Man Improvement | 6/28/2023 | 1.6 | | (11,708) 5 5 12 | 5 5 13 | 7 | ž. | 551 | 651 | 4 070 |
| to the series of | Leavehold Improvements | 7/19/2023 | Sul | | 2 530 | 2,232 | 77 | 639 | 751 | 253 | 2,276 |
| Nite Renovations (Greuse Duct and Exhaust Replacement | Leasehold Involvements | 8/11/2023 | S/L | 10 | 6,062 | 6,062 | Na | 889 | 909 | 909 | 5,456 |
| Grease Duct and Exhaud Replacement | Leasehold Improvements | 8/17/2023 | S/L | | 6.062 | 6,062 | ¥ | *3 | 909 | 909 | 5,456 |
| Ka-moduled Ramhutt Sourm | Leasthold Improvements | 9/12/2023 | S/L | | 3 900 | 3,900 | 1 | × | 156 | 156 | 3,744 |
| Replaced Device | Leasthold Improvements | 9/15/2023 | N. | | 8.635 | 1,655 | | | NIS. | Tris. | 7,700 |
| TOTALLEASEHOLIAMPHOVEABYTE | | | | | 415.614 | 116 654 | 2000 | 274.74 | | J | 701 144 |
| A CALLES AND A CAL | | | | ı | *************************************** | 2000 | 100000 | 10,140 | | | |
| NON-MUNABLE EQUIPAENT | SHE CONTRACTOR IN | S II W. III | | | 1 681 | SW MI | | 0.0 | | 10 | |
| 2022 el définire | | | | | | | | | | | |
| | | | | | | | | | | | |
| ergiecel mature drive in dish mazhine matur rishe caw | Furniture, Fixtures & Equipment | 10/19 2021 | S/L | • | 2 074 | 962 | 192 | 192 | 192 | NE DES | 578 LLC |
| Mohor repaired Mohor repaired | Furniture, Fixtures & Equipment | 5/20/2022 | S/L | 1 171 | 2,857 | 2,857 | 57.1 | 571 | 571 | 1,142 | 1,715 |
| taskteis repinced | Fumiliare, Fixtures & Equipment | 6/10/2022 | Z/S | | 11 638 | 11.638 | 1,140 | 1,149 | 1,149 | 1,214 | 1447 |
| 2021 Additions | | | | | | | | | i | | |
| Biolevader | Familias Cataca & Equipment | 1/11/2021 | | 9 | 1 708 | 1 708 | , | | JEU | OBL | 3.418 |
| CookRite Ringe State | Furniture, Fixtures & Equipment | 6/16/2023 | 3/2 | 2 2 | 4,319 | 4,319 | | | 432 | 435 | 3,887 |
| | | | | | 8,117 | 8,117 | , | , | 812 | 812 | 305,7 |
| ANALYSIS AND AND SECTION OF THE SECT | | | | | 100.00 | 100 | 41.5 | | 200 | | 1 |
| TO MEMORALD WHILE COLUMNS | | | ı | ı | 19,750 | 19,333 | 1327 | 177 | 3,137 | 3,400 | 14.280 |
| MOVALILY EQUIPMENT | | | | | | - | | | | | fi |
| 2019-14ditions | | | | | | | | | | | |
| | | | | | | | | į | | | |
| Hunding & Handing tow tolet Plumbing & Handing tow tolet | Furniture, Fixtures & Equipment Furniture, Fixtures & Equipment | 5/23/2019 | S/L S/L | 2 2 | 868 | 898 | 38 | 172 | 43 | 215 | 653 |
| III) State of the | Furniture, Fixtures & Equipment | 7/29/2019 | S/L | 2 0 | 1,807 | 1,807 | 1 18 | į | 3 3 | 905 | 905 |
| Coastal Mechanical Services: replace hat water heater | Furniture, Fixtures & Equipment | 9/19/2019 | S/L | 2 | 11,519 | 8,083 | 1.074 | 1,212 | 1.070 | 4,048 | 4,043 |
| | | | | ii, | 1000 | | 2000 | | Water Park | | 0 |
| Lieu'ur Camhail or 1905 Taiblets Capiulai One: Pranter | Computer Hardware Computer Hardware | 5/31/2019 6/30/2019 | SYL | 40 YI | 90 H 100 | 30 | 128 | 100 | 5 2 | 813 678 | - 0 |
| On-Time IT Solutions, Inc. Dell Opiti Pley v.2 | Computer Hardware | 7/18/2019 | Z/S | 5 | 3,00% | 3,003 | X07 602 | 1,221 | 301 | 3,017 | 0 - |
| Sales tog Tax Assertated with Movadde Equipment | SALES USE TAX | Var | Z/S | = | 3,110 | 3,110 | 311 | 1,244 | 景 | 1,555 | 1,855 |
| 2020 - Idditions | | | | | | | | | | | |
| | 3 | | | | į | į | | | | | |
| STAND HONKET AC | Fumiture, Fixtures & Equipment Fumiture, Fixtures & Equipment | 1/21/2020 | ST | 0 0 | 807 | 807 |) <u>1</u> | 243 | N 28 | 324 | 483 |
| | | | | | | | | | | | |

| | | | l | Historical | ical Total | - | 1022 | 21:32 | 3023 | 2023 | S. SAMPO |
|--|----------------------------------|------------------------|--------|------------|------------|-------|---------|-------|-------|-------|----------|
| | | Date In Service Method | Method | Life Cast | | | Begins. | WIL | Prpmc | N/B | NRY |
| apilikas kandan | Forniting, Fortune & Expreprient | N.1.2020 | ST | 13 | 120 | 526 | 35 | 301 | 35 | 1.40 | 380 |
| replaced power cells and utiline in washer | Furniture, Fixtures & Equipment | 8/3/2020 | S/L | 10 | 13.0 | 639 | 17 | 252 | 3 | 336 | 503 |
| reheale fax machine - service hours & materials | Furniture, Fixtures & Equipment | 8/29/2020 | SVL | | 2,813 2 | SIR13 | 14 | 423 | 171 | 364 | 2,249 |
| repair, replaced 2 batteries and heat detector | Funiture, Fixtures & Equipment | 8/31/2020 | S/L | IS L | [483] | .483 | 8 | 297 | 66 | 396 | 1.087 |
| uspecialed with invoice 28002 - repair to washer | Fumiture, Fixtures & Equipment | 9/15/2020 | SVL | 10 | 123 | 123 | 12 | 36 | 12 | 48 | 75 |
| argair to washer | Furniture, Fixtures & Equipment | 9/16/2020 | S/L | PΙ | 836 | 836 | 蓋 | 252 | 25 | 336 | 300 |
| Convection Oven retained | Furniture, Fixtures & Equipment | 9/29/2020 | S/L | | 1455 | (,455 | 145 | 435 | 2 | 980 | #75 |
| | | | | | 9,457 | 9,467 | 738 | 1,214 | 738 | 2,052 | 505"9 |
| new mine call station | Medical Equipment | 11/1/2019 | S/L | 15 | 557 | 583 | 33 | 117 | 4 | 156 | 127 |
| indallation of new Thanium Series Healthweigh indicator on scale | Medical Equipment | 4/24/2020 | S/L | 20 | 150 | 651 | 13 | 66 | E | 133 | 319 |
| | | | | Ī | 234 | 101 | pr | 216 | 11 | 288 | 376 |
| paniers | Computer Hazdware | 11/1/2019 | S/L | | 2,977 | 2,977 | 298 | 894 | 298 | 1,192 | 1,785 |
| Sales Use Tax on printer | Sales Tax | 11/1/2019 | SAL | 01 | 189 | 189 | 19 | 57 | 19 | 20 | 113 |
| laptions | Computer Hardware | 6/9/2020 | S/L | 3 | 1,118 | 1118 | 372 | 1.118 | ' | 1.118 | d |
| Sales Use Tix on laptup | Sales Tax | 6/9/2020 | S/L | 3 | 7.1 | 7.1 | 23 | 17 | | 71 | |
| | | | | , | 4,355 | 1,355 | 712 | 3,140 | 317 | 2,457 | 1,878 |
| Sales Use Tax Astociated w/ Movahle Equipment | Sales Use Took | Ver | SAL | 01 | 470 | 470 | 47 | 141 | 47 | 188 | 282 |
| | | | | | 470 | 470 | 47 | 7 | 47 | 188 | 282 |
| 2021 Additions | | | | | | | | | | | |
| Phone time maked to the Carlo | Parniture, Fixtures & Equipment | 10/7/2020 | SYL | 0 | 750 | 750 | 75 | 150 | 75 | 225 | 525 |
| Hindu | Fumiture, Fixtures & Equipment | 7/31/2020 | SAL | | | 637 | 43 | 85 | 42 | 127 | 510 |
| 2 AC unite | Pumiture, Fixtures & Equipment | 12/29/2020 | S/L | 10 | 1,274 | 1,274 | 127 | 255 | 127 | 382 | 892 |
| Hariford Sprinkler Co. Replaced 3 of 4 units. Replaced 4rth with new device. Walts replaced 1.12 with new | Fumilure, Findures & Equipment | 8/23/2021 | S/L | 10 | 9679 | 5 296 | 6,10 | 1,259 | 630 | 1,849 | 4 407 |
| Dank James Institute Lieft and James Lieft and James Lieft and Lie | Erraites Limbers & Confessor | 1505/5/0 | 571 | | | 1.175 | 3174 | 96.90 | | 100 | 2016 |

Salman Brook FIXED ASSET / DEPRECIATION SCHEDULE

| | ā | Date In Service M | Method Life | Historical | Total | 2022 Depres | 2022 | 2023 Depres. | 2023 | NIIV |
|--|--|--|-------------------------------------|---|--|-------------------------------------|------------------------------------|-------------------------------------|-------------------------------------|---|
| VIEWILABRER BLADDER SCANALE KIT | Medical Equipment | | | 1 | 4,326 | 298 | 5776 57.6 | 298 | NG4 | 3,462 |
| Advanced Galeway Security Skile Bundle for NSA 2650 3YR. | Computer Hardware | 5/4/2021 | S/L 3 | 5,099 | 5,099 | 1,700 | 3,400 | 1,699 | 5,099 | 0 |
| Ach ancel Gale-say Steanity State Dundle. 2022 Additions. | Sales Tax | 5/31/2021 | S/L 3 | 324 | 324 | 108 | 216 | 108 | 324 | 0 (6) |
| Wiger ASSADE Scrabby; uses confident muticals flower repaired flower repaired flower frequent flower | Punitur, Firtura & Equipmen Furnitur, Firtura & Equipment Furnitur, Firtura & Equipment Furnitur, Firtura & Equipment Furniture, Firture & Equipment | 6/23/2022 7/1/2022 7/14/2022 7/22/2022 7/25/2022 | S/L 5 S/L 10 S/L 10 S/L 10 | 3,584 11,700 4,141 3,068 2,932 2,432 | 3.584 11,700 4,141 3,068 2,932 25,425 | 2,340 414 307 293 4,071 | 2,340 414 307 293 4671 | 2,340 414 307 293 4,071 | 1,434 4,680 828 614 586 | 2,150 7,020 3,313 2,454 2,454 17,243 |
| DemaiPaut Cantol Unit Used On 36" and 42" Mailteess puntp | Medical Equipment Medical Equipment | 12/28 2021 | S/L 15 S/L 15 | 2,507 | 2,827 2,507 5,334 | 188 | 188 | 188 167 355 | 376 334 710 | 2,451 2,173 4,624 |
| Transition/Implementation of software 2023 Additions | Computer Software | 5/3/2022 | S/L 3 | 6,146 | 6,146 | 2,049 | 2,049 | 2.049 | 4,098 | 2,048 |
| Chromic New Key | Compuler Software | 7/5/2023 | S/L 3 | 6,688 | 6,688 | · | | 3,229 | 2,229 | 4,439 |
| TOTAL/MOVABLE EQUIPMENT STARTIP COSTS. | A STATE OF THE STA | | | 7K 510 | 98,590 | пса | 25,047 | 15.142 | XZX 04: | 57,761 |
| Startiff Cierc | Startup Cont | S/1/2019 S/L | S/L | 92.800 | 92,800 | | 92,800 92,800 | | 92,800 | |
| TOTAL ASSETS PER CRICHEBULE TOTAL ASSETS PER TRIAL BALANCE VARIANCE | | | | | 526,924 454,298 72,626 | 200't 200't | 199,559 1118,578 90,581 | 51,765 39,785 11,980 | 251,324 108,978 142,346 | 295,355 345,328 49,964 |

49,965 +1 rounding (11,980)

Pg. 31 B9 F/S vs/ C/R Depredation Pg. 36 F/I F/S vs/ C/R Depredation

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

| Name of Facility | License No. | Report for Year E | nded | | Page of |
|--|--------------------------|---|--------------------|-----------------|----------------------------|
| Salmon Brook Rehab and Nursing | 2093 | 9/30/2023 | | | 25 37 |
| 11. Property Questionnaire | | | | | |
| Part A | | | - | | |
| Is the property either owned by th | e Facility | O Yes | 0 | No | If "Yes," complete Part B. |
| or leased from a Related Party?* | | 0 103 | Ü | 110 | If "No," complete Part C. |
| *If any owner or operator of this fac- | | | | | |
| business association to any person of related party transaction | r organization from whor | n buildings are leased, then | it is considered a | | |
| Description | | Total | (2. 1 D) (1 S) | - 18 m 18 3 WW. | SINVENTE EVENT |
| Date Land Purchased | | | | | |
| Date Structure Completed | | | 4 58 | | |
| 3. If NOT Original Owner, Date | of Purchase | | 16.14 | | |
| 4. Date of Initial Licensure | | | | | |
| Total Licensed Bed Capacity | | | | | |
| 6. Square Footage | | | | | |
| 7. Acquisition Cost | | | | | |
| a. Land | | | | | |
| b. Building Part B - Owner and Related Pa | -4: | 1st Mortgage | 2nd Mortgage | 3rd Mortgage | 4th Mortgage |
| 1. Financing | rties | 1st Wortgage | Ziiu Wortgage | 31d Mortgage | 4th Wortgage |
| a. Type of Financing (e.g., fi | xed variable) | | | | |
| b. Date Mortgage Obtained | Aca, variable) | | | | |
| c. Interest Rate for the Cost | Year | | | | |
| d. Term of Mortgage (number | er of years) | | | | |
| e. Amount of Principal Borro | owed | | | | |
| f. Principal balance outstand | ling as of | | | | |
| Complete if Mortgage was l | | | | | |
| During Current Cost Ye | | 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = | A CONTRACTOR | A SECTION | |
| g. Type of Financing (e.g., fi | xed, variable) | | | | |
| h. Date of Refinancing | | | | | |
| i. New Interest Ratej. Term of Mortgage (number | er of years) | | | | |
| k. Amount of Principal Borro | | | | | |
| Principal Outstanding on I | | | | | |
| Part C - Arms-Length Leas | | ty Improvements On | ly | | |
| Name and Address of Lesso | | Property Leased | | Term of Lease | Annual Amount of Lease |
| Salmon Brook ProperCo | Building | g | 05/01/19 | Ongoing | 1,320,000 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | 4 | | |
| | | | | | |
| | | - | | | |
| | | | | | |
| | | | - | | |

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 Salmon Brook Rehab and Nursing | License No 2093 | Repo 9/30/ | rt for Yea 2023 | r Ended | | | | Page 26 | of 37 |
|--|---------------------|---------------|--------------------|----------------|-------------|-----------|---------------------|----------------|------------|
| Item | | | Γotal | CCNH / RHNS | Adjustment | (Specify) | Adjustment | Other | Adjustment |
| 12. Interest A Building, Land Improver Equipment 1. First Mortgage | nent & Non-Movable | S | | | | | | | |
| Name of Lender | Ra | e | | | | | | 15.5 | |
| Address of Lender | 1 | | | | | | | | |
| Second Mortgage | | S | | | | | | | |
| Name of Lender | Rat | e S | | | | | W 20 47 | | |
| Address of Lender | I | | | | | | | | |
| 3. Third Mortgage | | S | | | | | | | |
| Name of Lender | Rat | e in | | | 85 K 27 50 | | NAME OF | 1 1 1 1 1 | |
| Address of Lender | | | | | | | | | |
| 4. Fourth Mortgage | | \$ | | | | | MIN WHITE THE PARTY | 1.5.15 | |
| Name of Lender | Rat | e m | The same | | 18 18 18 18 | | | androin all an | |
| Address of Lender | | | | | | | | | |
| B. CHEFA Loan Informatio | n | 200 | | E KUE N | | | | | |
| Original Loan Amoun | | s | | | THE RESERVE | | | | |
| 2. Loan Origination Date | | | | | | | | | |
| 3. Interest Rate % | | | | | | | B SELET | | |
| 4. Term | | | | | | | | | |
| CHEFA Interest Expe | nse | | | | | | | | |
| 12 B7. Total Building Interest Expe | ense (A1 - A4 + B5) | \$ | | | | | | | |

(Carry Subtotals forward to next page)

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

| Name of Facility Salmon Brook Rehab and Nursing Licens | e No. 2093 | | Report for Yes | ar Ended | | | | Page 27 | of 37 |
|--|---------------|---------------|----------------|----------------|--------------|-----------|--------------|------------|-------------|
| Item | | | Total | CCNH / RHNS | Adjustment | (Specify) | Adjustment | Other | Adjustment |
| | ubtotals Bro | ight Forward: | | | | | | | - |
| C. Movable Equipment | | | | | | | | | |
| Automotive Equipment | | \$ | | 9-31-11-1 | | III 60 | | | |
| A. Item | Rate | Amount | | | | | TE ATTENDED | | |
| Lender | | <u> </u> | | | | | | | |
| Address of Lender | | | | | and the | | | | |
| 2. Other (Specify) | | S | | | | | | | |
| A, Item | Rate | Amount | JOHN S. D. | LECTION ! | | liei, le | | | |
| Lender | | | 15050 | | | | | | |
| Lender | | | | | will by also | | The state of | MAN SI | 1012 923 |
| Address of Lender | | | | | Service III | | | | |
| B. Item | Rate | Amount | | | | | | | |
| Lender | | | | | | | | | |
| Address of Lender | | | | | 30 3 | | | | |
| C. 3. Total Movable Equipment In Expense (C1 + 2) | erest | \$ | | | | | | | |
| 12. D. Other Interest Expense (Specify) | | S | | 28,930 | (28,930) | | | | |
| Interest Expense | | | | 100 | | | | | |
| 13. Total All Interest Expense (12B7 + | 12C3 + 12D |) \$ | | 28,930 | (28,930) | | | | |
| 14. Insurance | | | 10.51 | 10.65 | | | | | |
| Insurance on Property (buildings Insurance on Automobiles | only) | S | 19,667 | 19,667 | | | | | |
| b. Insurance on Automobiles c. Insurance other than Property (as | specified al | | | | | | | | |
| I. Umbrella (Blanket Coverage | | \$ | | | | | | | |
| 2. Fire and Extended Coverage | | \$ | | | | | | | |
| 3. Other (Specify) | | \$ | | 229,623 | | | | | |
| Insruance General Liability & | : Other/EPL | I/ Surety Bon | | | | | | | Har Service |
| 14d. Total Insurance Expenditures (14a | + b + c) | S | 249,290 | 249,290 | | | | | |
| 15. Total All Expenditures (A-13 thru C | | S | | 17,177,260 | (681,500) | | | | |

F. Statement of Revenue

| | F. Statement of R | even | | | | |
|---|---------------------------------------|------|---------------------------|----------------|-----------|-------------|
| Name of Facility Salmon Brook Rehab and Nursing | License No. 2093 | | Report for Y 9/30/2023 | ear Ended | | Page 30 3 |
| Saimon Brook Renab and Indishig | 2093 | | 9/30/2023 | | | 30 3 |
| | Item | | Total | CCNH / RHNS | (Specify) | Other |
| I. Resident Room, Board & Routine | Care Revenue | | | | | |
| 1. a. Medicaid Residents (CT onl. | y) | \$ | 8,651,582 | 8,651,582 | | |
| b. Medicaid Room and Board (| Contractual Allowance ** | \$ | (68,624) | (68,624) | | |
| 2. a. Medicaid (All other states) | | \$ | 4 | | | |
| b. Other States Room and Boar | d Contractual Allowance ** | \$ | | | | |
| 3. a. Medicare Residents (all incl | usive) | \$ | 3,001,427 | 3,001,427 | | |
| b. Medicare Room and Board (| Contractual Allowance ** | \$ | (50,204) | (50,204) | | |
| 4. a. Private-Pay Residents and O | ther | \$ | 2,626,296 | 2,626,296 | | |
| b. Private-Pay Room and Board | I Contractual Allowance ** | \$ | (4,726) | (4,726) | | |
| II. Other Resident Revenue | | | | | | |
| a. Prescription Drugs - Medica | re | \$ | | | | |
| b. Prescription Drugs - Medical | re Contractual Allowance ** | \$ | | | | |
| c. Prescription Drugs - Non-Me | edicare | \$ | | | | |
| d. Prescription Drugs - Non-Me | edicare Contractual Allowance ** | \$ | | | | |
| 2. a. Medical Supplies - Medicare | | \$ | | | | |
| b. Medical Supplies - Medicare | Contractual Allowance ** | \$ | | | | |
| c. Medical Supplies - Non-Med | licare | \$ | | | | |
| d. Medical Supplies - Non-Med | licare Contractual Allowance ** | \$ | | | | |
| 3. a. Physical Therapy - Medicare | | \$ | 328,673 | 328,673 | | |
| b. Physical Therapy - Medicare | Contractual Allowance ** | \$ | (173,454) | (173,454) | | |
| c. Physical Therapy - Non-Med | | \$ | 149,537 | 149,537 | | |
| d. Physical Therapy - Non-Med | icare Contractual Allowance ** | \$ | (120,575) | (120,575) | | |
| 4. a. Speech Therapy - Medicare | | \$ | 52,538 | 52,538 | | |
| b. Speech Therapy - Medicare (| | \$ | (28,255) | (28,255) | | |
| c. Speech Therapy - Non-Medic | care | \$ | 20,165 | 20,165 | | |
| d. Speech Therapy - Non-Medic | | \$ | (13,388) | (13,388) | | |
| 5. a. Occupational Therapy - Med | | \$ | 337,268 | 337,268 | | |
| b. Occupational Therapy - Med | | \$ | (165,730) | (165,730) | | |
| c. Occupational Therapy - Non | | \$ | 131,440 | 131,440 | | |
| | -Medicare Contractual Allowance ** | \$ | (98,998) | (98,998) | | |
| 6. a. Other (Specify) - Medicare | | \$ | 2,191 | 2,191 | | |
| b. Other (Specify) - Non-Medic | | \$ | 47,933 | 47,933 | | |
| III. Total Resident Revenue (Section | I. thru Section II.) | \$ | 14,625,096 | 14,625,096 | | |
| IV. Other Revenue* | | | | 10.71 | 100 | |
| 1. Meals sold to guests, employees | | \$ | | | | |
| 2. Rental of rooms to non-residents | 5 | \$ | | | | |
| 3. Telephone | · · · · · · · · · · · · · · · · · · · | \$ | | | | |
| 4. Rental of Television and Cable S | Services | \$ | | | | |
| 5. Interest Income (Specify) | | \$ | 149,009 | 149,009 | | |
| 6. Private Duty Nurses' Fees | | \$ | | | | |
| 7. Barber, Coffee, Beauty and Gift | shops | \$ | | | | |
| 8. Other (Specify) | | \$ | 940,130 | 940,130 | | |
| V. Total Other Revenue (1 thru 8) | 10 | \$ | 1,089,139 | 1,089,139 | | |
| VI. Total All Revenue (III +V) | | \$ | 15,714,235 | 15,714,235 | | |
| | | - | | | | |

^{*} 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) | Other |
|-----------|--|-----------------|----------------|--------|
| 81111 | | 0 | | 24 |
| 30 II 6a | Other Ancillary Rev>Medicare B | <u>\$</u> 2,984 | N W IT | Rdyr n |
| 30 II 6a | Other Ancillary Rev>Medicare B>Sequester | \$ (5,939) | 100 | |
| 30 II 6a | Vaccine Rev>Medicare B | \$ 3,779 | 380 | |
| 30 H 6a | Other Rev>Medicare A>COVID19 | \$ 1,149 | 10 800 81 | |
| 30 II 6a | Revenue Adjustments>Medicare A | \$ 212 | | 100 |
| 30 II 6a | Revenue Adjustments>Medicare HMO | \$ 6 | Jan State Mill | |
| Total Oth | er Resident Revenue - Medicare | \$ 2,191 | \$ - | \$ - |

Schedule of Other Non-Medicare Resident Revenue

Related Exp

| Page Ref | Description | CCNH / RHNS | (Specify) | Other |
|-----------|------------------------------------|-------------|--------------|------------|
| | | 0 | | |
| 30 H 6b | Other Ancillary Rev>Medicare A | \$ 6,635 | | DOMESTIC |
| 30 II 6b | Other Ancillary Rev>Medicare A>C/A | \$ (6,635) | | |
| 30 II 6b | Other Ancillary Revenue>Private | \$ 841 | | |
| 30 II 6b | Other Ancillary Rev>HMO | \$ 11,728 | | |
| 30 II 6b | Vaccine Rev>HMO | \$ 630 | | |
| 30 II 6b | Revenue Adjustments>Private | \$ 1,063 | 4 5 0 50 | AUT S BE |
| 30 II 6b | Revenue Adjustments>Commercial HMO | \$ 27,616 | | The series |
| 30 II 6b | Revenue Adjustments>Hospice | \$ (821) | Campil Milya | MILATAN |
| 30 II 6b | Revenue Adjustments>Medicaid | \$ 1,248 | | |
| 30 II 6b | Revenue Adjustments>Ancillary | \$ 5,628 | | |
| Total Oth | er Resident Revenue | \$ 47,933 | s - | S - |

Interest Income

Account

| Page Ret | f Account | Balance | CCN | H / RHNS | (Speci | fy) | 01 | ther |
|-----------|--------------------------|---------|-----|----------|---------|-------|------|-------|
| | | | | 0 | | | | |
| 30 IV 5 | Interest on ERC | N/A | \$ | 147,625 | | . Vit | Sec. | - |
| 30 IV 5 | Interest on Claims | N/A | ĬŢ, | 109 | واجابوا | 1 | | TO DE |
| 30 IV 5 | Interest on Late Payment | N/A | \$ | 1,275 | | 2115 | | 1 |
| Total Int | erest Income | | 2 | 149,009 | S | - | S | |

Schedule of Other Revenue

| Page Ref | Description | CCNH / RHNS | (Specify) | Other |
|-----------|---|-------------|------------|-------|
| | | 0 | | |
| 8 V1 0E | Other Rev>Medical Records (Disallowed Pg 16 Line m13) | \$ 1,469 | BI (| |
| 30 IV 8 | Other Rev>ERC>COVID19 | \$ 787,239 | rine se vi | |
| 30 IV 8 | Reversal on PY RE>Taxes (No disallowance necessary - PY correction) | \$ 125,362 | | |
| 30 IV 8 | PY Adjustment (No disallowance necessary no related expense) | \$ 26,060 | | |
| | | | N. W. | 02-21 |
| | | | | |
| | | | | |
| Total Oth | er Revenue | \$ 940,130 | 5 | S |

G. Balance Sheet

| Name of l | • | License No. | Report for Year Ended | Page | |
|-----------------|------------------------------|---------------------|-----------------------|--|-----------|
| Salmon B | rook Rehab and Nursing | 2093 | 9/30/2023 | 31 | 37 |
| | | Account | | | Amount |
| Assets | | | | | |
| | rent Assets | | | | 60.011 |
| | Cash (on hand and in banks | | | \$ | 62,011 |
| | Resident Accounts Receivab | | | \$ | 2,646,161 |
| | Other Accounts Receivable (| Excluding Owners of | r Related Parties) | \$ | |
| | Inventories | | | \$ | 272 777 |
| 5. | Prepaid Expenses | | | \$ | 252,766 |
| | a | | | ALC: NO PERSONS AND ADDRESS OF THE PERSONS AND ADDRESS AND A | |
| | b | | | | |
| | c | | | | |
| | d. See Schedule | | 252,766 | | |
| | Interest Receivable | | | \$ | |
| 7. | Medicare Final Settlement R | eceivable | 2 | \$ | |
| 8. | Other Current Assets (itemiz | e) | | \$ | |
| _ | | | | | |
| - | | | | Tarrie (| |
| - | See Schedule | | | | |
| A-9. <i>Tot</i> | al Current Assets (Lines A1 | thru 8) | | \$ | 2,960,938 |
| B. Fixe | ed Assets | | | | |
| 1. | Land | | | \$ | |
| 2. | Land Improvements | *Historical Cost | | \$ | |
| | | Accum. Depreciat | ion Net | | |
| 3. | Buildings | *Historical Cost | | \$ | |
| | | Accum. Depreciat | ion Net | | |
| 4. | Leasehold Improvements | *Historical Cost | 335,534 | \$ | 223,304 |
| | • | Accum. Depreciat | ion 112,229 Net | | |
| 5. | Non-Movable Equipment | *Historical Cost | 19,755 | \$ | 14,289 |
| | 1 1 | Accum. Depreciat | ion 5,466 Net | | |
| 6. | Movable Equipment | *Historical Cost | 98,589 | \$ | 57,762 |
| | | Accum. Depreciat | | | |
| 7 | Motor Vehicles | *Historical Cost | , | \$ | |
| , . | 1110101 | Accum. Depreciat | ion Net | | |
| 8. | Minor Equipment-Not Depre | | | \$ | |
| 9. | Other Fixed Assets (itemize) |) | | \$ | 49,965 |
| | F/S vs C/R Depreciation | | 49,965 | | |
| - | See Schedule | | | | |
| B-10. | Total Fixed Assets (Lines B | 1 thru 9) | A A | \$ | 345,320 |

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

Schedule of Prepaid Expenses Page 31 Line A5

| Pane Ref Line Re | Description |
|------------------|-------------|

| 31 A5 | Prepaid Expenses | \$ 8,323 |
|------------------|-------------------------------|------------|
| 31 A5 | Prepaid Expenses Insurance | \$ 150,654 |
| 31 A3 | Prepaid Expenses-Taxes | \$ 31,560 |
| 31 A5 | Prepaid Expenses>Workers Comp | \$ 62,229 |
| Total Prepaid Ex | penses | \$ 252,766 |

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

| Dane | Daf | Line Dat | Description |
|------|-----|----------|-------------|

| Line Rei | Description | | |
|------------|-----------------|-----------------------------|------|
| | | | |
| | | | 147 |
| | | | - |
| | | | |
| | | | WE S |
| er Current | Acusty (Hamira) | | |
| | | er Current Assets (Itemize) | |

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

Page Ref Line Ref Description

| MINV.E |
|--------|
| |
| |
| |

Schedule of Other Assets Page 32 Line D7

| Page Rei Line i | Due To (From): Vendor | \$ 325,667 |
|-------------------|-----------------------|-----------------|
| | | |
| | | |
| | | (f D S D) |
| | | |
| | | |
| | | |
| Total Other Asset | | \$ 325,667 |

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref Line Ref Description

| | - | _ |
|--|-------|---|

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

Page Ref Line Ref Description

| Page Rei Line R | et Description | |
|-------------------|--|--------------|
| 33 A12 | Accived Expenses | \$ 267,623 |
| 33 A12 | Accrued Expenses>Rent | \$ 4,496,816 |
| 33 A12 | Accrued Expenses>Ancillary | \$ 4,237 |
| 33 A12 | Accrued Expenses>Capital Lease>Copier | \$ 19,491 |
| 33-A12 | Accrued Expenses Insurance - General Liability & Other | \$ 114,169 |
| 33 A12 | Accrued Expenses>Insurance - Property | \$ 10,446 |
| 33 A12 | Acersed Expenses>Year End Adjustments | \$ 5,851 |
| 33 A12 | Accrued Expenses>Workers Comp | \$ 58,183 |
| 33 A12 | Deferred Revenue>Medicare>COVID19 | \$ 46,849 |
| Total Other Curre | nt Liabilities (Itemize) | \$ 5,023,665 |
| | | |

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

Page Ref. Line Ref. Description

| Page Ref Line | Ref Description | |
|-----------------|----------------------------|------------|
| 34 B4 | Due From>Old Owner | \$ 62,042 |
| 34 B4 | Due To/(From)>HMO | \$ 60,307 |
| 34 B4 | Due To/(Frem)>Hospice | \$ 11,491 |
| 34 B4 | Due To/(From)>Medicuid | \$ 208,280 |
| 34 B4 | Due To/(From)>Income | \$ 99,525 |
| Total Other Cur | rent Liabilities (Itemize) | \$ 441,645 |

G. Balance Sheet (cont'd)

| | ne of Facility | License No. | Report for Year Ended | | Page | | of |
|------|-------------------------------------|--------------------------|---------------------------------------|-------|-------------|-----------|--------|
| Saln | non Brook Rehab and Nursing | 2093 | 9/30/2023 | | 32 | | 37 |
| | | Account | | | Ar | nount | |
| | | | Total Brought Forward | 1: \$ | | 3,30 | 6,258 |
| C. | Leasehold or like property reco | orded for Equity Purpose | es. | | | | |
| | 1. Land | | | \$ | | | |
| | Land Improvements | *Historical Cost | | | | | |
| | | Accum. Depreciation | on Net | \$ | | | |
| | 3. Buildings | *Historical Cost | | | | | |
| | | Accum. Depreciation | on Net | \$ | | | |
| | 4. Non-Movable Equipment | *Historical Cost | 7 <u></u> 7 | | | | |
| | -17 | Accum. Depreciation | n Net | \$ | | | |
| | Movable Equipment | *Historical Cost | | | | | |
| | | Accum. Depreciation | n Net | \$ | | | |
| | 6. Motor Vehicles | *Historical Cost | | | | | |
| | | Accum. Depreciation | on Net | \$ | | | |
| | 7. Minor Equipment-Not Dep | reciable | | \$ | | | |
| C-8 | Total Leasehold or Like Prop | erties (C1 thru 7) | | \$ | | | |
| D. | Investment and Other Assets | | | | | | |
| | 1. Deferred Deposits | | | \$ | | | 5,500 |
| | 2. Escrow Deposits | | | \$ | | | |
| - | 3. Organization Expense | *Historical Cost | 11,406 | | | | |
| | | Accum. Depreciation | on 11,406 Net | \$ | | | |
| | 4. Goodwill (Purchased Only) |) | | \$ | | | |
| | 5. Investments Related to Res | ident Care (itemize) | | \$ | | | |
| | | | | 3 | | | |
| | | | | 13 | ile v kojek | | 2001 |
| | 6. Loans to Owners or Relate | d Parties (itemize) | | \$ | | 7,09 | 5,641 |
| | Name and Address | Amount | Loan Date | IE. | | 2 1 1 1 E | |
| | | | | lă. | | | |
| | | | | 1931 | | | |
| | | | | 4 | | | |
| | Due To/(From)>Var | 7,095,641 | 1 | 83 | | | |
| | 7. Other Assets (itemize) | | · · · · · · · · · · · · · · · · · · · | \$ | | 32 | 25,667 |
| | | | | 100 | | | |
| | | | | 7000 | | | |
| | See Schedule | | 325,667 | 100 | YARAB! | THE PARTY | |
| D-8. | Total Investments and Other. | Assets (Lines D1 thru 7 |) | \$ | | 7,42 | 6,808 |
| D-9. | Total All Assets (Lines A9 + I | 310 + C8 + D8 | | \$ | | 10,73 | 3,066 |

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

G. Balance Sheet (cont'd)

| Name of Fac | cility | | License No. | | Year Ended | | Page | of |
|-------------|--------|-------------------------------|------------------|----------------|--------------|-----|------|-----------|
| Salmon Broo | ok Re | hab and Nursing | 2093 | 9/30/2023 | | | 33 | 37 |
| | | | Account | | | | Am | ount |
| Liabilities | | | | | | | | |
| Α. | Cu | rrent Liabilities | | | | | | |
| | 1. | Trade Accounts Payable | | | | \$ | | 1,125,415 |
| | 2. | Notes Payable (itemize) | | | | \$ | | 600,000 |
| | | Note Payable>LOC | | | 500,000 | - | | |
| | | | | | | | | |
| | | | | | | 33 | | |
| | | See Schedule | | | | - T | | HOLDING S |
| | 3. | Loans Payable for Equipme | | | | \$ | | |
| | | Name of Lender | Purpose | Amo | unt Date Due | | | |
| | | | | | | 253 | | |
| | | | | | | 37 | | |
| | | | | | 1 | 100 | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | 15 | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | 1 | | |
| | 4. | Accrued Payroll (Exclusive | of Owners and/or | Stockholders o | nlv) | \$ | | 300,605 |
| | 5. | Accrued Payroll (Owners of | | | | \$ | | |
| | 6. | Accrued Payroll Taxes Pay | | | | \$ | | 101,580 |
| | 7. | Medicare Final Settlement | | | | \$ | | 2,597 |
| | 8. | Medicare Current Financin | | | | \$ | | |
| | 9. | Mortgage Payable (Curren | | | | \$ | | |
| | 10. | Interest Payable (Exclusive | | elated Parties |) | \$ | | |
| | | Accrued Income Taxes* | | | | \$ | | |
| | 12. | Other Current Liabilities (i | temize) | | | \$ | | 5,023,665 |
| | | ` | , | | | He | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | See Schedule | 5,023,665 | | | |
| A-13. | . To | tal Current Liabilities (Line | es A1 thru 12) | | | \$ | | 7,153,862 |

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

G. Balance Sheet (cont'd)

| Name of Facility | License No. | Report for Year | Ended | Page | of |
|--|---|-----------------|--------------|-------------|--|
| Salmon Brook Rehab and Nursing | 2093 | 9/30/2023 | | 34 | 37 |
| | Account | T . 1 D | 1.5 | <i>F</i> | Amount |
| | | I otal Brou | ght Forward: | | 7,153,862 |
| Liabilities (cont'd) | | | | | |
| B. Long-Term Liabilities | / · · · · · · · · · · · · · · · · · · · | | | ተ | |
| Loans Payable-Equipment | | A | | \$ | STATE OF THE STATE |
| Name of Lender | Purpose | Amount | Date Due | | |
| | | | | | |
| Mortgages Payable | | | | \$ | |
| 3. Loans from Owners or Re | lated Parties (itemize) | | | \$ | 264,271 |
| Name and Address of Lender | Amount | Loan I | Date | No. Service | |
| Due To/(From)>Var | 264,271 | | | | |
| 4. Other Long-Term Liability See Schedule | es (itemize) | 441,645 | | \$ | 441,645 |
| B-5. Total Long-Term Liabilities | (Lines B1 thru 4) | | | \$ | 705,916 |
| C. Total All Liabilities (Lines A | | | | \$ | 7,859,778 |

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

| | ne of Facility | License No. | | Year Ended | | age | | of |
|------|----------------------------------|---------------------|-------------------|------------|----|-----|-----------|-----|
| Salr | non Brook Rehab and Nursing | 2093 | 9/30/2023 | | 3 | 5 | | 7 |
| Α. | Reserves | Account | | | | Am | ount | _ |
| A | | | | | | | | |
| _ | 1. Reserve for value of leased l | | | | \$ | | | |
| | 2. Reserve for depreciation val | ue of leased buildi | ngs and appurte | enances | | | | |
| | to be amortized | | | | \$ | | | |
| | 3. Reserve for depreciation val | ue of leased person | nal property (Eq | quity) | \$ | | | |
| | 4. Reserve for leasehold real pr | operties on which | fair rental value | e is based | \$ | | | |
| | 5. Reserve for funds set aside a | s donor restricted | | | \$ | | | |
| | 6. Total Reserves | | | | \$ | | | |
| В, | Net Worth | | | | | | | |
| | 1. Owner's Capital | | | | \$ | | | |
| | 2. Capital Stock | | | =61 | \$ | | | |
| | 3. Paid-in Surplus | | | | \$ | | | |
| | 4. Treasury Stock | | | | \$ | | | |
| | 5. Cumulated Earnings | | | | \$ | | 4,324,33 | 33 |
| | 6. Gain or Loss for Period | 10/1/2 | 022 thru | 9/30/2023 | \$ | | (1,451,04 | 45) |
| | 7. Total Net Worth | | | | \$ | | 2,873,2 | 88 |
| C. | Total Reserves and Net Worth | | 310 | | \$ | | 2,873,2 | 88 |
| D | Total Liabilities, Reserves, and | Net Worth | | | \$ | | 10,733,0 | 66 |

H. Changes in Total Net Worth

| Name of Facility | License No. | Report for Year | Ended | Page | of |
|---|---------------------|-----------------|--------|------|--|
| Salmon Brook Rehab and Nursing | 2093 | 9/30/2023 | | 36 | 37 |
| | Account | | | Α | mount |
| A. Balance at End of Prior Period as | shown on Report o | f 09/30/2022 | | \$ | 7,581,743 |
| B. Total Revenue (From Statement of | f Revenue Page 30 |) | | \$ | 15,714,235 |
| C. Total Expenditures (From Statem | ent of Expenditures | Page 27) | | \$ | 17,165,280 |
| D. Net Income or Deficit | | | | \$ | (1,451,045) |
| E. Balance | | | | \$ | 6,130,698 |
| F. Additions 1. Additional Capital Contributed Total Expenses Per Page : F/S vs C/R Depreciation Total Expenses 2. Other (itemize) Prior Period Adjustment | | (3,257,410) |) | | |
| F-3. Total Additions | | | | \$ | (3,257,410) |
| G. Deductions | | | | | |
| Drawings of Owners/Operator | | | | \$ | |
| Name and Address (No., Cit) | , State, Zip) | Title | Amount | | |
| | | | | | |
| 2. Other Withdrawings (Specify) | | | | \$ | War and a superior an |
| Purpose | | Amo | unt | | |
| | | | | | |
| 3. Total Deductions | 00/2/ | \/\22 | | \$ | 2 072 200 |
| H. Balance at End of Period | 09/30 |)/25 | | \$ | 2,873,288 |

I. Preparer's/Reviewer's Certification

| Name of Facility License No. Report for Year Ended | | | Page of | |
|---|----------------------------|--------------|---------|--|
| Salmon Brook Rehab and Nursing | 2093 | 9/30/2023 | 37 37 | |
| ψ= | Check appropriate category | | | |
| Chronic and Convalescent Nursing Home (CCNH) & RHNS Combined | (Specify) | | | |
| Pre | parer/Reviewer Certifica | tion | | |
| 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. | | | | |
| Signature of Preparer | Title | Date Signed | | |
| | | | 77 | |
| Printed Name of Preparer | | | | |
| Matthew S. Bavolack | | | | |
| Address | | Phone Number | | |
| 555 Long Wharf Drive, New Haven, CT 06511 | 203-781-9600 | | | |
| Contacted Person Regarding Additional Informati | Phone Number | | | |
| Tzippy Krupenia | 732-961-8571 | | | |
| Contact Email Address | | | | |
| tzippyk@ltccs.com | | | | |



ACCOUNTANTS' CONSULTING REPORT

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

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

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

MARCUM LLP

New Haven, CT February 9, 2024



Annual Report of Long-Term Care Facility Cost Year 2023 Checklist

This checklist is <u>not</u> required to be submitted with the Annual Report

| Facility Na | me Salmon Brook Rehab and Nursing |
|-------------------------|---|
| | following check list. Provide an explanation for any "No" answers. Attach ets to explain further, if necessary. |
| Yes No V Explanation: | 1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21? |
| | |
| Yes No V Explanation: | Are the methods of allocating costs consistent with prior year? If not, explain the reporting change. |
| | |
| Yes No V Explanation: | 3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation. |
| | |
| Yes No / Explanation: | Do equipment leases listed on Page 22b agree with equipment leases reported on Page 22, Line 6e? If not, state where these costs are included in the Annual Report. |
| | |

| Yes No V Explanation: | 5. Do accounting and legal fees reported on Page 15b agree with Page 15, Lines 1d and 1e, respectively? |
|---------------------------|---|
| Yes No V Explanation: | 6. During cost year, did you report all certified bed changes on Page 9? Do the bed change dates agree to the license issued by the Department of Health? |
| Yes No / D Explanation: | 7. If there has been a change in Administrators, have the dates of employment and applicable hours for each Administrator been reported on Page 12? |
| Yes No // Explanation: | 8. Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated. |
| Yes No // Explanation: | 9. Has resident day user fee expense been properly reported on Page 15, Line 1k3? |
| Yes No V Explanation: | 10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21? |

| Yes No V Explanation: | 11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed? |
|-------------------------|---|
| Yes No / Explanation: | 12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes? |
| Yes No V Explanation: | 13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from the prior cost year? |
| Yes No V Explanation: | 14. Does the net book value of all assets reported on Pages 23 and 24 agree with the net book value reported on Pages 31 and 32? |
| Yes No V Explanation: | 15. Has asset useful life been reported in accordance with the 2018 edition of the American Hospital Association guidelines? |
| Yes No V Explanation: | 16. Have all assets been categorized between movable and fixed in accordance with the 2018 edition of the American Hospital Association guidelines? |
| | |

| Yes No Yes No 20. Have detailed schedules been provided for all "other" line items, fixed asset and movable equipment additions (ensure that the Movable Equipment Category is select for all movable equipment additions.)? If detail is not provided, appropriate disallowances will be made. Yes No 21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on the applicable expense lines of the Annual Report? If applicable, have pages 6 and 7 been completed for the non-nursing home businesses? Explanation: Yes No 22. Has all required documentation, including the working trial balance, crosswalk, Form W-411, movable/fixed asset additions support, and the Nursing Facility Narrative Summary of Expenditures form been submitted to the Annual Report review and audit contractor? | Yes No Explanation: | 17. Have all contractual allowances been properly reported on Page 30? |
|--|----------------------|---|
| 18. Were all discrepancies on the Error Page addressed? Yes No | | |
| 19. Have Pages 1 and 37 been signed? Cost reports without a signed Page 1 and 37 will not be accepted. Yes No 20. Have detailed schedules been provided for all "other" line items, fixed asset and movable equipment additions (ensure that the Movable Equipment Category is select for all movable equipment additions.)? If detail is not provided, appropriate disallowances will be made. Explanation: Yes No 21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on the applicable expense lines of the Annual Report? If applicable, have pages 6 and 7 been completed for the non-nursing home businesses? Explanation: Yes No 22. Has all required documentation, including the working trial balance, crosswalk, Form W-411, movable/fixed asset additions support, and the Nursing Facility Narrative Summary of Expenditures form been submitted to the Annual Report review and audit contractor? | | |
| 19. Have Pages 1 and 37 been signed? Cost reports without a signed Page 1 and 37 will not be accepted. Yes No 20. Have detailed schedules been provided for all "other" line items, fixed asset and movable equipment additions (ensure that the Movable Equipment Category is select for all movable equipment additions.)? If detail is not provided, appropriate disallowances will be made. Explanation: Yes No 21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on the applicable expense lines of the Annual Report? If applicable, have pages 6 and 7 been completed for the non-nursing home businesses? Explanation: Yes No 22. Has all required documentation, including the working trial balance, crosswalk, Form W-411, movable/fixed asset additions support, and the Nursing Facility Narrative Summary of Expenditures form been submitted to the Annual Report review and audit contractor? | | |
| movable equipment additions (ensure that the Movable Equipment Category is select for all movable equipment additions.)? If detail is not provided, appropriate disallowances will be made. Explanation: 21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on the applicable expense lines of the Annual Report? If applicable, have pages 6 and 7 been completed for the non-nursing home businesses? Explanation: Yes No 22. Has all required documentation, including the working trial balance, crosswalk, Form W-411, movable/fixed asset additions support, and the Nursing Facility Narrative Summary of Expenditures form been submitted to the Annual Report review and audit contractor? | | |
| movable equipment additions (ensure that the Movable Equipment Category is select for all movable equipment additions.)? If detail is not provided, appropriate disallowances will be made. Explanation: 21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on the applicable expense lines of the Annual Report? If applicable, have pages 6 and 7 been completed for the non-nursing home businesses? Explanation: Yes No 22. Has all required documentation, including the working trial balance, crosswalk, Form W-411, movable/fixed asset additions support, and the Nursing Facility Narrative Summary of Expenditures form been submitted to the Annual Report review and audit contractor? | • | |
| Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on the applicable expense lines of the Annual Report? If applicable, have pages 6 and 7 been completed for the non-nursing home businesses? Explanation: Yes No 22. Has all required documentation, including the working trial balance, crosswalk, Form W-411, movable/fixed asset additions support, and the Nursing Facility Narrative Summary of Expenditures form been submitted to the Annual Report review and audit contractor? | / | movable equipment additions (ensure that the Movable Equipment Category is select for all movable equipment additions.)? <i>If detail is not provided, appropriate disallowances will be made.</i> |
| Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on the applicable expense lines of the Annual Report? If applicable, have pages 6 and 7 been completed for the non-nursing home businesses? Explanation: Yes No 22. Has all required documentation, including the working trial balance, crosswalk, Form W-411, movable/fixed asset additions support, and the Nursing Facility Narrative Summary of Expenditures form been submitted to the Annual Report review and audit contractor? | | |
| Yes No 22. Has all required documentation, including the working trial balance, crosswalk, Form W-411, movable/fixed asset additions support, and the Nursing Facility Narrative Summary of Expenditures form been submitted to the Annual Report review and audit contractor? | Yes No | Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on the applicable expense lines of the Annual Report? If applicable, have pages 6 and 7 been completed for the non-nursing home businesses? |
| Form W-411, movable/fixed asset additions support, and the Nursing Facility Narrative Summary of Expenditures form been submitted to the Annual Report review and audit contractor? | Explanation: | |
| | | Form W-411, movable/fixed asset additions support, and the Nursing Facility Narrative Summary of Expenditures form been submitted to the Annual Report review and audit contractor? |
| | ZAPIMIMIOII. | |

Salmon Brook Client: Medicaid - Salmon Brook Engagement: Period Ending: 9/30/2023 Trial Balance: A.01 - TB-CCNH UNADJ JE Ref# RJE FINAL 1st PP-FINAL Description Account 9/30/2022 9/30/2023 9/30/2023 347,604.00 (11,751,00) Cash>Operating>Salmon Brook (11,751.00)10-010-40 500.00 564.00 500.00 10-014-00 Cash>Petty Cash Facility 500.00 500.00 500.00 10-015-00 Cash>Petty Cash PNA 10-030-40 Cash>Govl>Salmon Brook 1.00 1.00 1.00 56.337.00 72,261,00 72,261.00 10-060-40 Cash>Resident Trust>Salmon Brook 500.00 10-061-00 Cash>Care Cost 500.00 500.00 328 884 00 Accounts Receivable>Medicare A 312,842.00 312.842.00 11-102-00 692,122.00 692,122.00 543,260,00 11-104-00 Accounts Receivable>Private 442,127.00 442,127.00 188.975.00 11-105-00 Accounts Receivable>HMO 66,990.00 66,990.00 21,994.00 Accounts Receivable>Hospice 11-109-00 1,400,789.00 1,400,789.00 1,266,141.00 Accounts Receivable>Medicaid 11-111-00 48,451.00 118,296.00 Accounts Receivable>Income 48,451.00 11-112-00 Accounts Receivable>Allow for Doubtful Accts (373,693.00)(373,693.00)311,297.00 11-120-00 (29,188.00)172,136.00 Accounts Receivable>Medicare Colns Write Off (29,188.00)11-122-00 85,721.00 85,721.00 66,239.00 11-123-00 Accounts Receivable>Ancillary 8,323.00 8,323.00 (1,177,873.00)Prepaid Expenses 12-000-00 150,654.00 141,538.00 150,654.00 Prepaid Expenses>Insurance 12-124-00 31,560.00 36,171.00 31,560.00 Prepaid Expenses>Taxes 12-126-00 57,739.00 62,229.00 62,229.00 12-881-00 Prepaid Expenses>Workers Comp (62,042.00) (57,058.00)(62.042.00) 13-127-00 Due From>Old Owner 5,500.00 500.00 Due From>Vendor Security Deposits 5.500.00 13-128-00 225,408.00 285.347.00 285,347.00 14-131-00 Fixed Assets>Leasehold Improvements (11,638,00) 66,611.00 58,495.00 14-132-00 Fixed Assets>Furniture, Fixtures and Equipment 78,249.00 RJE - 5 (11.638.00)10,894.00 10,894.00 10,894.00 14-133-00 Fixed Assets>Medical Equipment 7,103.00 7,103,00 7,103,00 14-134-00 Fixed Assets>Computer Hardware 17,933,00 11,245.00 14-135-00 Fixed Assets>Computer Software 17,933.00 7,400.00 0.00 14-136-00 Fixed Assets>CIP 0,00 50,184.00 50.184.00 Fixed Asset>Capital Lease>Copier 50,184.00 14-137-01 11.406.00 11,406,00 Fixed Assets>Startup Costs 11,406.00 14-252-00 4.588.00 4.163.00 Fixed Assets>Sales Use Tax 4,588.00 14-305-00 (42,204.00) (25,662,00) Accum Depn>Leasehold Improvements (42,204.00)15-131-00 (22 441 00) (12,184,00) (22,441.00)15-132-00 Accum Depn>Furniture, Fixtures and Equipment (2.225.00) (4.404.00)(4.404.00)15-133-00 Accum Depn>Medical Equipment (5.672-00) (5.672,00) (4.252.00) 15-134-00 Accum Depn>Computer Hardware 15-135-00 Accum Depn>Computer Software (4,540.00)(4.540.00)(1.957.00)15-137-01 Accumulated Depn>Capital Lease>Copier (26, 314.00)(26.314.00)(20,356,00) (11,406.00)(11,406.00)(11,406.00)Accum Depn>Startup Costs 15-252-00 (3,403.00)(3,403.00)(2.556.00)15-305-00 Accum Depn>Sales Use Tax (1,052,722,00) (1,052,722,00)(732,745.00) 20-000-00 Accounts Pavable (153.00)(153.00)(153.00)21-141-00 Other Current Pavables>Employee Benefits (4.00)(6,000.00)Other Current Payables>Misc. PR Deduction (4.00) 21-149-00 (99.00)(30.00)Other Current Pavables>Union Dues W/H (99.00)21-150-00 (101,580,00) (101.580.00) Other Current Payables>SWT Payable (101,580.00) 21-276-00 (72,261.00)(72,261.00) (56,337.00)Other Current Payables>Resident Funds 21-350-00 (176.00)(176.00)(99.00)Other Current Payable>Disability & Other Insurance 21-884-00 (600,000,00) 0.00 (600,000,00) 22-000-01 Note Payable>LOC (118,595,00) (145.805.00) (145,805.00)23-000-00 Accrued Wages & Related (154,800.00)(154,800,00) (154.800.00) 23-157-00 Accrued Expenses>PTO (267,623,00) 2,134,624.00 24-000-00 Accrued Expenses (267, 623, 00)(4,496.816.00) (4,496,816.00) 0.00 24-121-00 Accrued Expenses>Rent (4,237,00) 0.00 24-123-00 Accrued Expenses>Ancillary (4.237.00)(19.491.00) (45,551.00) (19.491.00)24-137-01 Accrued Expenses>Capital Lease>Copier (121,283,00) (114, 169, 00)24-162-00 Accrued Expenses>Insurance - General Liability & Other (114.169,00) 0.00 (10.446.00) Accrued Expenses>Insurance - Property (10,446.00)24-165-00 (6.890.00)(5.851.00) 24-285-00 Accrued Expenses>Year End Adjustments (5,851.00)Accrued Expenses>Workers Comp (58 183 00) (53,995,00) 24-881-00 (58, 183, 00)(47,998,00) Deferred Revenue>Medicare>COVID19 (46,849.00)(46.849.00)25-102-34 0.00 0.00 1.205.00 25-111-34 Deferred Revenue>Medicaid>COVID19 0.00 0.00 3,151,00 27-000-23 Due To/(From)>Taunton 27-000-24 Due To/(From)>Quincy 0.00 0.00 571.00 (130,000,00) (130,000,00) 591.00 Due To/(From)>Greenfield 27-000-25 0.00 862.00 27-000-26 Due To/(From)>Holyoke 0.00 535,525.00 535,525.00 675.00 Due To/(From)>Lowell 27-000-27 949.00 949.00 949.00 27-000-31 Due To/(From)>Salmon Partners 513,877.00 513,877-00 224.934.00 Due To/(From)>Sky View 27-000-41 3,970,514.00 2,541,297.00 3,970,514.00 Due To/(From)>Realty Salmon Brook 27-000-42 (119.190.00) 0.00 (119,190,00) Due To/(From)>Regal Management 2.0 27-000-46

| | Personalisa | UNADJ | JE Ref# RJE FINAL | 1st PP-FINAL |
|---------------------------------|--|-----------------------------|----------------------------|------------------------------|
| Account | Description | 9/30/2023 | 9/30/2023 | 9/30/2022 |
| 27 000 50 | Due To //Free la Chayer | 80,288,00 | 80,288.00 | 100,288.00 |
| 27-000-50 27-000-55 | Due To/(From)>Sharon Due To/(From)>Harwich | 327,809.00 | 327,809.00 | 100,382.00 |
| 27-000-79 | Due To/(From)>Pine View | 54.00 | 54.00 | 54.00 |
| 27-000-80 | Due To/(From)>Ridgeland | 1.00 | 1.00 | 1.00 |
| 27-000-87 | Due To/(From)>Torrington | 0.00 | 0.00 | (22.00) |
| 27-000-88 | Due To/(From)>New Haven | 0.00 | 0.00 | (44.00) |
| 27-000-90 | Due To/(From)>West Haven | 0.00 | 0.00 0.00 | (29.00) |
| 27-000-91 | Due To/(From)>Waterbury | 0.00 939,356.00 | 939,356,00 | (35.00) 1,020,128.00 |
| 27-000-92 27-000-93 | Due To/(From)>Regal Care Management Group Due To/(From)>RC Holdings | (19.00) | (19,00 | |
| 27-000-95 | Due To/(From)>Norwich | 165,000.00 | 165,000.00 | (5,980.00) |
| 27-000-96 | Due To/(From)>New London | 510,000.00 | 510,000.00 | 175,000.00 |
| 27-102-00 | Due To/(From)>Medicare A | (2,597,00) | (2,597.00 | |
| 27-105-00 | Due To/(From)>HMO | (60,307.00) | (60,307,00 | |
| 27-109-00 | Due To/(From)>Hospice | (11,491.00) | (11,491.00 | |
| 27-111-00 | Due To/(From)>Medicaid | (208,280.00) | (208,280.00 (99,525.00 | |
| 27-112 - 00 27-152-00 | Due To/(From)>Income Due To/(From)>Employee | (99,525.00) (15,062.00) | (15,062.00 | |
| 27-132-00 | Due To/(From)>Vendor | 325,667.00 | 325,667.00 | 246,330.00 |
| 27-315-00 | Due To/(From)>Fairview at Southport | 2,268.00 | 2,268.00 | 2,268.00 |
| 27-328-00 | Due To/(From)>Michelle Cortina | 50,000.00 | 50,000.00 | 50,000.00 |
| 27-400-00 | Due to/(from)>Eli Mirlis | 0.00 | 0.00 | (142,500.00) |
| 30-000-00 | Retained Earnings | (4,324,333.00) | | (4,150,381.00) |
| 40-102-00 | Room & Board Revenue>Medicare A | (2,996,952.00) | | (5,343,175.00) |
| 40-102-09 | Room & Board Revenue>Medicare A>Sales Adjustments | (4,475.00) | (4,475.00 50,204.00 | 0.00 22,087.00 |
| 40-102-14 40-104-00 | Room & Board Revenue>Medicare A>Sequester Room & Board Revenue>Private | 50,204.00 (1,850,143.00) | | (2,108,318.00) |
| 40-104-00 | Room & Board Revenue>Private>Sales Adjustments | (57,358.00) | (57,358,00 | |
| 40-105-00 | Room & Board Revenue>HMO | (579,933.00) | (579,933.00 | |
| 40-105-09 | Room & Board Revenue>Commercial HMO>Sales Adjustments | (18,883.00) | (18,883,00 | 0.00 |
| 40-105-14 | Room & Board Revenue>HMO>Sequester | 4,726.00 | 4,726.00 | 1,739.00 |
| 40-109-00 | Room & Board Revenue>Hospice | (118,863.00) | (118,863.00) | |
| 40-109-09 | Room & Board Revenue>Hospice>Sales Adjustments | (1,116.00) | (1,116,00) | |
| 40-111-00 | Room & Board Revenue>Medicaid | (8,650,773.00) 68,624.00 | (8,650,773,00 68,624.00 | (7,631,196.00) 0.00 |
| 40-111-09 40-111 - 73 | Room & Board Revenue>Medicaid>Sales Adjustments Room & Board Revenue>Medicaid Bed Hold | (809.00) | (809,00 | |
| 41-102-00 | Pharmacy Rev>Medicare A | (172,116.00) | (172,116.00 | |
| 41-102-01 | Pharmacy Rev>Medicare A>C/A | 172,116.00 | 172,116.00 | 209,435.00 |
| 42-102-00 | PT Revenue>Medicare A | (173,454.00) | (173,454.00) | (306,748.00) |
| 42-102-01 | PT Revenue>Medicare A>C/A | 173,454.00 | 173,454.00 | 306,748.00 |
| 42-103-00 | PT Revenue>Medicare B | (155,219.00) | (155,219.00) | |
| 42-104-00 | PT Revenue>Private | (1,234.00) | (1,234,00) (91,540.00) | |
| 42-105-00 42-105-01 | PT Revenue>HMO PT Revenue>HMO>C/A | (91,540.00) 63,812.00 | 63,812.00 | 161,960.00 |
| 42-111-00 | PT Revenue>Medicaid | (56,763.00) | (56,763.00 | |
| 42-111-01 | PT Revenue>Medicaid>C/A | 56,763.00 | 56,763.00 | 78,937.00 |
| 43-102-00 | OT Revenue>Medicare A | (165,730.00) | (165,730.00) | (315,763.00) |
| 43-102-01 | OT Revenue>Medicare A>C/A | 165,730.00 | 165,730.00 | 315,763.00 |
| 43-103-00 | OT Revenue>Medicare B | (171,538.00) | (171,538.00) | |
| 43-104-00 | OT Revenue>Private | (1,155.00) | (1,155.00) | |
| 43-105-00 | OT Revenue>HMO | (88,460.00) | (88,460,00) 56,238.00 |) (184,935.00) 148,512.00 |
| 43-105-01 43-109-00 | OT Revenue>HMO>C/A OT Revenue>Hospice | 56,238.00 935.00 | 935.00 | (935.00) |
| 43-111-00 | OT Revenue>Medicaid | (42,760.00) | (42,760.00 | , , |
| 43-111-01 | OT Revenue>Medicaid>C/A | 42,760.00 | 42,760.00 | 92,301.00 |
| 44-102-00 | ST Revenue>Medicare A | (28,255.00) | (28.255.00) | (72,989.00) |
| 44-102-01 | ST Revenue>Medicare A>C/A | 28,255.00 | 28,255.00 | 72,989.00 |
| 44-103-00 | ST Revenue>Medicare B | (24,283.00) | (24,283.00) | |
| 44-104-00 | ST Revenue>Private | (91.00) | (91.00) | |
| 44-105-00 | ST Revenue>HMO | (12,488.00) | (12,488.00) | |
| 44-105-01 | ST Revenue>HMO>C/A ST Revenue>Hospice | 5,617.00 185.00 | 5,617.00 185.00 | 17,509.00 (185.00) |
| 44-109-00 44-111-00 | ST Revenue>Hospice ST Revenue>Medicaid | (7,771.00) | (7,771.00) | |
| 44-111-00 | ST Revenue>Medicaid>C/A | 7,771.00 | 7,771.00 | 14,661.00 |
| 46-102-00 | Lab Rev>Medicare A | 0.00 | 0.00 | (22,686.00) |
| 46-102-01 | Lab Rev>Medicare A>C/A | 0.00 | 0.00 | 22,686.00 |
| 47-102-00 | Other Ancillary Rev>Medicare A | (6,635.00) | (6,635.00) | |
| 47-102-01 | Other Ancillary Rev>Medicare A>C/A | 6,635.00 | 6,635.00 | 9,961.00 |
| 47-103-00 | Other Ancillary Rev>Medicare B | (2,984.00) | (2,984.00) | |
| 47-103-14 | Other Ancillary Rev>Medicare B>Sequester | 5,939.00 | 5,939.00 (841.00) | 909.00 |
| 47-104-00 47-105-00 | Other Ancillary Revenue>Private Other Ancillary Rev>HMO | (841.00) (11.728.00) | (11,726.00) | |
| 47-100-00 | Other Andirary Nevertino | (1.120.00) | (11,120,00) | (_20,00) |

| Account | Description | UNADJ | JE Ref# | RJE | FINAL | 1st PP-FINAL |
|-----------|--|--------------|-----------|-------------|--------------|----------------|
| Account | | 9/30/2023 | | | 9/30/2023 | 9/30/2022 |
| 48-103-00 | Vaccine Rev>Medicare B | (3,779,00) | | | (3,779.00) | (4,847.00) |
| 48-105-00 | Vaccine Rev>HMO | (630.00) | | | (630,00) | (796,00) |
| 51-035-34 | Other Rev>ERC>COVID19 | (787,239,00) | | | | (1,181,667.00) |
| | | 0.00 | | | 0.00 | (16,768,00) |
| 51-100-00 | Other Rev>Miscellaneous | | | | | |
| 51-102-34 | Other Rev>Medicare A>COVID19 | (1,149.00) | | | (1,149.00) | (857,519,00) |
| 51-111-34 | Other Rev>Medicaid>COVID19 | 0.00 | | | 0.00 | (116,292.00) |
| 51-160-00 | Other Rev>Interest | (149.009.00) | | | (149,009.00) | (526,00) |
| 51-818-00 | Other Rev>Medical Records | (1,469.00) | | | (1,469.00) | (628.00) |
| 52-102-00 | Revenue Adjustments>Medicare A | (212.00) | | | (212.00) | (8,764.00) |
| 52-104-00 | Revenue Adjustments>Private | (1,063,00) | | | (1,063,00) | 0.00 |
| 52-105-00 | Revenue Adjustments>Commercial HMO | (27,616.00) | | | (27,616,00) | (24.00) |
| 52-106-00 | Revenue Adjustments>Medicare HMO | (6,00) | | | (6.00) | (9,095.00) |
| 52-109-00 | Revenue Adjustments>Hospice | 821,00 | | | 821.00 | (7,382.00) |
| 52-111-00 | Revenue Adjustments>Medicaid | (1,248,00) | | | (1,248,00) | (13,040,00) |
| 52-123-00 | Revenue Adjustments>Ancillary | (5,628,00) | | | (5,628,00) | (6,205.00) |
| | Nursing Expense>Supplies | 137,752.00 | | | 137,752.00 | 143,814.00 |
| 60-183-00 | | | | | 8,859.00 | 32,220.00 |
| 60-183-34 | Nursing Expense>Supplies>COVID19 | 8,859.00 | | | | 2,923.00 |
| 60-184-00 | Nursing Expense>Minor Equip & Supplies | 9,540.00 | | 250.00 | 9,540.00 | |
| 60-204-00 | Nursing Expense>Training & Education | 1,658.00 | D.I. | 350.00 | 2,008.00 | 1,958.00 |
| | | | RJE - 9 | 350.00 | | 242.00 |
| 60-205-00 | Nursing Expense>Sanitation & Incineration | 374.00 | | | 374.00 | 646.00 |
| 60-206-00 | Nursing Expense>Clinical Services | 10,063.00 | | (10,063.00) | 0.00 | 0.00 |
| | | | RJE - 6 | (10,063.00) | | |
| 60-207-00 | Nursing Expense>Repairs & Maint | 4,632.00 | | | 4,632.00 | 668.00 |
| 60-208-00 | Nursing Expense>Equip-Rental | 59,158,00 | | | 59,158.00 | 21,929.00 |
| 60-212-00 | Nursing Expense>Clinical Consultants | 46,778.00 | | (17,578.00) | 29,200,00 | 40,000.00 |
| 00 112 00 | Training Experies of the second | , | RJE - 6 | (17,578.00) | | |
| 60-213-00 | Nursing Expense>Transportation | 7,435.00 | | (7,151.00) | 284.00 | 1,771.00 |
| 00-213-00 | Nuising Expenses Transportation | 7,400.00 | RJE - 12 | (7,151.00) | | ., |
| 00 000 00 | Non-in- For- and Data December | 7 994 00 | NJL - 12 | (7,151,00) | 7,881.00 | 6,817.00 |
| 60-230-00 | Nursing Expense>Data Processing | 7,881.00 | | | | 4,473.00 |
| 60-230-34 | Nursing Expense>Data Processing>COVID19 | 457.00 | | | 457.00 | |
| 60-700-06 | Nursing Expense>Contracted Service>Other | 30,800.00 | | | 30,800.00 | 0.00 |
| 60-700-18 | Nursing Expense>Contracted Service>RN | 0.00 | | | 0.00 | 45,411.00 |
| 60-700-19 | Nursing Expense>Contracted Service>LPN | 0.00 | | | 0.00 | 17,935.00 |
| 60-700-28 | Nursing Expense>Contracted Service>CovidRN | 19,918.00 | | | 19,918.00 | 2,240.00 |
| 60-700-29 | Nursing Expense>Contracted Service>CovidLPN | 23,570.00 | | | 23,570.00 | 4,200.00 |
| 60-700-34 | Nursing Expense>Contracted Service>COVID19 | 0.00 | | | 0.00 | (801.00) |
| 60-700-39 | Nursing Expense>Contracted Service>CovidCNA | 75,241.00 | | | 75,241.00 | 0.00 |
| 60-801-80 | Nursing Expense>CNA>Wages | 2,181,427.00 | | | 2,181,427.00 | 2,113,352.00 |
| 60-805-80 | Nursing Expense>LPN>Wages | 1,265,744.00 | | | 1,265,744.00 | 1,106,087.00 |
| 60-808-80 | Nursing Expense>RN>Wages | 735,226.00 | | | 735,226.00 | 779,699.00 |
| 60-809-80 | Nursing Expense>RN Supervisor>Wages | 322,624.00 | | | 322,624.00 | 250,765.00 |
| | | 36,000.00 | | | 36,000.00 | 28,000.00 |
| 61-750-34 | Nursing Admin Expense>Medical Director>COVID19 | | | | 141,756.00 | 176,384.00 |
| 61-811-80 | Nursing Admin Expense>Director>Wages | 141,756.00 | | | | 0.00 |
| 61-812-80 | Nursing Admin Expense>Assistant Director>Wages | 20,225.00 | | | 20,225.00 | |
| 61-814-80 | Nursing Admin Expense>Central Supply>Wages | 11,902.00 | | | 11,902.00 | 2,613.00 |
| 61-817-80 | Nursing Admin Expense>MDS / RNAC>Wages | 173,572.00 | | | 173,572.00 | 265,068.00 |
| 61-818-80 | Nursing Admin Expense>Medical Records>Wages | 77,950.00 | | | 77,950.00 | 34,394.00 |
| 61-820-80 | Nursing Admin Expense>Nurse Liaison>Wages | 00,0 | | | 0.00 | 82,043.00 |
| 61-824-80 | Nursing Admin Expense>Staff Devel Director>Wages | 0.00 | | | 0.00 | 6,194.00 |
| 61-825-80 | Nursing Admin Expense>Unit Manager>Wages | 129,299.00 | | | 129,299.00 | 130,981.00 |
| 61-880-00 | Nursing Admin Expense>Payroll Taxes | 214,975.00 | | | 214,975.00 | 233,077.00 |
| 61-881-00 | Nursing Admin Expense>Workers Comp | 33,549.00 | | | 33,549.00 | 90,954.00 |
| 61-882-00 | Nursing Admin Expense>Health Insurance | 218,950.00 | | | 218,950.00 | 795,724.00 |
| 61-883-00 | Nursing Admin Expense>Other Benefits | 87,223.00 | | (87,223.00) | 0.00 | 0.00 |
| 51-003-00 | Transing Admin Expenses Office Deficite | 37,223,00 | RJE - 2 | (87,223.00) | 0.00 | |
| 60,000,00 | Pharmany Evponts | 14.00 | . VOL - Z | (01,220.00) | 14.00 | 0.00 |
| 62-000-00 | Pharmacy Expense | 89,805.00 | | | 89,805.00 | 0.00 |
| 62-102-00 | Pharmacy Expense>Medicare A | · · | | | | |
| 62-105-00 | Pharmacy Expense>HMO | 33,170.00 | | | 33,170.00 | 0.00 |
| 62-111-00 | Pharmacy Expense>Medicaid | 4,720.00 | | | 4,720.00 | 0.00 |
| 62-145-00 | Pharmacy Expense>RX | 82,527.00 | | | 82,527.00 | 261,057.00 |
| 62-222-00 | Pharmacy Expense>OTC | 2,347.00 | | | 2,347.00 | 4,015.00 |
| 62-700-00 | Pharmacy Expense>Contracted Service | 34,280.00 | | | 34,280.00 | 27,413.00 |
| 64-223-00 | Other Ancillary Expense>Oxygen | 3,599.00 | | | 3,599.00 | 2,252.00 |
| 64-224-00 | Other Ancillary Expense>Lab | 19,520.00 | | | 19,520.00 | 42,897.00 |
| 64-224-34 | Other Ancillary Expense>Lab>COVID19 | 0.00 | | | 0.00 | 564.00 |
| 64-225-00 | Other Ancillary Expense>Radiology | 6,291.00 | | | 6,291.00 | 9,655.00 |
| 65-000-00 | PT Expense | 295,337.00 | | | 295,337.00 | 330,217.00 |
| | _ · | 274,052.00 | | | 274,052.00 | 358,827.00 |
| 66-000-00 | OT Expense | | | | | |
| 67-000-00 | ST Expense | 27,675.00 | | | 27,675.00 | 44,555.00 |
| 69-811-80 | Social Services Expense>Director>Wages | 7,124.00 | | | 7,124.00 | 67,344.00 |
| 69-830-80 | Social Services Expense>Assistant>Wages | 115,344.00 | | | 115,344.00 | 41,494.00 |
| | | | | | | |

| Account | Description | ÙNADJ | JE Ref# | RJE | FINAL | 1st PP-FINAL |
|------------------------|--|-----------------------|----------|-------------|-------------------------|-------------------------|
| | | 9/30/2023 | | | 9/30/2023 | 9/30/2022 |
| 69-880-00 | Social Services Expense>Payroll Taxes | 4,171.00 | | | 4,171.00 | 4,997.00 |
| 69-881-00 | Social Services Expense>Workers Comp | 635,00 | | | 635,00 | 2,074.00 |
| 69-882-00 | Social Services Expense>Health Insurance | 3,923.00 | | | 3,923.00 | 17,620.00 |
| 69-883-00 | Social Services Expense>Other Benefits | 1,563.00 | | (1,563,00) | 0.00 | 0.00 |
| | | 20 202 22 | RJE - 2 | (1,563.00) | 00 000 00 | 00 000 00 |
| 70-177-00 | Dietary Expense>Supplements | 29,390.00 | | | 29,390.00 | 23,053.00 |
| 70-178-00 | Dietary Expense>Food | 332,151.00 | | | 332,151.00 37,881.00 | 292,310.00 41,389.00 |
| 70-183-00 70-183-34 | Dietary Expense>Supplies Dietary Expense>Supplies>COVID19 | 37,881.00 275.00 | | | 275.00 | 4,754.00 |
| 70-183-34 70-184-00 | Dietary Expense>Supplies>COVID19 Dietary Expense>Minor Equip & Supplies | 0.00 | | | 0.00 | 1,797.00 |
| 70-207-00 | Dietary Expense>Repairs & Maint | 4,405,00 | | | 4,405.00 | 5,387.00 |
| 70-208-00 | Dietary Expense>Equip-Rental | 1,340.00 | | (1,340.00) | 0.00 | 0.00 |
| 10 200 00 | Diotally Exponess Equip Northal | 7,010100 | RJE - 10 | (1,340,00) | | |
| 70-700-00 | Dietary Expense>Contracted Service | 68,676.00 | | (68,562,00) | 114.00 | 0.00 |
| | | | RJE - 1 | (68,562.00) | | |
| 70-700-34 | Dietary Expense>Contracted Service>COVID19 | 101,674.00 | | | 101,674.00 | 94,043.00 |
| 70-831-80 | Dietary Expense>Aide>Wages | 314,906.00 | | | 314,906.00 | 277,640.00 |
| 70-832-80 | Dietary Expense>Cook>Wages | 108,938.00 | | | 108,938.00 | 105,155.00 |
| 70-880-00 | Dietary Expense>Payroll Taxes | 18,762.00 | | | 18,762.00 | 18,598.00 |
| 70-881-00 | Dietary Expense>Workers Comp | 2,736.00 | | | 2,736.00 | 6,631.00 |
| 70-882-00 | Dietary Expense>Health Insurance | 17,984.00 | | (= +=+==) | 17,984.00 | 61,326,00 |
| 70-883-00 | Dietary Expense>Other Benefits | 7,154.00 | D.IF. 0 | (7,154.00) | 0.00 | 0.00 |
| 74 470 00 | | 0.470.00 | RJE - 2 | (7,154.00) | 2 470 00 | 754,00 |
| 71-178-00 | Activity Expense>Food | 2,470.00 | | | 2,470.00 956.00 | 2,160.00 |
| 71-183-00 | Activity Expense>Supplies | 956.00 63.00 | | | 63,00 | 72.00 |
| 71-202-00 71-700-00 | Activity Expense>Resident Missing Items Activity Expense>Contracted Service | 1,700.00 | | | 1,700.00 | 895,00 |
| 71-811-80 | Activity Expense>Director>Wages | 135,305.00 | | | 135,305.00 | 131,133.00 |
| 71-831-80 | Activity Expense>Aide>Wages | 0.00 | | | 0.00 | 7,911.00 |
| 71-880-00 | Activity Expense>Payroll Taxes | 7,380.00 | | | 7,380.00 | 6,406.00 |
| 71-881-00 | Activity Expense>Workers Comp | 1,071.00 | | | 1,071.00 | 2,555.00 |
| 71-882-00 | Activity Expense>Health Insurance | 7,276.00 | | | 7,276.00 | 22,158.00 |
| 71-883-00 | Activity Expense>Other Benefits | 2,893.00 | | (2,893.00) | 0.00 | 0.00 |
| | | | RJE - 2 | (2,893.00) | | |
| 72-183-00 | Housekeeping Expense>Supplies | 37,464.00 | | | 37,464.00 | 21,941.00 |
| 72-183-34 | Housekeeping Expense>Supplies>COVID19 | 1,636.00 | | | 1,636.00 | 1,692.00 |
| 72-811-80 | Housekeeping Expense>Director>Wages | 11,600.00 | | | 11,600.00 | 0.00 |
| 72-831-80 | Housekeeping Expense-Aide-Wages | 477,005.00 | | | 477,005.00 | 471,046.00 |
| 73-183-00 | Laundry Expense>Supplies | 18,054.00 | | | 18,054.00 | 13,670.00 |
| 73-831-80 | Laundry Expense>Aide>Wages | 105,168.00 | | | 105,168.00 26,035.00 | 83,316.00 25,924.00 |
| 74-880-00 74-881-00 | Housekeeping & Laundry Expense>Payroll Taxes Housekeeping & Laundry Expense>Workers Comp | 26,035.00 4,096.00 | | | 4,096.00 | 9,990.00 |
| 74-882-00 | Housekeeping & Laundry Expense>Workers Comp Housekeeping & Laundry Expense>Health Insurance | 27,044.00 | | | 27,044.00 | 89,009.00 |
| 74-883-00 | Housekeeping & Laundry Expense>Other Benefits | 10,774.00 | | (10,774.00) | 0.00 | 0.00 |
| 74-005-00 | Tousekeeping & Laundry Expenses office Benefits | 10,774.00 | RJE - 2 | (10,774.00) | 0,00 | 0.00 |
| 75-183-00 | Maintenance Expense>Supplies | 8,984.00 | | (| 8,984.00 | 14,328.00 |
| 75-184-00 | Maintenance Expense>Minor Equip & Supplies | (1,028.00) | | | (1,028.00) | 3,023.00 |
| 75-205-00 | Maintenance Expense>Sanitation & Incineration | 31,178.00 | | | 31,178.00 | 28,468.00 |
| 75-207-00 | Maintenance Expense>Repairs & Maint | 62,466.00 | | | 62,466.00 | 82,899.00 |
| 75-208-00 | Maintenance Expense>Equip-Rental | 0.00 | | | 0.00 | 32.00 |
| 75-217-00 | Maintenance Expense>Extermination | 2,000.00 | | | 2,000.00 | 2,686.00 |
| 75-218-00 | Maintenance Expense>Snow Removal | 6,767.00 | | | 6,767.00 | 17,473.00 |
| 75-219-00 | Maintenance Expense>Landscaping | 5,323.00 | | | 5,323.00 | 7,752.00 |
| 75-220-00 | Maintenance Expense>Fire Drill | 9,768.00 | | | 9,768.00 | 6,372.00 |
| 75-700-00 | Maintenance Expense>Contracted Service | 42,728.00 | | | 42,728.00 | 27,128.00 |
| 75-811-80 | Maintenance Expense>Director>Wages | 19,730.00 | | | 19,730.00 | 0.00 |
| 75-829-80 | Maintenance Expense>Staff>Wages | 125,807.00 | | | 125,807.00 | 148,631.00 |
| 75-838-80 | Maintenance Expense>Security Desk>Wages | 98,953.00 | | | 98,953.00 | 96,405.00 |
| 75-880-00 | Maintenance Expense>Payroll Taxes | 11,391.00 | | | 11,391.00 | 11,980.00 |
| 75-881-00 | Maintenance Expense>Workers Comp | 1,686.00 | | | 1,686.00 10,754.00 | 4,610.00 38,989.00 |
| 75-882-00 | Maintenance Expense>Health Insurance | 10,754.00 | | (4,280.00) | 0.00 | 0.00 |
| 75-883-00 | Maintenance Expense>Other Benefits | 4,280.00 | RJE - 2 | (4,280.00) | 0.00 | 0.00 |
| 76-227-00 | Utility Expense>Gas | 18,254.00 | 1102 - 2 | (7,200.00) | 18,254.00 | 29,438.00 |
| 76-228-00 | Utility Expense>Gas Utility Expense>Electric | 513,575.00 | | | 513,575.00 | 445,564.00 |
| 76-229-00 | Utility Expense>Water/Sewer | 84,282.00 | | | 84,282,00 | 71,937.00 |
| 80-101-00 | Admin Expense>Provider Tax | 772,464.00 | | | 772,464.00 | 709,490.00 |
| 80-162-00 | Admin Expense-Insurance - General Liability & Other | 224,709.00 | | | 224,709.00 | 223,477.00 |
| 80-163-00 | Admin Expense>Insurance - EPLI | 4,272.00 | | | 4,272.00 | 3,052.00 |
| 80-164-00 | Admin Expense>Surety Bond | 642.00 | | | 642.00 | 500,00 |
| 80-165-00 | Admin Expense>Insurance - Property | 19,667.00 | | | 19,667.00 | 18,262.00 |
| 80-183-00 | Admin Expense>Supplies | 11,485,00 | | | 11,485.00 | 28,375.00 |
| | | | | | | |

| Account | Description | UNADJ | JE Ref# | RJE | FINAL | 1st PP-FINAL |
|------------------------|---|--------------|-----------|------------------------|-------------------|------------------------|
| | | 9/30/2023 | | | 9/30/2023 | 9/30/2022 |
| 80-184-00 | Admin Expense>Minor Equip & Supplies | 1,432.00 | | | 1,432.00 | 0.00 |
| 80-204-00 | Admin Expense>Training & Education | 480.00 | | | 480.00 | 413.00 |
| 80-208-00 | Admin Expense>Equip-Rental | (11,437,00) | | 11,437.00 | 0.00 | 910.00 |
| | 7,1-1 | , , , , | RJE - 10 | (14,623.00) | | |
| | | | RJE - 11 | 26,060.00 | | |
| 80-209-00 | Admin Expense>Postage | 2,264.00 | | | 2,264.00 | 3,732.00 |
| 80-210-00 | Admin Expense>Internet | 3,149.00 | | | 3,149.00 | 2,395.00 |
| 80-230-00 | Admin Expense>Data Processing | 72,070.00 | | | 72,070.00 | 64,020.00 |
| 80-231-00 | Admin Expense>Telephone | 11,959.00 | | (2,066.00) | 9,893.00 | 12,587.00 |
| | | | RJE - 13 | (2,066,00) | | |
| 80-232-00 | Admin Expense>Cable TV | 18,302.00 | | | 18,302.00 | 17,061.00 |
| 80-233-00 | Admin Expense>Seminars | (27.00) | | | (27.00) | 420.00 |
| 80-234-00 | Admin Expense>Licenses | 2,593.00 | | | 2,593.00 | 1,525.00 |
| 80-235-00 | Admin Expense>Dues & Subscriptions | 530.00 | D.15 | (530.00) | 0.00 | 0_00 |
| | | 2.425.22 | RJE - 9 | (530.00) | 0.405.00 | 00.055.00 |
| 80-236-00 | Admin Expense>Travel | 2,165.00 | | | 2,165.00 | 23,355.00 |
| 80-236-04 | Admin Expense>Travel>Allowable | 6,824.00 | | 40.005.00 | 6,824.00 | 5,805.00 |
| 80-238-00 | Admin Expense>Legal Fees | 117,313.00 | D.IC. 7 | 12,985.00 | 130,298.00 | 111,085.00 |
| | | 20,000,00 | RJE - 7 | 12,985.00 | 40.495.00 | 42,672,00 |
| 80-239-00 | Admin Expense>Accounting Fees | 32,000.00 | DIE 7 | 8,185.00 | 40,185.00 | 42,672.00 |
| 00 000 04 | A desire Forester Association Fores COVID10 | 32,000.00 | RJE - 7 | 8,185.00 | 32,000.00 | 0.00 |
| 80-239-34 | Admin Expense>Accounting Fees>COVID19 | 254,390.00 | | (21,170.00) | 233,220.00 | 197,230.00 |
| 80-240-00 | Admin Expense>Professional Fees | 234,330.00 | RJE - 7 | (21,170.00) | 200,220.00 | 101,200.00 |
| 90 242 00 | Admin Expense>Fines, Penalties & Settlements | 962.00 | 1/32 - 7 | (21,110.00) | 962.00 | 5,004,00 |
| 80-242-00 80-243-00 | Admin Expense>Late Fees | 2,383.00 | | | 2,383.00 | 1,078.00 |
| 80-244-00 | Admin Expense>Bank Fees | 10,107.00 | | | 10,107,00 | 5,053.00 |
| 80-247-00 | Admin Expense>Corporate Tax | 80.00 | | | 80.00 | 300.00 |
| 80-249-00 | Admin Expense-Recruiting | 957.00 | | | 957.00 | 988.00 |
| 80-250-00 | Admin Expense>Marketing & Advertising | 10,570,00 | | | 10,570.00 | 18,195.00 |
| 80-251-00 | Admin Expense>Bad Debt | 247,629.00 | | | 247,629.00 | 175,624.00 |
| 80-252-00 | Admin Expense>Startup Costs | 0.00 | | | 0.00 | 7,594.00 |
| 80-700-00 | Admin Expense>Contracted Service | 20,231.00 | | | 20,231.00 | 20,025.00 |
| 80-700-26 | Admin Expense>Contracted Service>Director | 0.00 | | | 0 00 | 5,000.00 |
| 80-811-80 | Admin Expense>Director>Wages | 126,396.00 | | | 126,396.00 | 130,857.00 |
| 80-812-80 | Admin Expense>Assistant Director>Wages | 0.00 | | | 0.00 | 10,880.00 |
| 80-839-80 | Admin Expense>Admissions>Wages | 76,263.00 | | | 76,263.00 | 30,915.00 |
| 80-840-80 | Admin Expense>Business Office>Wages | 152,511.00 | | | 152,511.00 | 216,944.00 |
| 80-842-80 | Admin Expense>Marketing>Wages | 3,503.00 | | | 3,503.00 | 15,042.00 |
| 80-880-00 | Admin Expense>Payroll Taxes | 15,820.00 | | | 15,820.00 | 21,231.00 |
| 80-881-00 | Admin Expense>Workers Comp | 6,402.00 | | | 6,402.00 | 66,517.00 64,773.00 |
| 80-882-00 | Admin Expense>Health Insurance | 17,351.00 | | /e 022 00\ | 17,351.00 0.00 | 0.00 |
| 80-883-00 | Admin Expense>Other Benefits | 6,932.00 | RJE - 2 | (6,932,00) | 0.00 | 0.00 |
| 05 400 00 | Faralaura Danefita Evanges Misselleneous | 4,512.00 | MJE - Z | (6,932.00) (146.00) | 4,366.00 | 0.00 |
| 85-100-00 | Employee Benefits Expense>Miscellaneous | 4,512.00 | RJE - 2 | 21.00 | 4,366.00 | 0.00 |
| | | | RJE - 8 | (167.00) | | |
| 85-156-61 | Employee Benefits Expense>PR Taxes>Fica | 391,999.00 | INDE - O | (101.00) | 391,999.00 | 258,553.00 |
| 85-156-62 | Employee Benefits Expense>PR Taxes>SUI | 57,339,00 | | | 57,339.00 | 0.00 |
| 85-156-63 | Employee Benefits Expense>PR Taxes>FUI | 5,808.00 | | | 5,808.00 | 0.00 |
| 85-200-79 | Employee Benefits Expense>Training Fund>Union | 29,447.00 | | 8,504.00 | 37,951.00 | 30,899.00 |
| VO-200-13 | | , | RJE - 2 | 8,504.00 | | |
| 85-245-00 | Employee Benefits Expense>Background Checks | 3,403.00 | | 425.00 | 3,828.00 | 3,404.00 |
| 00 2 10 00 | Zinpio) oo zonomo zinpinina zinginina zina zina | ,,,,,,,, | RJE - 2 | 425,00 | | |
| 85-255-79 | Employee Benefits Expense>Pension>Union | 334,818.00 | | 104,364.00 | 439,182.00 | 291,933.00 |
| | <u></u> | | RJE - 2 | 104,364.00 | | |
| 85-881-00 | Employee Benefits Expense>Workers Comp | 77,443.00 | | | 77,443.00 | 0.00 |
| 85-882-00 | Employee Benefits Expense>Health Insurance | 772,056.00 | | | 772,056.00 | 0.00 |
| 91-121-00 | Property Expense>Rent | 2,894,082.00 | | | 2,894,082.00 | 1,320,000.00 |
| 91-161-00 | Property Expense>RE Taxes | (5,421.00) | | 125,362.00 | 119,941.00 | 125,378.00 |
| | | | RJE - 3 | 125,362.00 | | |
| 91-261-00 | Property Expense>Personal Prop Taxes | 20,519.00 | | | 20,519.00 | 19,354.00 |
| 92-000-00 | Depreciation Expense | 39,785.00 | | | 39,785.00 | 36,427.00 |
| 94-000-00 | Interest Expense | 28,930.00 | | F 155 7 = | 28,930.00 | 52,205.00 |
| Marcum 101 | Dentist | 0.00 | | 5,100.00 | 5,100.00 | 5,100.00 |
| | - 11-11 | | RJE - 6 | 5,100.00 | 0.000.00 | 4 644 00 |
| Marcum 102 | Cell Phone | 0.00 | D.IE 40 | 2,066.00 | 2,066.00 | 1,644.00 |
| | | 0.00 | RJE - 13 | 2,066.00 | 7.454.00 | 11,928.00 |
| Marcum 108 | Ambulance | 0.00 | RJE - 12 | 7,151.00 7,151.00 | 7,151.00 | 11,520.00 |
| Maraum 100 | Employee Food | 0.00 | 1106 - 12 | 3,589.00 | 3,589.00 | 2,569.00 |
| Marcum 109 | Employee Food | 0.00 | RJE - 2 | 3,589.00 | 0,000.00 | 2,000.00 |
| | | | | 3,000.00 | | |

| Account | Description | UNADJ | JE Ref# | RJE | FINAL | 1st PP-FINAL |
|------------|-------------------------------|------------|----------|--------------|--------------|--------------|
| | | 9/30/2023 | | | 9/30/2023 | 9/30/2022 |
| Marcum 110 | Employee Relations | 0.00 | | 3,916.00 | 3,916.00 | 5,558.00 |
| | | | RJE - 2 | 3,916.00 | | |
| Marcum 111 | Discriminatory Bonus | 0.00 | | | 0,00 | 5,000.00 |
| Marcum 113 | Subscriptions | 0.00 | | 180,00 | 180,00 | 0.00 |
| | | | RJE - 9 | 180.00 | | |
| Marcum 117 | IV Insertion Nurse | 0.00 | | 18,508.00 | 18,508.00 | 26,917.00 |
| | | | RJE - 6 | 18,508.00 | | |
| Marcum 118 | Respiratory Therapist | 0.00 | | 3,656.00 | 3,656.00 | 1,405.00 |
| | | | RJE - 6 | 3,656.00 | | |
| Marcum 122 | Holiday Party | 0.00 | | 167.00 | 167.00 | 2,634.00 |
| | | | RJE - 8 | 167.00 | | |
| Marcum 123 | Dietician | 0.00 | | 68,562.00 | 68,562.00 | 92,532.00 |
| | | | RJE - 1 | 68,562.00 | | |
| Marcum 124 | Other Resident Care Physician | 0.00 | | | 0.00 | 5,184.00 |
| Marcum 126 | Police Records | 0.00 | | | 0.00 | 3,00 |
| Marcum 127 | Leased Equipment | 0.00 | | 15,963.00 | 15,963.00 | 16,084.00 |
| | | | RJE - 10 | 15,963.00 | | |
| Marcum 128 | Non-Movable Equipment | 0.00 | | 11,638.00 | 11,638.00 | 11,638.00 |
| | | | RJE - 5 | 11,638.00 | | |
| Marcum 129 | Optamology Physician | 0.00 | | 183.00 | 183,00 | 0.00 |
| | -1 | | RJE - 6 | 183.00 | | |
| Marcum 130 | Audiologist | 0.00 | | 194.00 | 194.00 | 0.00 |
| | | | RJE - 6 | 194.00 | | |
| Marcum 132 | Reversal on PY RE>Taxes | 0.00 | | (125,362.00) | (125,362.00) | 0.00 |
| | | | RJE - 3 | (125,362.00) | , , | |
| Marcum 133 | Other Income | 0.00 | | (26,060,00) | (26,060.00) | 0.00 |
| | | | RJE - 11 | (26,060,00) | , , , | |
| Total | | 0.00 | | 0.00 | 0.00 | 0.00 |
| | 2041 1104 | | | | | |
| | Net (Income) Loss | 242,323.00 | | 0.00 | 242,323.00 | 229,883.00 |

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

Salmon Brook Medicaid - Salmon Brook 9/30/2023 A.01 - TB-CCNH A.03 - TB-CCNH Combined Detail LS

| Workpaper: | A.03 - TB-CCNH Combined Detail LS | | | | | |
|-------------------------------|--|--------------|--------------|-----------|--------------|--------------|
| Account | Description | UNADJ | JE Ref# | RJE | FINAL | 1st PP-FINAL |
| | · | 9/30/2023 | | 9/30/2023 | 9/30/2023 | 9/30/2022 |
| | | | | | | |
| Group : [10-A] | Salaries and Wages | | | | | |
| Subgroup : [2] | Administrators | | | | | |
| 80-811-80 | Admin Expense>Director>Wages | 126,396.00 | | 0.00 | 126,396.00 | 130,857,00 |
| Subtotal [2] | Administrators | 126,396.00 | - | 0,00 | 126,396.00 | 130,857.00 |
| | | 120,000 | _ | | | |
| Subgroup : [3] | Assistant Administrator | | | | | |
| 80-812-80 | Admin Expense>Assistant Director>Wages | 0,00 | | 0.00 | 0.00 | 10,880.00 |
| Subtotal [3] | Assistant Administrator | 0.00 | - | 0.00 | 0,00 | 10,880,00 |
| Subtotal [4] | Vasiateur Volumianatol | 0.00 | - | V.00 | 5,55 | 10,000,00 |
| Subgroup : [4] | Other Administrative Salaries | | | | | |
| 75-838-80 | | 98,953.00 | | 0,00 | 98,953,00 | 96,405.00 |
| | Maintenance Expense>Security Desk>Wages | | | | | |
| 80-840-80 | Admin Expense>Business Office>Wages | 152,511.00 | - | 0,00 | 152,511.00 | 216,944.00 |
| Subtotal [4] | Other Administrative Salaries | 251,464.00 | - | 0.00 | 251,464.00 | 313,349.00 |
| 0 | Pi a sala da s | | | | | |
| Subgroup : [5C] | Dietary Workers | | | | 244.000.00 | 477.010.00 |
| 70-831-80 | Dietary Expense>Aide>Wages | 314,906.00 | | 0,00 | 314,906.00 | 277,640.00 |
| 70-832-80 | Dietary Expense>Cook>Wages | 108,938.00 | - | 0,00 | 108,938.00 | 105,155,00 |
| Subtotal [5C] | Dietary Workers | 423,844.00 | 70 | 0.00 | 423,844.00 | 382,795.00 |
| | | | | | | |
| Subgroup : [6B] | Other Housekeeping Workers | | | | | |
| 72-811-80 | Housekeeping Expense>Director>Wages | 11,600.00 | | 0.00 | 11,600.00 | 0.00 |
| 72-831-80 | Housekeeping Expense>Aide>Wages | 477,005.00 | | 0,00 | 477,005.00 | 471,046.00 |
| Subtotal [6B] | Other Housekeeping Workers | 488,605.00 | | 0.00 | 488,605.00 | 471,046.00 |
| | | | | | | |
| Subgroup: [7B] | Other Maintenance Workers | | | | | |
| 75-811-80 | Maintenance Expense>Director>Wagas | 19,730.00 | | 0.00 | 19,730.00 | 0.00 |
| 75-829-80 | Maintenance Expense>Staff>Wages | 125,807.00 | | 0.00 | 125,807.00 | 148,631.00 |
| Subtotal [7B] | Other Maintenance Workers | 145,537.00 | - | 0,00 | 145,537.00 | 148,631.00 |
| • • | | | | | | |
| Subgroup : [88] | Other Laundry Workers | | | | | |
| 73-831-80 | Laundry Expense>Aide>Wages | 105,168.00 | | 0.00 | 105,168.00 | 83,316.00 |
| Subtotal [8B] | Other Laundry Workers | 105,168.00 | _ | 0.00 | 105,168.00 | 83,316.00 |
| 00010101 | | | _ | | - | |
| Subgroup : [12A] | Director of Nurses/Assistant Director | | | | | |
| 61-811-80 | Nursing Admin Expense>Director>Wages | 141,756,00 | | 0.00 | 141,756.00 | 176,384.00 |
| 61-812-80 | Nursing Admin Expense>Assistant Director>Wages | 20,225,00 | | 0.00 | 20,225.00 | 0.00 |
| | | 161,981.00 | | 0.00 | 161,981.00 | 176,384.00 |
| Subtotal [12A] | Director of Nurses/Assistant Director | 161,981.00 | _ | 0,00 | 191'291'00 | 170,304.00 |
| D. J (40D4) | DN Div. A.O. | | | | | |
| Subgroup : [12B1] | RNs - Direct Care | | | | 7-1 | 770 |
| 60-808-60 | Nursing Expense>RN>Wages | 735,226.00 | | 0,00 | 735,226.00 | 779,699.00 |
| 60-809-80 | Nursing Expense>RN Supervisor>Wages | 322,624.00 | | 0,00 | 322,624.00 | 250,765.00 |
| Subtotal [12B1] | RNs - Direct Care | 1,057,850.00 | _ | 0,00 | 1,057,850,00 | 1,030,464,00 |
| | | | | | | |
| Subgroup : [12B2] | RNs - Administrative | | | | | |
| 61-814-80 | Nursing Admin Expense>Central Supply>Wages | 11,902.00 | | 0.00 | 11,902,00 | 2,613.00 |
| 61-817-80 | Nursing Admin Expense>MDS / RNAC>Wages | 173,572.00 | | 0.00 | 173,572,00 | 265,068.00 |
| 61-820-80 | Nursing Admin Expense>Nurse Liaison>Wages | 0.00 | | 0.00 | 0.00 | 82,043.00 |
| 61-824-80 | Nursing Admin Expense>Staff Devel Director>Wages | 0.00 | | 0.00 | 0.00 | 6,194,00 |
| 61-825-80 | Nursing Admin Expense>Unit Manager>Wages | 129,299.00 | | 000 | 129,299.00 | 130,981.00 |
| Subtotal [12B2] | RNs - Administrative | 314,773.00 | 3 | 0.00 | 314,773.00 | 486,899.00 |
| | | | | | | |
| Subgroup ; [12C1] | LPNs - Direct Care | | | | | |
| 60-805-80 | Nursing Expense>LPN>Wages | 1,265,744.00 | | 0.00 | 1,265,744.00 | 1,106,087.00 |
| Subtotal [12C1] | LPNs - Direct Care | 1,265,744.00 | | 0.00 | 1,265,744.00 | 1,106,087.00 |
| | | | 1 | | | |
| Subgroup : [12D] | Aides and Attendants | | | | | |
| 60-801-80 | Nursing Expense>CNA>Wages | 2,181,427.00 | | 0.00 | 2,181,427.00 | 2,113,352.00 |
| Subtotal [12D] | Aides and Attendants | 2,181,427.00 | | 0.00 | 2,181,427.00 | 2,113,352.00 |
| | //http://disabs/deline | | - | | | |
| Subgroup : [12H] | Recreation Workers | | | | | |
| 71-811-80 | Activity Expense>Director>Wages | 135,305.00 | | 0.00 | 135,305.00 | 131,133.00 |
| 71-831-80 | Activity Expense>Aide>Wages | 0.00 | | 0.00 | 0.00 | 7,911.00 |
| | Recreation Workers | 135,305.00 | | 0.00 | 135,305,00 | 139,044.00 |
| Subtotal [12H] | Recreation Workers | 135,305,00 | | 0.00 | 135,305,00 | 135,044.00 |
| 0 | 0 11111 1 10 11 | | | | | |
| Subgroup : [12M] 69-811-80 | Social Workers/Case Management | 7 / 2/ 00 | | 0.00 | 7 474 00 | 67 344 60 |
| | Social Services Expense>Director>Wages | 7,124,00 | | 0.00 | 7,124.00 | 67,344,00 |
| 69-830-80 | Social Services Expense>Assistant>Wages | 115,344.00 | | 0.00 | 115,344.00 | 41,494.00 |
| Subtotal [12M] | Social Workers/Case Management | 122,468.00 | | 0.00 | 122,468.00 | 108,838.00 |
| | | | | | | |
| Subgroup : [12N] | Marketing | | | | | |
| 80-842-80 | Admin Expense>Marketing>Wages | 3,503.00 | | 0.00 | 3,503.00 | 15,042.00 |
| Subtotal [12N] | Marketing | 3,503.00 | - | 0.00 | 3,503.00 | 15,042,00 |
| | | | | | | |
| Subgroup : [120] | Other | | | | | |
| 61-818-80 | Nursing Admin Expense>Medical Records>Wages | 77,950.00 | | 0.00 | 77,950,00 | 34,394.00 |
| 80-839-80 | Admin Expense>Admissions>Wages | 76,263,00 | | 0,00 | 76,263,00 | 30,915.00 |
| Subtotal [120] | Other | 154,213.00 | 1 | 0,00 | 154,213.00 | 65,309.00 |
| | | | - | | | |

| Total [10-A] | Salaries and Wages | 6,938,278.00 | 0.00 | 6,938,278.00 | 6,782,293.00 |
|---|--|------------------------|---|------------------------|------------------------|
| | | | | | |
| Group : [13-B] | Professional Fees | | | | |
| Subgroup : [1] | Dietitian Dietician | 0.00 | 68,562,00 | 68,562_00 | 92,532.00 |
| Marcum 123 Subtotal [1] | Dietitian | 0,00 | 68,562,00 | 68,562.00 | 92,532.00 |
| Subtotal [1] | Diction | | | | |
| Subgroup : [2] | Dentist | | | | |
| Marcum 101 | Dentist | 0.00 | 5,100,00 | 5,100,00 | 5,100.00 |
| Subtotal [2] | Dentist | 0.00 | 5,100.00 | 5,100,00 | 5,100.00 |
| | | | | | |
| Subgroup : [3] | Pharmacist 10 and 10 an | 24 200 00 | 0.00 | 34,280.00 | 27,413,00 |
| 62-700-00 | Pharmacy Expense>Contracted Service Pharmacist | 34,280.00 34,280.00 | 0.00 | 34,280.00 | 27,413.00 |
| Subtotal [3] | rnamacist | 34,200.00 | 0100 | 04,800,00 | |
| Subgroup : [5A] | PT - Resident Care | | | | |
| 65-000-00 | PT Expense | 295,337.00 | 0.00 | 295,337.00 | 330,217.00 |
| Subtotal [5A] | PT - Resident Care | 295,337.00 | 0.00 | 295,337.00 | 330,217.00 |
| | | | | | |
| Subgroup : [8A] | Medical Director | | | 75 000 00 | 28,000.00 |
| 61-750-34 | Nursing Admin Expense>Medical Director>COVID19 | 36,000.00 | 0.00 | 36,000.00 | 28,000.00 |
| Subtotal [8A] | Medical Director | 36,000.00 | 0.00 | 30,000,00 | 20,000.00 |
| Subgroup : [8E] | Other | | | | |
| Marcum 124 | Other Resident Care Physician | 0.00 | 0.00 | 0.00 | 5,184.00 |
| Subtotal [8E] | Other | 0.00 | 0.00 | 0.00 | 5,184.00 |
| | | 2 | | | |
| Subgroup : [9A] | ST - Resident Care | | | | |
| 67-000-00 | ST Expense | 27,675.00 | 0.00 | 27,675.00 | 44,555.00 |
| Subtotal [9A] | ST - Resident Care | 27,675.00 | 0,00 | 27,675.00 | 44,555.00 |
| | OT - Resident Care | | | | |
| Subgroup : [10A] 66-000-00 | OT Expense | 274,052.00 | 0.00 | 274,052,00 | 358,827.00 |
| Subtotal [10A] | OT - Resident Care | 274,052.00 | 0.00 | 274,052.00 | 358,827.00 |
| Gabtotal [1011] | or resident out | | | | |
| Subgroup : [11A1] | RN's - Direct Care | | | | |
| 60-700-18 | Nursing Expense>Contracted Service>RN | 0.00 | 0,00 | 0,00 | 45,411.00 |
| 60-700-28 | Nursing Expense>Contracted Service>CovidRN | 19,918.00 | 0,00 | 19,918,00 | 2,240.00 |
| Subtotal [11A1] | RN's - Direct Care | 19,918,00 | 0,00 | 19,918,00 | 47,651.00 |
| | | | | | |
| Subgroup : [11B1] 60-700-19 | LPN's - Direct Care Nursing Expense>Contracted Service>LPN | 0,00 | 0.00 | 0.00 | 17,935.00 |
| 60-700-19 | Nursing Expense>Contracted Service>CovidLPN | 23,570.00 | 0,00 | 23,570,00 | 4,200.00 |
| Subtotal [11B1] | LPN's - Direct Care | 23,570,00 | 0,00 | 23,570.00 | 22,135.00 |
| | | 4 | ======================================= | | .\===== |
| Subgroup : [11C] | Aides | | | | |
| 60-700-39 | Nursing Expense>Contracted Service>CovidCNA | 75,241.00 | 0.00 | 75,241.00 | 0,00 |
| Subtotal [11C] | Aides | 75,241.00 | 0.00 | 75,241.00 | 0.00 |
| | 0.0 | | | | |
| Subgroup : [12] | Other Nursing Expense>Clinical Services | 10,063.00 | (10,063.00) | 0.00 | 0.00 |
| 60-206-00 60-212-00 | Nursing Expense>Clinical Consultants | 46,778.00 | (17,578.00) | 29,200,00 | 40,000.00 |
| 60-700-06 | Nursing Expense>Contracted Service>Other | 30,800.00 | 0.00 | 30,800.00 | 0.00 |
| 60-700-34 | Nursing Expense>Contracted Service>COVID19 | 0.00 | 0.00 | 0.00 | (801.00) |
| Marcum 117 | IV Insertion Nurse | 0.00 | 18,508.00 | 18,508.00 | 26,917.00 |
| Marcum 118 | Respiratory Therapist | 0.00 | 3,656.00 | 3,656.00 | 1,405.00 |
| Marcum 129 | Optamology Physician | 0.00 | 183.00 | 183.00 | 0.00 |
| Marcum 130 | Audiologist | 0.00 | 194.00 | 194.00 | 0.00 |
| Subtotal [12] | Other | 87,641.00 | (5,100.00) | 82,541.00 | 67,521.00 |
| | n 6 1 15 | 972 744 00 | 68,562,00 | 942,276.00 | 1,029,135.00 |
| Total [13-B] | Professional Fees | 873,714.00 | 00,302,00 | 2421210100 | 7,023,133,00 |
| Group : [15] | Expenditures Other than Salaries | | | | |
| Subgroup : [1A1] | Workmen's Compensation | | | | |
| 61-881-00 | Nursing Admin Expense>Workers Comp | 33,549.00 | 0.00 | 33,549,00 | 90,954.00 |
| 69-881-00 | Social Services Expense>Workers Comp | 635.00 | 0:00 | 635,00 | 2,074,00 |
| 70-881-00 | Dietary Expense>Workers Comp | 2,736-00 | 0.00 | 2,736.00 | 6,631.00 |
| 71-881-00 | Activity Expense>Workers Comp | 1,071.00 | 0.00 | 1,071.00 | 2,555_00 |
| 74-881-00 | Housekeeping & Laundry Expense>Workers Comp | 4,096.00 | 0.00 | 4,096.00 | 9,990,00 |
| 75-881-00 | Maintenance Expense>Workers Comp | 1,686.00 | 0.00 | 1,686.00 | 4,610.00 |
| 80-881-00 | Admin Expense>Workers Comp | 6,402,00 | 0.00 | 6,402,00 | 66,517,00 |
| 85-881-00 | Employee Benefits Expense>Workers Comp | 77,443.00 | 0.00 | 77,443.00 | 0.00 |
| Subtotal [1A1] | Workmen's Compensation | 127,618.00 | 0.00 | 127,618.00 | 183,331.00 |
| Pubasau 14 8 37 | Unemployment Insurance | | | | |
| Subgroup : [1A3] 85-156-62 | Employee Benefits Expense>PR Taxes>SUI | 57,339.00 | 0.00 | 57,339.00 | 0,00 |
| 85-156-63 | Employee Benefits Expense>PR Taxes>FUI | 5,808.00 | 0.00 | 5,808-00 | 0.00 |
| Subtotal [1A3] | Unemployment Insurance | 63,147,00 | 0.00 | 63,147.00 | 0.00 |
| | | | | 5) | |
| Subgroup 1 [1A4] | Social Security (FICA) | | | | 000 077 |
| 61-880-00 | Nursing Admin Expense>Payroll Taxes | 214,975,00 | 0.00 | 214,975,00 4,171,00 | 233,077,00 4,997,00 |
| 69-880-00 70-880-00 | Social Services Expense>Payroll Taxes Dietary Expense>Payroll Taxes | 4,171.00 18,762.00 | 0.00 0.00 | 18,762,00 | 18,598.00 |
| 70-880-00 71-880-00 | Activity Expense>Payroll Taxes | 7,380,00 | 0.00 | 7,380.00 | 6,406.00 |
| . , , , , , , , , , , , , , , , , , , , | , wasperson . a j. a | | | | • |

| 74-880-00 | Housekeeping & Laundry Expense>Payroll Taxes | 26,035.00 | 0.00 | 26,035.00 | 25,924.00 |
|------------------|--|--------------|--------------|--------------|--------------|
| 75-880-00 | Maintenance Expense>Payroll Taxes | 11,391.00 | 0.00 | 11,391.00 | 11,980.00 |
| 80-880-00 | Admin Expense>Payroll Taxes | 15,820,00 | 0.00 | 15,820.00 | 21,231.00 |
| | | 391,999.00 | 0.00 | 391,999.00 | 258,553.00 |
| 85-156-61 | Employee Benefits Expense>PR Taxes>Fica | 690,533,00 | 0.00 | 690,533,00 | 580,766,00 |
| Subtotal [1A4] | Social Security (FICA) | 830,333,00 | | 000 000 00 | |
| Subgroup : [1A5] | Health Insurance | | | | |
| 61-882-00 | Nursing Admin Expense>Health Insurance | 218,950.00 | 0.00 | 218,950.00 | 795,724.00 |
| 69-882-00 | Social Services Expense>Health Insurance | 3,923.00 | 0,00 | 3,923,00 | 17,620,00 |
| | | | 0.00 | 17,984.00 | 61,326.00 |
| 70-882-00 | Dielary Expense>Health Insurance | 17,984.00 | | | |
| 71-882-00 | Activity Expense>Health Insurance | 7,276,00 | 0.00 | 7,276,00 | 22,158.00 |
| 74-882-00 | Housekeeping & Laundry Expense>Health Insurance | 27,044,00 | 0,00 | 27,044,00 | 89,009,00 |
| 75-882-00 | Maintenance Expense>Health Insurance | 10,754.00 | 0.00 | 10,754.00 | 38,989.00 |
| 80-882-00 | Admin Expense>Health Insurance | 17,351,00 | 0.00 | 17,351,00 | 64,773.00 |
| | | | 0.00 | 772,056.00 | 0.00 |
| 85-882-00 | Employee Benefits Expense>Health Insurance | 772,056.00 | | | 1,089,599.00 |
| Subtotal [1A5] | Health Insurance | 1,075,338.00 | 0.00 | 1,075,338.00 | 1,089,599.00 |
| Subgroup : [1A7] | Pensions | | | | |
| | | 224 818 00 | 104,364.00 | 439,182.00 | 291,933.00 |
| 85-255-79 | Employee Benefils Expense>Pension>Union | 334,818.00 | | 439,182,00 | 291,933,00 |
| Subtotal [1A7] | Pensions | 334,818,00 | 104,364.00 | 433,182,00 | 251,533.00 |
| Subgroup : [1A9] | Other | | | | |
| | | 87,223.00 | (87,223.00) | 0.00 | 0,00 |
| 61-883-00 | Nursing Admin Expense>Other Benefits | | | 0.00 | 0.00 |
| 69-883-00 | Social Services Expense>Other Benefits | 1,563.00 | (1,563.00) | | |
| 70-883-00 | Dietary Expense>Other Benefits | 7,154.00 | (7,154.00) | 0.00 | 0.00 |
| 71-883-00 | Activity Expense>Other Benefits | 2,893.00 | (2,893,00) | 0.00 | 0,00 |
| 74-883-00 | Housekeeping & Laundry Expense>Other Benefits | 10,774.00 | (10,774.00) | 0.00 | 0.00 |
| | Maintenance Expense>Other Benefits | 4,280.00 | (4,280.00) | 0.00 | 0.00 |
| 75-883-00 | · | | | 0,00 | 0.00 |
| 80-883-00 | Admin Expense>Other Benefits | 6,932.00 | (6,932,00) | | |
| 85-100-00 | Employee Benefits Expense>Miscellaneous | 4,512.00 | (146,00) | 4,366.00 | 0,00 |
| 85-200-79 | Employee Benefits Expense>Training Fund>Union | 29,447.00 | 8,504.00 | 37,951.00 | 30,899,00 |
| 85-245-00 | Employee Benefils Expense>Background Checks | 3,403.00 | 425,00 | 3,828.00 | 3,404.00 |
| | | 158,181.00 | (112,036.00) | 46,145.00 | 34,303,00 |
| Subtotal [1A9] | Other | 158,181.00 | (112,030,00) | 40,143,00 | - 44,000,00 |
| Subgroup : [1C] | Bad Debts | | | | |
| 80-251-00 | Admin Expense>Bad Debt | 247,629.00 | 0.00 | 247,629.00 | 175,624.00 |
| | - | 247,629.00 | 0,00 | 247,629.00 | 175,624.00 |
| Subtotal [1C] | Bad Debts | 247,023.00 | 0.00 | 241,020,00 | 110,021100 |
| Subgroup : [1D] | Accounting and Auditing | | | | |
| 80-239-00 | Admin Expense>Accounting Fees | 32,000.00 | 8,185.00 | 40,185.00 | 42.672.00 |
| | | | 0.00 | 32,000.00 | 0.00 |
| 80-239-34 | Admin Expense>Accounting Fees>COVID19 | 32,000.00 | | | |
| Subtotal [1D] | Accounting and Auditing | 64,000.00 | 8,185.00 | 72,185.00 | 42,672.00 |
| | | | | | |
| Subgroup : [1E] | Legal | | | | 444.005.00 |
| 80-238-00 | Admin Expense>Legal Fees | 117,313,00 | 12,985.00 | 130,298,00 | 111,085.00 |
| Subtotal [1E] | Legal | 117,313,00 | 12,985,00 | 130,298.00 | 111,085.00 |
| | - | | | | |
| Subgroup : [1G] | Office Supplies | | | | |
| 80-183-00 | Admin Expense>Supplies | 11,485.00 | 0_00 | 11,485.00 | 28,375.00 |
| 80-184-00 | Admin Expense>Minor Equip & Supplies | 1,432.00 | 0.00 | 1,432.00 | 0.00 |
| | | | 11,437.00 | 0.00 | 910.00 |
| 80-208-00 | Admin Expense>Equip-Rental | (11,437.00) | | | 29,285.00 |
| Subtotal [1G] | Office Supplies | 1,480.00 | 11,437.00 | 12,917.00 | 29,285.00 |
| Subgroup : [1H1] | Telephone and Telegraph | | | | |
| | | 11,959.00 | (2,066.00) | 9,893,00 | 12,587,00 |
| 80-231-00 | Admin Expense>Telephone | | | | |
| Subtotal [1H1] | Telephone and Telegraph | 11,959.00 | (2,066.00) | 9,893.00 | 12,587.00 |
| | | | | | |
| Subgroup : [1H2] | Cellular Phones and Beepers | | | | |
| Marcum 102 | Cell Phone | 0.00 | 2,066.00 | 2,066.00 | 1,644_00 |
| Subtotal [1H2] | Cellular Phones and Beepers | 0.00 | 2,066.00 | 2,066,00 | 1,644.00 |
| | | | - | | |
| Subgroup : [1J] | Corporation Business Taxes | | | | |
| 80-247-00 | Admin Expense>Corporate Tax | 80.00 | 0,00 | 80.00 | 300,00 |
| Subtotal [1J] | Corporation Business Taxes | 80,00 | 0,00 | 80.00 | 300,00 |
| | | 7 | | | |
| Subgroup : [1K3] | Resident Day User Fee | | | | |
| 80-101-00 | Admin Expense>Provider Tax | 772,464.00 | 0.00 | 772,464.00 | 709,490,00 |
| | | | 0.00 | 772,464.00 | 709,490,00 |
| Subtotal [1K3] | Resident Day User Fee | 772,464.00 | 0.00 | 172,464.00 | 703,430,00 |
| | E 12 04 4 0 1 2 | 2 654 550 00 | 24,935.00 | 3,689,495.00 | 3,262,619.00 |
| Total [15] | Expenditures Other than Salaries | 3,664,560.00 | 24,935.00 | 3,000,433,00 | 3,282,013,00 |
| Group + F453 | Expenditures Other than Salaries (cont'd) - Admin. a | nd General | | | |
| Group : [16] | | Jeneral | | | |
| Subgroup : [1] | Resident Travel and Entertainment | | | | 11774 67 |
| 60-213-00 | Nursing Expense>Transportation | 7,435.00 | (7,151.00) | 284.00 | 1,771.00 |
| Subtotal [1] | Resident Travel and Entertainment | 7,435.00 | (7,151.00) | 284,00 | 1,771,00 |
| | | | | | |
| Subgroup : [2] | Holiday Parties for Staff | | | 407.00 | 0.001.00 |
| Marcum 122 | Holiday Party | 0,00 | 167.00 | 167.00 | 2,634.00 |
| Subtotal [2] | Holiday Parties for Staff | 0.00 | 167.00 | 167.00 | 2,634.00 |
| | | | · | | |
| Subgroup : [4] | Employee Travel | | | | |
| 80-236-00 | Admin Expense>Travel | 2,165.00 | 0.00 | 2,165.00 | 23,355.00 |
| 80-236-04 | Admin Expense>Travel>Allowable | 6,824.00 | 0_00 | 6,824.00 | 5,805.00 |
| | | | 0.00 | 8,989.00 | 29,150,00 |
| Subtotal [4] | Employee Travel | 8,989.00 | 0.00 | 0,303,00 | 23,100,00 |
| | | | | | |

| Subgroup : [5] | Education Expense | | | | |
|---|---|--|--|--|---|
| 60-204-00 | Nursing Expense>Training & Education | 1,658.00 | 350,00 | 2,008.00 | 1,958,00 |
| 80-204-00 | Admin Expense>Training & Education | 480.00 | 0,00 | 480.00 | 413,00 |
| 80-233-00 | Admin Expense>Seminars | (27.00) | 0.00 | (27.00) | 420.00 |
| Subtotal [5] | Education Expense | 2,111.00 | 350.00 | 2,461.00 | 2,791,00 |
| • • • | | | | | |
| Subgroup : [M1] | Advertising Help Wanted | | | | |
| 80-249-00 | Admin Expense>Recruiting | 957.00 | 0.00 | 957.00 | 988,00 |
| Subtotal [M1] | Advertising Help Wanted | 957,00 | 0,00 | 957.00 | 988.00 |
| Subtotal [m1] | Advertising help wanted | | | - | |
| 0 | Advantation Other | | | | |
| Subgroup : [M3] | Advertising Other | 40 570 00 | 0.00 | 10,570.00 | 18,195.00 |
| 80-250-00 | Admin Expense>Marketing & Advertising | 10,570.00 | 0.00 | | |
| Subtotal [M3] | Advertising Other | 10,570.00 | 0.00 | 10,570.00 | 18,195.00 |
| | | | | | |
| Subgroup: [M7] | Postage | | | | |
| 80-209-00 | Admin Expense>Postage | 2,264.00 | 0.00 | 2,264,00 | 3,732.00 |
| Subtotal [M7] | Postage | 2,264.00 | 0.00 | 2,264.00 | 3,732,00 |
| | | - | | | |
| Subgroup : [M8A] | Dues to Chamber of Commerce | | | | |
| 80-235-00 | Admin Expense>Dues & Subscriptions | 530,00 | (530.00) | 0.00 | 0.00 |
| Subtotal [M8A] | Dues to Chamber of Commerce | 530.00 | (530.00) | 0.00 | 0.00 |
| Gaptotal [mort] | Dues to offatibet of solitions | | | | |
| Subgroup : [M9] | Subscriptions | | | | |
| Marcum 113 | Subscriptions | 0.00 | 180.00 | 180.00 | 0.00 |
| | - | 0.00 | 180.00 | 180.00 | 0.00 |
| Subtotal [M9] | Subscriptions | 0.00 | 180.00 | 100120 | |
| | | | | | |
| Subgroup : [M11] | Services Provided by Contract | | 0.00 | 3 440 00 | 2,395.00 |
| 80-210-00 | Admin Expense>Internet | 3,149.00 | 0.00 | 3,149.00 | |
| 80-230-00 | Admin Expense>Data Processing | 72,070.00 | 0.00 | 72,070.00 | 64,020.00 |
| 80-240-00 | Admin Expense>Professional Fees | 254,390_00 | (21,170.00) | 233,220.00 | 197,230.00 |
| 80-700-00 | Admin Expense>Contracted Service | 20,231.00 | 0.00 | 20,231.00 | 20,025.00 |
| 80-700-26 | Admin Expense>Contracted Service>Director | 0.00 | 0.00 | 0.00 | 5,000.00 |
| Subtotal [M11] | Services Provided by Contract | 349,840,00 | (21,170,00) | 328,670.00 | 288,670,0D |
| Subtotal [m11] | Delvices i Tovided by donitation | | | | |
| Subgroup : [M13] | Other | | | | |
| | Admin Expense>Licenses | 2,593.00 | 0.00 | 2,593,00 | 1,525.00 |
| 80-234-00 | , | | 0.00 | 962.00 | 5,004.00 |
| 80-242-00 | Admin Expense>Fines, Penalties & Settlements | 962.00 | | | |
| 80-243-00 | Admin Expense>Late Fees | 2,383.00 | 0.00 | 2,383.00 | 1,078.00 |
| 80-244-00 | Admin Expense>Bank Fees | 10,107.00 | 0,00 | 10,107.00 | 5,053.00 |
| 80-252-00 | Admin Expense>Startup Costs | 0.00 | 0.00 | 0.00 | 7,594.00 |
| Marcum 109 | Employee Food | 0.00 | 3,589.00 | 3,589.00 | 2,569.00 |
| Marcum 110 | Employee Relations | 0.00 | 3,916.00 | 3,916.00 | 5,558.00 |
| | | | | | E 000 00 |
| Marcum 111 | Discriminatory Bonus | 0.00 | 0.00 | 0.00 | 5,000.00 |
| Marcum 111 | Discriminatory Bonus Police Records | 0.00 | | 0.00 | 3.00 |
| Marcum 126 | Police Records | 0.00 | 0.00 | 0.00 | |
| | | | | | 3.00 |
| Marcum 126 Subtotal [M13] | Police Records Other | 16,045.00 | 0.00 7,505.00 | 23,550.00 | 33,384.00 |
| Marcum 126 | Police Records | 16,045.00 | 0.00 | 0.00 | 3.00 |
| Marcum 126 Subtotal [M13] Total [16] | Police Records Other Expenditures Other than Salaries (cont'd) - Admin. ar | 16,045.00 | 0.00 7,505.00 | 23,550.00 | 3.00 33,384.00 |
| Marcum 126 Subtotal [M13] Total [16] Group : [18] | Police Records Other Expenditures Other than Salaries (cont'd) - Admin. ar Dietary Basis for Allocation of Costs | 16,045.00 | 0.00 7,505.00 | 23,550.00 | 3.00 33,384.00 |
| Marcum 126 Subtotal [M13] Total [16] Group : [18] Subgroup : [2A1] | Police Records Other Expenditures Other than Salaries (cont'd) - Admin. an Dietary Basis for Allocation of Costs Raw Food | 0.00 16,045.00 d 398,741.00 | 0.00 7,505.00 (20,649.00) | 0.00 23,550.00 378,092,00 | 3,00 33,384,00 381,325,00 |
| Marcum 126 Subtotal [M13] Total [16] Group : [18] Subgroup : [2A1] 70-177-00 | Police Records Other Expenditures Other than Salaries (cont'd) - Admin. and Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Supplements | 0.00 16,045.00 d 395,741.00 | 0.00 7,505.00 (20,649.00) | 23,550.00 378,092.00 29,390.00 | 3.00 33,384.00 381,325.00 23,053.00 |
| Marcum 126 Subtotal [M13] Total [16] Group : [18] Subgroup : [2A1] 70-177-00 70-178-00 | Police Records Other Expenditures Other than Salaries (cont'd) - Admin. ar Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food | 0.00 16,045.00 d 398,741.00 29,390.00 332,151.00 | 0.00 7,505.00 (20,649.00) | 23,550.00 378,092.00 29,390.00 332,151.00 | 3,00 33,384,00 381,325,00 23,053,00 292,310,00 |
| Marcum 126 Subtotal [M13] Total [16] Group : [18] Subgroup : [2A1] 70-177-00 | Police Records Other Expenditures Other than Salaries (cont'd) - Admin. and Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Supplements | 0.00 16,045.00 d 398,741.00 29,390.00 332,151.00 2,470.00 | 0.00 7,505.00 (20,649.00) | 29,390.00 29,350.00 29,390.00 332,151.00 2,470.00 | 3,00 33,384,00 381,325,00 23,053,00 292,310,00 754,00 |
| Marcum 126 Subtotal [M13] Total [16] Group : [18] Subgroup : [2A1] 70-177-00 70-178-00 | Police Records Other Expenditures Other than Salaries (cont'd) - Admin. ar Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food | 0.00 16,045.00 d 398,741.00 29,390.00 332,151.00 | 0.00 7,505.00 (20,649.00) | 23,550.00 378,092.00 29,390.00 332,151.00 | 3,00 33,384,00 381,325,00 23,053,00 292,310,00 |
| Marcum 126 Subtotal [M13] Total [16] Group: [18] Subgroup: [2A1] 70-177-00 70-178-00 71-178-00 | Police Records Other Expenditures Other than Salaries (cont'd) - Admin, and Dietary Busis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food Activity Expense>Food | 0.00 16,045.00 d 398,741.00 29,390.00 332,151.00 2,470.00 | 0.00 7,505.00 (20,649.00) | 29,390.00 29,350.00 29,390.00 332,151.00 2,470.00 | 3,00 33,384,00 381,325,00 23,053,00 292,310,00 754,00 |
| Marcum 126 Subtotal [M13] Total [16] Group: [18] Subgroup: [2A1] 70-177-00 70-178-00 71-178-00 | Police Records Other Expenditures Other than Salaries (cont'd) - Admin, and Dietary Busis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food Activity Expense>Food | 0.00 16,045.00 d 398,741.00 29,390.00 332,151.00 2,470.00 | 0.00 7,505.00 (20,649.00) | 29,390.00 332,151.00 2,470.00 364,011.00 | 3,00 33,384,00 381,325,00 23,053,00 292,310,00 754,00 316,117,00 |
| Marcum 126 Subtotal [M13] Total [16] Group : [18] Subgroup : [2A1] 70-178-00 70-178-00 71-178-00 Subtotal [2A1] | Police Records Other Expenditures Other than Salaries (cont'd) - Admin. and Dietary B⊈sis for Allocation of Costs Raw Food Dietary Expense>Supplements Dielary Expense>Food Activity Expense>Food Raw Food | 0.00 16,045.00 d 398,741.00 29,390.00 332,151.00 2,470.00 | 0.00 7,505.00 (20,649.00) | 29,390.00 29,350.00 29,390.00 332,151.00 2,470.00 | 3.00 33,384,00 381,325,00 23,053,00 292,310,00 754,00 316,117,00 |
| Marcum 126 Subtotal [M13] Total [16] Group: [18] Subgroup: [2A1] 70-177-00 70-178-00 71-178-00 Subtotal [2A1] Subgroup: [2A2] | Police Records Other Expenditures Other than Salaries (cont'd) - Admin, and Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food Activity Expense>Food Raw Food Non-Food Supplies | 0.00 16,045.00 d 398,741.00 29,390.00 332,151.00 2,470.00 364,011.00 | 0.00 7,505.00 (20,649.00) | 29,390.00 29,390.00 332,151.00 2,470.00 364,011.00 37,881.00 275.00 | 3,00 33,354,00 381,325,00 23,053,00 292,310,00 754,00 316,117,00 |
| Marcum 126 Subtotal [M13] Total [16] Group : [18] Subgroup : [2A1] 70-177-00 70-178-00 71-178-00 Subtotal [2A1] Subgroup : [2A2] 70-183-00 | Police Records Other Expenditures Other than Salaries (cont'd) - Admin. and Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Food Activity Expense>Food Raw Food Non-Food Supplies Dietary Expense>Supplies | 29,390.00 335,741.00 29,390.00 332,151.00 2,470.00 364,011.00 | 0.00 7,505.00 (20,649.00) | 29,390,00 378,092.00 29,390,00 332,151.00 2,470.00 364,011.00 | 3,00 33,384,00 381,325,00 23,053,00 292,310,00 754,00 316,117,00 41,389,00 4,754,00 0,00 |
| Marcum 126 Subtotal [M13] Total [16] Group : [18] Subgroup : [2A1] 70-177-00 70-178-00 Subtotal [2A1] Subgroup : [2A2] 70-183-00 70-183-34 70-208-00 | Police Records Other Expenditures Other than Salaries (cont'd) - Admin. and Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food Activity Expense>Food Raw Food Non-Food Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Sequip-Rental | 29,390.00 332,151.00 2,470.00 364,011.00 275.00 | 0.00 7,505.00 (20,649.00) 0.00 0.00 0.00 | 29,390.00 29,390.00 332,151.00 2,470.00 364,011.00 37,881.00 275.00 | 3,00 33,354,00 381,325,00 23,053,00 292,310,00 754,00 316,117,00 |
| Marcum 126 Subtotal [M13] Total [16] Group : [18] Subgroup : [2A1] 70-177-00 70-178-00 71-178-00 Subtotal [2A1] Subgroup : [2A2] 70-183-00 70-183-34 | Police Records Other Expenditures Other than Salaries (cont'd) - Admin. and Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food Activity Expense>Food Raw Food Non-Food Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies | 0.00 16,045.00 d 398,741.00 29,390.00 332,151.00 2,470.00 364,011.00 37,881.00 275.00 1,340.00 | 0.00 7,805.00 (20,649.00) 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | 29,390.00 29,390.00 378,092.00 29,390.00 332,151.00 2,470.00 364,011.00 37,881.00 275.00 0.00 | 3,00 33,384,00 381,325,00 23,053,00 292,310,00 754,00 316,117,00 41,389,00 4,754,00 0,00 |
| Marcum 126 Subtotal [M13] Total [16] Group : [18] Subgroup : [2A1] 70-177-00 70-178-00 71-178-00 Subtotal [2A1] Subgroup : [2A2] 70-183-00 70-183-34 70-208-00 Subtotal [2A2] | Police Records Other Expenditures Other than Salaries (cont'd) - Admin. and Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Food Activity Expense>Food Raw Food Non-Food Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Squip-Rental Non-Food Supplies | 0.00 16,045.00 d 398,741.00 29,390.00 332,151.00 2,470.00 364,011.00 37,881.00 275.00 1,340.00 | 0.00 7,805.00 (20,649.00) 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | 29,390.00 29,390.00 378,092.00 29,390.00 332,151.00 2,470.00 364,011.00 37,881.00 275.00 0.00 | 3,00 33,384,00 381,325,00 23,053,00 292,310,00 754,00 316,117,00 41,389,00 4,754,00 0,00 |
| Marcum 126 Subtotal [M13] Total [16] Group : [18] Subgroup : [2A1] 70-177-00 70-178-00 71-178-00 Subtotal [2A1] Subgroup : [2A2] 70-183-00 70-183-34 70-208-00 Subtotal [2A2] Subgroup : [2A3] | Police Records Other Expenditures Other than Salaries (cont'd) - Admin. and Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food Activity Expense>Food Raw Food Non-Food Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Other | 29,390.00 332,151.00 2,470.00 37,881.00 275.00 1,340.00 39,496.00 | 0.00 7,505.00 (20,649.00) 0.00 0.00 0.00 0.00 0.00 (1,340.00) (1,340.00) | 29,390.00 29,390.00 378,092.00 29,390.00 332,151.00 2,470.00 364,011.00 37,881.00 275.00 0.00 | 3,00 33,384,00 381,325,00 23,053,00 292,310,00 754,00 316,117,00 41,389,00 4,754,00 0,00 |
| Marcum 126 Subtotal [M13] Total [16] Group: [18] Subgroup: [2A1] 70-177-00 70-178-00 71-178-00 Subtotal [2A1] Subgroup: [2A2] 70-183-00 70-183-34 70-208-00 Subtotal [2A2] Subgroup: [2A3] 70-184-00 | Police Records Other Expenditures Other than Salaries (cont'd) - Admin. and Dietary Busis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food Activity Expense>Food Raw Food Non-Food Supplies Dietary Expense>Supplies Dietary Expense>Supplies>COVID19 Dietary Expense>Supplies>COVID19 Other Supplies Other Dietary Expense>Supplies | 398,741,00 29,390,00 332,151,00 2,470,00 364,011,00 37,881,00 275,00 1,340,00 39,496,00 | 0.00 7,505.00 (20,649.00) 0.00 0.00 0.00 0.00 (1,340.00) (1,340.00) | 0.00 23,550.00 378,092.00 29,390.00 332,151.00 2,470.00 364,011.00 275.00 0.00 38,156.00 | 3.00 33,384,00 381,325,00 23,053,00 292,310,00 754,00 316,117,00 41,389,00 4,754,00 0,00 45,143,00 |
| Marcum 126 Subtotal [M13] Total [16] Group : [18] Subgroup : [2A1] 70-177-00 70-178-00 71-178-00 Subtotal [2A1] Subgroup : [2A2] 70-183-00 70-183-34 70-208-00 Subtotal [2A2] Subgroup : [2A3] | Police Records Other Expenditures Other than Salaries (cont'd) - Admin. and Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food Activity Expense>Food Raw Food Non-Food Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Other | 29,390.00 332,151.00 2,470.00 37,881.00 275.00 1,340.00 39,496.00 | 0.00 7,505.00 (20,649.00) 0.00 0.00 0.00 0.00 0.00 (1,340.00) (1,340.00) | 0.00 23,550.00 378,092.00 29,390.00 332,151.00 2,470.00 364,011.00 37,881.00 275.00 0.00 38,156.00 | 3,00 33,354,00 381,325,00 292,310,00 754,00 316,117,00 41,389,00 4,754,00 0,00 |
| Marcum 126 Subtotal [M13] Total [16] Group : [18] Subgroup : [2A1] 70-177-00 70-178-00 71-178-00 Subtotal [2A1] Subgroup : [2A2] 70-183-00 70-183-34 70-208-00 Subtotal [2A2] Subgroup : [2A3] 70-184-00 Subtotal [2A3] | Police Records Other Expenditures Other than Salaries (cont'd) - Admin. and Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food Activity Expense>Food Raw Food Non-Food Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Other Other Dietary Expense>Minor Equip & Supplies Other | 398,741,00 29,390,00 332,151,00 2,470,00 364,011,00 37,881,00 275,00 1,340,00 39,496,00 | 0.00 7,505.00 (20,649.00) 0.00 0.00 0.00 0.00 (1,340.00) (1,340.00) | 0.00 23,550.00 378,092.00 29,390.00 332,151.00 2,470.00 364,011.00 275.00 0.00 38,156.00 | 3.00 33,384,00 381,325,00 23,053,00 292,310,00 754,00 316,117,00 41,389,00 4,754,00 0,00 45,143,00 |
| Marcum 126 Subtotal [M13] Total [16] Group: [18] Subgroup: [2A1] 70-177-00 70-178-00 71-178-00 Subtotal [2A1] Subgroup: [2A2] 70-183-00 70-183-34 70-208-00 Subtotal [2A2] Subgroup: [2A3] 70-184-00 Subtotal [2A3] Subgroup: [2B] | Police Records Other Expenditures Other than Salaries (cont'd) - Admin. and Dietary Busis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food Raw Food Non-Food Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies CovID19 Dietary Expense>Supplies Other Dietary Expense>Minor Equip & Supplies Other | 398,741,00 29,390,00 332,151,00 2,470,00 364,011,00 37,881,00 275,00 1,340,00 39,496,00 0.00 | 0.00 7,505.00 (20,649.00) 0.00 0.00 0.00 0.00 (1,340.00) (1,340.00) 0.00 0.00 | 0.00 23,550.00 378,092.00 29,390.00 332,151.00 2,470.00 364,011.00 275.00 0.00 38,156.00 | 3.00 33,384,00 381,325.00 23,053.00 292,310.00 754.00 316,117.00 41,389.00 4,754.00 0.00 46,143.00 |
| Marcum 126 Subtotal [M13] Total [16] Group : [18] Subgroup : [2A1] 70-177-00 70-178-00 71-178-00 Subtotal [2A1] Subgroup : [2A2] 70-183-00 70-183-34 70-208-00 Subtotal [2A2] 70-184-00 Subtotal [2A3] 70-184-00 Subtotal [2A3] Subgroup : [2A3] 70-184-00 Subtotal [2A3] | Police Records Other Expenditures Other than Salaries (cont'd) - Admin. and Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food Activity Expense>Food Raw Food Non-Food Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Other Other Other Purchased Services Dietary Expense>Minor Equip & Supplies Other | 395,741,00 29,390,00 332,151,00 2,470,00 364,011,00 37,881,00 275,00 1,340,00 39,496,00 0,00 68,676,00 | 0.00 7,505.00 (20,649.00) 0.00 0.00 0.00 0.00 0.00 (1,340.00) (1,340.00) 0.00 0.00 0.00 | 0.00 23,550.00 378,092.00 29,390.00 332,151.00 2,470.00 364,011.00 275.00 0.00 38,186.00 | 3.00 33,384,00 381,325,00 23,053,00 292,310,00 754,00 316,117,00 41,389,00 4,754,00 0.00 46,143,00 1,797,00 1,797,00 |
| Marcum 126 Subtotal [M13] Total [16] Group : [18] Subgroup : [2A1] 70-177-00 71-178-00 71-178-00 Subtotal [2A1] 70-183-34 70-208-00 Subtotal [2A2] Subgroup : [2A3] 70-184-00 Subtotal [2A3] 70-198-00 Subtotal [2A3] 70-198-00 Subtotal [2A3] 70-70-00 70-70-03-4 | Police Records Other Expenditures Other than Salaries (cont'd) - Admin. and Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food Activity Expense>Food Raw Food Non-Food Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Other Dietary Expense>Equip-Rental Non-Food Supplies Other Dietary Expense>Minor Equip & Supplies Other Dietary Expense>Minor Equip & Supplies Other Dietary Expense>Contracted Service Dietary Expense>Contracted Service Dietary Expense>Contracted Service | 395,741,00 29,390,00 332,151,00 2,470,00 364,011,00 37,881,00 275,00 1,340,00 39,496,00 0,00 68,676,00 101,674,00 | 0.00 7,505.00 (20,649.00) 0.00 0.00 0.00 0.00 (1,340.00) (1,340.00) (1,340.00) (58,562.00) 0.00 | 0.00 23,550.00 378,092.00 29,390.00 332,151.00 2,470.00 364,011.00 37,881.00 275.00 0.00 38,156.00 0.00 0.00 114.00 101,674.00 | 3.00 33,384,00 381,325,00 23,053,00 292,310,00 754,00 316,117,00 41,389,00 4,754,00 0.00 46,143,00 1,797,00 1,797,00 0,00 94,043,00 |
| Marcum 126 Subtotal [M13] Total [16] Group : [18] Subgroup : [2A1] 70-177-00 70-178-00 71-178-00 Subtotal [2A1] Subgroup : [2A2] 70-183-00 70-183-34 70-208-00 Subtotal [2A2] 70-184-00 Subtotal [2A3] 70-184-00 Subtotal [2A3] Subgroup : [2A3] 70-184-00 Subtotal [2A3] | Police Records Other Expenditures Other than Salaries (cont'd) - Admin. and Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food Activity Expense>Food Raw Food Non-Food Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Other Other Other Purchased Services Dietary Expense>Minor Equip & Supplies Other | 395,741,00 29,390,00 332,151,00 2,470,00 364,011,00 37,881,00 275,00 1,340,00 39,496,00 0,00 68,676,00 | 0.00 7,505.00 (20,649.00) 0.00 0.00 0.00 0.00 0.00 (1,340.00) (1,340.00) 0.00 0.00 0.00 | 0.00 23,550.00 378,092.00 29,390.00 332,151.00 2,470.00 364,011.00 275.00 0.00 38,186.00 | 3.00 33,384,00 381,325,00 23,053,00 292,310,00 754,00 316,117,00 41,389,00 4,754,00 0.00 46,143,00 1,797,00 1,797,00 |
| Marcum 126 Subtotal [M13] Total [16] Group : [18] Subgroup : [2A1] 70-177-00 71-178-00 71-178-00 Subtotal [2A1] 70-183-34 70-208-00 Subtotal [2A2] Subgroup : [2A3] 70-184-00 Subtotal [2A3] 70-198-00 Subtotal [2A3] 70-198-00 Subtotal [2A3] 70-70-00 70-70-03-4 | Police Records Other Expenditures Other than Salaries (cont'd) - Admin. and Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food Activity Expense>Food Raw Food Non-Food Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Other Dietary Expense>Equip-Rental Non-Food Supplies Other Dietary Expense>Minor Equip & Supplies Other Dietary Expense>Minor Equip & Supplies Other Dietary Expense>Contracted Service Dietary Expense>Contracted Service Dietary Expense>Contracted Service | 395,741.00 29,390.00 332,151.00 2,470.00 364,011.00 37,881.00 275.00 1,340.00 39,496.00 0.00 0.00 68,676.00 101,674.00 170,350.00 | 0.00 7,505.00 (20,649.00) 0.00 0.00 0.00 0.00 (1,340.00) (1,340.00) (1,340.00) (68,562.00) 0.00 (68,562.00) | 0.00 23,550.00 378,092.00 29,390.00 332,151.00 2,470.00 364,011.00 275.00 0.00 38,186.00 0.00 0.00 114.00 101,674.00 101,786.00 | 3.00 33,384,00 381,325,00 29,310,00 754,00 316,117,00 41,389,00 4,754,00 0.00 46,143,00 1,797,00 1,797,00 94,043,00 94,043,00 |
| Marcum 126 Subtotal [M13] Total [16] Group : [18] Subgroup : [2A1] 70-177-00 71-178-00 71-178-00 Subtotal [2A1] 70-183-34 70-208-00 Subtotal [2A2] Subgroup : [2A3] 70-184-00 Subtotal [2A3] 70-198-00 Subtotal [2A3] 70-198-00 Subtotal [2A3] 70-70-00 70-70-03-4 | Police Records Other Expenditures Other than Salaries (cont'd) - Admin. and Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food Activity Expense>Food Raw Food Non-Food Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Other Dietary Expense>Equip-Rental Non-Food Supplies Other Dietary Expense>Minor Equip & Supplies Other Dietary Expense>Minor Equip & Supplies Other Dietary Expense>Contracted Service Dietary Expense>Contracted Service Dietary Expense>Contracted Service | 395,741,00 29,390,00 332,151,00 2,470,00 364,011,00 37,881,00 275,00 1,340,00 39,496,00 0,00 68,676,00 101,674,00 | 0.00 7,505.00 (20,649.00) 0.00 0.00 0.00 0.00 (1,340.00) (1,340.00) (1,340.00) (58,562.00) 0.00 | 0.00 23,550.00 378,092.00 29,390.00 332,151.00 2,470.00 364,011.00 37,881.00 275.00 0.00 38,156.00 0.00 0.00 114.00 101,674.00 | 3.00 33,384,00 381,325,00 23,053,00 292,310,00 754,00 316,117,00 41,389,00 4,754,00 0.00 46,143,00 1,797,00 1,797,00 0,00 94,043,00 |
| Marcum 126 Subtotal [M13] Total [16] Group : [18] Subgroup : [2A1] 70-177-00 70-178-00 71-178-00 Subtotal [2A1] Subgroup : [2A2] 70-183-00 70-183-34 70-208-00 Subtotal [2A2] Subgroup : [2A3] 70-184-00 Subtotal [2A3] Subgroup : [2B] 70-700-00 70-700-34 Subtotal [2B] | Police Records Other Expenditures Other than Salaries (cont'd) - Admin. and Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food Activity Expense>Food Raw Food Non-Food Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Other Other Dietary Expense>Minor Equip & Supplies Other Purchased Services Dietary Expense>Contracted Service Dietary Expense>Contracted Service>COVID19 Purchased Services | 395,741.00 29,390.00 332,151.00 2,470.00 364,011.00 37,881.00 275.00 1,340.00 39,496.00 0.00 0.00 68,676.00 101,674.00 170,350.00 | 0.00 7,505.00 (20,649.00) 0.00 0.00 0.00 0.00 (1,340.00) (1,340.00) (1,340.00) (68,562.00) 0.00 (68,562.00) | 0.00 23,550.00 378,092.00 29,390.00 332,151.00 2,470.00 364,011.00 275.00 0.00 38,186.00 0.00 0.00 114.00 101,674.00 101,786.00 | 3.00 33,384,00 381,325,00 29,310,00 754,00 316,117,00 41,389,00 4,754,00 0.00 46,143,00 1,797,00 1,797,00 94,043,00 94,043,00 |
| Marcum 126 Subtotal [M13] Total [16] Group : [18] Subgroup : [2A1] 70-177-00 70-178-00 71-178-00 Subtotal [2A1] Subgroup : [2A2] 70-183-00 70-183-34 70-208-00 Subtotal [2A2] Subgroup : [2A3] 70-184-00 Subtotal [2A3] Subgroup : [2B] 70-700-00 70-700-34 Subtotal [2B] | Police Records Other Expenditures Other than Salaries (cont'd) - Admin. and Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food Activity Expense>Food Raw Food Non-Food Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Other Other Dietary Expense>Minor Equip & Supplies Other Purchased Services Dietary Expense>Contracted Service Dietary Expense>Contracted Service>COVID19 Purchased Services | 395,741.00 29,390.00 332,151.00 2,470.00 364,011.00 37,881.00 275.00 1,340.00 39,496.00 0.00 0.00 68,676.00 101,674.00 170,350.00 | 0.00 7,505.00 (20,649.00) 0.00 0.00 0.00 0.00 (1,340.00) (1,340.00) (1,340.00) (68,562.00) 0.00 (68,562.00) | 0.00 23,550.00 378,092.00 29,390.00 332,151.00 2,470.00 364,011.00 275.00 0.00 38,186.00 0.00 0.00 114.00 101,674.00 101,786.00 | 3.00 33,384,00 381,325,00 29,310,00 754,00 316,117,00 41,389,00 4,754,00 0.00 46,143,00 1,797,00 1,797,00 94,043,00 94,043,00 |
| Marcum 126 Subtotal [M13] Total [16] Group: [18] Subgroup: [2A1] 70-177-00 71-178-00 71-178-00 Subtotal [2A1] Subgroup: [2A2] 70-183-00 70-183-34 70-208-00 Subtotal [2A2] Subgroup: [2A3] 70-184-00 Subtotal [2A3] Subgroup: [2B] 70-700-00 70-700-34 Subtotal [2B] Total [18] Group: [19] | Police Records Other Expenditures Other than Salaries (cont'd) - Admin, and Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food Activity Expense>Food Activity Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Other Dietary Expense>Minor Equip & Supplies Other Purchased Services Dietary Expense>Contracted Service | 395,741.00 29,390.00 332,151.00 2,470.00 364,011.00 37,881.00 275.00 1,340.00 39,496.00 0.00 0.00 68,676.00 101,674.00 170,350.00 | 0.00 7,505.00 (20,649.00) 0.00 0.00 0.00 0.00 (1,340.00) (1,340.00) (1,340.00) (68,562.00) 0.00 (68,562.00) | 0.00 23,550.00 378,092.00 29,390.00 332,151.00 2,470.00 364,011.00 275.00 0.00 38,186.00 0.00 0.00 114.00 101,674.00 101,786.00 | 3.00 33,384,00 381,325,00 29,310,00 754,00 316,117,00 41,389,00 4,754,00 0.00 46,143,00 1,797,00 1,797,00 94,043,00 94,043,00 |
| Marcum 126 Subtotal [M13] Total [16] Group: [18] Subgroup: [2A1] 70-177-00 70-178-00 71-178-00 71-178-00 70-183-00 70-183-34 70-208-00 Subtotal [2A2] 70-184-00 Subtotal [2A3] 70-184-00 Subtotal [2A3] Subgroup: [2A3] 70-184-00 Subtotal [2A3] Total [48] Total [18] Group: [19] Subgroup: [10] | Police Records Other Expenditures Other than Salaries (cont'd) - Admin. and Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food Activity Expense>Food Raw Food Non-Food Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Other Other Other Purchased Services Dietary Expense>Contracted Service Dietary Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Other | 0.00 16,045.00 d 395,741.00 29,390.00 332,151.00 2,470.00 364,011.00 37,881.00 275.00 1,340.00 39,496.00 0.00 0.00 68,676.00 101,674.00 170,350.00 573,857.00 | 0.00 7,505.00 (20,649.00) 0.00 0.00 0.00 0.00 (1,340.00) (1,340.00) (1,340.00) (68,562.00) 0.00 (68,562.00) | 0.00 23,550.00 378,092.00 29,390.00 332,151.00 2,470.00 364,011.00 275.00 0.00 38,186.00 0.00 0.00 114.00 101,674.00 101,786.00 | 3.00 33,384,00 381,325,00 29,310,00 754,00 316,117,00 41,389,00 4,754,00 0.00 46,143,00 1,797,00 1,797,00 94,043,00 94,043,00 |
| Marcum 126 Subtotal [M13] Total [16] Group: [18] Subgroup: [2A1] 70-177-00 71-178-00 71-178-00 71-178-00 70-183-34 70-208-00 Subtotal [2A2] Subgroup: [2A3] 70-184-00 Subtotal [2A3] 70-108-00 Total [2A3] Total [2A3] Total [2A3] Total [2A3] Total [2A3] Total [2A3] Subgroup: [2B] Total [18] Group: [19] Subgroup: [3C] 73-183-00 | Police Records Other Expenditures Other than Salaries (cont'd) - Admin. and Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food Activity Expense>Food Raw Food Non-Food Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Other Dietary Expense>Equip-Rental Non-Food Supplies Other Dietary Expense>Minor Equip & Supplies Other Dietary Expense>Contracted Service Dietary Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Other Laundry-Basis for Allocation of Costs | 395,741.00 29,390.00 332,151.00 2,470.00 364,011.00 37,881.00 275.00 1,340.00 39,496.00 0.00 0.00 58,676.00 101,674.00 170,350.00 573,857.00 | 0.00 7,505.00 (20,649.00) 0.00 0.00 0.00 0.00 (1,340.00) (1,340.00) (1,340.00) (68,562.00) 0.00 (68,562.00) (69,902.00) | 0.00 23,550.00 378,092.00 29,390.00 332,151.00 2,470.00 364,011.00 275.00 0.00 38,186.00 0.00 0.00 114.00 101,674.00 101,788.00 | 3.00 33,384,00 381,325,00 292,310,00 754,00 316,117,00 41,389,00 4,754,00 0.00 46,143,00 1,797,00 1,797,00 94,043,00 94,043,00 458,100,00 |
| Marcum 126 Subtotal [M13] Total [16] Group: [18] Subgroup: [2A1] 70-177-00 70-178-00 71-178-00 71-178-00 70-183-00 70-183-34 70-208-00 Subtotal [2A2] 70-184-00 Subtotal [2A3] 70-184-00 Subtotal [2A3] Subgroup: [2A3] 70-184-00 Subtotal [2A3] Total [48] Total [18] Group: [19] Subgroup: [10] | Police Records Other Expenditures Other than Salaries (cont'd) - Admin. and Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food Activity Expense>Food Raw Food Non-Food Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Other Other Other Purchased Services Dietary Expense>Contracted Service Dietary Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Other | 0.00 16,045.00 d 395,741.00 29,390.00 332,151.00 2,470.00 364,011.00 37,881.00 275.00 1,340.00 39,496.00 0.00 0.00 68,676.00 101,674.00 170,350.00 573,857.00 | 0.00 7,505.00 (20,649.00) 0.00 0.00 0.00 0.00 (1,340.00) (1,340.00) (1,340.00) (68,562.00) (68,562.00) (69,982.00) | 0.00 23,550.00 378,092.00 29,390.00 332,151.00 2,470.00 364,011.00 37,861.00 275.00 0.00 38,156.00 114.00 101,674.00 101,786.00 503,955.00 | 3.00 33,384,00 381,325,00 292,310,00 754,00 316,117,00 41,389,00 4,754,00 0,00 46,143,00 1,797,00 1,797,00 94,043,00 94,043,00 |
| Marcum 126 Subtotal [M13] Total [16] Group: [18] Subgroup: [2A1] 70-177-00 70-178-00 71-178-00 Subtotal [2A1] Subgroup: [2A2] 70-183-00 70-183-34 70-208-00 Subtotal [2A2] Subgroup: [2A3] 70-184-00 Subtotal [2A3] Subgroup: [2B] 70-700-00 70-700-34 Subtotal [2B] Total [18] Group: [19] Subgroup: [3C] 73-183-00 Subtotal [3C] | Police Records Other Expenditures Other than Salaries (cont'd) - Admin. and Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food Activity Expense>Food Raw Food Non-Food Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Other Other Dietary Expense>Minor Equip & Supplies Other Purchased Services Dietary Expense>Contracted Service Dietary Expense>Contracted Service Dietary Expense>Contracted Service> Dietary Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Other Laundry-Basis for Allocation of Costs Other Laundry Expense>Supplies Other | 0.00 16,045.00 d 395,741.00 29,390.00 332,151.00 2,470.00 364,011.00 37,881.00 275.00 1,340.00 39,496.00 0.00 0.00 68,676.00 101,674.00 170,350.00 573,857.00 18,054.00 | 0.00 7,505.00 (20,649.00) 0.00 0.00 0.00 0.00 (1,340.00) (1,340.00) (1,340.00) (68,562.00) 0.00 (68,562.00) (69,902.00) | 0.00 23,550.00 378,092.00 29,390.00 332,151.00 2,470.00 364,011.00 37,881.00 275.00 0.00 0.00 0.00 114.00 101,674.00 101,796.00 503,955.00 18,054.00 | 3.00 33,384,00 381,325,00 292,310,00 754,00 316,117,00 41,389,00 4,754,00 0.00 46,143,00 1,797,00 1,797,00 1,797,00 94,043,00 94,043,00 458,100,00 13,670,00 |
| Marcum 126 Subtotal [M13] Total [16] Group: [18] Subgroup: [2A1] 70-177-00 71-178-00 71-178-00 71-178-00 70-183-34 70-208-00 Subtotal [2A2] Subgroup: [2A3] 70-184-00 Subtotal [2A3] 70-108-00 Total [2A3] Total [2A3] Total [2A3] Total [2A3] Total [2A3] Total [2A3] Subgroup: [2B] Total [18] Group: [19] Subgroup: [3C] 73-183-00 | Police Records Other Expenditures Other than Salaries (cont'd) - Admin. and Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food Activity Expense>Food Raw Food Non-Food Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Other Dietary Expense>Equip-Rental Non-Food Supplies Other Dietary Expense>Minor Equip & Supplies Other Dietary Expense>Contracted Service Dietary Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Other Laundry-Basis for Allocation of Costs | 395,741.00 29,390.00 332,151.00 2,470.00 364,011.00 37,881.00 275.00 1,340.00 39,496.00 0.00 0.00 58,676.00 101,674.00 170,350.00 573,857.00 | 0.00 7,505.00 (20,649.00) 0.00 0.00 0.00 0.00 (1,340.00) (1,340.00) (1,340.00) (68,562.00) (68,562.00) (69,982.00) | 0.00 23,550.00 378,092.00 29,390.00 332,151.00 2,470.00 364,011.00 37,861.00 275.00 0.00 38,156.00 114.00 101,674.00 101,786.00 503,955.00 | 3.00 33,384,00 381,325,00 292,310,00 754,00 316,117,00 41,389,00 4,754,00 0,00 46,143,00 1,797,00 1,797,00 94,043,00 94,043,00 |
| Marcum 126 Subtotal [M13] Total [16] Group: [18] Subgroup: [2A1] 70-177-00 70-178-00 71-178-00 Subtotal [2A1] Subgroup: [2A2] 70-183-00 Subtotal [2A2] Subgroup: [2A3] 70-184-00 Subtotal [2A3] Subgroup: [2B] 70-700-00 70-700-34 Subtotal [2B] Total [18] Group: [19] Subgroup: [2C] 73-183-00 Subtotal [2C] | Police Records Other Expenditures Other than Salaries (cont'd) - Admin. and Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food Activity Expense>Food Raw Food Non-Food Supplies Dietary Expense>Supplies Dietary Expense>Supplies>COVID19 Dietary Expense>Supplies>COVID19 Dietary Expense>Supplies>Covid19 Other Dietary Expense>Minor Equip & Supplies Other Purchased Services Dietary Expense>Contracted Service Dietary Expense>Contracted Service Dietary Expense>Contracted Service Dietary Expense>Contracted Service Covid Services Dietary Expense>Contracted Service Dietary Expense>Contracted Service Dietary Expense>Contracted Service Dietary Expense>Contracted Service Dietary Basis for Allocation of Costs Uther Laundry-Basis for Allocation of Costs Other Laundry-Basis for Allocation of Costs | 0.00 16,045.00 29,390.00 332,151.00 2,470.00 364,011.00 37,881.00 275.00 1,340.00 39,496.00 0.00 0.00 101,674.00 170,350.00 573,857.00 18,054.00 18,054.00 | 0.00 7,505.00 (20,649.00) 0.00 0.00 0.00 0.00 (1,340.00) (1,340.00) (1,340.00) (68,562.00) 0.00 (68,562.00) (69,902.00) | 0.00 23,550.00 378,092.00 29,390.00 332,151.00 2,470.00 364,011.00 37,881.00 275.00 0.00 0.00 0.00 114.00 101,674.00 101,796.00 503,955.00 18,054.00 | 3.00 33,384,00 381,325,00 292,310,00 754,00 316,117,00 41,389,00 4,754,00 0.00 46,143,00 1,797,00 1,797,00 1,797,00 94,043,00 94,043,00 458,100,00 13,670,00 |
| Marcum 126 Subtotal [M13] Total [16] Group: [18] Subgroup: [2A1] 70-177-00 70-178-00 71-178-00 Subtotal [2A1] Subgroup: [2A2] 70-183-00 70-183-34 70-208-00 Subtotal [2A2] Subgroup: [2A3] 70-184-00 Subtotal [2A3] Subgroup: [2B] 70-700-00 70-700-34 Subtotal [2B] Total [18] Group: [19] Subgroup: [3C] 73-183-00 Subtotal [3C] Total [19] Group: [20] | Police Records Other Expenditures Other than Salaries (cont'd) - Admin. and Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food Raw Food Non-Food Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Other Dietary Expense>Supplies Other Dietary Expense>Minor Equip & Supplies Other Purchased Services Dietary Expense>Contracted Service Dietary Expense>Contracted Service Dietary Expense>Contracted Service Dietary Expense>Contracted Service Dietary Basis for Allocation of Costs Under Laundry-Basis for Allocation of Costs Other Laundry-Basis for Allocation of Costs Housekeeping and Resident Care Basis for Allocation | 0.00 16,045.00 29,390.00 332,151.00 2,470.00 364,011.00 37,881.00 275.00 1,340.00 39,496.00 0.00 0.00 101,674.00 170,350.00 573,857.00 18,054.00 18,054.00 | 0.00 7,505.00 (20,649.00) 0.00 0.00 0.00 0.00 (1,340.00) (1,340.00) (1,340.00) (68,562.00) 0.00 (68,562.00) (69,902.00) | 0.00 23,550.00 378,092.00 29,390.00 332,151.00 2,470.00 364,011.00 37,881.00 275.00 0.00 0.00 0.00 114.00 101,674.00 101,796.00 503,955.00 18,054.00 | 3.00 33,384,00 381,325,00 292,310,00 754,00 316,117,00 41,389,00 4,754,00 0.00 46,143,00 1,797,00 1,797,00 1,797,00 94,043,00 94,043,00 458,100,00 13,670,00 |
| Marcum 126 Subtotal [M13] Total [16] Group: [18] Subgroup: [2A1] 70-177-00 70-178-00 71-178-00 71-178-00 70-183-34 70-208-00 Subtotal [2A2] 70-183-34 70-208-00 Subtotal [2A3] 70-184-00 Subtotal [2A3] Subgroup: [2B] 70-700-00 70-700-34 Subtotal [2B] Total [18] Group: [19] Subgroup: [3C] 73-183-00 Subtotal [3C] Total [19] Group: [20] Subgroup: [4C] | Police Records Other Expenditures Other than Salaries (cont'd) - Admin. and Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food Activity Expense>Food Raw Food Non-Food Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Othery Expense>Equip-Rental Non-Food Supplies Other Purchased Services Dietary Expense>Contracted Service Dietary Expense>Contracted Service Dietary Expense>Contracted Service Dietary Expense>Contracted Service Dietary Expense>Contracted Service>COVID19 Purchased Services Dietary Basis for Allocation of Costs Usundry-Basis for Allocation of Costs Other Laundry-Basis for Allocation of Costs Housekeeping and Resident Care Basis for Allocation Other | 0.00 16,045.00 d 395,741.00 29,390.00 332,151.00 2,470.00 364,011.00 37,881.00 275.00 1,340.00 39,496.00 0.00 0.00 68,676.00 101,674.00 170,350.00 573,857.00 18,054.00 18,054.00 18,054.00 | 0.00 7,505.00 (20,649.00) 0.00 0.00 0.00 0.00 (1,340.00) (1,340.00) (1,340.00) (68,562.00) 0.00 (69,902.00) | 0.00 23,550.00 378,092.00 29,390.00 332,151.00 2,470.00 364,011.00 275.00 0.00 38,186.00 114.00 101,674.00 101,788.00 503,955.00 18,054.00 18,054.00 | 3.00 33,384,00 381,325,00 292,310,00 754,00 316,117,00 41,389,00 4,754,00 0.00 46,143,00 1,797,00 1,797,00 94,043,00 94,043,00 458,100,00 13,670,00 13,670,00 |
| Marcum 126 Subtotal [M13] Total [16] Group: [18] Subgroup: [2A1] 70-177-00 70-178-00 71-178-00 Subtotal [2A1] Subgroup: [2A2] 70-183-00 70-183-34 70-208-00 Subtotal [2A3] Subgroup: [2A3] 70-184-00 Subtotal [2A3] Subgroup: [2B] 70-700-00 70-700-34 Subtotal [2B] Total [18] Group: [19] Subgroup: [3C] 73-183-00 Subtotal [3C] Total [19] Group: [19] Subgroup: [4C] 72-183-00 | Police Records Other Expenditures Other than Salaries (cont'd) - Admin. and Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food Activity Expense>Food Raw Food Non-Food Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies O'UD19 Dietary Expense>Equip-Rental Non-Food Supplies Other Dietary Expense>Minor Equip & Supplies O'Uher Purchased Services Dietary Expense>Contracted Service Could Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Uther Laundry-Basis for Allocation of Costs Housekeeping and Resident Care Basis for Allocation Other Housekeeping Expense>Supplies | 0.00 16,045.00 16,045.00 29,390.00 332,151,00 2,470.00 364,011.00 37,881.00 275.00 1,340.00 39,496.00 0.00 0.00 68,676.00 101,674.00 170,350.00 573,857.00 18,054.00 18,054.00 18,054.00 | 0.00 7,505.00 (20,649.00) 0.00 0.00 0.00 0.00 (1,340.00) (1,340.00) (68,562.00) 0.00 (68,562.00) (69,902.00) | 0.00 23,550.00 378,092.00 29,390.00 332,151.00 2,470.00 364,011.00 275.00 0.00 38,186.00 114.00 101,674.00 101,788.00 18,054.00 18,054.00 18,054.00 18,054.00 | 3.00 33,384,00 381,325,00 292,310,00 754,00 316,117,00 41,389,00 4,754,00 0.00 46,143,00 1,797,00 1,797,00 1,797,00 458,100,00 458,100,00 13,670,00 13,670,00 |
| Marcum 126 Subtotal [M13] Total [16] Group: [18] Subgroup: [2A1] 70-177-00 70-178-00 71-178-00 70-183-00 70-183-34 70-208-00 Subtotal [2A2] 70-184-00 Subtotal [2A3] 70-184-00 Subtotal [2A3] 70-184-00 Subtotal [2A3] To-184-00 Subtotal [2A3] To-184-00 Subtotal [2A3] Subgroup: [2B] 70-700-00 70-700-34 Subtotal [2B] Total [18] Group: [19] Subgroup: [3C] 73-183-00 Subtotal [3C] Total [19] Group: [20] Subgroup: [4C] | Police Records Other Expenditures Other than Salaries (cont'd) - Admin. and Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food Activity Expense>Food Raw Food Non-Food Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Othery Expense>Equip-Rental Non-Food Supplies Other Purchased Services Dietary Expense>Contracted Service Dietary Expense>Contracted Service Dietary Expense>Contracted Service Dietary Expense>Contracted Service Dietary Expense>Contracted Service>COVID19 Purchased Services Dietary Basis for Allocation of Costs Usundry-Basis for Allocation of Costs Other Laundry-Basis for Allocation of Costs Housekeeping and Resident Care Basis for Allocation Other | 0.00 16,045.00 d 398,741.00 29,390.00 332,151.00 2,470.00 364,011.00 37,881.00 275.00 1,340.00 39,496.00 0.00 0.00 101,674.00 1170,350.00 18,054.00 18,054.00 18,054.00 18,054.00 16,054.00 16,054.00 16,054.00 16,054.00 16,054.00 | 0.00 7,505.00 (20,649.00) 0.00 0.00 0.00 0.00 (1,340.00) (1,340.00) (68,562.00) (68,562.00) (69,982.00) | 0.00 23,550.00 378,092.00 29,390.00 332,151.00 2,470.00 364,011.00 37,881.00 275.00 0.00 0.00 101,674.00 101,788.00 503,955.00 18,054.00 18,054.00 18,054.00 18,054.00 | 3.00 33,384,00 381,325,00 292,310,00 754,00 316,117,00 41,389,00 4,754,00 0,00 45,143,00 1,797,00 1,797,00 1,797,00 94,043,00 94,043,00 458,100,00 13,670,00 13,670,00 15,92,00 |
| Marcum 126 Subtotal [M13] Total [16] Group: [18] Subgroup: [2A1] 70-177-00 70-178-00 71-178-00 Subtotal [2A1] Subgroup: [2A2] 70-183-00 70-183-34 70-208-00 Subtotal [2A3] Subgroup: [2A3] 70-184-00 Subtotal [2A3] Subgroup: [2B] 70-700-00 70-700-34 Subtotal [2B] Total [18] Group: [19] Subgroup: [3C] 73-183-00 Subtotal [3C] Total [19] Group: [19] Subgroup: [4C] 72-183-00 | Police Records Other Expenditures Other than Salaries (cont'd) - Admin. and Dietary Basis for Allocation of Costs Raw Food Dietary Expense>Supplements Dietary Expense>Food Activity Expense>Food Raw Food Non-Food Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies Dietary Expense>Supplies O'UD19 Dietary Expense>Equip-Rental Non-Food Supplies Other Dietary Expense>Minor Equip & Supplies O'Uher Purchased Services Dietary Expense>Contracted Service Could Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Uther Laundry-Basis for Allocation of Costs Housekeeping and Resident Care Basis for Allocation Other Housekeeping Expense>Supplies | 0.00 16,045.00 16,045.00 29,390.00 332,151,00 2,470.00 364,011.00 37,881.00 275.00 1,340.00 39,496.00 0.00 0.00 68,676.00 101,674.00 170,350.00 573,857.00 18,054.00 18,054.00 18,054.00 | 0.00 7,505.00 (20,649.00) 0.00 0.00 0.00 0.00 (1,340.00) (1,340.00) (68,562.00) 0.00 (68,562.00) (69,902.00) | 0.00 23,550.00 378,092.00 29,390.00 332,151.00 2,470.00 364,011.00 275.00 0.00 38,186.00 114.00 101,674.00 101,788.00 18,054.00 18,054.00 18,054.00 18,054.00 | 3.00 33,384,00 381,325,00 292,310,00 754,00 316,117,00 41,389,00 4,754,00 0.00 46,143,00 1,797,00 1,797,00 1,797,00 458,100,00 458,100,00 13,670,00 13,670,00 |

| Subgroup : [5A2] | Purchased from | | | | 0.00 |
|--|--|---|--|--|--|
| 62-000-00 | Pharmacy Expense | 14.00 | 0,00 | 14,00 | 0,00 |
| 62-102-00 | Pharmacy Expense>Medicare A | 89,805.00 | 0,00 | 89,805.00 | 0,00 |
| 62-105-00 | Pharmacy Expense>HMO | 33,170.00 | 0,00 | 33,170.00 | 0.00 |
| 62-111-00 | Pharmacy Expense>Medicaid | 4,720.00 | 0,00 | 4,720.00 | 0.00 |
| 62-145-00 | Pharmacy Expense>RX | 82,527.00 | 0,00 | 82,527,00 | 261,057.00 |
| Subtotal [5A2] | Purchased from | 210,236.00 | 0.00 | 210,236.00 | 261,057.00 |
| | | :: | *************************************** | | |
| Subgroup : [5B] | Medicine Cabinet Drugs | | | | |
| 62-222-00 | Pharmacy Expense>OTC | 2,347.00 | 0.00 | 2,347.00 | 4,015,00 |
| | | | 0,00 | 2,347.00 | 4,015.00 |
| Subtotal [5B] | Medicine Cabinet Drugs | 2,347.00 | 0,00 | 2,347.00 | 4,010.00 |
| | | | | | |
| Subgroup : [5D] | Ambulance/Limousine | | (25, | | |
| Marcum 108 | Ambulance | 0.00 | 7,151.00 | 7,151.00 | 11,928.00 |
| Subtotal [5D] | Ambulance/Limousine | 0.00 | 7,151.00 | 7,151.00 | 11,928.00 |
| | | | | | |
| Subgroup : [5E2] | Oxygen - Other | | | | |
| 64-223-00 | Other Ancillary Expense>Oxygen | 3,599.00 | 0.00 | 3,599.00 | 2,252.00 |
| Subtotal [5E2] | Oxygen - Other | 3,599,00 | 0.00 | 3,599.00 | 2,252,00 |
| Subtotal [SE2] | oxygen - outer | | | | |
| Cubarana a ISE | V Days and saluted redislassical | | | | |
| Subgroup : [5F] | X-Rays and related radiological | 5 204 00 | 0.00 | 6,291.00 | 9,655,00 |
| 64-225-00 | Other Ancillary Expense>Radiology | 6,291,00 | | | |
| Subtotal [5F] | X-Rays and related radiological | 6,291.00 | 0,00 | 6,291,00 | 9,655.00 |
| | | | | | |
| Subgroup : [5H] | Laboratory | | | | |
| 64-224-00 | Other Ancillary Expense>Lab | 19,520.00 | 0,00 | 19,520,00 | 42,897.00 |
| 64-224-34 | Other Ancillary Expense>Lab>COVID19 | 0.00 | 0,00 | 0.00 | 564.00 |
| Subtotal (5H) | Laboratory | 19,520.00 | 0.00 | 19,520.00 | 43,461.00 |
| Subtotal (ori) | Laboratory | 10,020,00 | 41 | | |
| | | | | | |
| Subgroup : [51] | Recreation | | | | |
| 71-183-00 | Activity Expense>Supplies | 956.00 | 0.00 | 956.00 | 2,160.00 |
| 71-202-00 | Activity Expense>Resident Missing Items | 63,00 | 0.00 | 63.00 | 72.00 |
| 71-700-00 | Activity Expense>Contracted Service | 1,700.00 | 0,00 | 1,700.00 | 895.00 |
| Subtotal [51] | Recreation | 2,719.00 | 0.00 | 2,719.00 | 3,127.00 |
| Subtotal [SI] | Recreation | | - | | |
| | | | | | |
| Subgroup : [5L] | Cable Television | | | | 17.001.00 |
| 80-232-00 | Admin Expense>Cable TV | 18,302.00 | 0.00 | 18,302.00 | 17,061.00 |
| Subtotal [5L] | Cable Television | 18,302.00 | 0,00 | 18,302.00 | 17,061.00 |
| | | | | | |
| Subgroup : [5M] | Other | | | | |
| 60-183-00 | Nursing Expense>Supplies | 137,752.00 | 0.00 | 137,752.00 | 143,814.00 |
| 60-183-34 | Nursing Expense>Supplies>COVID19 | 8,859.00 | 0.00 | B,859.00 | 32,220.00 |
| | | | 0,00 | 9,540,00 | 2,923.00 |
| 60-184-00 | Nursing Expense>Minor Equip & Supplies | 9,540.00 | | 374.00 | 646,00 |
| 60-205-00 | Nursing Expense>Sanitation & Incineration | 374.00 | 0.00 | | |
| 60-208-00 | Nursing Expense>Equip-Rental | 59,158,00 | 0,00 | 59,158.00 | 21,929.00 |
| 60-230-00 | Nursing Expense>Data Processing | 7,881.00 | 0,00 | 7,881.00 | 6,817.00 |
| 60-230-34 | Nursing Expense>Data Processing>COVID19 | 457.00 | 0,00 | 457.00 | 4,473.00 |
| Subtotal [5M] | Other | 224,021.00 | 0.00 | 224,021.00 | 212,822.00 |
| Oubtoin four | | | - | | |
| T-4-1 [20] | Housekeeping and Resident Care Basis for Allocation | 526,135,00 | 7,151,00 | 533,286.00 | 589,011,00 |
| Total [20] | nousekeeping and Resident Care basis for Allocation | 320,133,00 | 1,151,00 | 554,255,55 | 000,071,000 |
| | | | | | |
| Group : [22] | Maintenance and Property | | | | |
| Subgroup : [6A] | Repairs and Maintenance | | | | |
| 60-207-00 | Nursing Expense>Repairs & Maint | 4,632.00 | 0,00 | 4,632.00 | 668.00 |
| 70-207-00 | Dietary Expense>Repairs & Maint | 4,405.00 | 0.00 | 4,405.00 | 5,387.00 |
| 75-207-00 | Maintenance Expense>Repairs & Maint | 62,466.00 | 0.00 | 62,466.00 | 82,899.00 |
| | | 71,503.00 | 0.00 | 71,503.00 | 88,954.00 |
| Subtotal [6A] | Repairs and Maintenance | 71,503.00 | 0.00 | 71,000,00 | 00,304.00 |
| | | | | | |
| Subgroup : [6B] | Heat | | | | |
| 76-227-00 | Utility Expense>Gas | 18,254.00 | 0.00 | 18,254.00 | 29,438.00 |
| Subtotal [6B] | | | | | |
| | Heat | 18,254.00 | 0.00 | 18,254.00 | 29,438.00 |
| | Heat | 18,254.00 | | | |
| Subgroup : ISC1 | | 18,254.00 | | | |
| Subgroup : [6C] | Light & Power | | 0,00 | 18,254.00 | 29,438.00 |
| 76-228-00 | Light & Power Utility Expense>Electric | 513,575,00 | 0.00 | 18,254.00 513,575.00 | 29,438,00 445,564.00 |
| | Light & Power | | 0,00 | 18,254.00 | 29,438.00 |
| 76-228-00 Subtotal [6C] | Light & Power Utility Expense>Electric Light & Power | 513,575,00 | 0.00 | 18,254.00 513,575.00 | 29,438,00 445,564.00 |
| 76-228-00 Subtotal [6C] Subgroup : [6D] | Light & Power Utility Expense>Electric | 513,575,00 513,575,00 | 0,00 0,00 0,00 | 18,254.00 513,575.00 513,575.00 | 29,438.00 445,564.00 445,564.00 |
| 76-228-00 Subtotal [6C] | Light & Power Utility Expense>Electric Light & Power | 513,575,00 | 0.00 0.00 0.00 | 18,254.00 513,575.00 513,575.00 84,282.00 | 29,438.00 445,564.00 445,564.00 71,937.00 |
| 76-228-00 Subtotal [6C] Subgroup : [6D] | Light & Power Utility Expense>Electric Light & Power Water | 513,575,00 513,575,00 | 0,00 0,00 0,00 | 18,254.00 513,575.00 513,575.00 | 29,438.00 445,564.00 445,564.00 |
| 76-228-00 Subtotal [6C] Subgroup : [6D] 76-229-00 | Light & Power Utility Expense>Electric Light & Power Water Utility Expense>Water/Sewer | 513,575,00 513,575,00 84,282,00 | 0.00 0.00 0.00 | 18,254.00 513,575.00 513,575.00 84,282.00 | 29,438.00 445,564.00 445,564.00 71,937.00 |
| 76-228-00 Subtotal [6C] Subgroup : [6D] 76-229-00 Subtotal [6D] | Light & Power Utility Expense>Electric Light & Power Water Utility Expense>Water/Sewer Water | 513,575,00 513,575,00 84,282,00 | 0.00 0.00 0.00 | 18,254.00 513,575.00 513,575.00 84,282.00 | 29,438.00 445,564.00 445,564.00 71,937.00 |
| 76-228-00 Subtotal [6C] Subgroup : [6D] 76-229-00 Subtotal [6D] Subgroup : [6E] | Light & Power Utility Expense>Electric Light & Power Water Utility Expense>Water/Sewer Water Equipment Lease | 513,575,00 513,575,00 84,282,00 84,282,00 | 0,00 0,00 0,00 0,00 | 18,254.00 513,575.00 513,575.00 84,282.00 84,282.00 | 29,438.00 445,564.00 445,564.00 71,937.00 71,937.00 |
| 76-228-00 Subtotal [6C] Subgroup : [6D] 76-229-00 Subtotal [6D] Subgroup : [6E] Marcum 127 | Light & Power Utility Expense>Electric Light & Power Water Utility Expense>Water/Sewer Water Equipment Lease Leased Equipment | \$13,575,00 \$13,575,00 84,282,00 84,282,00 | 0.00 0.00 0.00 0.00 0.00 | 18,254.00 513,575.00 513,575.00 84,282.00 84,282.00 15,963.00 | 29,438.00 445,564.00 445,564.00 71,937.00 71,937.00 16,084.00 |
| 76-228-00 Subtotal [6C] Subgroup : [6D] 76-229-00 Subtotal [6D] Subgroup : [6E] | Light & Power Utility Expense>Electric Light & Power Water Utility Expense>Water/Sewer Water Equipment Lease | 513,575,00 513,575,00 84,282,00 84,282,00 | 0,00 0,00 0,00 0,00 | 18,254.00 513,575.00 513,575.00 84,282.00 84,282.00 | 29,438.00 445,564.00 445,564.00 71,937.00 71,937.00 |
| 76-228-00 Subtotal [6C] Subgroup: [6D] 76-229-00 Subtotal [6D] Subgroup: [6E] Marcum 127 Subtotal [6E] | Light & Power Utility Expense>Electric Light & Power Water Utility Expense>Water/Sewer Water Equipment Lease Leased Equipment Equipment Lease | \$13,575,00 \$13,575,00 84,282,00 84,282,00 | 0.00 0.00 0.00 0.00 0.00 | 18,254.00 513,575.00 513,575.00 84,282.00 84,282.00 15,963.00 | 29,438.00 445,564.00 445,564.00 71,937.00 71,937.00 16,084.00 |
| 76-228-00 Subtotal [6C] Subgroup : [6D] 76-229-00 Subtotal [6D] Subgroup : [6E] Marcum 127 | Light & Power Utility Expense>Electric Light & Power Water Utility Expense>Water/Sewer Water Equipment Lease Leased Equipment | 513,575.00 513,575.00 84,282.00 84,282.00 0.00 0.00 | 0.00 0.00 0.00 0.00 15,963.00 | 18,254.00 513,575.00 513,575.00 84,282.00 84,282.00 15,963.00 15,963.00 | 29,438.00 445,564.00 445,564.00 71,937.00 71,937.00 16,084.00 16,084.00 |
| 76-228-00 Subtotal [6C] Subgroup: [6D] 76-229-00 Subtotal [6D] Subgroup: [6E] Marcum 127 Subtotal [6E] | Light & Power Utility Expense>Electric Light & Power Water Utility Expense>Water/Sewer Water Equipment Lease Leased Equipment Equipment Lease | \$13,575,00 \$13,575,00 84,282,00 84,282,00 | 0.00 0.00 0.00 0.00 0.00 15,963.00 | 18,254.00 513,575.00 513,575.00 813,575.00 84,282.00 84,282.00 15,963.00 15,963.00 15,963.00 | 29,438.00 445,564.00 445,564.00 71,937.00 71,937.00 16,084.00 16,084.00 14,328.00 |
| 76-228-00 Subtotal [6C] Subgroup: [6D] 76-229-00 Subtotal [6D] Subgroup: [6E] Marcum 127 Subtotal [6E] Subgroup: [6F] 75-183-00 | Light & Power Utility Expense>Electric Light & Power Water Utility Expense>Waler/Sewer Water Equipment Lease Leased Equipment Equipment Lease Other Maintenance Expense>Supplies | 513,575.00 513,575.00 84,282.00 84,282.00 0.00 0.00 | 0.00 0.00 0.00 0.00 15,963.00 | 18,254.00 513,575.00 513,575.00 84,282.00 84,282.00 15,963.00 15,963.00 | 29,438.00 445,564.00 445,564.00 71,937.00 71,937.00 16,084.00 16,084.00 |
| 76-228-00 Subtotal [6C] Subgroup: [6D] 76-229-00 Subtotal [6D] Subgroup: [6E] Marcum 127 Subtotal [6E] Subgroup: [6F] 75-183-00 75-184-00 | Light & Power Utility Expense>Electric Light & Power Water Utility Expense>Waler/Sewer Water Equipment Lease Leased Equipment Equipment Lease Other Maintenance Expense>Supplies Maintenance Expense>Minor Equip & Supplies | 513,575,00 513,575,00 84,282,00 84,282,00 0,00 0,00 0,00 8,984,00 (1,028,00) | 0.00 0.00 0.00 0.00 0.00 15,963.00 | 18,254.00 513,575.00 513,575.00 813,575.00 84,282.00 84,282.00 15,963.00 15,963.00 15,963.00 | 29,438.00 445,564.00 445,564.00 71,937.00 71,937.00 16,084.00 16,084.00 14,328.00 |
| 76-228-00 Subtotal [6C] Subgroup: [6D] 76-229-00 Subtotal [6D] Subgroup: [6E] Marcum 127 Subtotal [6E] Subgroup: [6F] 75-183-00 75-184-00 75-205-00 | Light & Power Utility Expense>Electric Light & Power Water Utility Expense>Water/Sewer Water Equipment Lease Leased Equipment Equipment Lease Other Maintenance Expense>Supplies Maintenance Expense>Minor Equip & Supplies Maintenance Expense>Sanitation & Incineration | 513,575.00 513,575.00 84,282.00 84,282.00 0.00 0.00 0,00 1,028.00 31,178.00 | 0,00 0,00 0,00 0,00 0,00 15,963,00 15,963,00 0,00 0,00 0,00 | 18,254.00 513,575.00 513,575.00 84,282.00 84,282.00 15,963.00 15,963.00 10,028.00 31,178.00 | 29,438.00 445,564.00 445,564.00 71,937.00 71,937.00 16,084.00 16,084.00 14,328.00 3,023.00 28,468.00 |
| 76-228-00 Substotal [6C] Substotal [6D] 76-229-00 Substotal [6D] Substotal [6E] Marcum 127 Substotal [6E] Substotal [6E] Substotal [6E] 75-184-00 75-208-00 | Light & Power Utility Expense>Electric Light & Power Water Utility Expense>Water/Sewer Water Equipment Lease Leased Equipment Equipment Lease Other Maintenance Expense>Supplies Maintenance Expense>Moinct Equip & Supplies Maintenance Expense>Sanitation & Incineration Maintenance Expense>Sequip-Rental | 513,575.00 513,575.00 84,282.00 84,282.00 0.00 0.00 0.00 1,028.00 31,178.00 0.00 | 0,00 0,00 0,00 0,00 15,963.00 16,963.00 0,00 0,00 0,00 0,00 | 18,254.00 513,575.00 513,575.00 84,282.00 84,282.00 15,963.00 15,963.00 (1,028.00) 31,178.00 0.00 | 29,438.00 445,564.00 445,564.00 71,937.00 71,937.00 16,084.00 16,084.00 14,328.00 3,023.00 28,468.00 32.00 |
| 76-228-00 Subtotal [6C] Subgroup: [6D] 76-229-00 Subtotal [6D] Subgroup: [6E] Marcum 127 Subtotal [6E] Subgroup: [6F] 75-183-00 75-184-00 75-208-00 75-217-00 | Light & Power Utility Expense>Electric Light & Power Water Utility Expense>Waler/Sewer Water Equipment Lease Leased Equipment Equipment Lease Other Maintenance Expense>Supplies Maintenance Expense>Sanitation & Incineration Maintenance Expense>Sanitation & Incineration Maintenance Expense>Equip-Rental Maintenance Expense>Expense>Expense | 513,575.00 513,575.00 84,282.00 84,282.00 0.00 0.00 1,028.00 31,178.00 0.00 2,000.00 | 0,00 0,00 0,00 0,00 0,00 15,963.00 15,963.00 0,00 0,00 0,00 0,00 0,00 | 18,254,00 513,575,00 513,575,00 84,282,00 84,282,00 15,963,00 15,963,00 (1,028,00) 31,178,00 0,00 2,000,00 | 29,438.00 445,564.00 445,564.00 71,937.00 71,937.00 16,084.00 15,084.00 3,023.00 28,468.00 3,200 2,686.00 |
| 76-228-00 Subtotal [6C] Subgroup: [6D] 76-229-00 Subtotal [6D] Subgroup: [6E] Marcum 127 Subtotal [6E] Subgroup: [6F] 75-184-00 75-205-00 75-208-00 75-218-00 | Light & Power Utility Expense>Electric Light & Power Water Utility Expense>Water/Sewer Water Equipment Lease Leased Equipment Equipment Lease Other Maintenance Expense>Supplies Maintenance Expense>Sanitation & Incineration Maintenance Expense>Equip-Rental Maintenance Expense>Equip-Rental Maintenance Expense>Experimation Maintenance Expense>Experimation Maintenance Expense>Experimation Maintenance Expense>Experimation | 513,575,00 513,575,00 84,282,00 84,282,00 0,00 0,00 0,00 1,028,00 31,178,00 0,00 2,000,00 6,767,00 | 0,00 0,00 0,00 0,00 15,963,00 15,963,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 | 18,254.00 513,575.00 513,575.00 84,282.00 84,282.00 15,963.00 15,963.00 (1,028.00) 31,178.00 0.00 2,000.00 6,767.00 | 29,438.00 445,564.00 445,564.00 71,937.00 71,937.00 16,084.00 16,084.00 3,023.00 28,468.00 32.00 2,686.00 17,473.00 |
| 76-228-00 Subtotal [6C] Subgroup: [6D] 76-229-00 Subtotal [6D] Subgroup: [6E] Marcum 127 Subtotal [6E] Subgroup: [6F] 75-183-00 75-184-00 75-208-00 75-217-00 | Light & Power Utility Expense>Electric Light & Power Water Utility Expense>Waler/Sewer Water Equipment Lease Leased Equipment Equipment Lease Other Maintenance Expense>Supplies Maintenance Expense>Sanitation & Incineration Maintenance Expense>Sanitation & Incineration Maintenance Expense>Equip-Rental Maintenance Expense>Expense>Expense | 513,575,00 513,575,00 84,282,00 84,282,00 0,00 0,00 (1,028,00) 31,178,00 0,00 2,000,00 6,767,00 5,323,00 | 0,00 0,00 0,00 0,00 15,963,00 16,963,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 | 18,254.00 513,575.00 513,575.00 84,282.00 84,282.00 15,963.00 15,963.00 (1,028.00) 31,178.00 0,00 2,000.00 6,767.00 5,323.00 | 29,438.00 445,564.00 445,564.00 71,937.00 71,937.00 16,084.00 16,084.00 3,023.00 28,468.00 32.00 2,686.00 17,473.00 7,752.00 |
| 76-228-00 Subtotal [6C] Subgroup: [6D] 76-229-00 Subtotal [6D] Subgroup: [6E] Marcum 127 Subtotal [6E] Subgroup: [6F] 75-184-00 75-205-00 75-208-00 75-218-00 | Light & Power Utility Expense>Electric Light & Power Water Utility Expense>Water/Sewer Water Equipment Lease Leased Equipment Equipment Lease Other Maintenance Expense>Supplies Maintenance Expense>Sanitation & Incineration Maintenance Expense>Equip-Rental Maintenance Expense>Equip-Rental Maintenance Expense>Experimation Maintenance Expense>Experimation Maintenance Expense>Experimation Maintenance Expense>Experimation | 513,575,00 513,575,00 84,282,00 84,282,00 0,00 0,00 0,00 1,028,00 31,178,00 0,00 2,000,00 6,767,00 | 0,00 0,00 0,00 0,00 15,963,00 15,963,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 | 18,254,00 513,575,00 513,575,00 84,282,00 84,282,00 15,963,00 15,963,00 (1,028,00) 31,178,00 0,00 2,000,00 6,767,00 5,323,00 9,768,00 | 29,438.00 445,564.00 445,564.00 71,937.00 71,937.00 16,084.00 16,084.00 3,023.00 28,468.00 32.00 2,686.00 17,473.00 |
| 76-228-00 Subtotal [6C] Subgroup: [6D] 76-229-00 Subtotal [6D] Subgroup: [6E] Marcum 127 Subtotal [6E] Subgroup: [6F] 75-184-00 75-208-00 75-208-00 75-217-00 75-218-00 75-219-00 75-220-00 | Light & Power Utility Expense>Electric Light & Power Water Utility Expense>Waler/Sewer Water Equipment Lease Leased Equipment Equipment Lease Other Maintenance Expense>Supplies Maintenance Expense>Familation & Incineration Maintenance Expense>Equip-Rental Maintenance Expense>Equip-Rental Maintenance Expense>Extermination Maintenance Expense>Landscaping Maintenance Expense>Landscaping Maintenance Expense>Landscaping Maintenance Expense>Landscaping Maintenance Expense>Fire Drill | \$13,575.00 \$13,575.00 \$4,282.00 84,282.00 0.00 0.00 0.00 1,178.00 0.00 2,000.00 6,767.00 5,323.00 9,768.00 | 0,00 0,00 0,00 0,00 15,963,00 16,963,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 | 18,254.00 513,575.00 513,575.00 84,282.00 84,282.00 15,963.00 15,963.00 (1,028.00) 31,178.00 0,00 2,000.00 6,767.00 5,323.00 | 29,438.00 445,564.00 445,564.00 71,937.00 71,937.00 16,084.00 16,084.00 3,023.00 28,468.00 32.00 2,686.00 17,473.00 7,752.00 |
| 76-228-00 Subtotal [6C] Subgroup: [6D] 76-229-00 Subtotal [6D] Subgroup: [6E] Marcum 127 Subtotal [6E] Subgroup: [6F] 75-184-00 75-205-00 75-208-00 75-217-00 75-218-00 75-219-00 | Light & Power Utility Expense>Electric Light & Power Water Utility Expense>Water/Sewer Water Equipment Lease Leased Equipment Equipment Lease Other Maintenance Expense>Supplies Maintenance Expense>Minor Equip & Supplies Maintenance Expense>Sanitation & Incineration Maintenance Expense>Equip-Rental Maintenance Expense>Extermination Maintenance Expense>Stermination Maintenance Expense>Snow Removal Maintenance Expense>Supower Maintenance Expense>Supplies | 513,575,00 513,575,00 84,282,00 84,282,00 0,00 0,00 (1,028,00) 31,178,00 0,00 2,000,00 6,767,00 5,323,00 | 0,00 0,00 0,00 0,00 0,00 15,963.00 16,963.00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00 | 18,254,00 513,575,00 513,575,00 84,282,00 84,282,00 15,963,00 15,963,00 (1,028,00) 31,178,00 0,00 2,000,00 6,767,00 5,323,00 9,768,00 | 29,438.00 445,564.00 445,564.00 71,937.00 71,937.00 16,084.00 14,328.00 3,023.00 28,468.00 32.00 2,686.00 17,473.00 7,752.00 6,372.00 |

| Subgroup : [7D] | Movable Equipment Depreciation Expense | 39,785.00 | 0.00 | 39,785.00 | 36,427.00 |
|---|---|---|---|---|---|
| 92-000-00 Subtotal [7D] | Movable Equipment | 39,785.00 | 0.00 | 39,785.00 | 36,427.00 |
| Subtotal [10] | Movable Equipment | | ×=====× | | |
| Subgroup : [9] | Rental Payments | | | | |
| 91-121-00 | Property Expense>Renl | 2,894,082,00 | 0.00 | 2,894,082.00 | 1,320,000,00 |
| Subtotal [9] | Rental Payments | 2,894,082.00 | 0.00 | 2,894,082.00 | 1,320,000.00 |
| | | | | | |
| Subgroup : [108] | Real estate taxes paid by lessor Property Expense>RE Taxes | (5,421.00) | 125,362.00 | 119,941.00 | 125,378.00 |
| 91-161-00 Subtotal [10B] | Real estate taxes paid by lessor | (5,421,00) | 125,362,00 | 119,941.00 | 125,378.00 |
| Subtotal [105] | Real estate taxes paid by (casor | (0)1211007 | S | | |
| Subgroup : [10C] | Personal property taxes | | | | |
| 91-261-00 | Property Expense>Personal Prop Taxes | 20,519.00 | 0.00 | 20,519.00 | 19,354.00 |
| Subtotal [10C] | Personal property taxes | 20,519.00 | 0.00 | 20,519.00 | 19,354.00 |
| | | | 444 == = 34 | 2 222 524 52 | 7 750 709 00 |
| Total [22] | Maintenance and Property | 3,742,299,00 | 141,325.00 | 3,883,624.00 | 2,260,398.00 |
| | Interest and Insurance | | | | |
| Group : [27] Subgroup : [12D] | Other Interest Expense | | | | |
| 94-000-00 | Interest Expense | 28,930.00 | 0,00 | 28,930.00 | 52,205.00 |
| Subtotal [12D] | Other Interest Expense | 28,930.00 | 0.00 | 28,930.00 | 52,205.00 |
| | | | - | | |
| Subgroup : [14A] | Insurance on Property | | | | |
| 80-165-00 | Admin Expense>Insurance - Property | 19,667.00 | 0.00 | 19,667.00 | 18,262.00 |
| Subtotal [14A] | Insurance on Property | 19,667.00 | 0,00 | 19,667,00 | 18,262.00 |
| | | | | | |
| Subgroup : [14C3] | Other | 224,709.00 | 0,00 | 224,709,00 | 223,477.00 |
| 80-162-00 80-163-00 | Admin Expense>Insurance - General Liability & Other Admin Expenso>Insurance - EPLI | 4,272.00 | 0,00 | 4,272.00 | 3,052.00 |
| 80-164-00 | Admin Expense>Surety Bond | 642.00 | 0,00 | 642.00 | 500.00 |
| Subtotal [14C3] | Other | 229,623.00 | 0.00 | 229,623.00 | 227,029.00 |
| | | | 8========== | | |
| Total [27] | Interest and Insurance | 278,220.00 | 0.00 | 278,220.00 | 297,496.00 |
| | | | () | | |
| Group : [30] | Statement of Revenue | | | | |
| Subgroup : [1A] | Medicaid Residents (CT only) | | | (0.050.770.40) | (7.024.400.00) |
| 40-111-00 | Room & Board Revenue>Medicaid | (8,650,773.00) | 0.00 | (8,650,773.00) (809.00) | (7,631,196.00) (4,045.00) |
| 40-111-73 | Room & Board Revenue>Medicald Bed Hold | (809.00) | 0.00 | (8,651,582.00) | (7,635,241.00) |
| Subtotal [1A] | Medicaid Residents (CT only) | (8,651,562.00) | 0.00 | (0,031,002,00) | (1/1000/12/1100/ |
| Cubarana (MDI | Medicaid room and board contractual allowance | | | | |
| | | | | | |
| Subgroup : [1B] 40-111-09 | | 58,624,00 | 0,00 | 68,624.00 | 0.00 |
| 40-111-09 | Room & Board Revenue>Medicaid>Sales Adjustments Medicaid room and board contractual allowance | 68,624,00 68,624,00 | 0.00 | 68,624.00 68,624.00 | 0.00 |
| | Room & Board Revenue>Medicaid>Sales Adjustments | | | | |
| 40-111-09 | Room & Board Revenue>Medicaid>Sales Adjustments Medicaid room and board contractual allowance Medicare Residents (All Inclusive) | 68,624,00 | 0.00 | 68,624.00 | 0.00 |
| 40-111-09 Subtotal [1B] Subgroup : [3A] 40-102-00 | Room & Board Revenue>Medicaid>Sales Adjustments Medicaid room and board contractual allowance Medicare Residents (All Inclusive) Room & Board Revenue>Medicare A | 68,624.00 (2,996,952.00) | 0,00 | 68,624.00 (2,995,952.00) | (5,343,175.00) |
| 40-111-09 Subtotal [1B] Subgroup : [3A] 40-102-00 40-102-09 | Room & Board Revenue>Medicaid>Sales Adjustments Medicaid room and board contractual allowance Medicare Residents (All Inclusive) Room & Board Revenue>Medicare A Room & Board Revenue>Medicare A>Sales Adjustments | 68,624.00 (2,995,952.00) (4,475.00) | 0,00 0,00 0,00 | 68,624.00 (2,995,952.00) (4,475.00) | (5,343,175.00) 0.00 |
| 40-111-09 Subtotal [1B] Subgroup : [3A] 40-102-00 | Room & Board Revenue>Medicaid>Sales Adjustments Medicaid room and board contractual allowance Medicare Residents (All Inclusive) Room & Board Revenue>Medicare A | 68,624.00 (2,996,952.00) | 0,00 | 68,624.00 (2,995,952.00) | (5,343,175.00) |
| 40-111-09 Subtotal [1B] Subgroup : [3A] 40-102-00 40-102-09 Subtotal [3A] | Room & Board Revenue>Medicaid>Sales Adjustments Medicaid room and board contractual allowance Medicare Residents (All Inclusive) Room & Board Revenue>Medicare A Room & Board Revenue>Medicare A>Sales Adjustments Medicare Residents (All inclusive) | 68,624.00 (2,995,952.00) (4,475.00) | 0,00 0,00 0,00 | 68,624.00 (2,995,952.00) (4,475.00) | (5,343,175.00) 0.00 |
| 40-111-09 Subtotal [18] Subgroup : [3A] 40-102-00 40-102-09 Subtotal [3A] Subgroup : [38] | Room & Board Revenue>Medicaid>Sales Adjustments Medicaid room and board contractual allowance Medicare Residents (All Inclusive) Room & Board Revenue>Medicare A Room & Board Revenue>Medicare A>Sales Adjustments Medicare Residents (All inclusive) Medicare room and board contractual allowance | (2,996,952.00) (4,475.00) (3,001,427.00) | 0,00 0,00 0,00 | 68,624.00 (2,995,952.00) (4,475.00) | (5,343,175.00) 0.00 |
| 40-111-09 Subtotal [18] Subgroup: [3A] 40-102-00 40-102-09 Subtotal [3A] Subgroup: [3B] 40-102-14 | Ruom & Board Revenue>Medicaid>Sales Adjustments Medicaid room and board contractual allowance Medicare Residents (All Inclusive) Room & Board Revenue>Medicare A Room & Board Revenue>Medicare A>Sales Adjustments Medicare Residents (All inclusive) Medicare room and board contractual allowance Room & Board Revenue>Medicare A>Sequester | 68,624.00 (2,995,952.00) (4,475.00) | 0,00 0,00 0,00 | (2,995,952.00) (4,475.00) (3,001,427.00) | (5,343,175.00) 0.00 (5,343,175.00) |
| 40-111-09 Subtotal [18] Subgroup : [3A] 40-102-00 40-102-09 Subtotal [3A] Subgroup : [38] | Room & Board Revenue>Medicaid>Sales Adjustments Medicaid room and board contractual allowance Medicare Residents (All Inclusive) Room & Board Revenue>Medicare A Room & Board Revenue>Medicare A>Sales Adjustments Medicare Residents (All inclusive) Medicare room and board contractual allowance | (2,995,952.00) (4,475.00) (3,001,427.00) | 0,00 0,00 0,00 0.00 | (2,985,952.00) (4,475.00) (3,001,427.00) | (5,343,175.00) (5,343,175.00) (5,343,175.00) |
| 40-111-09 Subtotal [18] Subgroup: [3A] 40-102-00 40-102-09 Subtotal [3A] Subgroup: [3B] 40-102-14 | Ruom & Board Revenue>Medicaid>Sales Adjustments Medicaid room and board contractual allowance Medicare Residents (All Inclusive) Room & Board Revenue>Medicare A Room & Board Revenue>Medicare A>Sales Adjustments Medicare Residents (All inclusive) Medicare room and board contractual allowance Room & Board Revenue>Medicare A>Sequester | (2,995,952.00) (4,475.00) (3,001,427.00) | 0,00 0,00 0,00 0.00 | (2,995,952.00) (4,475.00) (3,001,427.00) 50,204.00 | (5,343,175.00) 0.00 (5,343,175.00) 22,087.00 22,087.00 |
| 40-111-09 Subtotal [18] Subgroup: [3A] 40-102-00 40-102-09 Subtotal [3A] Subgroup: [3B] 40-102-14 Subtotal [3B] | Room & Board Revenue>Medicaid>Sales Adjustments Medicaid room and board contractual allowance Medicare Residents (All Inclusive) Room & Board Revenue>Medicare A Room & Board Revenue>Medicare A>Sales Adjustments Medicare Residents (All inclusive) Medicare room and board contractual allowance Room & Board Revenue>Medicare A>Sequester Medicare room and board contractual allowance Private-pay residents and other Room & Board Revenue>Private | (2,995,952.00) (4,475.00) (3,001,427.00) 50,204.00 (1,850,143.00) | 0,00 0,00 0,00 0,00 0,00 0,00 | (2,995,952.00) (4,475.00) (3,001,427.00) 50,204.00 50,204.00 | (5,343,175.0D) 0.00 (8,343,175.00) 22,087.00 22,087.00 (2,108,318.00) |
| 40-111-09 Subtotal [18] Subgroup: [3A] 40-102-00 40-102-09 Subtotal [3A] Subgroup: [3B] 40-102-14 Subtotal [3B] Subgroup: [4A] 40-104-00 40-104-09 | Room & Board Revenue>Medicaid>Sales Adjustments Medicaid room and board contractual allowance Medicare Residents (All Inclusive) Room & Board Revenue>Medicare A Room & Board Revenue>Medicare A>Sales Adjustments Medicare Residents (All inclusive) Medicare room and board contractual allowance Room & Board Revenue>Medicare A>Sequester Medicare room and board contractual allowance Private-pay residents and other Room & Board Revenue>Private Room & Board Revenue>Private Room & Board Revenue>Private Room & Board Revenue>Private | (2,995,952.00) (4,475.00) (3,001,427.00) 50,204.00 50,204.00 (1,850,143.00) (57,358.00) | 0,00 0,00 0,00 0,00 0,00 | (2,995,952.00) (4,475.00) (3,001,427.00) 50,204.00 (1,850,143.00) (57,358.00) | (5,343,175.0D) (5,343,175.0D) (5,343,175.0D) 22,087.0D 22,087.0D (2,108,318.0D) 0.0D |
| 40-111-09 Subtotal [18] Subgroup: [2A] 40-102-00 40-102-09 Subtotal [3A] Subgroup: [3B] 40-102-14 Subtotal [3B] Subgroup: [4A] 40-104-00 40-105-00 | Ruom & Board Revenue>Medicaid>Sales Adjustments Medicaid room and board contractual allowance Medicare Residents (All Inclusive) Room & Board Revenue>Medicare A Room & Board Revenue>Medicare A>Sales Adjustments Medicare Residents (All inclusive) Medicare room and board contractual allowance Room & Board Revenue>Medicare A>Sequester Medicare room and board contractual allowance Private-pay residents and other Room & Board Revenue>Private Room & Board Revenue>Private Room & Board Revenue>HMO | (2,995,952.00) (4,475.00) (3,001,427.00) 50,204.00 (1,850,143.00) (57,358.00) (579,933.00) | 0,00 0,00 0,00 0,00 0,00 0,00 | (2,995,952.00) (4,475.00) (3,001,427.00) 50,204.00 (1,850,143.00) (57,558.00) (579,933.00) | (5,343,175.00) 0.00 (5,343,175.00) 22,087.00 22,087.00 (2,108,318.00) 0.00 (848,458.00) |
| 40-111-09 Subtotal [18] Subgroup: [3A] 40-102-00 40-102-09 Subtotal [3A] Subgroup: [3B] 40-102-14 Subtotal [3B] Subgroup: [4A] 40-104-00 40-104-09 40-105-09 | Room & Board Revenue>Medicaid>Sales Adjustments Medicaid room and board contractual allowance Medicare Residents (All Inclusive) Room & Board Revenue>Medicare A Room & Board Revenue>Medicare A>Sales Adjustments Medicare Residents (All inclusive) Medicare Residents (All inclusive) Medicare room and board contractual allowance Room & Board Revenue>Medicare A>Saquester Medicare room and board contractual allowance Private-pay residents and other Room & Board Revenue>Private>Sales Adjustments Room & Board Revenue>Private>Sales Adjustments Room & Board Revenue>Commercial HMO>Sales Adjus Room & Board Revenue>Commercial HMO>Sales Adjus Room & Board Revenue>Commercial HMO>Sales Adjus | (2,995,952.00) (4,475.00) (3,001,427.00) 50,204.00 (1,850,143.00) (57,358.00) (579,933.00) (18,883.00) | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | (2,995,952.00) (4,475.00) (3,001,427.00) 50,204.00 50,204.00 (1,850,143.00) (57,358.00) (579,933.00) (18,883.00) | (5,343,175.00) 0.00 (5,343,175.00) 22,087.00 22,087.00 (2,108,318.00) 0.00 (848,458.00) 0.00 |
| 40-111-09 Subtotal [18] Subgroup: [3A] 40-102-00 40-102-09 Subtotal [3A] Subgroup: [3B] 40-102-14 Subtotal [3B] Subgroup: [4A] 40-104-00 40-105-00 40-105-00 40-105-09 40-105-09 | Room & Board Revenue>Medicaid>Sales Adjustments Medicaid room and board contractual allowance Medicare Residents (All Inclusive) Room & Board Revenue>Medicare A Room & Board Revenue>Medicare A>Sales Adjustments Medicare Residents (All inclusive) Medicare room and board contractual allowance Room & Board Revenue>Medicare A>Sequester Medicare room and board contractual allowance Room & Board Revenue>Medicare A>Sequester Medicare room and board contractual allowance Private-pay residents and other Room & Board Revenue>Private Room & Board Revenue>Private Room & Board Revenue>HMO Room & Board Revenue>Commercial HMO>Sales Adjus Room & Board Revenue>Commercial HMO>Sales Adjus Room & Board Revenue>Hospice | (2,995,952.00) (4,475.00) (3,001,427.00) 50,204.00 50,204.00 (1,850,143.00) (57,358.00) (579,933.00) (18,863.00) (118,863.00) | 0,00 0,00 0,00 0,00 0,00 0,00 | (2,995,952.00) (4,475.00) (3,001,427.00) 50,204.00 50,204.00 (1,850,143.00) (57,358.00) (57,933.00) (18,863.00) (118,863.00) | (5,343,175.00) 0.00 (5,343,175.00) 22,087.00 22,087.00 (2,108,318.00) 0.00 (848,458.00) |
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| 40-111-09 Subtotal [18] Subgroup: [3A] 40-102-00 40-102-09 Subtotal [3A] Subgroup: [3B] 40-102-14 Subtotal [3B] Subgroup: [4A] 40-104-00 40-105-00 40-105-00 40-105-09 40-105-09 | Room & Board Revenue>Medicaid>Sales Adjustments Medicaid room and board contractual allowance Medicare Residents (All Inclusive) Room & Board Revenue>Medicare A Room & Board Revenue>Medicare A>Sales Adjustments Medicare Residents (All inclusive) Medicare room and board contractual allowance Room & Board Revenue>Medicare A>Sequester Medicare room and board contractual allowance Room & Board Revenue>Medicare A>Sequester Medicare room and board contractual allowance Private-pay residents and other Room & Board Revenue>Private Room & Board Revenue>Private Room & Board Revenue>HMO Room & Board Revenue>Commercial HMO>Sales Adjus Room & Board Revenue>Commercial HMO>Sales Adjus Room & Board Revenue>Hospice | (2,995,952.00) (4,475.00) (3,001,427.00) 50,204.00 50,204.00 (1,850,143.00) (57,358.00) (579,933.00) (18,863.00) (118,863.00) | 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0 | (2,995,952.00) (4,475.00) (3,001,427.00) 50,204.00 (1,850,143.00) (57,358.00) (57,933.00) (18,863.00) (11,863.00) (11,16.00) | (5,343,175.00) 0.00 (5,343,175.00) 22,087.00 22,087.00 (2,108,318.00) 0.00 (848,468.00) 0.00 (39,282.00) 0.00 |
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| 40-111-09 Subtotal [18] Subgroup: [3A] 40-102-00 40-102-09 Subtotal [3A] Subgroup: [3B] 40-102-14 Subtotal [3B] Subgroup: [4A] 40-104-00 40-104-09 40-105-00 40-105-00 40-109-09 Subtotal [4A] | Room & Board Revenue>Medicaid>Sales Adjustments Medicaid room and board contractual allowance Medicare Residents (All Inclusive) Room & Board Revenue>Medicare A Room & Board Revenue>Medicare A>Sales Adjustments Medicare Residents (All inclusive) Medicare Residents (All inclusive) Medicare room and board contractual allowance Room & Board Revenue>Medicare A>Sequester Medicare room and board contractual allowance Private-pay residents and other Room & Board Revenue>Private>Sales Adjustments Room & Board Revenue>HMO Room & Board Revenue>HMO Room & Board Revenue>Hospice Room & Board Revenue>Hospice Room & Board Revenue>Hospice>Sales Adjustments Private-pay residents and other Private-pay room and board contractual allowance Room & Board Revenue>Hospice>Sales Adjustments Private-pay room and board contractual allowance Room & Board Revenue>HMO>Sequester | (2,996,952.00) (4,475.00) (3,001,427.00) (3,001,427.00) 50,204.00 (1,850,143.00) (57,358.00) (579,933.00) (18,863.00) (118,863.00) (1,116.00) (2,626,296.00) | 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0 | (2,995,952.00) (4,475.00) (3,001,427.00) (3,001,427.00) 50,204.00 (1,850,143.00) (57,558.00) (579,933.00) (18,863.00) (11,116.00) (2,626,296.00) | (5,343,175.00) 0.00 (5,343,175.00) 22,087.00 22,087.00 (2,108,318.00) 0.00 (848,458.00) 0.00 (39,282.00) 0.00 (2,996,068.00) |
| 40-111-09 Subtotal [18] Subgroup: [3A] 40-102-00 40-102-09 Subtotal [3A] Subgroup: [3B] 40-102-14 Subtotal [3B] Subgroup: [4A] 40-104-09 40-105-00 40-105-00 40-105-00 40-109-00 50-108-00 Subtotal [4A] Subgroup: [4B] | Room & Board Revenue>Medicaid>Sales Adjustments Medicaid room and board contractual allowance Medicare Residents (All Inclusive) Room & Board Revenue>Medicare A Room & Board Revenue>Medicare A>Sales Adjustments Medicare Residents (All inclusive) Medicare room and board contractual allowance Room & Board Revenue>Medicare A>Sequester Medicare room and board contractual allowance Private-pay residents and other Room & Board Revenue>Private Room & Board Revenue>Private Room & Board Revenue>Private Room & Board Revenue>HMO Room & Board Revenue>Commercial HMO>Sales Adjustments Room & Board Revenue>Hospice Room & Board Revenue>Hospice>Sales Adjustments Private-pay residents and other Private-pay room and board contractual allowance | (2,995,952.00) (4,475.00) (3,001,427.00) (3,001,427.00) (1,850,143.00) (37,358.00) (579,933.00) (118,863.00) (118,863.00) (1,116.00) (2,526,296.00) | 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0 | (2,995,952.00) (4,475.00) (3,001,427.00) 50,204.00 (1,850,143.00) (57,358.00) (57,933.00) (11,883.00) (118,683.00) (1,116.00) (2,626,296.00) | (5,343,175.0D) 0.00 (5,343,175.0D) 22,087.00 22,087.00 (2,108,318.00) 0.00 (848,458.00) 0.00 (39,282.00) 0.00 (2,996,058.00) |
| 40-111-09 Subtotal [18] Subgroup: [3A] 40-102-00 40-102-09 Subtotal [3A] Subgroup: [3B] 40-102-14 Subtotal [3B] Subgroup: [4A] 40-104-00 40-105-00 40-105-00 40-109-09 Subtotal [4A] Subgroup: [4B] 40-105-14 Subgroup: [4B] | Room & Board Revenue>Medicaid>Sales Adjustments Medicaid room and board contractual allowance Medicare Residents (All Inclusive) Room & Board Revenue>Medicare A Room & Board Revenue>Medicare A>Sales Adjustments Medicare Residents (All inclusive) Medicare room and board contractual allowance Room & Board Revenue>Medicare A>Sequester Medicare room and board contractual allowance Private-pay residents and other Room & Board Revenue>Private Room & Board Revenue>Private Room & Board Revenue>HMO Room & Board Revenue>HMO Room & Board Revenue>Hospice Room & Board Revenue>Hospice Room & Board Revenue>Hospice>Sales Adjustments Private-pay residents and other Private-pay residents and other Private-pay room and board contractual allowance Room & Board Revenue>HMO>Sequester Private-pay room and board contractual allowance | (2,996,952.00) (4,475.00) (3,001,427.00) (3,001,427.00) 50,204.00 (1,850,143.00) (57,358.00) (579,933.00) (18,863.00) (118,863.00) (1,116.00) (2,626,296.00) | 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0 | (2,995,952.00) (4,475.00) (3,001,427.00) (3,001,427.00) 50,204.00 (1,850,143.00) (57,558.00) (579,933.00) (18,863.00) (11,116.00) (2,626,296.00) | (5,343,175.00) 0.00 (5,343,175.00) 22,087.00 22,087.00 (2,108,318.00) 0.00 (848,458.00) 0.00 (39,282.00) 0.00 (2,996,068.00) |
| 40-111-09 Subtotal [18] Subgroup: [3A] 40-102-00 40-102-09 Subtotal [3A] Subgroup: [3B] 40-102-14 Subtotal [3B] Subgroup: [4A] 40-104-00 40-105-00 40-105-09 40-105-09 Subtotal [4A] Subgroup: [4B] 40-105-14 Subgroup: [4B] | Ruom & Board Revenue>Medicaid>Sales Adjustments Medicaid room and board contractual allowance Medicare Residents (All Inclusive) Room & Board Revenue>Medicare A Room & Board Revenue>Medicare A>Sales Adjustments Medicare Residents (All Inclusive) Medicare room and board contractual allowance Room & Board Revenue>Medicare A>Sequester Medicare room and board contractual allowance Private-pay residents and other Room & Board Revenue>Private Room & Board Revenue>Private Room & Board Revenue>Private Room & Board Revenue>HMO Room & Board Revenue>HMO Room & Board Revenue>Hospice Private-pay room and board contractual allowance Room & Board Revenue>HMO>Sequester Private-pay room and board contractual allowance Room & Board Revenue>HMO>Sequester Private-pay room and board contractual allowance Room & Board Revenue>Hospice>Hoom & Board Revenue>HMO>Sequester Private-pay room and board contractual allowance Prescription Drugs - Medicare | (2,996,952.00) (4,475.00) (3,001,427.00) (3,001,427.00) (50,204.00 (1,850,143.00) (57,358.00) (579,933.00) (18,863.00) (118,863.00) (1,116.00) (2,626,296.00) | 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0 | (2,995,952.00) (4,475.00) (3,001,427.00) 50,204.00 50,204.00 (1,850,143.00) (57,358.00) (57,933.00) (18,863.00) (11,16.00) (2,626,296.00) | (5,343,175.00) 0.00 (5,343,175.00) 22,087.00 22,087.00 (2,108,318.00) 0.00 (848,468.00) 0.00 (39,282.00) 0.00 (2,996,068.00) 1,739.00 1,739.00 |
| 40-111-09 Subtotal [18] Subgroup: [3A] 40-102-00 40-102-09 Subtotal [3A] Subgroup: [3B] 40-102-14 Subtotal [3B] Subgroup: [4A] 40-104-09 40-105-00 40-105-09 40-109-00 40-109-00 5ubtotal [4A] Subgroup: [4B] 40-105-14 Subgroup: [4B] 40-105-14 Subgroup: [4B] 40-105-14 Subgroup: [4B] 40-105-14 Subgroup: [4B] | Room & Board Revenue>Medicaid>Sales Adjustments Medicaid room and board contractual allowance Medicare Residents (All Inclusive) Room & Board Revenue>Medicare A Room & Board Revenue>Medicare A>Sales Adjustments Medicare Residents (All inclusive) Medicare Residents (All inclusive) Medicare room and board contractual allowance Room & Board Revenue>Medicare A>Saquester Medicare room and board contractual allowance Private-pay residents and other Room & Board Revenue>Private>Sales Adjustments Room & Board Revenue>Private>Sales Adjustments Room & Board Revenue>Commercial HMO>Sales Adjustments Room & Board Revenue>HMO Room & Board Revenue>Hospice Room & Board Revenue>Hospice Room & Board Revenue>Hospice Room & Board Revenue>Hospice>Sales Adjustments Private-pay room and board contractual allowance Room & Board Revenue>HMO>Sequester Private-pay room and board contractual allowance Room & Board Revenue>HMO>Sequester Private-pay room and board contractual allowance Room & Board Revenue>HMO>Sequester Private-pay room and board contractual allowance Room & Board Revenue>HMO>Sequester Private-pay room and board contractual allowance Room & | (2,995,952.00) (4,475.00) (3,001,427.00) (3,001,427.00) (50,204.00 (50,204.00) (57,358.00) (57,358.00) (59,333.00) (118,863.00) (11,16.00) (2,626,296.00) (4,726.00) | 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0 | (2,995,952.00) (4,475.00) (3,001,427.00) 50,204.00 50,204.00 (1,850,143.00) (57,538.00) (579,933.00) (118,863.00) (1,116.00) (2,626,296.00) 4,726.00 (172,116.00) | (5,343,175.0D) 0.00 (5,343,175.0D) 22,087.0D 22,087.0D (2,108,318.0D) 0.00 (848,458.0D) 0.00 (39,282.0D) 0.00 (2,996,068.0D) 1,739.00 1,739.00 (209,435,0D) |
| 40-111-09 Subtotal [18] Subgroup: [3A] 40-102-00 40-102-09 Subtotal [3A] Subgroup: [3B] 40-102-14 Subtotal [3B] Subgroup: [4A] 40-104-09 40-105-00 40-105-00 40-109-09 Subtotal [4A] Subgroup: [4B] 40-105-14 Subgroup: [4B] 40-105-14 Subgroup: [5A] 41-102-00 41-102-01 | Room & Board Revenue>Medicaid>Sales Adjustments Medicaid room and board contractual allowance Medicare Residents (All Inclusive) Room & Board Revenue>Medicare A Room & Board Revenue>Medicare A>Sales Adjustments Medicare Residents (All inclusive) Medicare Residents (All inclusive) Medicare room and board contractual allowance Room & Board Revenue>Medicare A>Sequester Medicare room and board contractual allowance Private-pay residents and other Room & Board Revenue>Private Room & Board Revenue>Private Room & Board Revenue>Commercial HMO>Sales Adjustments Room & Board Revenue>Commercial HMO>Sales Adjustments Room & Board Revenue>Hospice Room & Board Revenue>Hospice Room & Board Revenue>Hospice-Sales Adjustments Private-pay residents and other Private-pay room and board contractual allowance Room & Board Revenue>HMO>Sequester Private-pay room and board contractual allowance Room & Board Revenue>HMO>Sequester Private-pay room and board contractual allowance Prescription Drugs - Medicare Pharmacy Rev>Medicare A Pharmacy Rev>Medicare A>C/A | (2,995,952.00) (4,475.00) (3,001,427.00) 50,204.00 50,204.00 (1,850,143.00) (573,588.00) (579,933.00) (11,168.00) (1,116.00) (2,626,296.00) 4,726.00 (172,116.00) 172,116.00 | 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0 | (2,995,952.00) (4,475.00) (3,001,427.00) 50,204.00 50,204.00 (1,850,143.00) (57,358.00) (57,933.00) (18,863.00) (11,116.00) (2,626,296.00) 4,726.00 (172,116.00) 172,116.00 | (5,343,175.00) 0.00 (5,343,175.00) 22,087.00 22,087.00 (2,108,318.00) 0.00 (848,468.00) 0.00 (39,282.00) 0.00 (2,996,068.00) 1,739.00 1,739.00 |
| 40-111-09 Subtotal [18] Subgroup: [3A] 40-102-00 40-102-09 Subtotal [3A] Subgroup: [3B] 40-102-14 Subtotal [3B] Subgroup: [4A] 40-104-09 40-105-00 40-105-09 40-109-00 40-109-00 5ubtotal [4A] Subgroup: [4B] 40-105-14 Subgroup: [4B] 40-105-14 Subgroup: [4B] 40-105-14 Subgroup: [4B] 40-105-14 Subgroup: [4B] | Room & Board Revenue>Medicaid>Sales Adjustments Medicaid room and board contractual allowance Medicare Residents (All Inclusive) Room & Board Revenue>Medicare A Room & Board Revenue>Medicare A>Sales Adjustments Medicare Residents (All inclusive) Medicare Residents (All inclusive) Medicare room and board contractual allowance Room & Board Revenue>Medicare A>Saquester Medicare room and board contractual allowance Private-pay residents and other Room & Board Revenue>Private>Sales Adjustments Room & Board Revenue>Private>Sales Adjustments Room & Board Revenue>Commercial HMO>Sales Adjustments Room & Board Revenue>HMO Room & Board Revenue>Hospice Room & Board Revenue>Hospice Room & Board Revenue>Hospice Room & Board Revenue>Hospice>Sales Adjustments Private-pay room and board contractual allowance Room & Board Revenue>HMO>Sequester Private-pay room and board contractual allowance Room & Board Revenue>HMO>Sequester Private-pay room and board contractual allowance Room & Board Revenue>HMO>Sequester Private-pay room and board contractual allowance Room & Board Revenue>HMO>Sequester Private-pay room and board contractual allowance Room & | (2,995,952.00) (4,475.00) (3,001,427.00) (3,001,427.00) (50,204.00 (50,204.00) (57,358.00) (57,358.00) (59,333.00) (118,863.00) (11,16.00) (2,626,296.00) (4,726.00) | 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0 | (2,995,952.00) (4,475.00) (3,001,427.00) 50,204.00 50,204.00 (1,850,143.00) (57,538.00) (579,933.00) (118,863.00) (1,116.00) (2,626,296.00) 4,726.00 (172,116.00) | (5,343,175.0D) 0.00 (5,343,175.0D) 22,087.0D 22,087.0D (2,108,318.0D) 0.0D (848,468.0D) 0.00 (39,282.0D) 0.00 (2,996,068.0D) 1,739.0D 1,739.0D 1,739.0D (209,435.0D) |
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| 40-111-09 Subtotal [18] Subgroup: [3A] 40-102-00 40-102-09 Subtotal [3A] Subgroup: [3B] 40-102-14 Subtotal [3B] Subgroup: [4A] 40-104-09 40-105-09 40-105-09 40-105-09 40-109-00 40-109-00 Subtotal [4A] Subgroup: [4B] 40-105-14 Subgroup: [4B] 40-105-14 Subgroup: [5A] 41-102-00 41-102-01 Subtotal [5A] Subgroup: [7A] 42-102-00 Subtotal [7A] Subgroup: [7A] 42-102-00 Subtotal [7A] | Room & Board Revenue>Medicaid>Sales Adjustments Medicaid room and board contractual allowance Medicare Residents (All Inclusive) Room & Board Revenue>Medicare A Room & Board Revenue>Medicare A>Sales Adjustments Medicare Residents (All inclusive) Medicare Residents (All inclusive) Medicare room and board contractual allowance Room & Board Revenue>Medicare A>Saquester Medicare room and board contractual allowance Private-pay residents and other Room & Board Revenue>Private Room & Board Revenue>Private Room & Board Revenue>Private Room & Board Revenue>Commercial HMO>Sales Adjustments Room & Board Revenue>Hospice Room & Board Revenue>Hospice Room & Board Revenue>Hospice>Sales Adjustments Private-pay residents and other Private-pay room and board contractual allowance Room & Board Revenue>HMO>Sequester Private-pay room and board contractual allowance Room & Board Revenue>HMO>Sequester Private-pay room and board contractual allowance Prescription Drugs - Medicare Pharmacy Rev>Medicare A Pharmacy Rev>Medicare A Pharmacy Rev>Medicare A Pharmacy Thevanue>Medicare B Physical Therapy - Medicare | (2,995,952.00) (4,475.00) (3,001,427.00) 50,204.00 50,204.00 (57,358.00) (579,933.00) (118,863.00) (1118.60) (2,626,296.00) 4,726.00 4,726.00 (172,116.00) 172,116.00 0.00 (173,454.00) (155,219.00) (328,673.00) | 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0 | (2,995,952.00) (4,475.00) (3,001,427.00) 50,204.00 50,204.00 (1,850,143.00) (57,358.00) (57,933.00) (18,863.00) (1,116.00) (2,626,296,00) 4,726.00 4,726.00 (172,116.00) 172,116.00 0.00 (173,454.00) (155,219.00) (328,673.00) | (5,343,175.0D) 0.00 (8,343,175.0D) 22,087.0D 22,087.0D (2,108,318.0D) 0.00 (848,458.0D) 0.00 (39,282.0D) 0.00 (2,996,068.0D) 1,739.0D 1,739.0D 1,739.0D (209,435.0D) 209,435.0D (306,748.0D) |
| 40-111-09 Subtotal [18] Subgroup: [3A] 40-102-00 40-102-09 Subtotal [3A] Subgroup: [3B] 40-102-14 Subtotal [3B] Subgroup: [4A] 40-104-00 40-104-09 40-105-09 40-105-09 Subtotal [4A] Subgroup: [4B] 40-105-14 Subgroup: [5A] 41-102-00 41-102-01 Subtotal [5A] Subgroup: [7A] 42-102-00 42-103-00 Subtotal [7A] Subgroup: [7B] | Room & Board Revenue>Medicaid>Sales Adjustments Medicaid room and board contractual allowance Medicare Residents (All Inclusive) Room & Board Revenue>Medicare A Room & Board Revenue>Medicare A>Sales Adjustments Medicare Residents (All inclusive) Medicare Residents (All inclusive) Medicare room and board contractual allowance Room & Board Revenue>Medicare A>Saquester Medicare room and board contractual allowance Private-pay residents and other Room & Board Revenue>Private Room & Board Revenue>Private Room & Board Revenue>HMO Room & Board Revenue>HMO Room & Board Revenue>HMO Room & Board Revenue>Hospice Room & Board Revenue>Hospice Room & Board Revenue>Hospice Room & Board Revenue>Hospice Room & Board Revenue>Hospice>Sales Adjustments Private-pay room and board contractual allowance Room & Board Revenue>HMO>Sequester Private-pay room and board contractual allowance Room & Board Revenue>HMO>Sequester Private-pay room and board contractual allowance Room & Board Revenue>HMO>Sequester Private-pay room and board contractual allowance Room & Board Revenue>HMO>Sequester Private-pay room and board contractual allowance Room & Board Revenue>HMO>Sequester Private-pay room and board contractual allowance Prescription Drugs - Medicare Pharmacy Rev>Medicare A Pharmacy Rev>Medicare A Pharmacy Rev>Medicare Physical Therapy - Medicare | (2,995,952.00) (4,475.00) (3,001,427.00) 50,204.00 50,204.00 (37,358.00) (57,358.00) (18,863.00) (118,863.00) (1,115.00) (2,526,295.00) 4,726.00 4,726.00 172,115.00 172,115.00 172,115.00 (173,454.00) (155,219.00) (328,673.00) | 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0 | (2,995,952.00) (4,475.00) (3,001,427.00) 50,204.00 50,204.00 (1,850,143.00) (57,558.00) (579,933.00) (118,863.00) (111,863.00) (2,626,296.00) 4,726.00 4,726.00 (172,116.00) 172,116.00 0,00 (173,454.00) (155,219.00) | (5,343,175.00) |
| 40-111-09 Subtotal [18] Subgroup: [3A] 40-102-00 40-102-09 Subtotal [3A] Subgroup: [3B] 40-102-14 Subtotal [3B] Subgroup: [4A] 40-104-00 40-105-09 40-105-09 40-105-09 Subtotal [4A] Subgroup: [4B] 40-105-14 Subgroup: [5A] 41-102-00 41-102-01 Subtotal [5A] Subgroup: [7A] 42-102-00 Subtotal [7A] Subgroup: [7B] 42-102-01 Subtotal [7B] | Room & Board Revenue>Medicaid>Sales Adjustments Medicaid room and board contractual allowance Medicare Residents (All Inclusive) Room & Board Revenue>Medicare A Room & Board Revenue>Medicare A>Sales Adjustments Medicare Residents (All inclusive) Medicare Residents (All inclusive) Medicare room and board contractual allowance Room & Board Revenue>Medicare A>Saquester Medicare room and board contractual allowance Private-pay residents and other Room & Board Revenue>Private Room & Board Revenue>Private Room & Board Revenue>HMO Room & Board Revenue>HMO Room & Board Revenue>HMO Room & Board Revenue>HMO Room & Board Revenue>Hospice Room & Board Revenue>Hospice Room & Board Revenue>Hospice Room & Board Revenue>Hospice Private-pay room and board contractual allowance Room & Board Revenue>HMO>Sequester Private-pay room and board contractual allowance Room & Board Revenue>HMO>Sequester Private-pay room and board contractual allowance Room & Board Revenue>HMO>Sequester Private-pay room and board contractual allowance Prescription Drugs - Medicare Pharmacy Rev>Medicare A Pharmacy Rev>Medicare A Pharmacy Rev>Medicare A PT Revenue>Medicare A PT Revenue>Medicare A PT Revenue>Medicare B Physical Therapy - Medicare Physical Therapy - Medicare Physical Therapy - Medicare Contractual Allowance PT Revenue>Medicare A>C/A Physical Therapy - Medicare Contractual Allowance | (2,995,952.00) (4,475.00) (3,001,427.00) 50,204.00 50,204.00 (57,358.00) (579,933.00) (118,863.00) (1118.60) (2,626,296.00) 4,726.00 4,726.00 (172,116.00) 172,116.00 0.00 (173,454.00) (155,219.00) (328,673.00) | 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0 | (2,995,952.00) (4,475.00) (3,001,427.00) 50,204.00 50,204.00 (1,850,143.00) (57,358.00) (57,933.00) (18,863.00) (1,116.00) (2,626,296,00) 4,726.00 4,726.00 (172,116.00) 172,116.00 0.00 (173,454.00) (155,219.00) (328,673.00) | (5,343,175.00) |
| 40-111-09 Subtotal [18] Subgroup: [3A] 40-102-00 40-102-09 Subtotal [3A] Subgroup: [3B] 40-102-14 Subtotal [3B] Subgroup: [4A] 40-104-09 40-105-09 40-105-09 40-105-09 40-109-00 40-109-00 Subtotal [4A] Subgroup: [4B] 40-105-14 Subgroup: [4B] 40-105-14 Subgroup: [5A] 41-102-00 41-102-01 Subtotal [5A] Subgroup: [7A] 42-102-00 Subtotal [7A] Subgroup: [7A] 42-102-00 Subtotal [7A] | Room & Board Revenue>Medicaid>Sales Adjustments Medicare Residents (All Inclusive) Room & Board Revenue>Medicare A Room & Board Revenue>Medicare A Room & Board Revenue>Medicare A>Sales Adjustments Medicare Residents (All inclusive) Medicare Residents (All inclusive) Medicare room and board contractual allowance Room & Board Revenue>Medicare A>Saquester Medicare room and board contractual allowance Private-pay residents and other Room & Board Revenue>Private Room & Board Revenue>Private Room & Board Revenue>Private Room & Board Revenue>Commercial HMO>Sales Adjustments Room & Board Revenue>HMO Room & Board Revenue>Hospice Room & Board Revenue>Hospice Room & Board Revenue>Hospice>Sales Adjustments Private-pay residents and other Private-pay room and board contractual allowance Room & Board Revenue>HMO>Sequester Private-pay room and board contractual allowance Room & Board Revenue>Hdoicare Pharmacy Rev>Medicare A Pharmacy Rev>Medicare A Pharmacy Rev>Medicare A Pharmacy Thevanue>Medicare PT Revenue>Medicare B Physical Therapy - Medicare | (2,995,952.00) (4,475.00) (3,001,427.00) 50,204.00 50,204.00 (57,358.00) (579,933.00) (118,863.00) (1118.60) (2,626,296.00) 4,726.00 4,726.00 (172,116.00) 172,116.00 0.00 (173,454.00) (155,219.00) (328,673.00) | 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0 | (2,995,952.00) (4,475.00) (3,001,427.00) 50,204.00 50,204.00 (1,850,143.00) (57,953.00) (57,953.00) (118,853.00) (1,116.00) (2,626,296.00) 4,726.00 4,726.00 (172,116.00) (172,116.00) (173,454.00) (155,219.00) (173,454.00) (173,454.00) (173,454.00) (173,454.00) (173,454.00) | (5,343,175.00) (5,343,175.00) (5,343,175.00) 22,087.00 22,087.00 (2,108,318.00) 0.00 (848,468.00) 0,00 (39,282.00) 0,00 (2,996,068.00) 1,739.00 1,739.00 1,739.00 (209,435.00) 209,435.00 0,00 (306,748.00) (405,570.00) 306,748.00 |
| 40-111-09 Subtotal [18] Subgroup: [3A] 40-102-00 40-102-09 Subtotal [3A] Subgroup: [3B] 40-102-14 Subtotal [3B] Subgroup: [4A] 40-104-09 40-105-09 40-105-09 40-105-09 40-105-14 Subtotal [4A] Subgroup: [5A] 41-102-00 41-102-01 Subtotal [5A] Subgroup: [7A] 42-102-00 Subtotal [7A] Subgroup: [7B] 42-102-01 Subtotal [7B] Subgroup: [7B] 42-102-01 Subtotal [7B] Subgroup: [7C] | Room & Board Revenue>Medicaid>Sales Adjustments Medicaid room and board contractual allowance Medicare Residents (All Inclusive) Room & Board Revenue>Medicare A Room & Board Revenue>Medicare A>Sales Adjustments Medicare Residents (All inclusive) Medicare Residents (All inclusive) Medicare room and board contractual allowance Room & Board Revenue>Medicare A>Saquester Medicare room and board contractual allowance Private-pay residents and other Room & Board Revenue>Private Room & Board Revenue>Private>Sales Adjustments Room & Board Revenue>Commercial HMO>Sales Adjustments Room & Board Revenue>HMO Room & Board Revenue>Hospice Room & Board Revenue>Hospice Room & Board Revenue>Hospice Room & Board Revenue>Hospice>Sales Adjustments Private-pay room and board contractual allowance Room & Board Revenue>HMO>Sequester Private-pay room and board contractual allowance Room & Board Revenue>HMO>Sequester Private-pay room and board contractual allowance Prescription Drugs - Medicare Pharmacy Rev>Medicare A Pharmacy Rev>Medicare A>C/A Prescription Drugs - Medicare Physical Therapy - Medicare PT Revenue>Medicare B Physical Therapy - Medicare Physical Therapy - Medicare Physical Therapy - Medicare Contractual Allowance PT Revenue>Medicare A>C/A Physical Therapy - Medicare Contractual Allowance | (2,995,952.00) (4,475.00) (3,001,427.00) 50,204.00 50,204.00 (57,358.00) (57,358.00) (118,863.00) (1118.00) (2,626,296.00) 4,726.00 4,726.00 (172,116.00) 172,116.00 0.00 (173,454.00) (155,219.00) (328,673.00) | 0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0 | (2,995,952.00) (4,475.00) (3,001,427.00) 50,204.00 50,204.00 (1,850,143.00) (57,538.00) (57,9933.00) (118,863.00) (1,116.00) (2,626,296.00) 4,726.00 4,726.00 (172,116.00) (172,116.00) (173,454.00) (155,219.00) (328,673.00) | (5,343,175.00) |

| 42-111-00 Subtotal [7C] | PT Revenue>Medicaid Physical Therapy • Non-medicare | (56,763.00) {149,537.00} | 0.00 | (56,763.00) (149,537.00) | (74,352,00) (262,153,00) |
|-------------------------------|--|-----------------------------|--------------|-----------------------------|-------------------------------|
| | | | | | |
| Subgroup : [7D] 42-105-01 | Physical Therapy - Non-medicare Contractual Allowan PT Revenue>HMO>C/A | 63,812,00 | 0,00 | 63,812,00 | 161,960.00 |
| 42-111-01 | PT Revenue>Medicaid>C/A | 56,763,00 | 0.00 | 56,763.00 | 78,937.00 |
| Subtotal [7D] | Physical Therapy - Non-medicare Contractual Alloward | 120,575.00 | 0,00 | 120,575.00 | 240,897.00 |
| Subgroup : [8A] | Speech Therapy - Medicare | | | | |
| 44-102-00 | ST Revenue>Medicare A | (28,255.00) | 0.00 | (28,255.00) | (72,989,00) (21,732,00) |
| 44-103-00 | ST Revenue>Medicare B Speech Therapy - Medicare | (24,283.00) (52,538.00) | 0.00 | (24,283.00) | (94,721.00) |
| Subtotal [6A] | | (52,530,00) | - | | |
| Subgroup : [8B] | Speech Therapy - Medicare Contractual Allowance ST Revenue>Medicare A>C/A | 28,255,00 | 0.00 | 28,255.00 | 72,989.00 |
| 44-102-01 Subtotal [8B] | Speech Therapy - Medicare Contractual Allowance | 28,255,00 | 0.00 | 28,255.00 | 72,989.00 |
| captotal fob! | | | | - | |
| Subgroup : [8C] | Speech Therapy - Non-medicare | (0.4.00) | 0,00 | (91.00) | (370.00) |
| 44-104-00 44-105-00 | ST Revenue>Private ST Revenue>HMO | (91,00) (12,488.00) | 0,00 | (12,488,00) | (25,091.00) |
| 44-109-00 | ST Revenue>Hospice | 185.00 | 0.00 | 185.00 | (185.00) |
| 44-111-00 | ST Revenue>Medicaid | (7,771.00) | 0.00 | (7,771.00) | (11,395.00) |
| Subtotal [8C] | Speech Therapy - Non-medicare | (20,165,00) | 0.00 | (20,165.00) | (37,041.00) |
| Subgroup : [8D] | Speech Therapy - Non-medicare Contractual Allowand | e | | | |
| 44-105-01 | ST Revenue>HMO>C/A | 5,617.00 | 0.00 | 5,617.00 | 17,509.00 |
| 44-111-01 | ST Revenue>Medicaid>C/A | 7,771.00 | 0.00 | 7,771.00 | 14,661.00 |
| Subtotal [BD] | Speech Therapy - Non-medicare Contractual Allowand | 13,388.00 | 0,00 | 13,388.00 | 32,170.00 |
| Subgroup : [9A] | Occupational Therapy - Medicare | | | | |
| 43-102-00 | OT Revenue>Medicare A | (165,730.00) | 0.00 | (165,730.00) | (315,763.00) |
| 43-103-00 | OT Revenue>Medicare B | (171,538.00) | 0.00 | (171,538.00) | (150,293.00) |
| Subtotal [9A] | Occupational Therapy - Medicare | (337,268.00) | 0,00 | (337,268.00) | (466,056.00) |
| Subgroup : [98] | Occupational Therapy - Medicare Contractual Allowan | ice | | | |
| 43-102-01 | OT Revenue>Medicare A>C/A | 165,730.00 | 0.00 | 165,730.00 | 315,763,00 |
| Subtotal [9B] | Occupational Therapy - Medicare Contractual Allowan | 165,730.00 | 0.00 | 165,730.00 | 315,763.00 |
| Subgroup : [9C] | Occupational Therapy - Non-medicare | | | | |
| 43-104-00 | OT Revenue>Private | (1,155.00) | 0.00 | (1,155.00) | 333.00 |
| 43-105-00 | OT Revenue>HMO | (88,460.00) | 0.00 | (88,460.00) | (184,935.00) |
| 43-109-00 | OT Revenue>Hospice | 935.00 | 0,00 | 935,00 (42,760.00) | (935.00) (86,925.00) |
| 43-111-00 Subtotal [9C] | OT Revenue>Medicaid Occupational Therapy - Non-medicare | (42,760.00) | 0.00 | (131,440.00) | (272,462,00) |
| Suntotal [50] | Occupational Therapy - Non-Incurcure | (101)11110107 | | | |
| Subgroup : [9D] | Occupational Therapy - Non-medicare Contractual All | | 2.22 | 56 228 00 | 148,512.00 |
| 43-105-01 43-111-01 | OT Revenue>HMO>C/A OT Revenue>Medicaid>C/A | 56,238,00 42,760,00 | 0.00 | 56,238.00 42,760.00 | 92,301.00 |
| Subtotal [9D] | Occupational Therapy - Non-medicare Contractual All | | 0.00 | 98,998.00 | 240,813.00 |
| | | | | | |
| Subgroup : [10A] 46-102-00 | Other - Medicare Lab Rev>Medicare A | 0.00 | 0.00 | 0,00 | (22,686.00) |
| 46-102-01 | Lab Rev>Medicare A>C/A | 0.00 | 0,00 | 0.00 | 22,686.00 |
| 47-103-00 | Other Ancillary Rev>Medicare B | (2,984.00) | 0,00 | (2,984.00) | (103.00) |
| 47-103-14 | Other Ancillary Rev>Medicare B>Sequester | 5,939.00 | 0,00 | 5,939.00 | 909.00 |
| 48-103-00 | Vaccine Rev>Medicare B | (3,779.00) (1,149.00) | 0,00 0.00 | (3,779.00) (1,149.00) | (4,847.00) (857,519.00) |
| 51-102-34 52-102-00 | Other Rev>Medicare A>COVID19 Revenue Adjustments>Medicare A | (212.00) | 0.00 | (212.00) | (8,764.00) |
| 52-106-00 | Revenue Adjustments>Medicare HMO | (6.00) | 0.00 | (6.00) | (9,095.00) |
| Subtotal [10A] | Other - Medicare | (2,191.00) | 0,00 | (2,191.00) | (879,419.00) |
| Subgroup : [10B] | Other - Non-medicare | | | | |
| 47-102-00 | Other Ancillary Rev>Medicare A | (6,635,00) | 0_00 | (6,635,00) | (13,122.00) |
| 47-102-01 | Other Ancillary Rev>Medicare A>C/A | 6,635.00 | 0.00 | 6,635.00 | 9,961.00 |
| 47-104-00 | Other Ancillary Revenue>Private | (841.00) | 0,00 | (841.00) | 0.00 |
| 47-105-00 | Other Ancillary Rev>HMO | (11,728,00) (630.00) | 0,00 | (11,728.00) (630.00) | (220.00) (796.00) |
| 48-105-00 52-104-00 | Vaccine Rev>HMO Revenue Adjustments>Private | (1,063.00) | 0.00 | (1,063.00) | 0.00 |
| 52-105-00 | Revenue Adjustments>Commercial HMO | (27,616.00) | 0.00 | (27,616.00) | (24.00) |
| 52-109-00 | Revenue Adjustments>Hospice | 821.00 | 0.00 | 821.00 | (7,382.00) |
| 52-111-00 | Revenue Adjustments>Medicaid | (1,248.00) | 0.00 | (1,248.00) | (13,040.00) (6,205.00) |
| 52-123-00 Sector-1-140B1 | Revenue Adjustments>Ancillary Other - Non-medicare | (5,628,00) | 0.00 | (5,628.00) | (30,828.00) |
| Subtotal [10B] | Out Hondieuleare | (,555,55) | -, | (11) | |
| Subgroup : [15] | Interest Income | | | (4.40.000.00) | /F2C 00) |
| 51-160-00 Subtatal [45] | Other Rev>Interest | (149,009.00) | 0.00 | (149,009-00) | (526.00) |
| Subtotal [15] | Interest Income | (143,003,00) | 0,00 | (140)000000 | (525,30) |
| Subgroup : [18] | Other Revenue | | | ,=== === *** | 4 101 007 007 |
| 51-035-34 | Other Rev>ERC>COVID19 | (787,239.00) | 0,00 | (787,239.00) 0.00 | (1,181,667,00) (16,768,00) |
| 51-100-00 51-111-34 | Other Rev>Miscellaneous Other Rev>Medicaid>COVID19 | 0,00 | 0.00 | 0.00 | (116,292,00) |
| 51-818-00 | Other Rev>Medical Records | (1,469.00) | 0.00 | (1,469-00) | (628.00) |
| Marcum 132 | Reversal on PY RE>Taxes | 0,00 | (125,362.00) | (125,362-00) | 0.00 |
| Marcum 133 | Other Income | 0.00 | (26,060.00) | (26,060.00) | 0.00 |
| | | | | | |

| Subtotal [18] | Other Revenue | (788,708.00) | (151,422.00) | (940,130.00) | (1,315,355,00) |
|------------------------------|---|-----------------|---|-----------------|-----------------|
| Total [30] | Statement of Revenue | (15,562,813.00) | (151,422.00) | (15,714,235.00) | (18,505,409.00) |
| Group : [31-32] | Assets | | | | |
| Subgroup : [A1] | Cash | | | | |
| 10-010-40 | Cash>Operating>Salmon Brook | (11,751.00) | 0,00 | (11,751.00) | 347,604_00 |
| 10-014-00 | Cash>Petty Cash Facility | 500.00 | 0.00 | 500.00 | 564.00 |
| 10-015-00 | Cash>Petty Cash PNA | 500,00 | 0.00 | 500.00 | 500.00 |
| 10-030-40 | Cash>Govt>Salmon Brook | 1.00 | 0.00 | 1.00 | 1.00 |
| 10-060-40 | Cash>Resident Trust>Salmon Brook | 72,261.00 | 0.00 | 72,261,00 | 56,337.00 |
| 10-061-00 | Cash>Care Cost | 500.00 | 0.00 | 500.00 | 500.00 |
| Subtotal [A1] | Cash | 62,011.00 | 0,00 | 62,011.00 | 405,506.00 |
| | | | | | |
| Subgroup : [A2] | Resident A/R | | | | |
| 11-102-00 | Accounts Receivable>Medicare A | 312,842.00 | 0.00 | 312,842,00 | 328,884.00 |
| 11-104-00 | Accounts Receivable>Private | 692,122.00 | 0.00 | 692,122.00 | 543,260.00 |
| 11-105-00 | Accounts Receivable>HMO | 442,127.00 | 0.00 | 442,127,00 | 188,975.00 |
| 11-109-00 | Accounts Receivable>Hospice | 66,990,00 | 0.00 | 66,990.00 | 21,994.00 |
| 11-111-00 | Accounts Receivable>Medicaid | 1,400,789.00 | 0,00 | 1,400,789.00 | 1,266,141.00 |
| 11-112-00 | Accounts Receivable>Income | 48,451,00 | 0.00 | 48,451,00 | 118,296,00 |
| 11-120-00 | Accounts Receivable>Allow for Doubtful Accts | (373,693.00) | 0,00 | (373,693.00) | 311,297,00 |
| 11-122-00 | Accounts Receivable>Medicare Colns Write Off | (29,188,00) | 0.00 | (29,188,00) | 172,136.00 |
| 11-123-00 | Accounts Receivable>Ancillary | 85,721,00 | 0.00 | 85,721.00 | 66,239,00 |
| Subtotal [A2] | Resident A/R | 2,646,161.00 | 0.00 | 2,646,161.00 | 3,017,222.00 |
| Subgroup : [A5] | Prepaid Expenses | | | | |
| 12-000-00 | Prepaid Expenses | 8.323.00 | 0.00 | 8,323.00 | (1,177,873.00) |
| 12-124-00 | Prepaid Expenses>Insurance | 150,654,00 | 0.00 | 150,654.00 | 141,538.00 |
| 12-126-00 | Prepaid Expenses>Taxes | 31,560.00 | 0.00 | 31,560,00 | 36,171.00 |
| 12-881-00 | Prepaid Expenses>Workers Comp | 62,229,00 | 0.00 | 62,229.00 | 57,739.00 |
| Subtotal [A5] | Prepaid Expenses | 252,766.00 | 0.00 | 252,766.00 | (942,425.00) |
| | | - | | | |
| Subgroup : [B4] | Leasehold Improvements | 005.047.00 | 0.00 | 285 247 00 | 775 400 00 |
| 14-131-00 | Fixed Assets>Leasehold Improvements | 285,347.00 | 0.00 | 285,347.00 | 225,408.00 |
| 14-137-01 | Fixed Asset>Capital Lease>Copier | 50,184.00 | 0.00 | 50,184,00 | 50,184.00 |
| 15-131-00 | Accum Depn>Leasehold Improvements | (42,204.00) | 0.00 | (42,204,00) | (25,662.00) |
| 15-137-01 | Accumulated Depn>Capital Lease>Copier | (26,314.00) | 0.00 | (26,314,00) | (20,356.00) |
| Subtotal [B4] | Leasehold Improvements | 267,013.00 | 0,00 | 267,013.00 | 229,574.00 |
| Subgroup : [B5] | Non-Movable Equipment | | | | |
| Marcum 128 | Non-Movable Equipment | 0.00 | 11,638,00 | 11,638.00 | 11,638.00 |
| Subtotal [B5] | Non-Movable Equipment | 0.00 | 11,638.00 | 11,638.00 | 11,638.00 |
| • • | · | | ======================================= | | |
| Subgroup : [B6] | Movable Equipment | | | | |
| 14-132-00 | Fixed Assets>Fumiture, Fixtures and Equipment | 78,249.00 | (11,638.00) | 66,611.00 | 58,495.00 |
| 14-133-00 | Fixed Assets>Medical Equipment | 10,894.00 | 0.00 | 10,894.00 | 10,894.00 |
| 14-134-00 | Fixed Assets>Computer Hardware | 7,103.00 | 0.00 | 7,103,00 | 7,103.00 |
| 14-135-00 | Fixed Assets>Computer Software | 17,933.00 | 0.00 | 17,933.00 | 11,245.00 |
| 14-305-00 | Fixed Assets>Sales Use Tax | 4,588.00 | 0,00 | 4,588,00 | 4,163.00 |
| 15-132-00 | Accum Depn>Furniture, Fixtures and Equipment | (22,441.00) | 0,00 | (22,441,00) | (12,184.00) |
| 15-133-00 | Accum Depn>Medical Equipment | (4,404.00) | 0.00 | (4,404.00) | (2,225.00) |
| 15-134-00 | Accum Depn>Computer Hardware | (5,672.00) | 0_00 | (5,672.00) | (4,252.00) |
| 15-135-00 | Accum Depn>Computer Software | (4,540.00) | 0.00 | (4,540,00) | (1,957.00) |
| 15-305-00 | Accum Depn>Sales Use Tax | (3,403.00) | 0.00 | (3,403.00) | (2,556,00) |
| Subtotal [B6] | Movable Equipment | 78,307.00 | (11,638.00) | 66,669.00 | 68,726.00 |
| | | | | | |
| Subgroup : [B9] | Other Fixed Assets | 0.00 | 0.00 | 0.00 | 7 400 00 |
| 14-136-00 | Fixed Assets>CIP | 0.00 | 0.00 | 0.00 | 7,400.00 |
| Subtotal [89] | Other Fixed Assets | 0.00 | 0,00 | 0.00 | 7,400.00 |
| Subgroup : [D1] | Deferred Deposits | | | | |
| 13-128-00 | Due From>Vendor Security Deposits | 5,500.00 | 0.00 | 5,500.00 | 500.00 |
| Subtotal [D1] | Deferred Deposits | 5,500.00 | 0.00 | 5,500.00 | 500.00 |
| | | | 7 | | |
| Subgroup : [D3] 14-252-00 | Organization Expense Fixed Assets>Startup Costs | 11,406.00 | 0,00 | 11,405.00 | 11,406.00 |
| | · | | | | (11,406,00) |
| 15-252-00 Subtotal [D3] | Accum Depn>Startup Costs Organization Expense | 0,00 | 0.00 | 0,00 | 0.00 |
| | | | | | |
| Subgroup : [D6] | Loans to Owners or Related Parties | | | | |
| 27-000-27 | Due To/(From)>Lowell | 535,525.00 | 0.00 | 535,525,00 | 675.00 |
| 27-000-31 | Due To/(From)>Salmon Partners | 949.00 | 0.00 | 949.00 | 949.00 |
| 27-000-41 | Due To/(From)>Sky View | 513,877.00 | 0.00 | 513,877.00 | 224,934.00 |
| 27-000-42 | Due To/(From)>Realty Salmon Brook | 3,970,514.00 | 0.00 | 3,970,514.00 | 2,541,297.00 |
| 27-000-50 | Due To/(From)>Sharon | 80,288.00 | 0.00 | 80,288.00 | 100,288.00 |
| 27-000-55 | Due To/(From)>Harwich | 327,809.00 | 0.00 | 327,809.00 | 100,382,00 |
| 27-000-79 | Due To/(From)>Pine View | 54.00 | 0.00 | 54.00 | 54.00 |
| 27-000-80 | Due To/(From)>Ridgeland | 1,00 | 0.00 | 1,00 | 1,00 |
| 27-000-90 | Due To/(From)>West Haven | 0.00 | 0.00 | 0.00 | (29.00) |
| 27-000-91 | Due To/(From)>Waterbury | 0.00 | 0.00 | 0.00 | (35.00) |
| 27-000-92 | Due To/(From)>Regal Care Management Group | 939,356.00 | 0.00 | 939,356.00 | 1,020,128.00 |
| 27-000-95 | Due To/(From)>Norwich | 165,000.00 | 0.00 | 165,000.00 | (5,980.00) |
| 27-000-96 | Due To/(From)>New London | 510,000:00 | 0.00 | 510,000.00 | 175,000.00 |
| 27-315-00 | Due To/(From)>Fairview at Southport | 2,268,00 | 0.00 | 2,268.00 | 2,268,00 |
| | | =1==-12- | 7075 | -, | |

| 27-328-00 | Due To/(From)>Michelle Cortina | 50,000.00 | 0.00 | 50,000.00 | 50,000.00 |
|------------------|--|----------------|------|----------------|---|
| Subtotal [D6] | Loans to Owners or Related Parties | 7,095,641.00 | 0.00 | 7,095,641.00 | 4,209,932.00 |
| SUBIOIZI [D0] | Loans to Owners of Related Parties | 1,000,011,000 | | | |
| 0.1 | 04 | | | | |
| Subgroup : [D7] | Other Assets | 7.00 | 0,00 | 0,00 | 3,151,00 |
| 27-000-23 | Due To/(From)>Taunton | 0,00 | | 0,00 | 571.00 |
| 27-000-24 | Due To/(From)>Quincy | 0.00 | 0,00 | | 862,00 |
| 27-000-26 | Due To/(From)>Holyoke | 0,00 | 0,00 | 0,00 | |
| 27-172-00 | Due To/(From)>Vendor | 325,567.00 | 0.00 | 325,667.00 | 246,330.00 |
| Subtotal [D7] | Other Assets | 325,667.00 | 0.00 | 325,667.00 | 250,914,00 |
| | | | | | |
| Total [31-32] | Assets | 10,733,066.00 | 0,00 | 10,733,066.00 | 7,258,987.00 |
| • • | | | | | ======================================= |
| Group : [33-34] | Liabilities | | | | |
| Subgroup : [A1] | Trade A/P | | | | |
| 20-000-00 | Accounts Payable | (1,052,722.00) | 0,00 | (1,052,722,00) | (732,745.00) |
| | • | (153.00) | 0.00 | (153.00) | (153.00) |
| 21-141-00 | Other Current Payables>Employee Benefits | | 0_00 | (4.00) | (6,000_00) |
| 21-149-00 | Other Current Payables>Misc, PR Deduction | (4.00) | 0.00 | (99.00) | (30,00) |
| 21-150-00 | Other Current Payables>Union Dues W/H | (99.00) | 0.00 | (72,261.00) | (56,337.00) |
| 21-350-00 | Other Current Payables>Resident Funds | (72,261.00) | | | |
| 21-884-00 | Other Current Payable>Disability & Other Insurance | (176.00) | 0_00 | (176,00) | (99.00) |
| Subtotal [A1] | Trade A/P | (1,125,415.00) | 0.00 | (1,125,415.00) | (795,364.00) |
| | | | | | |
| Subgroup: [A2] | Notes Payable (Current) | | | | |
| 22-000-01 | Note Payable>LOC | (600,000.00) | 0,00 | (600,000.00) | 0,00 |
| Subtotal [A2] | Notes Payable (Current) | (600,000.00) | 0.00 | (600,000.00) | 0.00 |
| | , | - | | - | * |
| Subgroup : [A4] | Accrued Payroll | | | | |
| 23-000-00 | Accrued Wages & Related | (145,805,00) | 0,00 | (145,805.00) | (118,595.00) |
| | | (154,800.00) | 0.00 | (154,800,00) | (154,800.00) |
| 23-157-00 | Accrued Expenses>PTO | | 0.00 | (300,605.00) | (273,395.00) |
| Subtotal [A4] | Accrued Payroll | (300,605,00) | 0.00 | (300,003,00) | (210,000,00) |
| | | | | | |
| Subgroup : [A6] | Accrued Payroll Taxes Payable | | | (40) 500 00) | (4.04.500.00) |
| 21-276-00 | Other Current Payables>SWT Payable | (101,580,00) | 0.00 | (101,580.00) | (101,580.00) |
| Subtotal [A6] | Accrued Payroll Taxes Payable | (101,580.00) | 0,00 | (101,580.00) | (101,580.00) |
| | | | | | |
| Subgroup : [A7] | Medicare Final Settlement Payable | | | | |
| 27-102-00 | Due To/(From)>Medicare A | (2,597.00) | 0.00 | (2,597.00) | (2,597.00) |
| Subtotal [A7] | Medicare Final Settlement Payable | (2,597.00) | 0.00 | (2,597.00) | (2,597.00) |
| | MHICHEUS COMMUNICATION MINISTER DE CONTRACTOR DE CONTRACTO | | | | |
| Subgroup : [A12] | Other Current Liabilities | | | | |
| 24-000-00 | Accrued Expenses | (267,623.00) | 0.00 | (267,623.00) | 2,134,624.00 |
| 24-121-00 | Accrued Expenses>Rent | (4,496,816.00) | 0.00 | (4,496,816.00) | 0.00 |
| | Accrued Expenses>Ancillary | (4,237.00) | 0.00 | (4,237.00) | 0.00 |
| 24-123-00 | | (19,491.00) | 0.00 | (19,491.00) | (45,551.00) |
| 24-137-01 | Accrued Expenses>Capital Lease>Copier | | 0.00 | (114,169.00) | (121,283.00) |
| 24-162-00 | Accrued Expenses>Insurance - General Liability & Other | (114,169.00) | | | 0.00 |
| 24-165-00 | Accrued Expenses>Insurance - Property | (10,446.00) | 0.00 | (10,446.00) | |
| 24-285-00 | Accrued Expenses>Year End Adjustments | (5,851.00) | 0.00 | (5,851.00) | (6,890,00) |
| 24-881-00 | Accrued Expenses>Workers Comp | (58,183.00) | 0,00 | (58,183,00) | (53,995.00) |
| 25-102-34 | Deferred Revenue>Medicare>COVID19 | (46,849.00) | 0.00 | (46,849.00) | (47,998.00) |
| 25-111-34 | Deferred Revenue>Medicaid>COVID19 | 0.00 | 0.00 | 0.00 | 1,205.00 |
| Subtotal [A12] | Other Current Liabilities | (5,023,665,00) | 0.00 | (5,023,665.00) | 1,860,112,0D |
| | | | | | * |
| Subgroup : [B3] | Loans from Owners or Related Parties | | | | |
| 27-000-25 | Due To/(From)>Greenfield | (130,000.00) | 0,00 | (130,000.00) | 591,00 |
| | Due To/(From)>Regal Management 2.0 | (119,190,00) | 0,00 | (119,190,00) | 0.00 |
| 27-000-46 | | 0.00 | 0.00 | 0.00 | (22.00) |
| 27-000-67 | Due To/(From)>Torrington | | 0.00 | 0.00 | (44.00) |
| 27-000-88 | Due To/(From)>New Haven | 0.00 | 0.00 | (19.00) | 147,087,00 |
| 27-000-93 | Due To/(From)>RC Holdings | (19.00) | | | |
| 27-152-00 | Due To/(From)>Employee | (15,062,00) | 0.00 | (15,062,00) | (0,245.00) |
| 27-400-00 | Due to/(from)>Eli Mirlis | 0,00 | 0.00 | 0,00 | (142,500.00) |
| Subtotal [B3] | Loans from Owners or Related Parties | (264,271.00) | 0.00 | (264,271.00) | (3,133.00) |
| | | | | | |
| Subgroup : [B4] | Other Long-Term Liabilities | | | | |
| 13-127-00 | Due From>Old Owner | (62,042,00) | 0,00 | (62,042.00) | (57,058.00) |
| 27-105-00 | Due To/(From)>HMO | (60,307.00) | 0.00 | (60,307.00) | (50,191.00) |
| 27-109-00 | Due To/(From)>Hospice | (11,491.00) | 0.00 | (11,491.00) | (10,601.00) |
| 27-111-00 | Due To/(From)>Medicaid | (208,280.00) | 0,00 | (208,280,00) | (138,888.00) |
| 27-112-00 | Due To/(From)>Income | (99,525.00) | 0,00 | (99,525.00) | (104,549.00) |
| Subtotal [B4] | Other Long-Term Liabilities | (441,645.00) | 0.00 | (441,645.00) | (361,287.00) |
| Suprorai [D4] | Onler Cong-Term Clabilities | (447,443,00) | | (111) | |
| T-4-1 [22 243 | Liabilities | (7,859,778.00) | 0.00 | (7,859,778.00) | 322,756.00 |
| Total [33-34] | Liabilities | (1,639,776,00) | 0,00 | (1)0101110101 | |
| | | | | | |
| Group : [35] | Equity | | | | |
| Subgroup : [B5] | Cumulated Earnings | | | | |
| 30-000-00 | Retained Earnings | (4,324,333.00) | 0.00 | (4,324,333,00) | (4,150,381.00) |
| Subtotal [B5] | Cumulated Earnings | (4,324,333.00) | 0.00 | (4,324,333,00) | (4,150,381.00) |
| | | | | | |
| Total [35] | Equity | (4,324,333.00) | 0.00 | (4,324,333.00) | (4,150,381.00) |
| | | | | | |
| | | | | | |
| | NET (INCOME) LOSS | 242,323.00 | 0.00 | 242,323.00 | 229,883.00 |
| | MET (MODIME) LOSS | 2-72,040,00 | | | |
| | | | 2.42 | 0.00 | 0.00 |
| | Sum of Account Groups | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | | | |

Client:

Engagement:
Period Ending:
Trial Balance:
Workpaper:
Account

Salmon Brook Medicaid - Salmon Brook 9/30/2023 A.01 - TB-CCNH H.01 - Combined Journal Entries Report Description

Credit W/P Ref Debit

| Reclassiphing Journal Entries II # 2 | Reclassifying Jour Reclassifying Journa | al Entries JE#1 | Tab DirectCareConsultant | | |
|--|--|--|--------------------------|------------|------------|
| Triple T | | | | CF F02 00 | |
| Redesitying Journal Einters | | | | 68,562,00 | 68 562 00 |
| Ten clased and rearn pulspace berofits Empirise Profits Empirise | 70-700-00 Total | Dietary Expense>Contracted Service | 2 | 68,562.00 | 68,562.00 |
| Technical for employee bromfile Expressor bromfile Expressor Principle Expressor P | | | - | | |
| | | | E.02 | | |
| | | | | 21.00 | |
| Marcan 100 Employee Flood 3,980.00 190.0 | 85-200-79 | | | 8,504.00 | |
| Marcun 198 | 85-245-00 | Employee Benefits Expense>Background Checks | | | |
| Marcan 170 Employee Relations 3.916.00 87.22.00 \$18-83-00 Social Services Expense-Other Benefits 1.96.00 \$18-83-00 Social Services Expense-Other Benefits 1.96.00 \$1.98-83-00 Admin Expense-Other Benefits 1 | 85-255-79 | Employee Benefits Expense>Pension>Union | | | |
| 6 143,000 Numary Automic Expenses Other Benefits 1,563,000 1,563,0 | Marcum 109 | Employee Food | | | |
| \$1,550.00 \$1,000 | | | | 3,916,00 | -2 |
| 7-15-83-00 Charley Expension-Direct Benefits 7-15-80-00 1-20 | | | | | |
| 7-8-830 | | | | | |
| Househopping & Lumping Perspense Other Benefits 1,074.000 1,000.000 1, | | • • | | | |
| A 2,000 | | | | | |
| \$4,000 Admin Expense-Other Enemits \$6,000 120,819, | | | | | |
| Seedsalfying Journal Entries JE # 3 | | | | | |
| ### Reversal of PY RE7 Paras 125,362,00 | | Admin Expenses Other Betterns | = | 120,819.00 | 120,819.00 |
| or cedula are Reversal of PV RED-Taxes 125,360,00 3+151-50 Properly Expense/E Taxes 125,360,00 xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx | | | - | | |
| 91-16-1-00 Property Epames-PEC Trases 125.962.00 125.9 | | | H.02 | | |
| Marcum 132 Revursal on PY REP Taxes 125,582,055 | | | | 125 362 00 | |
| | | | | 120,002,00 | 125,362,00 |
| Reclassifying Journal Entries E # 5 R.03 | | Leading Old Light Control | | 125,362,00 | 125,362,00 |
| Concision Conc | | | - | | |
| Marcum 128 | | | K,03 | | |
| 14-132-00 Fixed Abasts-Plumiture, Fixtures and Equipment 11,588.00 11 | To reclass PY adjustn | | | | |
| Reclassifying Journal Entries JE # 5 D.01 (f) | | | | 11,638.00 | 44 000 00 |
| Reclassifying Journal Entries JE # 8 D.01 (f) To recision Dentity (f) Investions, Respiratory Nurses, Audiologist, Optamology Physician to the correct line on the cost report | | Fixed Assets>Furniture, Fixtures and Equipment | _ | 11 639 00 | |
| Marcum 101 | Total | | - | 11,036.00 | 11,030,00 |
| Marcum 117 | | | D.01 (t) | | |
| Marcum 118 | | | | | |
| Marcum 129 Optamology Physician 183.00 Marcum 130 Audiologist 194.00 65.026.00 Nursing Expense>Clinical Services 10,663.00 60-212-00 Nursing Expense>Clinical Consultants 27,641.00 Footal E.02 For classal Egal and Accounting fees to the correct line of the cost report E.02 80-238-00 Admin Expense>Persex=Accounting Fees 12,985.00 80-238-00 Admin Expense>Professional Fees 12,985.00 80-238-00 Admin Expense>Professional Fees E.07 Footal E.07 21,170.00 Total E.07 21,170.00 Total Seclassifying Journal Entries JE # 8 E.07 167.00 Total Seclassifying Journal Entries JE # 9 D.01 Tab (O) 167.00 Reclassifying Journal Entries JE # 9 D.01 Tab (O) 167.00 Reclassifying Journal Entries JE # 9 D.01 Tab (O) 350.00 Reclassifying Journal Entries JE # 10 D.01 Tab (O) 350.00 Reclassifying Journal Entries JE # 10 D.01 Tab (T) 350.00 350.00 Reclassifying Journal | | | | | |
| Marcum 130 Audiologist 194,00 | | | | | |
| S0-206-10 Nursing Expense>Clinical Services 10,63.00 17,578.00 17,5 | | | | | |
| 17.578.00 | | | | 194,00 | 10.063.00 |
| Reclassifying Journal Entries JE # 7 E.02 | | | | | |
| Reclassifying Journal Entries JE #7 E.02 | | Nursing Expense>Clinical Consultants | 5 | 27,641,00 | 27,641.00 |
| ### Company of the Control of the C | - Car | | | | |
| 60-238-00 Admin Expense>Legal Fees 12,985.00 80-239-00 Admin Expense>Accounting Fees 8,185.00 21,170.00 21,17 | | | E,02 | | |
| 80-239-00 Admin Expense>Accounting Fees 8,185,00 21,170,00 80-240-00 Admin Expense>Professional Fees 21,170,00 | o reclass Legal and | | | | |
| 80-240-00 Admin Expense>Professional Fees 21,170,00 21,170,00 Reclassifying Journal Entries JE # 8 E.07 To reclass Holiday Party to the correct line on the cost report 167,00 Marcum 122 | | | | | |
| | | | | 6, 165,00 | 24 170 00 |
| Reclassifying Journal Entries JE # 8 Reclassifying Journal Entries JE # 8 Marcum 127 Marcum 127 Marcum 127 Marcum 127 Marcum 127 Marcum 127 Leased Equipment Marcum 127 Leased EquipRental 1,340.00 167.00 | | Admin Expense>Professional Fees | | 21 170 00 | |
| Marcum 122 | otal | | - | 21,170,00 | 21,110,00 |
| Marcum 12 | Reclassifying Journa | al Entries JE # 8 | E.07 | | |
| 85-100-00 Employee Benefits Expense>Miscellaneous 167,000 | | | | | |
| Total | | Holiday Party | | 167,00 | |
| Reclassifying Journal Entries JE # 9 10 reclass Education Expenses to the correct line of the cost report 60-204-00 Nursing Expense>Training & Education Marcum 113 Subscriptions 80-235-00 Admin Expense>Dues & Subscriptions Reclassifying Journal Entries JE # 10 10 reclass leased equipment to the correct line on the cost report Marcum 127 Leased Equipment 70-208-00 Dietary Expense>Equip-Rental 80-208-00 Admin Expense>Equip-Rental 1,40.00 | | Employee Benefits Expense>Miscellaneous | 50 | 467.00 | |
| For reclass Education Expense> to the correct line of the cost report | Fotal | | = | 167,00 | 167.00 |
| For eclass Education Expenses to the correct line of the cost report | Reclassifying Journa | al Entries JF # 9 | D.01 Tab (O) | | |
| Marcum 113 Subscriptions 180,00 530,00 | | | , | | |
| 80-235-00 Admin Expense>Dues & Subscriptions 530,00 | 60-204-00 | Nursing Expense>Training & Education | | 350,00 | |
| Same | Marcum 113 | Subscriptions | | 180,00 | |
| Reclassifying Journal Entries JE #10 o reclass leased equipment to the correct line on the cost report Marcum 127 Leased Equipment 70-208-00 Dictary Expense>Equip-Rental 80-208-00 Admin Expense>Equip-Rental 11,623.00 | 80-235-00 | Admin Expense>Dues & Subscriptions | 2 | | |
| o reclass leased equipment to the correct line on the cost report Marcum 127 Leased Equipment 15,963,00 70-208-00 Dietary Expense>Equip-Rental 1,340,00 60-208-00 Admin Expense>Equip-Rental 14,623,00 | otal | | - | 530.00 | 530.00 |
| o reclass leased equipment to the correct line on the cost report Marcum 127 Leased Equipment 15,963,00 70-208-00 Dietary Expense>Equip-Rental 1,340,00 60-208-00 Admin Expense>Equip-Rental 14,623,00 | | 15.41-15.840 | D of Tab (T) | | |
| Marcum 127 Leased Equipment 15,963.00 70-208-00 Dietary Expense>Equip-Rental 1,340.00 80-208-00 Admin Expense>Equip-Rental 14,623.00 | | | טימו ושף (ן) | | |
| 70-208-00 Dietary Expense>Equip-Rental 1,340.00 80-208-00 Admin Expense>Equip-Rental 14,623.00 | | | | 15.963.00 | |
| 80-208-00 Admin Expense>Equip-Rental 14,623.00 | | | | | 1,340.00 |
| | | | _ | | 14,623,00 |
| | | | - | 15,963.00 | 15,963.00 |

| Reclassifying Journal To reclass other income | al Entries JE #11 ne to the correct line on the cost report | D.01 Tab (T) | |
|--|--|-------------------|------------|
| 80-208-00 | Admin Expense>Equip-Rental | 26,060.00 | |
| Marcum 133 | Other Income | | 26,060.00 |
| Total | | 26,060.00 | 26,060.00 |
| Reclassifying Journa | | E ₁ 10 | |
| | e Expenses to the correct line of the cost report | 7,151,00 | |
| Marcum 108 | Ambulance | 7, 151,00 | 7,151.00 |
| 60-213-00 | Nursing Expense>Transportation | 7,151,00 | 7,151.00 |
| Total | | 7,131,00 | 7,131.00 |
| Reclassifying Journa To reclass Cell Phone | al Entries JE # 13 Expense to the correct line of the cost report | N,01a | |
| Marcum 102 | Cell Phone | 2,066.00 | |
| 80-231-00 | Admin Expense>Telephone | | 2,066.00 |
| Total | | 2,066.00 | 2,066.00 |
| | Total Reclassifying Journal Entries | 427,129.00 | 427,129.00 |
| | Total All Journal Entries | 427,129.00 | 427,129,00 |
| | | P | |



Workpaper Index:

B.07

Prepared By: Cameron Bogli

Reviewed By:

Workpaper Date: Run Date: 2/9/2024 2/9/2024

Salmon Brook

000010926 9/30/23

Name of Workpaper

VHCL CKLST

VEHICLE COMPLIANCE CHECKLIST

PURPOSE:

Provider Name:

Provider Number:

Period Ended:

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

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

Conclusion: