### **State of Connecticut**



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

| Name of Facility (as licensed)                            |                        |                                  |           |                              |
|---|------------------------|----------------------------------|-----------|------------------------------|
| 35 Marc Drive Operations, LL                              | C, d/b/a Skyview Cente | r                                |           |                              |
| Address (No. & Street, City, S                            | tate, Zip Code)        |                                  |           |                              |
| 35 Marc Drive, Wallingford, C                             | T 06492                |                                  |           |                              |
| Type of Facility  |                        |                                  |           |                              |
| Chronic and Convalesc  ✓ Nursing Home (CCNH RHNS Combined |                        | (Specify)                        | □ (S      | pecify)                      |
| Report for Year Beginning 10/1/2022                       |                        | Report for Year Ending 9/30/202: | 3         |                              |
| License Numbers:  | CCNH / RHNS<br>2377    | (Specify)                        | (Specify) | Medicare Provider<br>07-5057 |
| Medicaid Provider Numbers:                                | 7427                   | CCNH / RHNS                      | (Specify) | (Specify)                    |

### **General Information**

| Name of Facility (as licensed)                     | License No. | Report for Year Ended | Page | of |
|--|-------------|-----------------------|------|----|
| 35 Marc Drive Operations, LLC, d/b/a Skyview Cente | 2377        | 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 35 Marc Drive Operations, LLC, d/b/a Skyview Center [facility name], for the cost report period beginning October 1, 2022 and ending September 30, 2023, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

### @ Suggest to DORK AUDIT ROUION

| Signed (Administrator)                          |          | Date | Signed (Owner)                                | Date          |
|---|----------|------|---|---------------|
| Printed Name (Administrator<br>Cynthia Roessler | )        |      | Printed Name (Owner)<br>Mirlis Children Trust |               |
| Subscribed and Sworn to before me:              | State of | Date | Signed (Notary Public)                        | Comm. Expires |
| Address of Notary Public                        |          |      | in'   |               |

(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<br>1 A | of<br>37  |
|---|----|------------|----------------|-------------|-----------|
| Name of Facility  |    | Period Cov | ered:          | From        | То        |
| 35 Marc Drive Operations, LLC, d/b/a Skyview Center         |    |            |                | 10/1/2022   | 9/30/2023 |
| Address of Facility   |    |            |                |             |           |
| 35 Marc Drive, Wallingford, CT 06492                        |    |            |                |             |           |
| Report Prepared By  |    | Phone Num  |                | Date        |           |
| Marcum LLP  |    | 203-781-96 | 00             | 1/17/2024   |           |
| Item  |    | Total      | CCNH /<br>RHNS | (Specify)   | (Specify) |
| 1. Dietary wages paid                                       | \$ |            |                |             |           |
| 2. Laundry wages paid                                       | \$ |            |                |             |           |
| 3. Housekeeping wages paid                                  | \$ |            |                |             |           |
| 4. Nursing wages paid                                       | \$ |            |                |             |           |
| 5. All other wages paid                                     | \$ |            |                |             |           |
| 6. Total Wages Paid   | \$ |            |                |             |           |
| 7. Total salaries paid                                      | \$ |            |                |             |           |
| 8. Total Wages and Salaries Paid (As per page 10 of Report) | \$ |            |                |             |           |

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

State of Connecticut

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CSP-2 Rev. 3/2023

## General Information and Questionnaire Type of Facility - Organization Structure

|   |              |                          |       | ne No. of Facility<br>-265-0981 |        | Report for Yes<br>9/30/2023 | ır Ended  | Page<br>2     |         | of<br>37 |
|---|--------------|--------------------------|-------|---------------------------------|--------|-----------------------------|-----------|---------------|---------|----------|
| Name of Facility (as shown on lie   |              |                          |       | Address (No. & Si               |        | City, State, Zij            |           |               |         |          |
| 35 Marc Drive Operations, LLC,  | d/b/a Skyv   | iew Center               |       | 35 Marc Drive, W                | alling |                             | 2         |               |         |          |
|   |              | CCNH / RHNS              |       | (Specify)                       |        | (Specify)                   |           | Medicare I    | Provide | er No.   |
| License Numbers:  |              | 2377                     |       |                                 |        |                             |           | 07-5057       | _       |          |
| Type of Facility (Check approprice Chronic and Convale  ✓ Nursing Home (CCN RHNS Combined | scent        |                          | (Sp   | ecify)                          |        |                             | (Specify  | )             |         |          |
| Type of Ownership (Check appro  | priate box)  |                          |       |                                 |        |                             |           |               |         |          |
| O Proprietorship O LLC  |              | Partnership              | 0     | Profit Corp.                    | 0      | Non-Profit Cor              | р. О      | Government    | 0       | Trust    |
| If this facility opened or closed d   | uring report | year provide:            |       |                                 | Date   | Opened                      | Date Clo  | osed          |         |          |
| Has there been any change in ow   | nership      |                          |       |                                 |        |                             |           |               |         |          |
| or operation during this report ye  |              |                          | 0     | Yes                             | 0      | No                          | If "Yes," | 'explain full | y.      |          |
| ı   |              |                          |       |                                 |        |                             |           |               |         |          |
| Administrator   |              |                          |       |                                 |        |                             |           |               |         |          |
| Name of Administrator   |              |                          |       |                                 |        | Nursing                     |           | 1070          |         |          |
| Cynthia Roessler  |              |                          |       |                                 |        | Administ<br>Licens          |           | 1078          |         |          |
| Other Operators/Owners who are  | and intent   | dministrators (fu        | 11 or | nart time) of this fa           | cility |                             | 5 140]    |               |         |          |
| Name  | assistant a  | Million Constitution (19 |       | part inite) of this ra          |        | Licens                      | e No.:    |               |         |          |
|   |              |                          |       |                                 |        |                             |           |               |         |          |
|   |              |                          |       |                                 |        |                             |           |               |         |          |
|   |              |                          |       |                                 |        |                             |           |               |         |          |

### General Information and Questionnaire Partners/Members

| Name of Facility               |                         |                 | Report for Y | ear Ended      | Page of       |  |
|--------------------------------|-------------------------|-----------------|--------------|----------------|---------------|--|
| 35 Marc Drive Operations, LL   | C, d/b/a Skyview Center | 2377            | 9/30/2023    | 3 37           |               |  |
|                                |                         |                 |              | State(s) and/o | or Town(s) in |  |
| Legal Name of Part             | nership/LLC             | Business A      | Address      | Which R        | Registered    |  |
| Mirlis Children Trust          |                         | 31 Brookfall Rd |              | CT             |               |  |
|                                |                         | Edison NJ 08817 | 7            |                |               |  |
|                                |                         |                 |              |                |               |  |
|                                |                         | All             |              | **             |               |  |
| Name of Partners/Members       | Business Ac             | dress           |              | Title          | % Owned       |  |
| ivaline of factoris/ivienibols | 2000000011              |                 |              |                |               |  |
| Mirlis Children Trust          | 31 Brookfall Rd         |                 | Trustee      |                | 100           |  |
| Miriis Children Trust          | Edison NJ 08817         |                 | Trustee      |                | 100           |  |
|                                | Edison NJ 00017         |                 |              |                |               |  |
|                                | \                       |                 |              |                |               |  |
|                                |                         |                 |              |                |               |  |
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| T.                             |                         |                 |              |                |               |  |
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|                                | 1                       |                 |              |                |               |  |

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 | ded             | Page              | of     |
|---|-------------|---------------------|-----------------|-------------------|--------|
| 35 Marc Drive Operations, LLC, d/b/a Skyvie         |             | 9/30/2023           |                 | 3A                | 37     |
| If this facility is owned or operated as a corpo    |             |                     |                 |                   |        |
| Legal Name of Corporation                           | Busines     | s Address           | State(s) in Whi | ch Incorp         | orated |
| N/A   |             |                     |                 |                   |        |
| Name of Directors, Officers                         | Busines     | s Address           | Title           | No. Sl<br>Held by |        |
| N/A   |             |                     |                 |                   |        |
|   |             |                     |                 |                   |        |
|   |             |                     |                 |                   |        |
|   |             |                     |                 |                   |        |
|   |             | E.                  |                 |                   |        |
| Names of Stockholders Owning at Least 10% of Shares |             |                     |                 |                   |        |
| N/A   |             |                     |                 |                   |        |
|   |             |                     |                 |                   |        |
|   |             |                     |                 |                   |        |
|   |             |                     |                 |                   |        |
|   |             |                     |                 |                   |        |

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3B Rev. 10/2005

### General Information and Questionnaire Individual Proprietorship

| Name of Facility                                      | License No.          | Report for Year Ended         | Page   | of |
|---|----------------------|-------------------------------|--------|----|
| 35 Marc Drive Operations, LLC, d/b/a Skyview C        | 2377                 | 9/30/2023                     | 3B     | 37 |
| If this facility is owned or operated as an individua | al proprietorship, p | provide the following informa | ation: |    |
| Own   | ner(s) of Facility   | 4                             |        |    |
|   |                      |                               |        |    |
|   |                      |                               |        |    |
| N/A   |                      |                               |        |    |
|   |                      |                               |        |    |
|   |                      | _                             |        |    |
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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<br>35 Marc Drive Operation         | Name of Facility<br>35 Marc Drive Operations, LLC, d/b/a Skyview Center   | License ]               | No.<br>2377                              | 8 6 | Report for Year Ended<br>9/30/2023 |   | Page 4                     | of<br>37                         |
|---|---|-------------------------|--|-----|------------------------------------|---|----------------------------|----------------------------------|
| Are any individuals recemarriage, ability to contra | Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? | ility rela<br>ss associ | ted througation?                         |     | Yes © No                           | If "Yes," provide the Name/Address and complete the information on Page 11 of the report. | e Name/Add<br>ation on Pag | ress and<br>ge 11 of the report. |
|   |   |                         |  |     |                                    |   |                            |                                  |
| Are any individuals or co                           | Are any individuals or companies which provide goods or services,   | or servic               | 5S,                                      |     |                                    |   |                            |                                  |
| including the rental of prelated through family as  | including the remai of property or the loaning of funds to this facility, related through family association, common ownership, control, or business  | o tnis tac<br>control,  | or busines                               | Š   | • Yes O No                         |   |                            |                                  |
| association to any of the                           | association to any of the owners, operators, or officials of this facility?   | of this fa              | cility?                                  |     |                                    | If "Yes," provide the following information:  | e following                | information:                     |
|   |   |                         |  |     |                                    | , in the second second  | 0                          |                                  |
|   |   | Also                    | Also Provides                            |     |                                    | Indicate Where  |                            |                                  |
| Name of Related                                     | Business  | Non-R                   | Goods/Services to<br>Non-Related Parties | ies | Description of Goods/Services      | in Annual Report  | Cost                       | Actual Cost to the               |
| Individual or Company                               | Address   | Yes                     | % oN                                     | **% | Provided                           | Page # / Line #   | Reported                   | Related Party                    |
| Skyview PropCo                                      | 169 Highland Avenue, Edison, NJ<br>08817  | 0                       | 0  |     | Rental Property                    | Page 22/Line 9  | 419,801                    | 419,801 N/A Rplcd by Fair Rent   |
| RegalCare Rehab                                     | 26 Firemens Memorial Drive, Suite 205, Pomona, NY 10970   | 0                       | 0  | . d | Physical Therapy                   | Page 13/ Line 5a  | 247,859                    | 247,859                          |
| RegalCare Rehab                                     | 26 Firemens Memorial Drive, Suite 205, Pomona, NY 10970   | 0                       | •  | S   | Speech Therapy                     | Page 13/ Line 9a  | 107,931                    | 107,931                          |
| Regal Care Rehab                                    | 26 Firemens Memorial Drive, Suite 205, Pomona, NY 10970   | 0                       | •  | 0   | Occupational Therapy               | Page 13/ B10a   | 230,078                    | 230,078                          |
|   |   | 0                       | 0  |     |                                    |   |                            |                                  |
|   |   | 0                       | •  |     |                                    |   |                            |                                  |
|   |   | 0                       | •  |     |                                    |   |                            |                                  |
|   |   | 0                       | 0  |     |                                    |   |                            |                                  |
|   |   | 0                       | •  |     |                                    |   |                            |                                  |
| * T T * * * * * * * * * * * * * * * * *             | J.  |                         |  |     |                                    |   |                            |                                  |

<sup>\*</sup> Use additional sheets if necessary.

<sup>\*\*</sup> 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       | of       |  |
|--|--------------------|-----------|--|------------|----------|--|
| 35 Marc Drive Operations, LLC, d/b/a Skyview   |                    |           | 9/30/2023                                | 5          | 37       |  |
| If the facility is licensed as CDH and/or RCH or   | provides AIDS      | or TBI    | services with special Medicaid           | rates, co  | osts     |  |
| must be allocated to CCNH and RHNS as follow   | vs:                |           |  |            |          |  |
| Item   |                    |           | Method of Allocation                     |            |          |  |
| Dietary  | Nun                | nber of   | meals served to residents                |            |          |  |
| Laundry  |                    |           | pounds processed                         |            |          |  |
| Housekeeping   |                    |           | square feet serviced                     |            |          |  |
| 9  |                    |           | hours of routine care provided           |            |          |  |
| Nursing  |                    |           | assification, i.e., Director (or         |            |          |  |
| _  | Reg                | istered 1 | Nurses, Licensed Practical Nu            | rses, Aid  | les and  |  |
|  | Atte               | endants   |  |            |          |  |
| Direct Resident Care Consultants   | Nun                | nber of   | hours of resident care provided          | d by EAG   | CH       |  |
|  | spec               | cialist ( | See listing page 13)                     |            |          |  |
| Maintenance and operation of plant   | Squa               | are feet  |  |            |          |  |
| Property costs (depreciation) Square feet  |                    |           |  |            |          |  |
| Employee health and welfare Gross salaries   |                    |           |  |            |          |  |
| Management services  |                    |           | e cost center involved                   |            |          |  |
| All other General Administrative expenses Total of Direct and Allocated Costs                                |                    |           |  |            |          |  |
| The preparer of this report must answer the following questions applicable to the cost information provided. |                    |           |  |            |          |  |
| 1 In the preparation of this Report, were all If "No " explain fully why such allocation was                 |                    |           |  |            |          |  |
| costs allocated as required?   | ⊙ Yes O            | NO        | not made.                                |            |          |  |
|  |                    |           |  |            |          |  |
|  |                    |           |  |            |          |  |
|  |                    |           |  |            |          |  |
|  |                    |           |  |            |          |  |
|  |                    |           |  |            |          |  |
| 2. Explain the allocation of related company exp   | enses and attach   | 1 сору с  | of appropriate supporting data.          |            |          |  |
|  |                    |           |  |            |          |  |
|  |                    |           |  |            |          |  |
|  |                    |           |  |            |          |  |
|  |                    |           |  |            |          |  |
|  |                    |           |  |            |          |  |
| 3. Did the Facility appropriately allocate and se  | lf-disallow direct | t and in  | direct costs to non-nursing hor          | ne cost c  | enters?  |  |
| (e.g., Assisted Living, Home Health, Outpatie  |                    |           |  |            |          |  |
|  |                    | No        | If "No," explain fully why suc not made. | ch allocat | tion was |  |
|  |                    |           |  |            |          |  |
|  |                    |           |  |            |          |  |
|  |                    |           |  |            |          |  |
|  |                    |           |  |            |          |  |
|  |                    |           |  |            |          |  |

### General Information and Questionnaire Other Lines of Business

| Name of Facility                                   |                       | License No.       |  | Report for Year Ended       | Page   | of |
|--|-----------------------|-------------------|--|-----------------------------|--------|----|
| 35 Marc Drive Op                                   | perations, LLC, d/b/  | 2377              |  | 9/30/2023                   | 6      | 37 |
|  |                       |                   |  |                             |        |    |
| Square footage of                                  | entire facility.      | 26,824            |  |                             |        |    |
|  |                       |                   |  |                             |        |    |
| Outpatient Ther                                    | ару                   |                   |  |                             |        |    |
| Does the Facility                                  | provide outpatient th | nerapy services?  | No   | X                           |        |    |
| Hyas plage com                                     | plete the following:  |                   | J  |                             |        |    |
| ij yes, pieuse com                                 | Square footage of the | nerany space.     |  |                             |        |    |
|  | oqual o reetage or a  | icrup) opinion    |  |                             |        |    |
| B/I 1 XX/I I -                                     |                       |                   |  |                             |        |    |
| Meals on Wheels                                    |                       |                   | ls v   |                             |        |    |
| Does the facility                                  | provide Meals on W    | heels?            | No   |                             |        |    |
| If yes, please com                                 | plete the following:  |                   |  |                             |        |    |
|  | Square footage of k   | itchen            |  |                             |        |    |
|  | Number of meals se    |                   |  |                             |        |    |
| No   | Are meals included    | in meals served   | on page 18 of  | the Annual Report?          |        |    |
| No Are direct costs included in the Annual Report? |                       |                   |  |                             |        |    |
|  | If yes, please state  |                   |  | 1 Wa                        |        |    |
| No   | Are drivers for the   |                   |  | y's payroll?                |        |    |
|  | If yes, please comp   |                   |  |                             |        |    |
|  |                       | Amount Repor      |  |                             |        |    |
|  | Please state the sale |                   | - Committee Comm |                             |        |    |
|  |                       |                   |  | re reported in the Annual F | Report |    |
|  | I louse state where t | ino cooks and or  | dictary arabb a  | a reported in the lands     |        |    |
|  |                       |                   |  |                             |        |    |
|  |                       |                   |  |                             |        |    |
|  |                       |                   |  |                             |        |    |
| 1 1  | ependent Living, A    |                   | 17 11 -  |                             |        |    |
| Does the facility fassisted living?                | nave apartments, ind  | lependent living, | and/or N   | 0                           |        |    |
|  | plete the following:  |                   |  |                             |        |    |
|  | Square footage of a   | partments         |  |                             |        |    |
|  | -                     |                   | _  |                             |        |    |
|  | Square footage of in  | ndependent living | g<br><b>7</b>  |                             |        |    |
|  | Square footage of a   | ssisted living    |  |                             |        |    |
|  | Please identify the   | services provided |  |                             |        |    |
|  |                       |                   |  |                             |        |    |
|  |                       |                   | 1  |                             |        |    |

### General Information and Questionnaire Other Lines of Business (Continued)

| Name of Facilit   | y License No.   | Report for Year Ended | Page of |
|-------------------|---|-----------------------|---------|
| 35 Marc Drive     | Operat 2377   | 9/30/2023             | 7 37    |
| Child Day Car     | e   |                       |         |
| Does the Facilit  | y provide Child Day Care? No                              |                       |         |
| If yes, please co | omplete the following:                                    |                       |         |
| Squa              | are footage of child day care space.                      |                       |         |
| Ave               | rage number of daily participants.                        |                       |         |
| Nun               | iber of meals per day provided to child day care.         |                       |         |
| Nati              | re of services provided:                                  | ١.                    |         |
| 4.                |   |                       |         |
|                   |   |                       |         |
| Adult Day Car     |   |                       |         |
| Does the Facilit  | y provide Adult Day Care? No                              |                       |         |
| If yes, please co | omplete the following:                                    |                       |         |
| Squa              | are footage of adult day care space.                      |                       |         |
| Plea              | se state where it is located in relation to the facility. |                       |         |
| Ave               | rage number of daily participants.                        |                       |         |
| Nun               | nber of meals per day provided to adult day care.         |                       |         |
| Nati              | re of services provided:                                  |                       |         |
|                   |   |                       |         |
| -                 |   |                       |         |
|                   |   |                       |         |
|                   |   |                       |         |
|                   |   |                       |         |
|                   |   |                       |         |
|                   |   |                       |         |

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

# Schedule of Resident Statistics

| Name of Facility                                      |           |                 | License No. |           |                     |            | Report for            | Report for Year Ended |       |           | Page                 | fo        |
|---|-----------|-----------------|-------------|-----------|---------------------|------------|-----------------------|-----------------------|-------|-----------|----------------------|-----------|
| 35 Marc Drive Operations, LLC, d/b/a Skyview Center   | _         |                 | 23          | 2377      |                     | 0.         | 9/30/2023             |                       |       |           | 8                    | 37        |
|   |           |                 |             |           |                     | Period 10/ | Period 10/1 Thru 6/30 | 0                     |       | Period 7/ | Period 7/1 Thru 9/30 |           |
|   |           | Total<br>CCNH / | ia.         |           |                     |            |                       |                       |       |           |                      |           |
|   | Total All | RHINS           | $T_{o+o}$   | Total     | T <sub>0</sub> +0.1 | CCNH/      | (Specific             | (Specific             | Total | CCNH/     | (Specify)            | (Specify) |
|   | revels    | Level           | lotal       | (Specify) | lotal               | CNIENS     | (Specify)             | (Specify)             | 10031 | CNITA     | (Specify)            | (Specify) |
| 1. Certified Bed Capacity                             |           |                 |             |           |                     |            |                       |                       |       |           |                      |           |
| A. On last day of PREVIOUS report period              | 97        | 76              |             |           | 26                  | 76         |                       |                       |       |           |                      |           |
| B. On last day of THIS report period                  | 97        | 76              |             |           |                     |            |                       |                       | 26    | 76        |                      |           |
| 2. Number of Residents                                |           |                 |             |           |                     |            |                       |                       |       |           |                      |           |
| A. As of midnight of PREVIOUS report period           | 71        | 71              |             |           | 71                  | 71         |                       |                       |       |           |                      |           |
| B. As of midnight of THIS report period               | 72        | 72              |             |           |                     |            |                       |                       | 72    | 72        |                      |           |
| 3. Total Number of Days Care Provided During Period   |           |                 |             |           |                     |            |                       |                       |       |           |                      |           |
| A. Medicare   | 2,454     | 2,454           |             |           | 1,993               | 1,993      |                       |                       | 461   | 461       |                      |           |
| B. Medicaid (Conn.)                                   | 22,523    | 22,523          |             |           | 16,751              | 16,751     |                       |                       | 5,772 | 5,772     |                      |           |
| C. Medicaid (other states)                            |           |                 |             |           |                     |            |                       |                       |       |           |                      |           |
| D. Private Pay  | 291       | 291             |             | 28        | 208                 | 208        |                       |                       | 83    | 83        |                      |           |
| E. State SSI for RCH                                  |           |                 |             |           |                     |            |                       |                       |       |           |                      |           |
| F. Other (Specify) (Hospice and HMO)                  | 1,026     | 1,026           |             |           | 727                 | 727        |                       |                       | 299   | 299       |                      |           |
| G. Total Care Days During Period (3A thru F)          | 26,294    | 26,294          |             |           | 19,679              | 19,679     |                       |                       | 6,615 | 6,615     |                      |           |
| 4. Total Number of Days Not Included in Figures in 3G |           |                 |             |           |                     |            |                       |                       |       |           |                      |           |
| for Which Revenue Was Received for Reserved Beds      |           |                 |             |           |                     |            |                       |                       |       |           |                      |           |
| A. Medicaid Bed Reserve Days                          | 887       | 887             |             |           | 756                 | 756        |                       |                       | 131   | 131       |                      |           |
| B. Other Bed Reserve Days                             | ∞         | ∞               |             |           | ∞                   | 8          |                       |                       |       |           |                      |           |
| 5. Total Resident Days (3G + 4A + 4B)                 | 27,189    | 27,189          |             |           | 20,443              | 20,443     |                       |                       | 6,746 | 6,746     |                      |           |
|   |           |                 |             |           |                     |            |                       |                       |       |           |                      |           |

Schedule of Resident Statistics (Cont'd)

| Name of Faci        | •          | ions IIC d                 | /b/a Skyview Ce                 |                        | nse No | •        |          |             | Report   | for Year<br>9/30/202   |                   |                      | Page 9             | of<br>37               |
|---------------------|------------|----------------------------|---------------------------------|------------------------|--------|----------|----------|-------------|----------|--|-------------------|----------------------|--------------------|------------------------|
| 4. Were th          | ere any c  | hanges in the              | e certified bed ca              |                        |        | ng the   | report   | year        | ?        |  | Yes               | 0                    | No                 |                        |
| If "YES"            | ", provide |                            | ng information:                 |                        | Č      |          | in De    | , da        |          | C  | apacity After     | Change               |                    |                        |
|                     | CCNH       | Place of C                 | nange                           | -                      |        | nange    | e in Be  | cus         |          | Ci   | apacity After     | Change               |                    |                        |
|                     | /          |                            |                                 |                        |        |          |          |             |          |  |                   |                      |                    |                        |
| Date of             | RHNS       | (Specify)                  | (Specify)                       |                        | Lost   |          |          | Gaine       | ed .     |  |                   |                      |                    |                        |
| Chango              |            |                            |                                 |                        |        |          |          |             |          | CCNH /   |                   |                      |                    | GI.                    |
| Change              | (1)        | (2)                        | (3)                             | (1)                    | (2)    | (3)      | (1)      | (2)         | (3)      | RHNS   | (Specify)         | (Specify)            | Reason fo          | or Change              |
|                     |            |                            |                                 |                        |        |          |          |             |          |  | -                 |                      |                    |                        |
|                     |            |                            |                                 |                        |        | _        |          |             |          |  |                   |                      |                    |                        |
|                     |            |                            |                                 |                        | _      |          |          | _           |          |  |                   |                      |                    |                        |
|                     | -          |                            | tified bed capaci               |                        |        | ie rep   | ort yea  | ır (as      | reporte  | d in item  | 4 above) pr       | ovide the numb       | er of              |                        |
|                     |            |                            |                                 |                        |        |          |          |             |          |  |                   |                      | (0                 |                        |
|                     |            | C                          | Change in Reside                | nt Da                  | .ys    |          |          |             |          | CCNF   | I / RHNS          | (Specify)            | (Spe               | cify)                  |
| 1st chan            |            |                            |                                 |                        |        | _        | -        |             | _        |  |                   |                      |                    |                        |
| 2nd cha<br>3rd char |            |                            |                                 |                        | _      |          |          |             |          |  |                   |                      |                    |                        |
| 4th char            |            |                            |                                 |                        |        |          |          |             |          |  |                   |                      |                    |                        |
| 6. Number           | of Resid   | ents and Rat               | es on September                 | 30 o                   | f Cost | Year     |          |             |          | <u>'</u>   |                   |                      |                    |                        |
|                     |            |                            | Medicare                        |                        | Med    | icaid    |          |             |          | S  | elf-Pay           |                      | Other Sta          | e Assisted             |
|                     |            |                            |                                 |                        |        |          |          |             |          |  |                   |                      |                    |                        |
|                     |            |                            |                                 |                        | NH/    | - Date - |          |             | NH/      |  |                   | V Z C S DOZGO CON D  | D C II             | ICE MD                 |
| N. CP               | Item       |                            | CCNH / RHNS                     | RI                     | INS    | (Spe     | ecify)   | R           | HNS      | (Sp  | ecify)            | (Specify)            | R.C.H.             | ICF-MR                 |
| No. of R            | Residents  |                            | HMAI ESCHOLUSONASION            | ESTATE OF THE PARTY OF | 60     | III NO   |          | anus        | 8        |  | DIAPOS DE         |                      |                    | A Way                  |
| a. One              |            |                            | Various                         | No.                    | 250 32 |          | 2196 774 | SHOOM       | 465.00   | THE OWNER OF THE PERSON OF THE | 1 1 1 1 1 1 1 1 1 |                      |                    |                        |
|                     | bed rms.   |                            | Various                         |                        | 250,32 |          |          |             | 465_00   |  |                   |                      |                    |                        |
| c. Thre             | e or more  |                            |                                 |                        |        |          |          |             |          |  |                   |                      |                    |                        |
| bed                 | rms.       |                            |                                 |                        |        |          |          |             |          |  |                   |                      |                    |                        |
|                     |            |                            |                                 |                        |        |          |          |             |          |  |                   |                      |                    |                        |
| 7 T . 131           | 1 0        | DI 170                     | T                               | _                      |        |          |          | т.          | TAL      | CCNIL  | I / RHNS          | (Specify)            | Outpatient         | (Specify)              |
|                     |            | re - Part B                | erapy Treatments                | 5                      |        |          |          | 10          | 6,005    | CCIVI  | 6,005             | (Specify)            | Outpatient         | (Bpcony)               |
|                     |            | id (Exclusive              | e of Part B)                    |                        |        |          |          | 5000        | 2000     | Selfer V   | W 1800 1800       | 5300 No. 34          | AND HEATER         |                        |
|                     |            | ntenance Tre               |                                 |                        |        |          |          |             | 294      |  | 294               |                      |                    |                        |
|                     |            | orative Treat              | tments                          |                        |        |          |          |             | 2,648    |  | 2,648             |                      |                    |                        |
|                     | . Other    |                            | T                               |                        |        |          |          |             | 4,891    |  | 4,891             |                      |                    |                        |
|                     |            |                            | rapy Treatments rapy Treatments |                        |        |          |          | 100000      | 13,838   | WINA STATE   | 13,838            | TO STATE OF STATE OF |                    | STATE OF THE           |
|                     |            | re - Part B                | rapy Treatments                 |                        |        |          |          |             | 1,218    | 191700-0   | 1,218             |                      | E STATE OF THE VAN | NAME OF TAXABLE PARTY. |
| В                   | . Medica   | id (Exclusive              | e of Part B)                    |                        |        |          |          | 5920        |          | 45.85  |                   | THE RESERVE          |                    | VEN STEEL              |
|                     |            | ntenance Tre               |                                 |                        |        |          |          |             | 80       |  | 80                |                      |                    |                        |
|                     | 2. Rest    | orative Treat              | ments                           |                        |        |          |          |             | 717      |  | 717               |                      |                    |                        |
|                     | . Other    |                            |                                 |                        |        |          |          |             | 925      |  | 925               |                      |                    |                        |
|                     |            |                            | Thereny Treats                  | nonto                  |        |          |          | September 1 | 2,940    |  | 2,940             | NRI ESTATE SERVICE   | 19 COM 19 COM      | OF CALL PROVIDE        |
|                     |            | Occupations<br>re - Part B | ll Therapy Treati               | Hellts                 | •      |          |          | ALC: NO     | 6,224    | The same of the same   | 6,224             | THE REAL PROPERTY.   | and the same of    |                        |
| B                   | . Medica   | id (Exclusive              | e of Part B)                    |                        |        |          |          | Works       | ALL WALL | NO FUE   | 10 V 20           | DEVILOATE NO         |                    | miles A.               |
|                     |            | ntenance Tre               |                                 |                        |        |          |          |             | 212      |  | 212               |                      |                    |                        |
|                     |            | orative Treat              | tments                          |                        |        |          |          |             | 1,906    |  | 1,906             |                      |                    |                        |
|                     | . Other    |                            |                                 |                        |        |          |          |             | 4,529    |  | 4,529             |                      |                    |                        |
| D                   | , Total O  | ecupational                | Therapy Treatn                  | ients                  |        |          |          |             | 12,871   |  | 12,871            |                      |                    |                        |

CSP-10 Rev. 3/2023

Report of Expenditures - Salaries & Wages

| Name of Facility  35 Marc Drive Operations, LLC, d/b/a Skyview Center | License No. 2377   |                         |  | Report for Yea<br>9/30/2023  | r Ended  |  |                       | Page<br>10   | of<br>37   |
|---|--|-------------------------|--|--|--|--|-----------------------|--|--|
| tre time records maintained by all individuals receiving co           |  |                         | •  | Yes  |  | 0  | No                    | di-  |  |
| e time records manualised by an individuals receiving of              | T  |                         |  | Total (  | Cost and Hours   |  |                       |  |  |
|   |  |                         |  |  |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |                       |  |  |
|   | 222  | A 15                    | 7.7  | (Specify)  | Adjustment   | Hours  | (Specify)             | Adjustment   | Hour   |
| Item Salaries and Wages*  | CCNH / RHNS  | Adjustment              | Hours  | (Specify)  | Aujustinent  | TIQUIS   | (Speeny)              | Tta di   | a man  |
| 1, Operators/Owners (Complete also Sec. 1 of Schedule A1)             |  | 自己的思数                   |  |  |  |  |                       |  | 190000   |
| 2. Administrator(s) (Complete also Sec. III                           |  | I A LA RIGHT            |  | ASSET DESIGNATION OF THE PERSON OF THE PERSO |  | TENNE !  |                       |  | Description of the last  |
| of Schedule A1)   | 135,871  |                         | 2,086  |  |  |  |                       |  |  |
| 3. Assistant Administrator (Complete also Sec. IV of Schedule A1)     | PARTO THE  |                         |  |  |  | A CRASS  | The section of        |  |  |
| 4. Other Administrative Salaries (telephone                           | 100 702  | GI SAVISTO              | 7 100  | 13 PST 200   | S S S S S S S S S S S S S S S S S S S  |  |                       | Market Street  |  |
| operator, clerks, receptionists, etc.)                                | 180,703  | St. St. St. St. St. St. | 7,499  | man against the  | SALS ENGL  | Brown Street Co.   | MUNICIPA              | 194 Town 10  | (C)AND   |
| 5. Dietary Service<br>a. Head Dietitian                               | 14,497   | PALESTA CONT.           | 363  | The same of the last   |  | AND DESCRIPTION  |                       |  |  |
| b. Food Service Supervisor  | 62,871   |                         | 2,070  |  |  |  |                       |  |  |
| c. Dietary Workers  | 346,766  |                         | 17,895   |  |  |  |                       |  | Marine and a   |
| 6. Housekeeping Service   | ALE STRUCK   | NO THREE                | No Park P  |  | VALUE OF   | 0.0710   | MAN DESIGNATION       |  | SHIPT  |
| a. Head Housekeeper   |  |                         | 10.535   |  |  |  |                       |  |  |
| b. Other Housekeeping Workers   | 273,005  |                         | 17,535   | dione may be be  | A THE PERSON NAMED IN  | 1000000  | HI CONTRACTOR         | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | THE PARTY  |
| 7. Repairs & Maintenance Services a. Engineer or Chief of Maintenance | 75,806   | ENIE DE LE              | 2,086  | ENGLISHED BY   | THE REAL PROPERTY.   | CONTRACTOR OF THE PARTY OF THE  | the or self-rechanged | Separate services  | The same of the same of  |
| b. Other Maintenance Workers  | 44,671   |                         | 2,425  |  |  |  |                       | i .  |  |
| 8. Laundry Service  | No. of State of  | WATANTSID               | DAVIS SI   | THE MANUAL PROPERTY.   | William Deal   | A 100  | 215 et 25             | A STATE OF THE PARTY OF  | ATTE S   |
| a. Supervisor   |  |                         |  |  |  |  |                       |  |  |
| <ul> <li>Other Laundry Workers</li> </ul>                             | 2,825  |                         | 180  |  |  |  |                       |  | -  |
| 9. Barber and Beautician Services                                     |  |                         |  |  | -  |  |                       |  |  |
| 10. Protective Services   | DESCRIPTION OF THE PARTY OF THE | Through St. A.          |  | A PART WATER   | Contract of the Contract of th | ASSESSED AND ADDRESS.  | WAR THE WAR           | ( NEW STATE  | NEW YORK   |
| 11. Accounting Services a. Head Accountant                            |  |                         | AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO A PERSON NAMED IN COLUMN TO |  |  |  |                       |  |  |
| b. Other Accountants  |  |                         |  |  |  |  |                       |  |  |
| 12 Professional Care of Residents                                     | A - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1   | 45 CH 1954              | THE PARTY NAMED IN   | N TE TO  |  | SWALL S  | - TO S ON S           |  |  |
| a. Directors and Assistant Director of Nurses                         | 151,112  |                         | 2,086  |  |  |  |                       |  |  |
| b. RN   |  | FAIRST STORY            | CENTERIOR I  | 50 PM  | No. of the last  |  | PATRICE STATE         |  | 5  |
| 1 Direct Care   | 696,000  |                         | 12,590   |  |  |  |                       |  | -  |
| 2 Administrative**  | 151,887  |                         | 3,108  | The second second  |  |  |                       | Control of the Control   | ESCHOOL S  |
| c. LPN  | 1,181,583  |                         | 30,378   |  | March Street   | THE CALL   |                       | A STATE OF THE PARTY OF THE PAR | The same of the sa |
| Direct Care     Administrative**                                      | 1,101,303  |                         | 50,576   |  | +  |  |                       |  | -  |
| d. Aides and Attendants   | 1,689,320  |                         | 60,948   |  |  |  |                       |  |  |
| e. Physical Therapists  |  |                         |  |  |  |  |                       |  |  |
| f. Speech Therapists  |  |                         |  |  |  |  |                       |  |  |
| g. Occupational Therapists  | 02.207   |                         | 1010   |  |  | -  |                       |  |  |
| h. Recreation Workers   | 93,297   | HUNDAL STREET           | 4,218  | ele All Healt  | NAME OF TAXABLE PARTY.   | NAME OF THE PARTY  | find the second       |  | SHOP   |
| i. Physicians<br>I. Medical Director                                  | DHINGS AND STORES  | ALCOHOLD STATE OF       |  | PORCHA IT YOU SEL  | D Chernelant   |  |                       |  |  |
| 2. Utilization Review   |  |                         |  |  |  |  |                       |  |  |
| 3 Resident Care***  |  |                         |  |  |  |  |                       |  |  |
| 4. Other (Specify)  |  | CHARLES CO.             |  |  | Tame of the last   | TO ALL TO  |                       | PROPAGE.   | 6,10   |
| j. Dentists   |  |                         |  |  |  |  |                       |  |  |
| k. Pharmacists  |  |                         |  |  |  |  |                       |  | -  |
| I. Podiatrists  | 01.510   |                         | 2.037  |  |  | -  | -                     | -  |  |
| m. Social Workers/Case Management                                     | 91,349<br>7,760  |                         | 2,836<br>550   |  | -  |  |                       |  |  |
| n. Marketing o. Other (Specify)                                       | 7,760  | (7,700)                 | 330  | KIND BIN V   | A ITE TO NUMBER  | TO STATE OF THE PARTY OF THE PA | IS IDAY VI            |  |  |
| See Attached Schedule   | 72,692   |                         | 2,246  |  |  |  |                       |  |  |
| A-13. Total Salary Expenditures                                       | 5,272,015  |                         | 171,099  |  |  |  |                       |  |  |

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.

<sup>\*\*\*</sup> 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)     |           |        | (Specify)  |          |
|---|------------|--------------|---------|-----------|---------------|-----------|--------|------------|----------|
| Position  | S          | Adjustment   | Hours   | \$        | Adjustment    | Hours     | \$     | Adjustment | Hours    |
|   | 0          |              | YES-LOW | TEUR      |               |           |        |            |          |
| Admin Expense>Admissions>Wages  | \$ 72,692  |              | 2,246   | 110/11/01 |               |           |        |            |          |
|   |            | -100         |         |           |               |           |        |            | W. A. A. |
|   |            |              |         |           |               |           |        |            |          |
|   | a partir a |              |         |           |               | -100      |        |            |          |
|   |            |              |         |           | W. 0 = 0 10 K | H DESIGNA |        |            |          |
|   | To Section |              |         | =         |               |           |        |            |          |
|   |            | 30 V 1 S 1 S | 37 -    |           |               |           |        |            |          |
|   |            |              | EW BOA  |           |               |           |        |            |          |
|   |            |              |         |           |               |           |        |            |          |
|   |            |              |         |           | - F - S       |           |        |            |          |
|   |            |              |         |           |               |           |        |            |          |
|   |            |              |         |           |               |           |        |            | 100      |
|   | _          |              |         |           | 7             |           |        |            | 01/24    |
|   |            |              |         |           |               |           |        |            | 13000    |
|   |            |              |         |           |               |           | 70.001 |            |          |
|   |            |              |         |           |               |           | 255    |            |          |
|   |            | 1000         | -       |           |               |           | -      |            |          |
| TANK THE STATE OF |            |              |         |           |               |           |        |            |          |
|   |            |              |         |           |               |           | -      |            | 11517    |
|   |            | 17 18 18     |         |           |               |           | s .    | s -        |          |
| Total   | \$ 72,692  | S -          | 2,246   | \$ -      | \$ -          |           | \$     |            |          |

### Schedule of Other Fees (Page 13)

|                                  |          | CCNH / RHNS | Ē        |          | (Specify)  |   |              | (Specify)   |            |
|----------------------------------|----------|-------------|----------|----------|------------|---|--------------|-------------|------------|
| Service                          | \$       | Adjustment  | Hours    | \$       | Adjustment | Hours                                   | \$           | Adjustment  | Hours      |
|                                  | 0        |             |          |          |            | 01 5 20                                 | CITIES NO    |             |            |
| IV Insertion Nurse               | \$ 6,245 | \$ (6,245)  |          |          |            |   | 30 100 0     |             | 3 3 7 7 7  |
| Respiratory/ Audiology Therapist | \$ 1,731 | \$ (1,731)  | 12       |          |            |   | 7 100        |             |            |
|                                  |          |             |          |          |            | 10 × 10 × 10 × 10 × 10 × 10 × 10 × 10 × | AL N         | 1 2 2 1 2 2 |            |
|                                  |          | 10-159      |          |          |            |   | li e ve      | 16n H 84    |            |
|                                  |          |             |          |          |            |   |              | 13500       | 10 - 1 - 1 |
|                                  |          |             |          |          |            |   |              |             |            |
|                                  |          | Ho.         |          |          |            | Mark I                                  | 100 27       |             |            |
|                                  |          |             |          | The Arts |            |   | THE STATE OF | e desta à   |            |
|                                  |          |             |          |          |            |   |              |             |            |
|                                  |          |             | III-VIII |          |            |   |              |             |            |
| Total                            | \$ 7,976 | \$ (7,976)  | 12       | 2 -      | s -        |   | s -          | 2 -         |            |

State of Connecticut
Annual Report of Lon

Annual Report of Long-Term Care Facility CSP-11 Rev. 10/2005 Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties\*

| Name of Facility   |                |               |               | License No.  | License No.                                     | Report for               | Report for Year Ended               |   | Page                     | jo                       |
|--|----------------|---------------|---------------|--|---|--------------------------|-------------------------------------|---|--------------------------|--------------------------|
| 35 Marc Drive Operations, LLC, d/b/a Skyview Center  | d/b/a Skyvi    | ew Center     |               | 2377   |   | 9/30/2023                |                                     |   | П                        | 37                       |
|  |                | Salary Paid   |               |  |   |                          |                                     |   |                          |                          |
| Name   | CCNH /<br>RHNS | (Specify)     | (Specify)     | ringe Benefits<br>and/or Other<br>Payments<br>(describe fully) | Full Description of<br>Services Rendered        | Total<br>Hours<br>Worked | Line Where<br>Claimed on<br>Page 10 | Name and Address of All<br>Other Employment** | Total<br>Hours<br>Worked | Compensation<br>Received |
| Section I - Operators/Owners   |                |               |               |  |   |                          |                                     |   |                          |                          |
|  |                |               |               |  |   |                          |                                     |   |                          |                          |
|  |                |               |               |  |   |                          |                                     | G.  |                          |                          |
|  |                |               |               |  |   |                          |                                     |   |                          |                          |
| 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). |                |               |               |  |   |                          |                                     |   |                          |                          |
|  |                |               |               |  |   |                          |                                     |   |                          |                          |
|  |                |               |               |  |   |                          |                                     |   |                          |                          |
|  |                |               |               |  |   |                          |                                     |   |                          |                          |
|  |                |               |               |  |   | 1                        |                                     |   |                          |                          |
| * No allowance for salaries will be considered unless full information   | he conside     | red unless fu | 11 informatio | n is provided The  | is provided. Use additional sheets if required. | anired.                  |                                     |   |                          |                          |

<sup>\*</sup> No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

<sup>\*\*</sup> 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\*

| Name of Facility (as licensed)                      |             | -           |           |                                       | No energia                          | Renort for Year Ended | ar Ended     |                         | Page           | Jo           |
|---|-------------|-------------|-----------|---------------------------------------|-------------------------------------|-----------------------|--------------|-------------------------|----------------|--------------|
| hame of tacility (as incelled)                      |             |             |           | License 100.                          |                                     | Total Inda            | The Court of |                         | 292            | \$           |
| 35 Marc Drive Operations, LLC, d/b/a Skyview Center | Vb/a Skyvie | w Center    |           | 2377                                  | 5                                   | 9/30/2023             |              |                         | 12             | 37           |
|   |             | Salary Paid |           |                                       |                                     |                       |              |                         |                |              |
|   | CCNH/       |             |           | Fringe Benefits and/or Other Payments | Full Description of                 |                       | 0 =          | Name and Address of All | Total<br>Hours | Compensation |
| Name  | RHINS       | (Specify)   | (Specify) | (describe fully)                      | Services Rendered                   | Worked                | Page 10      | Other Employment**      | Worked         | Received     |
| Section III - Administrators***                     |             |             |           |                                       |                                     |                       |              |                         |                |              |
| Cynthia Roessler                                    | 135,871     |             |           | Non-<br>Discriminatory                | Administrator 10/1/22.<br>9/30/2023 | 2,086                 | A2           |                         |                |              |
|   |             |             |           |                                       |                                     |                       |              |                         |                |              |
|   |             |             |           |                                       |                                     |                       | Ť            | •)                      |                |              |
| Section IV - Assistant<br>Administrators            |             |             |           |                                       |                                     |                       |              |                         |                |              |
|   |             |             |           |                                       |                                     |                       |              |                         |                |              |
|   |             |             |           |                                       |                                     |                       |              |                         |                |              |
|   |             |             |           |                                       |                                     |                       |              |                         |                |              |
|   |             |             |           |                                       |                                     |                       |              |                         |                |              |
|   | :           | -           | 3 . 11 .  |                                       |                                     | -                     |              |                         |                |              |

<sup>\*</sup>No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

<sup>\*\*</sup> Include all other employment worked during the cost year.

<sup>\*\*\*</sup> If more than one Administrator is reported, include dates of employment for each.

B. Report of Expenditures - Professional Fees

|   |  | of Expen             | aitures -  | Professio   | nai Fees   |  |  |  |                |
|---|--|----------------------|--|---|--|--|--|--|----------------|
| Name of Facility  | License No.  |                      |  | Report for Y  | Year Ended   |  |  | Page   | of             |
| 35 Marc Drive Operations, LLC, d/b/a Skyview Ce                     |  | 2377                 |  | 9/30/2023   |  |  |  | 13   | 37             |
|   |  |                      |  | Tota  | l Cost and Ho  | urs  |  | · · · · · · ·  |                |
| Itom  | CCNH /<br>RHNS   | Adjustment           | Hours  | (Specify)   | Adjustment   | Hours  | (Specify)  | Adjustment   | Hours          |
| *B. Direct care consultants paid on a fee                           | KIIVS  | Adjustificit         | Tiours   | (opecity)   | 7 Idjustinient   | Hilliam  | (Special)  | The Control of the Control   | Name of Street |
| for service basis in lieu of salary                                 |  |                      | TO THE   |   |  | 自用意思   |  |  |                |
| (For all such services complete Schedule B1)                        |  |                      |  |   |  |  |  |  |                |
| 1. Dietitian  | 17,833   | District Contract    | 317  | COLUMN TO SERVICE DE LA COLUMN TO SERVICE DESTRUCCION TO SERVICE DE LA COLUMN |  | COLUMN TO SELECT   |  |  | -              |
| 2. Dentist  | 5,520  |                      | 97/ Est.   |   |  |  |  |  |                |
| 3. Pharmacist   | 24,156   |                      | Contracted   |   |  |  |  |  |                |
| 4. Podiatrist   | 21,150   |                      | Communica  |   |  |  |  |  |                |
| 5. Physical Therapy   |  | The same of the same | 1 To 500 FEB.  | NOTE OF STREET  | Part of the second   | ( = 18 ES  | W 11 - 15  |  | LE SUITE       |
| a. Resident Care  | 247,859  | 1000                 | 3,689  |   | NAME OF TAXABLE PARTY.   | Name and Address of the Owner, where the Owner, which is t |  |  |                |
| b. Other  | 247,637  |                      | 3,007  |   |  |  |  |  |                |
| 6. Social Worker  |  |                      |  |   |  |  |  |  |                |
| 7. Recreation Worker  |  |                      |  |   |  |  |  |  |                |
| 8. Physicians   | 17121-01100  | (File bablion like   | S 000-000  | SOI 10 10   | UNICO ETWENT   | STATE OF   | A 18 18 18 18 18 18 18 18 18 18 18 18 18   | A CORNEY   | KIISEY O       |
| a. Medical Director (entire facility)                               | 30,000   | No.                  | 170  | SERVICE SOLD  | a moving the line  |  | Non-Charles  |  |                |
| b. Utilization Review   | 30,000   | The second           | CERTIFICATION OF THE PERSON OF | ADDITURE OF   | SHOUSER  | D. DESCRIPTION   |  | EDE EDO  | 1501-15        |
| (Title 18 and 19 only) monthly meeting                              |  | Contract of the last | -Sh. 1105 -  | The IDEAL TO  | Committee of the last of the l | O THE PARTY IN   | Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the | A COLUMN TO SERVICE SE |                |
| c. Resident Care**  |  | -                    |  |   | -  |  |  |  |                |
| d. Administrative Services facility                                 | THE VALUE OF   | Maria Land           | HE HALL  | E-35-450  | ENGLISHED AND ADDRESS OF   | MODEL SERVICE  | ROBES U  | 2011 1 28 P.   | 100000         |
| Infection Control Committee   | TOTAL PROPERTY.  | All the second       |  | State of the last   |  | -  | ALCOHOLD STATE   |  |                |
| (Quarterly meetings)  |  |                      |  |   |  |  |  |  |                |
| Pharmaceutical Committee  |  |                      |  |   |  |  |  |  |                |
| (Quarterly meetings)  |  |                      |  |   |  |  |  |  |                |
| <ol> <li>Staff Development Committee<br/>(Once annually)</li> </ol> |  |                      |  | 2100100000  |  | Name of the last   |  | en and the same and the  | W-2000-05      |
| e. Other (Specify)  | NA DESTRUCTION   |                      | WAS TO CAME  |   |  |  |  | MANE   |                |
| 9. Speech Therapist   | A STATE OF THE PARTY OF THE PAR | E#2"1 5-7            | CONTRACT.  |   |  | ( A  | GT VIEW IN   | (10) Halling   | 4 - 18 UP (18) |
| a. Resident Care  | 107,931  |                      | 1,585  |   |  |  |  |  |                |
| b. Other  |  |                      |  |   |  |  |  |  |                |
| 10. Occupational Therapist  | THE WAR  | Mich Day M.          | No. of the last  | extensi   |  |  |  |  | 4(5) E7(0)     |
| a. Resident Care  | 230,078  | (230,078)            | 3,424  |   |  |  |  |  |                |
| b. Other  |  |                      |  |   |  |  |  |  |                |
| 11. Nurses and aides and attendants                                 | 3131 4   | LIGHT PROPERTY       |  |   |  |  | 10 10 10   |  | -91976         |
| a. RN   |  |                      |  |   |  |  | 10/14/19   | Miles and  | 17,211         |
| 1. Direct Care  | 138,421  |                      | 3,024  |   |  |  |  |  |                |
| 2. Administrative***  |  |                      |  |   |  |  |  |  |                |
| b. LPN  | 0.00   | TILES THE            |  | Carre C   | 175 750  |  |  | No. of the last  | TOU! TO        |
| 1. Direct Care  | 50,363   |                      | 948  |   |  |  |  |  |                |
| 2. Administrative***  |  |                      |  |   |  |  |  |  |                |
| c. Aides  | 120,543  |                      | 2,150  |   |  |  |  |  |                |
| d. Other  |  |                      |  |   |  |  |  |  |                |
| 12. Other (Specify)   | N THE PERSON   | 15 B B B             | HAT-30   |   | 1 2 2 5 E  | TO SHOE  |  | PASTRAL  | 227            |
| See Attached Schedule   | 7,976  | (7,976)              | 12   |   |  |  |  |  |                |
| B-13 Total Fees Paid in Lieu of Salaries                            | 980,680  | (238,054)            | 15,319   |   |  |  |  |  |                |

<sup>\*</sup> 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.

<sup>••</sup> 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.

<sup>\*\*\*</sup> 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<br>35 Marc Drive Operations, LLC, d/b/a Sky                             | view Center   | License No.<br>2377              |   | Report for Y<br>9/30/2023  | Year Ended | Page of 14 37          |
|--|---------------|----------------------------------|---|----------------------------|------------|------------------------|
| Name & Address of Individual   |               | anation of Service               |   | to Owners,<br>rs, Officers | Explai     | nation of Relationship |
| Channa Perera, MD, 755 Campbell Ave # 3, West<br>Haven, CT 06516                         | Med           | lical Director                   | 0 | 0                          | N/A        |                        |
| Integra Scripts, 160 Airport Road, Lakewood, NJ<br>08701                                 | F             | harmacist                        | 0 | •                          | N/A        |                        |
| LTC Management, 174 Scott Road, Prospect, CT 06712                                       |               | Qentist                          | 0 | •                          | N/A        |                        |
| Technical Gas Products, 101 North Plains<br>Industrial Road, 1B Suite 1, Wallingford, CT | Respir        | atory Therapist                  | 0 | •                          | N/A        |                        |
| HC Consulting- PO Box 265 Waterbury CT 06720   | MD            | S Consulting                     | 0 | •                          | N/A        |                        |
| Medwiz Solutions, 167 Route 304, Bardonia, NY<br>10954                                   | IV Per        | ipheral Insertion                | 0 | •                          | N/A        |                        |
| Nutra Co 5691 Brookfield Circle W<br>Fort Lauderdale, FL 33312                           |               | Dietician                        | 0 | •                          | N/A        |                        |
| LTC Compliance 6 Woodcrest Road Monsey, NY 10952   | F             | Pharmacist                       | 0 | •                          | N/A        |                        |
| The Nurse Network 653 Main Streer Plantsville,<br>CT 06479                               | R             | N and LPN                        | 0 | •                          | N/A        |                        |
| Colleen M. Mack 83 French St. Bristol, CT 06010  |               | RN                               | 0 | •                          | N/A        |                        |
| Innovations Healthcare, LLC 42 Lepes Road Portsmouth, RI 02871                           | Nur           | se Consultant                    | 0 | •                          | N/A        |                        |
| Solomon Page Group LLC PO BOX 75015<br>Chicago, IL 60675-5015                            |               | CNA                              | 0 | 0                          | N/A        |                        |
| AAA Nursing Care3303 Main StreetStratford, CT 06614                                      |               | CNA                              | 0 | •                          | N/A        |                        |
| All American Healthcare Services494 Broad Street,<br>Suite 302Newark, NJ 07102           |               | CNA                              | 0 | •                          | N/A        |                        |
| Tempositions 622 Third Avenue – 39th Floor<br>New York                                   |               | CNA                              | 0 | 0                          | N/A        |                        |
| RegalCare Rehab 26 Firemens Memorial Drive,<br>Suite 205, Pomona, NY 10970               | Physical, Spe | ech, and Occupational<br>Therapy | • | 0                          | Common Own | ership                 |
| Health Drive 438 Main St Middletown, CT 06457  | Dent          | ist, Audiology                   | 0 | 0                          | N/A        |                        |
|  |               |                                  | 0 | 0                          |            |                        |
|  |               |                                  | 0 | •                          |            |                        |
|  |               |                                  | 0 | •                          |            |                        |
|  |               |                                  | 0 | 0                          |            |                        |
|  |               |                                  | 0 | 0                          |            |                        |

<sup>\*</sup> Use additional sheets if necessary.

<sup>\*\*</sup> Refer to Page 4 for definition of related.

### C. Expenditures Other Than Salaries - Administrative and General

| Name of Facility License No.                              | - 1 | Report for Ye  | ear Ended               |                |  |                  | Page<br>15  | of<br>37              |
|---|-----|----------------|-------------------------|----------------|--|------------------|-------------|-----------------------|
| 35 Marc Drive Operations, LLC, d/b/a Skyview ( 2377       | _   | 9/30/2023      |                         |                |  |                  | 15          | 37                    |
| Item  |     | Total          | CCNH /<br>RHNS          | Adjustment     | (Specify)  | Adjustment       | (Specify)   | Adjustmer             |
| Administrative and General                                |     |                | THE REAL PROPERTY.      |                |  |                  |             | Tombolists.           |
| a. Employee Health & Welfare Benefits                     | - 1 |                |                         |                |  |                  | THE SECOND  | 18 8 A 1 8            |
| Workmen's Compensation                                    | \$  | 56,039         | 56,126                  | (87)           |  |                  |             |                       |
| Disability Insurance                                      | \$  |                |                         |                |  |                  |             |                       |
| Unemployment Insurance                                    | \$  | 47,760         | 47,834                  | (74)           |  |                  |             |                       |
| 4. Social Security (F.I.C.A.)                             | \$  | 410,070        | 410,708                 | (638)          |  |                  |             |                       |
| 5. Health Insurance                                       | \$  | 244,799        | 245,180                 | (381)          |  |                  |             |                       |
| 6. Life Insurance (employees only)                        |     | 100            |                         | WHOLE SE       | A STATE OF THE PARTY OF THE PAR |                  |             | 18-11-14              |
| (not-owners and not-operators)                            | \$  |                |                         |                |  |                  |             |                       |
| 7. Pensions (Non-Discriminatory)                          | \$  | 37,345         | 37,345                  |                |  |                  |             |                       |
| (not-owners and not-operators)                            |     | TO BOOK IN     | MINNE SERVICE           | 17 (88)        | Name of Street   |                  |             | TO SHAME              |
| 8. Uniform Allowance                                      | \$  |                |                         |                |  |                  |             |                       |
| 9. Other (Specify)  | \$  | 22,786         | 33,659                  | (10,873)       |  |                  |             |                       |
| See Attached Schedule                                     |     | VOLUENT        | EST BE SE               | EL CLUSTED IN  |  |                  |             |                       |
| b. Personal Retirement Plans, Pensions, and               | \$  |                |                         |                |  |                  |             |                       |
| Profit Sharing Plans for Owners and                       | - 1 | - ST - ST - ST | <b>6355339</b>          | SASTEM.        |  |                  |             | THE REAL PROPERTY.    |
| Operators (Discriminatory)*                               | - 1 |                |                         | DESCRIPTION OF |  |                  |             | THE REAL PROPERTY.    |
| Operation (Distriminatory)                                |     |                |                         | UNISE IS IN    | By Strate 19   | ATT TO THE       | 沙湖里里        | 5000                  |
| c. Bad Debts*   | \$  |                | 85,345                  | (85,345)       |  |                  |             |                       |
| d. Accounting and Auditing                                | \$  | 29,818         | 29,818                  |                |  |                  |             |                       |
| e. Legal (Services should be fully described on Page 15b) | S   | 32,414         | 35,660                  | (3,246)        |  | - 25             |             |                       |
| f. Insurance on Lives of Owners and                       | \$  |                |                         |                |  |                  |             |                       |
| Operators (Specify)*                                      |     | O S IV E       |                         |                |  |                  |             |                       |
| g. Office Supplies  | \$  | 11,200         | 11,200                  |                |  |                  |             |                       |
| h. Telephone and Cellular Phones                          |     | STORESTON OF   |                         |                |  | 3000             |             | 100000                |
| Telephone & Pagers  | \$  | 10,340         | 10,340                  |                |  |                  |             |                       |
| 2. Cellular Phones  | \$  | 725            | 725                     |                |  | 3                |             |                       |
| i. Appraisal (Specify purpose and                         | \$  |                |                         |                |  |                  |             |                       |
| attach copy)*   |     | SHEELEN, U     | A STATE OF THE PARTY OF | Tarre Val      | S 2 5 69   | 1 5 3 5 5        | 12 5 5 5    | - 6 6 6 6 4 6         |
| anath copy ,  |     | WE WOR         |                         |                |  | A BUT DO NOT THE | da di       | STATE OF THE STATE OF |
| j. Corporation Business Taxes (franchise tax )            | S   | 250            | 422                     | (172)          |  |                  |             |                       |
| k. Other Taxes (Not related to property - See Page 22)    |     | STAN BUTTO     | LECTIONS)               | Set on the set | SAME BELLE   | Design voter     | S S market  | 1000                  |
| 1, Income*  | \$  |                |                         |                |  |                  |             |                       |
| 2. Other (Specify)  | \$  |                |                         |                |  |                  |             |                       |
| See Attached Schedule                                     |     | GENERAL STREET | ON 18 18 25             |                | STATES   |                  | 187720 124X | THE WATER             |
| 3. Resident Day User Fee                                  | \$  | 496,787        | 496,787                 |                |  |                  |             |                       |
| Subtotal  | \$  | 1,400,333      | 1,501,149               | (100,816)      |  |                  |             |                       |

<sup>\*</sup> Facility should self-disallow the expense in the Adjustment column.

(Carry Subtotals forward to next page)

### Schedule of Other Employee Benefits

| Description                             | CCNH / RHN | S A | djustment | (Specify) | Adjustment | (Specify)  | Adjustment |
|---|------------|-----|-----------|-----------|------------|------------|------------|
|   | 0          | 8.3 |           |           | 100000     | The second |            |
| Employee Benefits Expense>Miscellaneous | \$ 10,873  | \$  | (10,873)  |           |            | 118        |            |
| 401k Expense                            | \$ 22,786  |     |           |           |            |            |            |
|   | YARI ISST  |     |           |           |            |            | 10/15/2017 |
|   |            |     | - 10_7    | الأوريين  |            |            | jix. Tight |
|   |            |     |           |           |            |            |            |
|   |            |     |           |           |            |            |            |
|   |            |     |           | The Wilde | - S&[67]   | 31,319     |            |
|   |            |     |           |           |            |            | 1 2 2 2 2  |
| - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12 |            |     | E E       |           | 1.81       |            | 71         |
|   |            |     | CHT R.G   |           |            |            |            |
| Total                                   | \$ 33,659  | \$  | (10,873)  | \$ -      | \$ -       | \$ -       | \$ -       |

### Schedule of Other Taxes

| Description | CCNH / RHNS | Adjustment | (Specify)      | Adjustment   | (Specify)   | Adjustment |
|-------------|-------------|------------|----------------|--------------|-------------|------------|
|             | 0           |            |                | 12 2 10 10 1 | W. J. W.    | EL SVS     |
|             |             | 1 No.      | 14 4 5 H A     |              | 1-11-13-24  |            |
|             |             |            | A              |              | EARTHARIA   | The second |
|             |             |            | Description in | A Process    | full wilder |            |
| Total       | \$          | \$         | \$ -           | \$ -         | \$          | \$ -       |

.....

## General Information and Questionnaire Accounting Basis

| Name of Facility License No.   | Report for Year Ended  |             | Page        | of      |
|--|--|-------------|-------------|---------|
| 35 Marc Drive Operations, LLC, da 237  | ·  |             | 15b         | 37      |
|  | by this report were maintained on the following basis:           |             | <u>'</u>    |         |
| , ,  |  |             |             |         |
| Accrual O Cash O Modified Cas  | sh   |             |             |         |
| Is the accounting basis for this   |  |             |             |         |
| period the same as for the • Yes   | If "No," explain.  |             |             |         |
| previous period? O No  |  |             |             |         |
|  |  |             |             |         |
|  |  |             |             |         |
|  |  |             |             |         |
| Independent Accounting Firm  |  |             |             |         |
| Name of Accounting Firm  | Address (No. & Street, City, State, Zip Code)                    |             |             |         |
| 1 Roth&Co CPA & Consultants  | 1438 36th St 200, Brooklyn, NY 11218                             |             |             |         |
| 2 Marcum LLP   | 555 Long Wharf Drive 8th Floor, New H                            | aven, CT 06 | 511         |         |
| 3  |  |             |             |         |
| 4  |  |             |             |         |
| Services Provided by This Firm (describe fully)  |  |             |             |         |
| 1 Financial and tax prep services  |  | \$          | 21,000      |         |
| 2 Advisory Services, Preperation for Cost Reports  |  | \$          | 8,818       |         |
| 3  |  | \$          |             |         |
| 4  |  | \$          |             |         |
|  |  | Charge for  | Services Pr | ovided  |
|  |  | \$          | 29,818      |         |
| Are These Charges Reflected in the Expenditure Portion of 1  | This Report? If Yes, Specify Expense Classification and Line No. | J           | 27,010      |         |
| ⊙ Yes O No Page 15 Line  |  |             |             |         |
| Legal Services Information   |  |             |             |         |
| Name of Legal Firm or Independent Attorney   |  | Telephone 1 | Number      |         |
| 1 Murtha Cuilina LLP   |  | 203-772-77  | 00          |         |
| 2 Timothy S. Wall  |  | 203-265-71  |             |         |
| 3 Wiggin and Dana LLP  |  | 203-498-44  |             |         |
| 4 Zeisler & Ziesler  |  | 203-368-42  | 34          |         |
| 5 (See Attatched)  |  |             |             |         |
| Address (No. & Street, City, State, Zip Code)  |  |             |             |         |
| 265 Church Street, New Haven CT 06510  |  |             |             |         |
| PO Box 297 Wallingford, CT 06492   | OT 06510   |             |             |         |
| One Century Tower, 265 Church St, New H  |  |             |             |         |
| 4 10 Middle St Floor 15, Bridgeport, CT 0660   | <b>/4</b>  |             |             |         |
| Services Provided by This Firm (describe fully)  |  |             |             |         |
|  |  | \$          | 8,866       |         |
| Subacute, Licensing, Professional Services     Probate (Disallowed Page 15)  |  | \$          | 146         |         |
|  | ranges w/ Covernment   | \$          | 5,762       |         |
| Reviewing documents for link issue, CID work, Confer   | спесь ил доченилен   | \$          | 10,000      |         |
| 4 General Legal  |  | \$          | 10,886      |         |
| 5 (See Attatched)  |  | Charge for  |             | rovided |
|  | w .  | Citarge for |             | Ovided  |
| A. The Character P. C. 11 de P. 11 de P. 12 de P | This Danard If Van Spacify Europea Classification and Line No.   | \$          | 35,660      |         |
| Are These Charges Reflected in the Expenditure Portion of Page 15 Line   | This Report? If Yes, Specify Expense Classification and Line No. |             |             |         |
| ⊙ Yes O No   | , 10   |             |             |         |
|  |  |             |             |         |

State of Connecticut Annual Report of Long-Term Care Facility CSP-7 Rev. 6/95

### General Information and Questionnaire Accounting Basis

| Name of Facility   | License No.                 | Report for Year Ended      |            | Page          | of   |
|--|-----------------------------|----------------------------|------------|---------------|------|
| 35 Marc Drive Operations, LLC, d/b/a Skyview Center                  | 2377                        | 9/30/2023                  |            | 15a           | 37   |
| Legal Services Information   |                             |                            | pom        |               |      |
| Name of Legal Firm or Independent Attorney                           |                             |                            | Telephone  |               |      |
| 1 Reich Reich & Reich  |                             |                            | 914-949-2  |               |      |
| 2 Halloran & Sage  |                             |                            | 203-672-5  | 432           |      |
| 3  |                             |                            | 1          |               |      |
| 4  |                             |                            |            |               |      |
| 5  |                             |                            |            |               |      |
| Address (No. & Street, City, State, Zip Code)                        |                             |                            |            |               |      |
| 1 235 Main St #450, White Plains, NY 10601                           |                             |                            |            |               |      |
| 2 265 Church St #802, New Haven, CT 06510                            |                             |                            |            |               |      |
| 3  |                             |                            |            |               |      |
| 4  |                             |                            |            |               |      |
| Services Provided by This Firm (describe fully)                      |                             |                            |            |               |      |
| 1 General Legal Services   |                             |                            | S          | 3,000         |      |
| 2 Mediation, Professional Services Rendered                          |                             |                            | S          | 7,886         |      |
| 3  |                             |                            | S          |               |      |
| 4  |                             |                            | \$         |               |      |
| 5  |                             |                            | \$         |               |      |
|  |                             |                            | Charge for | Services Prov | ided |
|  |                             |                            | s          | 10,886        |      |
| Are These Charges Reflected in the Expenditure Portion of This Repor | ? If Yes, Specify Expense C | lassification and Line No. |            |               |      |
|  | Page 15, Line 1e            |                            |            |               |      |
| ⊙ Yes O No   |                             |                            |            |               |      |

### Skyview Center Disallowance Schedule for Cell Phones September 30, 2023

| Total Cell Phone Expense   | Amount<br>725        | TB Linked       |
|--|----------------------|-----------------|
| Cell Phone Allowed Based on Bed Capacity Monthly Allowable amount per Cell Phone Months in Cost Report Year Allowable Per Year | \$ 58<br>12<br>2,800 | -               |
| Percentage of Year (365 Days / 365 Days) Total Allowable Cost  | \$ 2,800             | <u>-</u>        |
| Disallowed Cell Phone (Page 15, Line 1h2)  | \$ -                 | No Disallowance |

Skyview Center September 30, 2023 Benefits Disallowance

### Marketing Benefits Disallowance

| Marketing Salary                       | 7,760     |
|--|-----------|
| Total Salaries                         | 5,272,015 |
| Percent to Total Salaries              | 0.15%     |
| Total Benefits (Pg 15, Line 1a3 - 1a6) | 797,193   |
| Marketing Benefits Disallowed          | 1,173     |

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

| Name of Facility License No.   | Report for Y  | ear Ended                                     |              |                       |                | Page                                    | of            |
|--|---------------|---|--------------|-----------------------|----------------|---|---------------|
| 35 Marc Drive Operations, LLC, d/b/a Skyview Cente 2377                    | 9/30/2023     |   |              |                       |                | 16                                      | 37            |
| Item   | Total         | CCNH /<br>RHNS                                | Adjustment   | (Specify)             | Adjustment     | (Specify)                               | Adjustmen     |
| Subtotals Brought Forwa  | ard: 1,400,33 | 1.501,149                                     | (100,816)    |                       |                |   |               |
| 1. Travel and Entertainment  | WATER SA      |   |              | The second            |                |   |               |
| 1. Resident Travel and Entertainment                                       | \$            | 688   | (688)        |                       |                |   |               |
| Holiday Parties for Staff  | \$ 283        | 283   |              |                       |                |   |               |
| Gifts to Staff and Residents   | S             |   |              |                       |                |   |               |
| Employee Travel  | \$ 3,314      | 4,616   | (1,302)      |                       |                |   |               |
| <ol> <li>Education Expenses Related to Seminars and Conventions</li> </ol> | \$ 3,024      | 3,024   |              |                       |                |   |               |
| Automobile Expense (not purchase or depreciation)                          | \$            |   |              |                       |                |   |               |
| 7. Other (Specify)   | \$            |   |              |                       |                |   |               |
| See Attached Schedule  |               |   | By Ollos     |                       |                | Manager 1                               | 15 从6 区       |
| m. Other Administrative and General Expenses                               |               | ALC: N  | 5-52 5       | A CONTRACTOR          |                |   |               |
| 1. Advertising Help Wanted (all such expenses )                            | \$ 6,939      | 6,939   |              |                       |                |   |               |
| 2. Advertising Telephone Directory (all such expenses )***                 | \$            |   |              |                       |                |   |               |
| 3 Advertising Other (Specify)***   | \$            | 15,874  | (15,874)     |                       |                |   |               |
| See Attached Schedule  | 0000          |   |              | NAME OF STREET        | DIE CONTRACTOR | E IN SEC                                |               |
| 4 Fund-Raising***  | S             |   |              |                       |                |   |               |
| 5 Medical Records  | \$            |   |              |                       |                |   |               |
| 6. Barber and Beauty Supplies (if this service is supplied                 | \$            |   |              |                       |                |   |               |
| directly and not by contract or fee for service)***                        |               |   | 1000 300 330 |                       |                | En nev                                  | E O DE        |
| 7. Postage   | \$ 1,601      | 1,601   |              |                       |                |   |               |
| * 8. Dues and Membership Fees to Professional                              | \$            |   |              |                       |                |   |               |
| Associations (Specify)   |               | 20 20 3                                       | 10.41.02.01  | Marin Salaria         | PEN X          |   | PIN           |
| See Attached Schedule  |               |   |              |                       | Water Control  | 000000000000000000000000000000000000000 |               |
| 8a. Dues to Chamber of Commerce & Other Non-Allowable Org. ***             | \$            |   |              |                       |                |   |               |
| 9. Subscriptions   | S             |   |              |                       |                |   |               |
| 10. Contributions***   | \$            |   |              |                       |                |   |               |
| See Attached Schedule  |               |   |              |                       |                |   | U. 1935 - 194 |
| 11. Services Provided by Contract (Specify and Complete                    | \$ 322,485    | 322,485                                       |              |                       |                |   |               |
| Schedule C-2, Page 21 for each firm or individual)                         |               | ( Sept 10 10 10 10 10 10 10 10 10 10 10 10 10 |              | TO THE REAL PROPERTY. | DVIII WAS IN   | CHINES.                                 |               |
| 12. Administrative Management Services**                                   | \$            |   |              |                       |                |   |               |
| 13. Other (Specify)  | \$ 711        | 453,069                                       | (452,358)    |                       |                |   |               |
| See Attached Schedule  | ALL MES       | A THEORY                                      |              | 3 3 74                | 831235         | I DE Y                                  |               |
| C-14 Total Administrative & General Expenditures                           | \$ 1,738,690  | 2,309,728                                     | (571,038)    |                       |                |   |               |

<sup>\*</sup> 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.

<sup>\*\*\*</sup> Facility should self-disallow the expensein the Adjustment column.

### Schedule of Other Travel and Entertainment

| Description                          | CCNH / RHNS | Adjustment | (Specify)   | Adjustment | (Specify)    | Adjustment |
|--------------------------------------|-------------|------------|-------------|------------|--------------|------------|
|                                      | 0           |            |             |            | The state of | 4 3 4 3    |
|                                      |             | T WEST OF  | 1000        | 511 30 591 | -V 131 T     |            |
|                                      |             |            | 1,500       | X 11 1880  | A            |            |
|                                      |             | 7          |             |            | FIRST C      |            |
|                                      |             | 0.759 0.01 | William Co. |            | Part No. 1   |            |
|                                      |             | 100        |             |            |              |            |
|                                      |             |            | 11.21       | IIV III    |              | Middle In  |
| Total Other Travel and Entertainment | S           | \$ -       | \$ .        | \$         | S -          | \$         |

Schedule of Other Advertising

| Description                           | CCNH / RHN | S A | djustment | (Specify)   | Adj | ustment | (Specify | Adj | ustment |
|---------------------------------------|------------|-----|-----------|-------------|-----|---------|----------|-----|---------|
|                                       | 0          | 34  |           | THE VIEW OF |     |         |          |     |         |
| Admin Expense>Marketing & Advertising | \$ 15,874  | S   | (15,874)  |             |     |         |          |     |         |
| Total Other Advertising               | \$ 15,874  | s   | (15,874)  | S -         | 2   |         | 2        | s   |         |

Schedule of Dues

| Description   | CCNE | I / RHNS | Adjustment | (Sp | ecify) | Adjustment | (Specify) | Adjustment  |
|---|------|----------|------------|-----|--------|------------|-----------|-------------|
|   |      | (350)    |            |     |        |            |           | 172         |
| CT Association annual dues for CT long term care mutual aid program | S    | 350      |            |     | A L    |            |           |             |
|   |      | E-110.7  | K SIEWY    |     | De.    | DI W       |           |             |
|   |      |          |            |     |        |            |           |             |
|   |      | 100.0    | CAT DY     |     | M.S    |            |           | $val \in M$ |
|   |      | - 12     |            |     |        |            |           |             |
|   | 7/   | 2,115    |            |     |        | 2-12-10    | \$ 160    | Same in the |
| Total Dues  | S    | 3.1      | \$ -       | \$  |        | \$         | \$ .      | \$ .        |

Schedule of Contributions

| Description         | - 8        | CCNH/I | RHNS | Adjustment | (5 | ipecify) | Adj | istment | (Specify | ) | Adjus | tment |
|---------------------|------------|--------|------|------------|----|----------|-----|---------|----------|---|-------|-------|
|                     |            |        | 0    |            |    | 100      |     |         | 31 15    |   | 4.00  |       |
|                     |            |        |      |            |    |          | 10  |         |          |   | 1200  |       |
|                     | WALL WALLS |        | 161  |            |    |          |     |         |          |   |       | Pal   |
| Total Contributions |            | 2      |      | S a        | S  |          | \$  |         | 2        | - | 2     | 200   |

Schedule of Other Administrative and General

| Description                                  | CCNH / RHN | S /        | Adjustment | (Specify) | Adjustn  | nent | (Specify) | Adjustment |
|--|------------|------------|------------|-----------|----------|------|-----------|------------|
|  |            | The second | SUNTELL    | 3 11 3    | 16/190   |      |           | 100        |
| Admin Expense>Licenses                       | \$ 976     | 93         |            |           |          |      | 200       |            |
| Admin Expense>Fines, Penalties & Settlements | \$ 1,518   | \$         | (1,518)    |           |          | 351  |           | D. 177     |
| Admin Expense>Late Fees                      | \$ 4,77    | 2          | (4,777)    |           |          |      |           | IIIXILEI,  |
| Admin Expense>Bank Fees                      | \$ 5,864   | 2          | (5,829)    | 7174      |          | -18  |           |            |
| Death Certificate                            | S 20       | S          | (20)       |           |          |      |           |            |
| Employee Food                                | \$ 870     | 2          | (870)      |           |          |      |           |            |
| Employee Relations                           | \$ 3,708   | \$         | (3,708)    |           |          |      |           |            |
| Discriminatory Bonus                         | \$ 2,250   | S          | (2,250)    |           |          |      |           |            |
| Other Rev>ERC>COVID19                        | \$ 243,517 | \$         | (243,517)  |           |          |      | 0.00      |            |
| Other Rev>Medical Records                    |            | 2          | (5,405)    |           |          |      | N Park    |            |
| ERC>Reversal of Payroll Taxes                | \$ 184,464 | \$         | (184,464)  |           |          |      |           |            |
| Employee Benefits Expense>Background Checks  | \$ 5,105   | E          |            | 3         | THE HOLE |      | 1000      |            |
| Total Other Administrative and General       | \$ 453,069 | \$         | (452,358)  | S         | \$       |      | \$        | 2          |

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

### **Schedule C-1 - Management Services\***

| Name of Facility   | License No.<br>2377              | Report for Year Ended 9/30/2023            | Page of 17   37                             |
|--|----------------------------------|--|---|
| 35 Marc Drive Operations, LLC, d/b/a Sk                      |                                  | 9/30/2023                                  | Indicate Where Costs                        |
| Name & Address of Individual or<br>Company Supplying Service | Cost of<br>Management<br>Service | Full Description of Mgmt. Service Provided | are Included in Annual Report Page #/Line # |
|  |                                  |  |   |
|  |                                  |  |   |
|  |                                  |  |   |
| 1:   |                                  |  |   |
| * -  |                                  |  |   |
|  |                                  |  |   |
|  |                                  |  |   |
|  | _                                |  |   |
|  |                                  |  |   |
|  |                                  |  |   |
|  |                                  | 1  |   |
|  |                                  |  |   |
| -  |                                  |  |   |
|  |                                  |  |   |
|  |                                  |  |   |
|  |                                  |  |   |
|  |                                  |  |   |
|  |                                  |  |   |

<sup>\*</sup> 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)

| C. Expenditures Other Than Salarie  Name of Facility  35 Marc Drive Operations, LLC, d/b/a Skyview Center                        |                | Report for Ye 9/30/2023 |  |                              |                | Page<br>18 | of<br>1 37 |
|--|----------------|-------------------------|--|------------------------------|----------------|------------|------------|
| 35 Marc Drive Operations, LLC, drova Skyview Center  | 2311           | CCNH/                   |  |                              |                |            |            |
| Item   | Total          | RHNS                    | Adjustment   | (Specify)                    | Adjustment     | (Specify)  | Adjustment |
| 2 Dietary  | 10000000       |                         | The state of the s |                              | TO LINE SE     |            |            |
| a. In-House Preparation & Service  | 4 213 31       |                         |  |                              | A BOTH SECTION |            |            |
| 1. Raw Food \$   | 235,688        | 235,688                 |  |                              |                |            |            |
| 2. Non-Food Supplies \$  | 18,389         | 18,389                  |  |                              |                |            | +          |
| 3. Other (Specify)\$   |                |                         |  | A15, 10 10 110               | 11.5           |            |            |
| b. Purchased Services (by contract other \$  |                | 0.00 36 3800            | I CACORCO IVA  | A KIND OF THE REAL PROPERTY. |                |            |            |
| than through Management Services) (Complete Schedule C-2 att. Page 21)   |                |                         |  |                              |                |            |            |
| c. Other (Specify)\$   | Maria de       |                         |  |                              |                | 10/18/TX   |            |
| 2D. Total Dietary Expenditures (2a + b + c + d) \$   | 254,077        | 254,077                 | 但海然心影  |                              |                |            |            |
| 2D. Total Dicialy Experiments (Ed. 6 6 c)  | 2017(011       | 20.1011                 |  |                              |                |            |            |
| 2E. Dietary Questionnaire  | Total          | CCNH                    | / RHNS   | (Spe                         | cify)          | (Sp        | ecify)     |
| F. Resident Meals: Total no. of meals served per day:*   |                |                         |  |                              |                |            |            |
| G. Is cost of employee meals included in 2D? O Yes   | 0              | No                      |  |                              |                |            |            |
| H. Did you receive revenue from employees? O Yes   | •              | No                      |  | If yes, specify amt.         |                |            |            |
| . Where is the revenue received reported in the Cost Report  | ? (Page/Line l | tem)                    |  |                              |                |            |            |
| Is cost of meals provided to persons other  J. than employees or residents (i.e., Board O Yes  Members, Guests) included in 2D?  | •              | 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 Cost Report   | ? (Page/Line l | tem)                    |  |                              |                |            |            |
| Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? | 0              | No                      |  | If yes, specify cost.        |                |            |            |
| N. Is any revenue collected from employees? O Yes  | 0              | No                      |  | If yes, specify amt.         |                |            |            |
| O. Where is the revenue received reported in the Cost Report   | ? (Page/Line   | ltem)                   |  |                              |                |            |            |

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

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

| Name of Facility  | License |       | Report for Yea | r Ended    |                        |                  | Page             | of           |
|---|---------|-------|----------------|------------|------------------------|------------------|------------------|--------------|
| 35 Marc Drive Operations, LLC, d/b/a Skyview Center   |         | 2377  | 9/30/2023      |            |                        |                  | 19               | 37           |
| Item  |         | Total | CCNH /<br>RHNS | Adjustment | (Specify)              | Adjustment       | (Specify)        | Adjustment   |
| Laundry     a. In-House Processing*     1. Bed linens, cubicle curtains, draperies,                                   | Lbs.    |       |                |            |                        |                  |                  |              |
| gowns and other resident care items<br>washed, ironed, and/or processed.***   | Amt. \$ |       |                |            |                        |                  |                  |              |
| Employee items including uniforms,<br>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<br>than through Management Services)<br>(Complete Schedule C-2 att. Page 21) | \$      |       |                |            |                        |                  |                  |              |
| c. Other (Specify)  | \$      | 7,548 | 7,548          |            |                        | //Sell/Messylves | 0.001850//34 [2] |              |
| Laundry Expense>Supplies 3D. Total Laundry Expenditures (3a + b + c)  | S       | 7,548 | 7,548          |            | Management of          |                  | CALL COMMENT     | ENERGISENOVE |
| 3E. Laundry Questionnaire   | 1090    |       |                |            |                        |                  |                  |              |
| F. Is cost of employee laundry included in 3D?  | Yes     | 0     | No             |            | If yes, specify cost.  |                  |                  |              |
| 0. 2.a / c  | Yes     | 0     | No             |            | If yes, specify<br>amt |                  |                  |              |
| H. Where is the revenue received reported in the Cost   | Report? |       | (Page/Line It  | em)        |                        |                  |                  |              |
| I. Is Cost of laundry provided to persons other than employees or residents included in 3D?                           | Yes     | 0     | No             |            | If yes, specify cost.  |                  | F1               |              |
| Dia jourissias zoni mass propin   | Yes     | 0     | No             |            | If yes, specify amt.   |                  |                  |              |
| K. Where is the revenue received reported in the Cost   | Report? |       | (Page/Line It  | em)        |                        |                  |                  |              |

<sup>\*</sup> 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.

<sup>\*\*\*</sup> Pounds of Laundry only required for multi-level facilities.

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

|     | ne of Facility  | License No. F    | Repor |  | nded           |                 |                     |  | Page                     | of<br>37  |
|-----|---|------------------|-------|--|----------------|-----------------|---------------------|--|--------------------------|---|
| 5 1 | Marc Drive Operations, LLC, d/b/a Skyvie                | 2377             |       | 9/30/2023  |                |                 |                     | -  | 20                       | 31  |
|     | Item  |                  |       | Total  | CCNH /<br>RHNS | Adjustment      | (Specify)           | Adjustment   | (Specify)                | Adjustmen   |
|     | Housekeeping  | Sq. Ft. Serviced |       |  |                |                 |                     |  |                          |   |
|     | a. In-House Care  | by Personnel     |       |  |                |                 |                     |  |                          |   |
|     | 1. Supplies - Cleaning (Mops, pails, brooms, etc.)      | Amt              | \$    |  |                |                 |                     |  |                          |   |
| _   | b. Purchased Services (by contract other                | Sq. Ft. Serviced |       |  |                |                 |                     |  |                          |   |
|     | than through Management Services)                       | by Personnel     |       |  |                |                 |                     |  |                          |   |
|     | (Complete Schedule C-2 att.<br>Page 21)                 | Amt              | \$    |  |                |                 |                     |  |                          |   |
|     | C. Other (Specify)                                      |                  | \$    | 19,735   | 19,735         |                 |                     |  |                          | THE RESERVE TO SERVE |
|     | Housekeeping Expense>Supplies                           |                  | 4     | ATTUS DE L   | Sa Hojodk      |                 | E ISONE             |  |                          |   |
| D.  | Total Housekeeping Expenditures (4a                     | +b+c)            | \$    | 19,735   | 19,735         |                 |                     |  |                          |   |
| į   | Resident Care (Supplies)**                              |                  | lli   | 無理問題   |                |                 |                     |  | \$3,000 Ses              | A PATRICIA  |
|     | a. Prescription Drugs***                                |                  | 100   | 18274  |                | Charles II      | ESTA                | A STATE OF THE STA |                          | STATE OF  |
|     | Own Pharmacy  |                  | \$    |  |                |                 |                     |  |                          |   |
|     | 2. Purchased from                                       |                  | \$    |  | 174,566        | (174,566)       |                     | and the same of the same   | The second second second |   |
|     | Medwiz  |                  | _ 8   |  | A VIS S        | OF MICHAEL PIE  |                     | 100000000000   | White the second         |   |
|     | <ul> <li>b. Medicine Cabinet Drugs</li> </ul>           |                  | S     | 1,465  | 1,465          |                 |                     |  |                          | 4   |
|     | <ul> <li>c. Medical and Therapeutic Supplies</li> </ul> |                  | \$    |  |                | (7.510)         |                     |  |                          |   |
|     | d. Ambulance/Limousine***                               |                  | \$    |  | 5,618          | (5,618)         | 19000               |  | E1                       | 100 S 100 W 10  |
|     | e. Oxygen   |                  |       |  |                |                 |                     | All and a second   | KEN ALUE                 | AND DESCRIPTION OF  |
|     | For Emergency Use                                       |                  | \$    |  | 2.075          | (2.075)         |                     |  |                          |   |
|     | 2. Other***   |                  | \$    |  | 3,075          | (3,075)         |                     |  |                          |   |
|     | f. X-rays and Related Radiological                      |                  | \$    | VIII STEEL S | 3,617          | (3,617)         | 1 10 300 10         | The state of the s | Monage Co.               | the substitute of   |
|     | Procedures***   |                  | · C   | (M. 70) (M. 70)  | AVE NOCH       | THE SHIP STREET |                     | Emonographic is  | Control of the last      |   |
|     | g. Dental (Not dentists who should be in                | ciuaea unaer     | \$    | P. L. D. Louis Deve  | ES NAMED       | ENGINEERS STORY | or S. Vivalle       | CHARLES AND AND A  | EX ESPIEN                | THE RESERVE   |
| _   | salaries or fees)                                       |                  | \$    |  | 21,278         | (21,278)        | STATE OF THE PARTY. | Harris and San   |                          | DATE OF THE PARTY |
| _   | h. Laboratory***  |                  | S     | 7,742  | 7,742          | (21,270)        |                     |  |                          |   |
| _   | i. Recreation j. Direct Management Services*            |                  | \$    | 1,142  | 1,142          |                 |                     |  |                          |   |
| _   | k. Indirect Management Services*                        |                  | \$    |  |                |                 |                     |  |                          |   |
| -   | Indirect Management Services     Cable TV               |                  | \$    | 7,200  | 14,225         | (7,025)         |                     |  |                          |   |
| -   | m. Other (Specify)****                                  |                  | \$    | 110,904  | 141,615        | (30,711)        |                     |  |                          |   |
|     | See Attached Schedule                                   |                  |       |  | D COLSTAN      | Color Barrier   | O VOE O DEV         |  |                          |   |
| Ξ   | n. Physical Therapy Expense                             |                  | \$    |  |                |                 |                     |  |                          |   |
| Ī   | o. Speech Therapy Expense                               |                  | \$    |  |                |                 |                     |  |                          |   |
| P.  | Total Resident Care Expenditures (5a -                  | 50)              | S     | 127,311  | 373,201        | (245,890)       |                     |  |                          |   |

<sup>\*</sup> Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

<sup>\*\*</sup> Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10,

<sup>\*\*\*</sup> Facility should self-disallow the expense in the Adjustment column.

<sup>\*\*\*\*</sup> ICFMR's should provide a detailed schedule of all Day Program Costs.

### Schedule of Other Resident Care

| Description                               | CCNH / RHNS       | Adjustment             | (Specify)    | Adjustment                            | (Specify)     | Adjustment |
|---|-------------------|------------------------|--------------|---------------------------------------|---------------|------------|
|   | 0                 |                        |              | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |               | ALC: 1 AN  |
| Nursing Expense>Supplies                  | \$ 97,300         | \$ (19,198)            |              | WIND REVE                             |               |            |
| Nursing Expense>Supplies>COVID19          | \$ 5,098          | - 12121                | VILLEY BELL  | TW-P                                  |               |            |
| Nursing Expense>Minor Equip & Supplies    | \$ 10,099         | The Light State of the | Will Unspire | CL CAS                                |               |            |
| Nursing Expense>Incontinence Supplies     | \$ 126            |                        |              |                                       |               | بالحالفان  |
| Nursing Expense>Sanitation & Incineration | \$ 1,967          |                        | - ***        | Anito and                             | Se Mar Rive   |            |
| Nursing Expense>Equip-Rental              | \$ 18,387         | \$ (11,513)            | 1.11         | 1 1 1                                 |               |            |
| Nursing Expense>Data Processing           | \$ 8,181          |                        |              |                                       |               |            |
| Nursing Expense>Data Processing>COVID19   | \$ 457            |                        |              |                                       |               |            |
|   |                   |                        |              |                                       | 10 7          |            |
|   |                   |                        |              |                                       |               |            |
|   |                   | 15 No. 1971            |              | 2-1-01                                | 150.15.15     |            |
|   |                   | www.mclie-             |              |                                       |               | UBIK       |
|   |                   |                        |              |                                       | III pac I say | 18.1-39/   |
|   |                   |                        |              |                                       |               |            |
|   |                   | 0 N 3080               |              | District to the little                | 10 1 - 161    | 1000       |
|   |                   |                        |              | Li Soffin To 8                        | Yest and      | TOTAL NEW  |
|   |                   | TO THE REAL PROPERTY.  |              | 8.015.50                              |               |            |
|   |                   |                        |              | III II VOLI                           |               |            |
|   |                   |                        |              |                                       |               | 37.00      |
|   |                   |                        |              |                                       | THE STATE OF  |            |
|   | I W I T TO THE WA |                        | 7 1050       | No Alle                               |               |            |
|   | ¢ 141.616         | \$ (30,711)            | \$           | \$ -                                  | \$ -          | \$ -       |
| Total Other Resident Care                 | \$ 141,615        | \$ (30,711)            | D -          | D -                                   |               | φ          |

### Skyview Center Disallowance Schedule for Cable TV September 30, 2023

|  | <u>A</u> | mount            |
|--|----------|------------------|
| Total Cable TV Expense acct #80-232-00   | \$       | 14,225 TB Linked |
| •  |          |                  |
|  |          | ia la            |
| Monthly Allowable amount                 | \$       | 600              |
| Months in Year                           |          | 12               |
| % of Actual Days in Cost Year (365 Days) |          | 100%             |
| Total Allowable Cost                     | \$       | 7,200            |
|  |          |                  |
|  |          |                  |
| Disallowed Cable TV                      | \$       | 7,025            |

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<br>35 Marc Drive Operations, LLC, d/b/a Skyview Center | .C, d/b/a Skyview Cer                   | ıter                 |          | License No.<br>2377            | Report for Year Ended 9/30/2023          |         |                         |             | Page of 21   37 |
|---|---|----------------------|----------|--------------------------------|--|---------|-------------------------|-------------|-----------------|
|   |   | Related ** to Owners | Ownere   |                                |  |         |                         |             |                 |
|   |   | Operators, Officers  | Officers |                                |  |         | Total Cost/Page Ref.*** | age Ref.*** |                 |
| Name of Individual or<br>Company  | Address                                 | Ves                  | Z        | Explanation of<br>Relationship | Full Explanation of<br>Service Provided* | CCNH /  | (Snecify)               | (Specify)   | Pg Line         |
| On-Time IT Solutions Inc  | 154 Spring Street,<br>Monroe, NY 10950  | 0                    |          | N/A                            | IT                                       | 25,084  |                         |             | 7               |
| Caretech Group  | 1123 McDonald Ave<br>Brooklyn, NY 11230 | 0                    | 0        | N/A                            | Purachsing Company                       | 16,800  |                         |             | 16 m11          |
| Waste Wanted Solutions  | unit 2 Montvale NJ<br>07645             | 0                    | •        | N/A                            | Sanitation                               | 21,628  |                         |             | 22 6f           |
| LTC Consulting Services   | 100 Boulevard,<br>Lakewood, NJ 08701    | 0                    | 0        | N/A                            | Consulting Services                      | 212,600 |                         |             | 16 m11          |
| Labor Advisors  | N/A                                     | 0                    | 0        | N/A                            | Consultation                             | 13,500  |                         |             | 16 m11          |
|   |   | 0                    | 0        |                                |  |         |                         |             |                 |
|   |   | 0                    | 0        |                                |  |         |                         |             |                 |
|   |   | 0                    | •        |                                |  |         |                         |             |                 |
|   |   | 0                    | •        |                                |  |         |                         |             |                 |
|   |   | 0                    | •        |                                |  |         |                         |             |                 |
|   |   | 0                    | •        |                                |  |         |                         |             |                 |
|   |   | 0                    | •        |                                | •  |         |                         |             |                 |
| -   |   | 0                    | •        | (                              |  |         |                         |             |                 |
|   |   | 0                    | •        |                                |  |         |                         |             |                 |
|   |   |                      |          |                                |  |         |                         |             |                 |

<sup>\*</sup> List all contracted services over \$10,000. Use additional sheets if necessary.

\*\* Refer to Page 4 for definition of related.

<sup>\*\*\*</sup> 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.                      | - 11 | Report for Yea | r Ended        |  |           |            | Page<br>22 | of<br>37   |
|---|------|----------------|----------------|--|-----------|------------|------------|------------|
| 35 Marc Drive Operations, LLC, d/b/a Skyvie 2377  | _    | 9/30/2023      |                |  |           |            |            | 31         |
| Item  |      | Total          | CCNH /<br>RHNS | Adjustment   | (Specify) | Adjustment | (Specify)  | Adjustment |
| 6. Maintenance & Operation of Plant               |      |                |                |  |           |            |            |            |
| a. Repairs & Maintenance                          | \$   | 53,398         | 53,398         |  |           |            |            |            |
| b. Heat   | \$   | 40,499         | 40,499         |  |           |            |            |            |
| c. Light & Power                                  | \$   | 111,600        | 111,600        |  |           |            |            |            |
| d. Water  | \$   | 56,951         | 56,951         |  |           |            |            |            |
| e. Equipment Lease (Provide detail on page 22b)   | \$   | 6,324          | 6,324          |  |           |            |            |            |
| f. Other (itemize)                                | \$   | 81,983         | 81,983         |  |           |            |            |            |
| See Attached Schedule                             |      |                |                | A STATE OF THE STA |           |            | ,SV.57'S   |            |
| 6g. Total Maint. & Operating Expense (6a - 6f)    | \$   | 350,755        | 350,755        |  |           |            |            |            |
| 7. Depreciation (complete schedule page 23*)      |      |                |                |  |           |            |            |            |
| a. Land Improvements                              | \$   |                |                |  |           |            |            |            |
| b. Building & Building Improvements               | \$   |                |                |  |           |            |            |            |
| c. Non-Movable Equipment                          | \$   | 1,536          | 1,536          |  |           |            |            |            |
| d. Movable Equipment                              | \$   | 27,504         | 27,504         |  |           |            |            |            |
| *7e. Total Depreciation Costs (7a + b + c + d)    | \$   | 29,040         | 29,040         |  |           |            |            |            |
| 8. Amortization (Complete att. Schedule Page 24*) |      |                |                |  |           |            |            |            |
| a. Organization Expense                           | \$   |                |                |  |           |            |            |            |
| b. Mortgage Expense                               | \$   |                |                |  |           |            |            |            |
| c. Leasehold Improvements                         | \$   | 13,135         | 13,135         |  |           |            |            |            |
| d. Other (Specify)                                | \$   |                |                |  |           |            |            |            |
| *8e. Total Amortization Costs (8a + b + c + d)    | \$   | 13,135         | 13,135         |  |           |            |            |            |
| 9. Rental payments on leased real property less   |      |                |                |  |           |            |            |            |
| real estate taxes included in item 10b            | \$   | 419,801        | 419,801        |  |           |            |            |            |
| 10. Property Taxes                                |      |                |                |  |           |            |            |            |
| a. Real estate taxes paid by owner                | \$   |                |                |  |           |            |            |            |
| b. Real estate taxes paid by lessor               | \$   | 40,837         | 40,837         |  |           |            |            |            |
| c. Personal property taxes                        | \$   | 12,670         | 12,670         |  |           |            |            |            |
| 11. Total Property Expenses (7e + 8e + 9 + 10)    | \$   | 515,483        | 515,483        |  |           |            |            |            |

<sup>\*</sup> 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 | (Specify) | Adjustment |
|---|-------------|------------|-----------|------------|-----------|------------|
|   | 0           |            |           |            |           |            |
| Maintenance Expense>Supplies                  | \$ 8,177    |            |           |            |           | Samuel     |
| Maintenance Expense>Minor Equip & Supplies    | \$ 3,411    |            |           |            |           |            |
| Maintenance Expense>Sanitation & Incineration | \$ 21,628   | Venius II  |           | 20 10 16 6 |           |            |
| Maintenance Expense>Equip Rental              | \$ 58       | usin State | W 1817/   |            |           |            |
| Maintenance Expense>Extermination             | \$ 1,755    |            |           |            | A AZ      | VEID MAN   |
| Maintenance Expense>Snow Removal              | \$ 3,770    |            |           |            |           | 78 1, 1, 1 |
| Maintenance Expense>Landscaping               | \$ 5,975    |            |           |            | C. 12.2   | 10.00      |
| Maintenance Expense>Fire Drill                | \$ 6,705    |            |           |            | 36.5      |            |
| Maintenance Expense>Contracted Service        | \$ 30,504   |            |           |            |           |            |
|   |             |            |           |            |           |            |
|   |             |            |           |            | 30.000.90 | A LUCK     |
| Security Alberta Andrew                       |             |            |           |            | 11-12-5   |            |
|   |             |            |           |            |           | Continue I |
|   |             |            | nints out |            |           | PA WES     |
|   |             |            |           |            |           |            |
|   |             |            |           | 2          | 6         | 6          |
| Total Other Repairs and Maintenance           | \$ 81,983   | \$ -       | \$ -      | \$ -       | \$ -      | \$ -       |

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

# General Information and Questionnaire Leases (Excluding Real Property)

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

| Name of Facility  |              |         | License No.                   | Report for Year Ended | ear Ended |           | Page of |
|---|--------------|---------|-------------------------------|-----------------------|-----------|-----------|---------|
| 35 Marc Drive Operations, LLC, d/b/a Skyview Center       | iew Center   |         | 2377                          | 9/30/2023             |           |           | 22b 37  |
|   | Related * to | * to    |                               |                       |           |           |         |
|   | Owners,      | rs,     |                               |                       |           |           |         |
|   | Operators,   | ors,    |                               |                       |           | Annual    |         |
|   | Officers     | SLS     |                               | Date of               | Term of   | Amount    | Amount  |
| Name and Address of Lessor                                | Yes          | %       | Description of Items Leased   | Lease**               | Lease     | of Lease  | Claimed |
| Balboa Capital, 575 Anton Blvd, Costa Mesa, CA            | 0            | 0       | Dual scan finisher/fax system | 05/01/19              | Monthly   | 5,412     | 5,412   |
| Pitney Bowes, 3001 Summer St, Stamförd, CT 06905          | 0            | 0       | Postage Shipping Printer      | 07/11/05              | Monthly   | 911       | 912     |
|   | 0            | 0       |                               |                       |           |           |         |
|   | 0            | 0       |                               |                       |           |           |         |
|   | 0            | 0       |                               |                       |           |           |         |
|   | 0            | 0       |                               |                       |           |           |         |
|   | 0            | 0       |                               |                       |           |           |         |
|   | 0            | 0       |                               |                       |           |           |         |
|   | 0            | 0       |                               |                       |           |           |         |
|   | 0            | 0       |                               |                       |           |           |         |
| Is a Mileage Log Book Maintained for All Leased Vehicles? | eased Veh    | icles ? | O Yes                         | 0                     | o No      | Total *** | 6,324   |

is a Mileage Log Book Maintained for All Leased Vehicles?

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

<sup>\*\*</sup> Attach copies of newly acquired leases.

<sup>\*\*\*</sup> Amount should agree to Page 22, Line 6e.

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

Depreciation Schedule

| Name of Facility  35 Marc Drive Operations, LLC, d/b/a Skyview Center  A. Land Improvements  1. Acquired prior to this report period  2. Disposals (attach schedule)  3. Acquired during this report period (attach schedule)  A-4. Subtotal  B. Building and Building Improvements  1. Acquired prior to this report period  2. Disposals (attach schedule)  3. Acquired during this report period (attach schedule)  B-4. Subtotal  C. Non-Movable Equipment  C. Non-Movable Equipment  1. Acquired during this report period (attach schedule)  3. Acquired during this report period  4. Subtotal  C. Subtotal  C. Subtotal  C. Subtotal  C. Subtotal  D. Movable Equipment  D. Movable Equipment  | I icanea No             |  |  |  |                           |  |  |   |
|--|-------------------------|--|--|--|---------------------------|--|--|---|
| Date of Acquisition  Month Year  | 2377                    | 7  |  | Report for Year Ended<br>9/30/2023   | nded                      |  | Page<br>23   | of<br>37  |
| Land Improvements  1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule)  Subtotal Building and Building Improvements 1. Acquired prior to this report period (attach schedule) 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) 4. Disposals (attach schedule) 5. Acquired prior to this report period (attach schedule) 6. Disposals (attach schedule) 7. Acquired prior to this report period (attach schedule) 7. Disposals (attach schedule) 7. Disposals (attach schedule) 7. Disposals (attach schedule) 7. Acquired during this report period (attach schedule) 7. Acquired for this report period (attach schedule) 8. Acquired for this report period (attach schedule) 8. Acquired for this report period (attach schedule) 9. Acquired for this report period (attach schedu |                         | ess Salvage  | _  | Accumulated<br>Depreciation to<br>Beginning of   | Method of<br>Computing    | Useful   | Depreciation   |   |
| Land Improvements  1. Acquired prior to this report period  2. Disposals (attach schedule)  3. Acquired during this report period (attach schedule)  Subtotal  2. Disposals (attach schedule)  3. Acquired prior to this report period (attach schedule)  Subtotal  Non-Movable Equipment  1. Acquired prior to this report period (attach schedule)  Subtotal  1. Acquired prior to this report period (attach schedule)  3. Acquired prior to this report period (attach schedule)  3. Acquired prior to this report period (attach schedule)  3. Acquired prior to this report period (attach schedule)  3. Acquired prior to this report period (attach schedule)  3. Acquired prior to this report period (attach schedule)  3. Acquired prior to this report period (attach schedule)  3. Acquired prior to this report period (attach schedule)  3. Acquired prior to this report period (attach schedule)  3. Acquired prior to this report period (attach schedule)  4. Acquired prior to this report period (attach schedule)  5. Disposals (attach schedule)  6. Disposals (attach schedule)  7. Acquired prior to this report period (attach schedule)  8. Acquired prior to this report period (attach schedule)  9. Acquired prior to this report period (attach schedule)  10. Acquired prior to this report period (attach schedule)  11. Acquired prior to this report period (attach schedule)  12. Disposals (attach schedule)  13. Acquired prior to this report period (attach schedule)  14. Acquired prior to this report period (attach schedule)  15. Acquired prior to this report period (attach schedule)  16. Acquired prior to this report period (attach schedule)  17. Acquired prior to this report period (attach schedule)  18. Acquired prior to this report period (attach schedule)  19. Acquired prior to this report period (attach schedule)  10. Acquired prior to this report period (attach schedule)  11. Acquired prior to this report period (attach schedule)  12. Acquired prior to this report period (attach schedule)  13. Acquired prior to this report period (attach sc | Land                    | Value De   | Depreciated  | Year's Operations  | Depreciation              | Life   | for This Year  | Totals  |
| 1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) Subtotal Building and Building Improvements 1. Acquired prior to this report period (attach schedule) 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) 4. Disposals (attach schedule) 5. Disposals (attach schedule) 6. Disposals (attach schedule) 7. Disposals (attach schedule) 8. Acquired during this report period (attach schedule) 9. Acquired during this report period (attach schedule) 8. Acquired during this report period (attach schedule) 9. Acquired during this report period (attach schedule) 9. Acquired during this report period (attach schedule) 9. Acquired by Month of the schedule) 9. Acquired during this report period (attach schedule) 9. Acquired for this report period (attach schedule) 9. Acquired f |                         |  |  |  |                           |  |  |   |
| 2. Disposals (attach schedule)  Subtotal  Building and Building Improvements  1. Acquired during this report period (attach schedule)  2. Disposals (attach schedule)  3. Acquired during this report period (attach schedule)  Subtotal  Non-Movable Equipment  1. Acquired prior to this report period (attach schedule)  3. Acquired prior to this report period  2. Disposals (attach schedule)  3. Acquired prior to this report period  3. Acquired prior to this report period  3. Acquired during this report period (attach schedule)  Acquired formation this report period (attach schedule)   |                         |  |  |  |                           |  |  |   |
| Subtotal  Building and Building Improvements  1. Acquired during this report period (attach schedule)  2. Disposals (attach schedule)  3. Acquired during this report period (attach schedule)  Subtotal  Non-Movable Equipment  1. Acquired prior to this report period (attach schedule)  2. Disposals (attach schedule)  3. Acquired during this report period (attach schedule)  Acquired formation this report period (attach schedule)   |                         |  |  |  |                           |  |  | THE REAL PROPERTY.  |
| Building and Building Improvements  1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule)  Subtotal 1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired prior to this report period 4. Disposals (attach schedule) 5. Disposals (attach schedule) 6. Disposals (attach schedule) 7. Subtotal 8. Acquired during this report period (attach schedule) 8. Acquired during this report period (attach schedule) 9. Acquired formaintained? 9. Acquistion 1. Sa mileage 1. Pate of Acquistion 1. Sa mileage 1. Acquired formaintained? 1. Acquistion 1. Acquired formaintained? 1. Acquired formainta |                         |  |  |  |                           |  |  | S. CAMPS OF   |
| Building and Building Improvements  1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule)  Subtotal 1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) 4. Acquired during this report period (attach schedule) 5. Acquired formaintained? 6. Acquistion 7. Acquired formaintained? 7. Acquistion 7. Acquired formaintained? 8. Acquistion 8. Acquired formaintained? 9. Acquistion 1. Acquired formaintained? 1. Acqui | THE PERSON NAMED IN     | WATER BELLEVIN   | N. S. S. S. S. S.  | 11人の日本地の日  | The same                  | STATE OF THE PARTY |  |   |
| Los Acquired prior to this report period (attach schedule)     Acquired during this report period (attach schedule)     Subtotal     Non-Movable Equipment     Los Acquired prior to this report period     Los Disposals (attach schedule)     Acquired during this report period (attach schedule)     Subtotal     Is a mileage logbook maintained?     Acquistion     Yes No Month Year  |                         |  |  |  |                           |  |  | THE REAL PROPERTY.  |
| 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) Subtotal Non-Movable Equipment 1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) Subtotal Is a mileage logbook maintained? Acquistion Yes No Month Year  |                         |  |  |  |                           |  |  |   |
| 3. Acquired during this report period (attach schedule)  Subtotal  Non-Movable Equipment  1. Acquired prior to this report period  2. Disposals (attach schedule)  3. Acquired during this report period (attach schedule)  Subtotal  Is a mileage logbook maintained? Acquistion  Yes No Month Year   |                         |  |  |  |                           |  |  |   |
| Subtotal  Non-Movable Equipment  1. Acquired prior to this report period  2. Disposals (attach schedule)  3. Acquired during this report period (attach schedule)  Subtotal  Is a mileage logbook maintained? Acquistion  Yes No Month Year  |                         |  |  |  |                           |  |  |   |
| Non-Movable Equipment  1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) Subtotal Is a mileage logbook maintained? Acquisition Yes No Month Year  | なるとのでは、                 |  | The state of   | CONTRACTOR STATE   |                           |  | March School   |   |
| Losposals (attach schedule)     Acquired during this report period (attach schedule)     Subtotal  Is a mileage logbook Date of maintained? Acquisition  Yes No Month Year  Movable Equipment  |                         |  |  |  |                           |  |  |   |
| 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) Subtotal Is a mileage logbook maintained? Acquisition Yes No Month Year   | 1,679                   |  | 7,679  | 1,536  | S/L                       | Var  | 1,536  |   |
| 3. Acquired during this report period (attach schedule)  Subtotal  Is a mileage logbook Date of maintained? Acquisition  Yes No Month Year   |                         |  |  |  |                           |  |  | のでは、  |
| Subtotal  Is a mileage logbook Date of maintained? Acquisition  Yes No Month Year  |                         |  |  |  |                           |  |  |   |
| Is a mileage logbook Date of maintained? Acquisition Yes No Month Year   |                         |  | W. 190.18  | 記者の経行する  | The second second         | は対した   | Control of the Control   | 1,536   |
| Is a mileage logbook Date of maintained? Acquisition Yes No Month Year   |                         |  |  |  |                           |  |  |   |
| Yes No Month Movable Equipment   | n Historical Cost       | Less   |  | Accumulated<br>Depreciation to   | Method of                 |  |  |   |
|  | Exclusive of Land       | Salvage (<br>Value D   | Cost to Be<br>Depreciated  | Beginning of<br>Year's Operations  | Computing<br>Depreciation | Useful<br>Life   | Depreciation<br>for This Year  | Totals  |
|  |                         | STATE AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN T | A STATE OF THE PARTY OF THE PAR |  |                           |  | THE REAL PROPERTY.   | 100 A |
| 1. Motor Vehicles (Specify name, model   |                         | があるが出  | Section 1  |  |                           | STATE OF THE PARTY OF  |  | THE REAL PROPERTY.  |
| and year of each vehicle)  |                         |  |  | NATURE OF THE PARTY OF THE PART |                           |  |  |   |
| b.   |                         |  |  |  |                           |  |  | Section 1   |
| o o  |                         |  |  |  |                           |  |  |   |
| d,   |                         |  |  |  |                           |  |  |   |
| 2. Movable Equipment   | がいるのでは、                 |  |  | No. of the last of | 图 第二次                     |  | では、一切は、一切には、一切には、一般には、一切には、一般には、一切には、一切には、一切には、一切には、一切には、一切には、一切には、一切  |   |
| a. Acquired prior to this report period  | 177,832                 |  | 177,832  | 68,770   | S/L                       | Var  | 27,327   |   |
| b. Disposals (attach schedule)   |                         |  |  |  |                           |  |  |   |
| Acquired during this report period   |                         |  |  |  |                           |  |  |   |
| (attach schedule):   |                         |  | N IN IN  | WEITHER SEE  | The second                | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -  | The state of the s |   |
| c. Administrative  |                         |  |  |  |                           |  |  |   |
| d. Standard Resident   | 2,659                   |  | 2,659  |  | S/L                       | Var  | 177  |   |
| e. Specialized Resident  |                         |  |  |  |                           |  |  |   |
| Total Acquired during this report  |                         |  |  |  |                           |  |  |   |
| period   | 2,659                   |  | 2,659  |  |                           | THE REAL PROPERTY.   | ///  |   |
| ~:l  |                         | Charles Co.  |  |  | OF THE PERSON NAMED IN    |  |  | 27,504  |
| E. Total Depreciation  | ST. BUTTONIA MANAGEMENT | E VALUE OF THE PARTY OF THE PAR | TO STATE OF THE PARTY OF THE PA | The second second  |                           |  |  | 29,040  |

#### Schedule of Land Improvements Acquired during this report period

| s Acquired during this report period   |                     | Useful                                 |  |
|--|---------------------|--|--|
| Description of Item  | Cost                | Life                                   | Depreciation   |
|  |                     |  |  |
| THE RESERVE OF THE PARTY OF THE |                     |  |  |
|  |                     |  |  |
|  |                     |  |  |
|  |                     |  |  |
|  |                     |  |  |
|  |                     |  | STATE OF THE SECOND  |
| vements  | \$ -                |  | \$ -   |
|  |                     |  |  |
|  |                     |  | A HUY LANE   |
|  |                     | 1-110-p-1-17                           |  |
|  |                     | Willer Su                              | Control of   |
|  |                     | A LANGE                                | 8 - 11   |
|  |                     | 1 28                                   | EXAME  |
|  |                     |  |  |
| vements  | \$ -                |  | S -  |
|  | Description of Item | Description of Item  Cost  pyements  S | Description of Item  Cost Life  Cost Life  Overments  S -  Overments |

<sup>\*</sup>Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

| schedule of Building Improvem  | ients Acquired during this report period              |      | Useful   |  |
|--|---|------|----------|--|
| Acquisition Date   | Description of Item                                   | Cost | Life     | Depreciation   |
| Additions:   |   |      |          |  |
| The second secon |   |      | 82.57    |  |
| - 12 12 12 13  |   |      | 72 (-31) |  |
|  |   |      |          |  |
|  |   |      |          |  |
|  |   |      |          |  |
|  |   |      | 14.13    |  |
| Total additions for Building Im  | provements  | S -  |          | \$ -   |
| Deletions:   |   |      |          |  |
|  |   |      |          |  |
|  | ne de la mataca Mazatio in la mataca discolare di est |      |          |  |
|  |   |      | St. Bell |  |
|  |   |      |          |  |
|  |   |      |          |  |
|  |   |      |          | DESCRIPTION OF THE PROPERTY OF |
|  |   | \$ - |          | S -  |
| Total deletions for Building Im  | provements  | 3    |          |  |

<sup>\*</sup>Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

| Acquisition Date              | Description of Item | Cost                     | Useful<br>Life | Deprec | iation    |
|-------------------------------|---------------------|--------------------------|----------------|--------|-----------|
| Additions:                    |                     |                          |                |        |           |
|                               |                     |                          |                |        |           |
|                               |                     |                          |                |        |           |
|                               |                     |                          |                |        |           |
|                               |                     |                          |                |        | 2 1 1 2 1 |
|                               |                     |                          |                |        | TN/H      |
| Total additions for Non-Moval | ole Equipment       | \$                       |                | \$     | *)        |
| Deletions:                    |                     |                          |                |        |           |
|                               |                     | A Section 1              |                |        |           |
| 175 (1) 240(4)                |                     |                          |                |        |           |
|                               |                     |                          |                |        |           |
|                               |                     |                          |                |        | 3 10      |
|                               |                     |                          | E. E.M         | I WA   | 17.55     |
| Total deletions for Non-Movab | ole Equipment       | Specifical Specification |                | \$     | •         |
|                               |                     |                          |                |        |           |

<sup>\*\*</sup>Ties to Page 23, Line A2

<sup>\*\*</sup>Ties to Page 23, Line B2

<sup>\*</sup>Ties to Page 23, Line C3
\*\*Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

|                     |  | Pick One          | Ų.    |       | Useful       |       |         |
|---------------------|--|-------------------|-------|-------|--------------|-------|---------|
| Acquisition Date    | Description of Item  | Movable Category  | Co    | st    | Life         | Depre | ciation |
| Additions:          |  |                   |       |       |              |       |         |
| 11/30/2022          | Compressor Replacement   | Standard Resident | S     | 2,659 | 15           | S     | 177     |
|                     | The state of the s | PICK A CATEGORY   |       |       |              |       |         |
|                     |  | PICK A CATEGORY   |       |       |              | TV    | XIII    |
|                     |  | PICK A CATEGORY   |       | 100   | MILE IN      | -     |         |
|                     |  | PICK A CATEGORY   |       | E, 40 |              |       |         |
|                     |  | PICK A CATEGORY   |       |       |              |       |         |
| Total additions for | Movable Equipment  |                   | \$    | 2,659 | The Say      | \$    | 177     |
| Deletions:          |  |                   |       |       |              | 110   |         |
|                     |  |                   |       |       |              |       |         |
|                     |  |                   |       |       |              |       |         |
|                     |  |                   |       |       | V Taylor     |       |         |
|                     |  |                   | J. 18 |       |              |       |         |
|                     |  | # (*E10)   N      |       |       | 11 1 1 1 1 1 |       | Hin     |
| Total deletions for | Movable Equipment  |                   | \$    | E.    |              | \$    | •       |

Schedule of Leasehold Improvements Acquired during this report period

|   |   |  | Useful   |  |                                     |
|---|---|--|--|--|-------------------------------------|
| Description of Item   |   | Cost   | Life   | Dep  | reciation                           |
|   |   |  |  |  |                                     |
| Motor Replacement   | \$  | 2,767  |  | \$   | 346                                 |
| Architectual Services   | \$  | 7,600  | 10   | \$   | 760                                 |
| Replace fire system and upgrade to cellular                             | 18 7 18 7 5   | 10196  | 15   |  | 680                                 |
| Installation of washer  | 18 1 1 1 2 2  | 12001  | 10   |  | 1200                                |
| Walk in freezer repair and inspection, and water heatage leakage repair |   | 2552   | 15   |  | 170                                 |
|   | 0.10  | 5404   | 15   |  | 360                                 |
| Compressor Replacement at Skyview                                       |   | 2316   | 15   |  | 154                                 |
|   | \$  | 42,836   |  | \$   | 3,670                               |
|   |   |  |  |  |                                     |
|   |   |  |  | 100  |                                     |
|   |   |  |  |  |                                     |
|   | N 12 V 17 34  | in all   | A TILL   |  | 1                                   |
|   | Type Have   | 4  |  |  |                                     |
| Lesshold Improvement  | S   |  |  | \$   | -                                   |
|   | Motor Replacement Architectual Services Replace fire system and upgrade to cellular Installation of washer Walk in freezer repair and inspection, and water heatage leakage repair Compressor Replacement Compressor Replacement at Skyview Leasehold Improvement | Motor Replacement  Architectual Services  Replace fire system and upgrade to cellular  Installation of washer  Walk in freezer repair and inspection, and water heatage leakage repair  Compressor Replacement  Compressor Replacement at Skyview  Leasehold Improvement  \$\$ | Motor Replacement \$ 2,767 Architectual Services \$ 7,600 Replace fire system and upgrade to cellular 10196 Installation of washer 12001 Walk in freezer repair and inspection, and water heatage leakage repair 2552 Compressor Replacement 5404 Compressor Replacement at Skyview 2316 Leasehold Improvement \$ 42,836 | Description of Item         Cost         Life           Motor Replacement         \$ 2,767         8           Architectual Services         \$ 7,600         10           Replace fire system and upgrade to cellular         10196         15           Installation of washer         12001         10           Walk in freezer repair and inspection, and water heatage leakage repair         2552         15           Compressor Replacement         5404         15           Compressor Replacement at Skyview         2316         15           Leasehold Improvement         \$ 42,836 | Motor Replacement   S 2,767   8   S |

<sup>\*</sup>Ties to Page 24, Line C3

<sup>\*</sup>Ties to Page 23, Line D2c \*\*Ties to Page 23, Line D2b

<sup>\*\*</sup>Ties to Page 24, Line C2

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

# Amortization Schedule\*

| Nar      | Name of Facility                                    |  |                    | License No.  |                                       | Report for Year Ended | ır Ended       |        | Page              | Jo   |
|----------|---|--|--------------------|--------------|---------------------------------------|-----------------------|----------------|--------|-------------------|--|
| 35]      | 35 Marc Drive Operations, LLC, d/b/a Skyview Center | w Cente  | L                  | 2377         |                                       | 9/30/2023             |                |        | 24                | 37   |
|          |   |  |                    |              |                                       | Accumulated           |                |        |                   |  |
|          |   | Date of  | of for             |              |                                       | Amort. to             |                |        |                   |  |
|          |   | Acquisition  | sition             |              |                                       | Beginning of          | Basis for      |        |                   |  |
|          |   |  |                    | Length of    | Cost to Be                            | Year's                | Computing      | Rate   | Rate Amortization |  |
|          | Item  | Month  | Year               | Amortization | Amortized                             | Operations            | Amortization** | %      | for This Year     | Totals   |
| Ą.       | Organization Expense                                |  | 4                  |              |                                       |                       |                |        |                   |  |
|          | 1. Startup Costs                                    | 5  | 2019               |              | 66,423                                | 66,423                | S/L            |        |                   |  |
|          | 2.  |  |                    |              |                                       |                       |                |        |                   |  |
|          | 3,  |  |                    |              |                                       |                       |                |        |                   | The state of the s |
| A-4      | A-4. Subtotal                                       | NAME OF THE PERSON NAME OF THE P | THE REAL PROPERTY. | 日本教育の大学      |                                       | というないないので             |                | 505    | ST. STATISTICS    |  |
| B.       | Mortgage Expense                                    |  |                    |              |                                       |                       |                |        |                   |  |
|          | 1.  |  |                    |              |                                       |                       |                |        |                   |  |
|          | 2.  |  |                    |              |                                       |                       |                |        |                   |  |
|          | 3.  |  |                    |              |                                       |                       |                |        |                   | STATE OF STA |
| B-4.     | 1. Subtotal   |  |                    |              |                                       | 是 學學 到自               |                |        | であるのでは            |  |
| <u>ن</u> | Leasehold Improvements and Other                    |  |                    |              |                                       |                       |                |        |                   |  |
|          | 1. Acquired prior to this report period             | Var  | Var                | Various      | 109,015                               | 19,310                | S/L            | Vario  | 9,465             |  |
|          | 2. Disposals (attach schedule)                      |  |                    |              |                                       |                       |                |        |                   |  |
|          | 3. Acquired during this report period               |  |                    |              | · · · · · · · · · · · · · · · · · · · | 公 题 水出 表              |                |        | 門政策等職             |  |
|          | (attach schedule)                                   | Var  | Var                | Various      | 42,836                                |                       | S/L            | Varion | 3,670             |  |
| C-4.     | 4. Subtotal   |  |                    |              | THE REAL PROPERTY.                    | のは、                   |                |        |                   | 13,135   |
| D.       | Total Amortization                                  |  |                    |              |                                       |                       |                |        | No. of Parties    | 13,135   |
|          | * Straight-line method must be used                 |  |                    |              |                                       |                       |                |        |                   |  |

\* 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.

Skyview Center FIXED ASSET / DEPRECIATION SCHEDULE

|                       | Description  | Date In Service | Method | Life     | Historical<br>Cost | 2022<br>Deprec. | 2022<br>A/D | 2023<br>Deprec. | 2023<br>A/D | NBV          | 1            |
|-----------------------|--|-----------------|--------|----------|--------------------|-----------------|-------------|-----------------|-------------|--------------|--------------|
|                       |  |                 |        |          |                    |                 |             |                 |             |              |              |
| LEASHOLD IMPROVEMENTS | VEMENTS  |                 |        |          |                    |                 |             |                 |             |              |              |
| LI                    | phone repair- cross connect wires  | 5/20/2019       | SVL    | 10       | 1,063              | 106             | 424         | 106             | 530         | 533          | g) '         |
| 17                    | phone ports  | 6102/6/5        | S/L    | 10       | 1,435              | 144             | 576         | 144             | 720         | 715          | ر<br>د د     |
| n                     | AC repair  | 7/10/2019       | S/L    | 50       | 3,660              | 183             | 732         | 183             | 915         | 2,743        | 2 (          |
| 17                    | Fax repair-new T/R card installed  | 7/17/2019       | S/L    | 10<br>10 | 922                | 92              | 368         | 92              | 460         | 796          | 7 '          |
| ב                     | phone ports  | 5/9/2019        | SV     | 10       | 16 5               | 5 6             | 36          | ז יכ            | 45          | 40           | e r          |
| 17                    | phone repair- cross connect wires  | 8/20/2019       | S/L    | 0 :      | 67                 | ,               | 28          | - '             | 30          | 35           | 7 0          |
| 17                    | Fax repair-new T/R card installed  | 7/17/2019       | S/L    | 10       | 59                 | 9               | 24          | 0               | 30          | 67 .         | 5. \         |
| 17                    | replaced fan motor on AC   | 8/14/2019       | S/L    | 20       | 2,571              | 129             | 516         | 671             | 550         | 9761         | 93           |
| 17                    | hvac repair  | 10/10/2019      | SVL    | S :      | 1,595              | 96              | 424         | 100             | 230         | con'i        | 0 4          |
| 17                    | aquastat repaur  | 8/16/2019       | S/L    | 0 !      | 155,1              | 133             | 760         | 133             | 600         | 000          | 2 0          |
| 7                     | Fridge repair-replace valve  | 10/1/2019       | S/L    | 5        | 1,559              | 401             | 416         | 104             | 305         | 950,1<br>For | N 0          |
| 3                     | AC repair-heat pump switch   | 6102/5/6        | S/L    | 10       | 792                | 79              | 316         | 6/ 1            | 393         | 195          | ,            |
| 17                    | equipment service-slicer repair  | 6102/81/6       | S/L    | 10       | 751                | 75              | 300         | C               | 3/2         | 3/0          | 9            |
| 2000 A 34545          |  |                 |        |          |                    |                 |             |                 |             |              |              |
| 2020 Additions        | Darlaced ice machine nate  | 10/23/2019      | SVL    | 01       | 1,147              | 115             | 345         | 115             | 460         | 289          | 23           |
| 3 =                   | Description of the second of t | 10/31/2019      | S/L    | 10       | 865                | 87              | 261         | 87              | 348         | 517          | 17           |
| 3 2                   | Actuach design prosessing the properties of the prosessing the pro | 8/5/2020        | S/L    | 01       | 1,781              | 178             | 534         | 178             | 712         | 1,069        | 65           |
| 3 <b>:</b>            | Darlace found age; pour annual per la parlace found age; pour annual per la parlace found age; pour la | 11/6/2019       | S/L    | 10       | 2,073              | 207             | 621         | 207             | 828         | 1,245        | 45           |
| 3 =                   | Architectures services continues.  Renland social petatric heat and new thermostal   | 11/11/2019      | S/L    | 15       | 933                | 62              | 186         |                 | 248         | 685          | 85           |
| i =                   | Water heater install ment with storage tank  | 5/10/2020       | S/L    | 20       | 13,300             | 999             | 1,995       | 999             | 2,660       | 10,640       | 40           |
| 5 <b>=</b>            | Answerich  | 6/5/2020        | S/L    | 10       | 626                | 63              | 189         |                 | 252         | 374          | 74           |
| i =                   | fire alam nanel replaced   | 7/31/2020       | S/L    | 10       | 582                | 58              | 174         |                 | 232         | 350          | 20           |
| 1 =                   | installed outlets & iuntion box under dishwasher   | 8/1/2020        | SvL    | 15       | 746                | 20              | 150         |                 | 200         | 246          | 46           |
| i                     | Roof repair  | 4/16/2020       | S/L    | 10       | 750                | 75              | 225         |                 | 300         | 450          | 200          |
| 1                     | replaced oil and fuel filters  | 6/2/2020        | S/L    | 10       | 744                | 74              | 222         |                 | 296         | 448          | 20 :         |
| 1 3                   | Repaired nurse call system   | 9/18/2020       | S/L    | 10       | 722                | 72              | 216         |                 | 288         | 434          | <del>4</del> |
|                       |  |                 |        |          |                    |                 |             |                 |             |              |              |
| 2021 Additions        |  | 00000011        | Г.     | 01       | 3 748              | 375             | 750         |                 | 1.125       | 2.62         | 23           |
| 3                     | Transport/startup/labor for boiler rental  | 07077711        | 75     | 2 5      | 2,740              | 249             | 498         |                 | 747         | 1,745        | 45           |
| <b>=</b> :            | Repaired water heater and put in new thermostat along with other fittings and gaskets  | 0707771         | 15     | 2 5      | 4 284              | 286             | 572         | 286             | 858         | 3,426        | 36           |
| 3:                    | Installed new controls and switches and rewired damaged and outil wires, lentoyed water in act when the  | 12/9/2020       | S/S    | 12       | 826                | 55              | 110         |                 | 165         | 99           | 19           |
| <b>:</b> :            | Maint and repair on ourner, replaced parts   | 12/17/2020      | 175    | 10       | 505                | 51              | 102         |                 | 153         | 352          | 52           |
| 3:                    | KERDYVETICSE (DICE)  | 11/20/2020      | S/L    | 01       | 1,665              | 167             | 334         |                 | 501         | 1,164        | Z            |
| 3 :                   | Note to the territory of the territory o | 1/19/2021       | S/L    | 10       | 532                | 53              | 106         |                 | 159         |              | 73           |
| <b>i</b> :            | Cepal on Itolit dool lock/code   | 4/27/2021       | SAL    | 10       | 559                | 56              | 112         |                 | 168         |              | 16           |
| 3 2                   | Sewer cicaling   | 5/11/2021       | SAL    | 10       | 548                | 55              | 110         |                 | 165         | 383          | 83           |
| 3 :                   | Repairs of totolsti, tiew plans.  Explains of totolsti, tiew plans.  Explains of totolsti, tiew plans.   | 8/13/2021       | SAL    | 15       | 3,913              | 261             | 522         |                 | 783         | 3,130        | 30           |
| 3 =                   | DITING TO COMPARED PUTYCE to DEVIATE CAMBASE And Lapbour a volume to stories and write up report on any access<br>Company make most the hot water heater flame red (states had for the flexe).   | 8/13/2021       | S/L    | 10       | 2,767              | 277             | 554         |                 | 831         | 1,936        | 36           |
| 3 :                   | Covince and a local tile for water french plants are as a second and a local tile for the format and the format | 9/13/2021       | S/L    | 10       | 7,285              | 728             | 1,456       |                 | 2,184       |              | 01           |
| 3 2                   | Fixed domestic hot water heater  | 11/4/2021       | S/L    | 10       | 3,011              | 301             | 602         |                 | 903         |              | 80           |
| i                     |  |                 |        |          |                    |                 |             |                 |             |              |              |
| 2022 Additions        |  | 2000            | 1.3    | 10       | 2 064              | 305             | 30%         | 966             | 797         |              | 77           |
| <b>3</b> :            | On Boiler # 01, serving the Domestic Hot Water for the facility, we discovered a leak in the Heaf Exchanger  | 7707/11         | 7.5    | 01       | 9 250              | 925             | 925         |                 | 1.850       | 7,400        | 8            |
| 5 ;                   | Domestic Water Boiler i Repair   | 2/4/2022        | 5      | 2 =      | 428                | 43              | 43          |                 | 98          |              | 142          |
| <b>=</b> :            | cleared out sewer pipe   | CC0C/V/C        | 5 5    | 2 9      | 2 059              | 206             | 206         |                 | 412         |              | 747          |
| <b>3</b>              | cleaned sewer pipe   | CC0C/P/C        | 5 5    | 2 5      | 2.059              | 206             | 206         |                 | 412         |              | 747          |
| <b>=</b> :            | cleaned out sewer pipe   | 20202111        | 35     | 2 0      | 3 455              | 346             | 346         |                 | 692         |              | 163          |
| <b>ゴ</b> :            | Demo the existing notion metal atom and fame in its entirety   |                 | S/L    | 2 2      | 15,500             | 1,550           | 1,550       | 1,550           | 3,100       | 12,400       | 901          |
| <b>i</b>              | nixed up parking lot for Cricuw. repayed, inxeditepated integral depital callos, speed durings investigated where  |                 | 1      |          |                    |                 |             |                 |             |              |              |
| 2023 Additions        |  |                 |        |          |                    |                 |             |                 | ì           |              | -            |
| n                     | MAU and EF Motor Replacements  | 11/11/2022      | S/L    | 00 5     | 2,767              |                 | •           | 346             | 346         | 1247         | 174          |
| 3                     | Archite-dural Services   | 12/31/2022      | N/C    | 2 2      | 009'/              | • (             |             | 680             | 89          |              | 116          |
| 17                    | replace fire system and upgrade to cellular  | 77/31/2027      | 2/2    | 2 5      | 10,196             | 9               | 7           | 0000            | 1200        |              | 301          |
| 3                     | Installation of washer   | 77/13/1/2077    | 2/2    | 2 4      | 12,001             | 1               | 9           | 021             | 021         |              | 382          |
| 17                    | Walk in freezer repair and inspection, and water heater leakage repair   | 1113/2023       | 3/5    | 2        | 400,7              |                 |             |                 |             |              |              |
|                       |  |                 |        |          |                    |                 |             |                 |             |              |              |

Skyview Center FIXED ASSET / DEPRECIATION SCHEDULE

|  | Description   | Date In Service                       | Method            | Ē          | Historical<br>Cost  | 2022<br>Deprec.       | 2022<br>A/D       | 2023<br>Deprec.   | 2023<br>A/D       | NBV               |
|--|---|---------------------------------------|-------------------|------------|---------------------|-----------------------|-------------------|-------------------|-------------------|-------------------|
| LI                                     | Billing for completed project to Perform CU-# 02 Compressor Replacement Billing for approved project to Perform CU-# 02 Compressor Replacement at Skyview Nursing | 7/25/2023                             | S/L<br>S/L        | <b>2</b> 2 | 5,404               | 289.0139              | (d. 12            | 360               | 360               | 5,044             |
| TOTAL LEASEHOLD IMPROVEMENTS           | MPROVEMENTS   | =                                     |                   |            | 151,851             | 9,465                 | 19,310            | 13,135            | 32,445            | 119,406           |
| NON-MOVABLE EQUIPMENT                  | PMENT   |                                       |                   |            |                     |                       |                   |                   |                   |                   |
| 2022 Additions<br>FFE                  | 8 exhaust fan replacements  | 11/16/2021                            | S/L               | 10         | 7,679               | 1,536                 | 1,536             | 985'1             | 3,072             | 4,607             |
| TOTAL NON-MOVABLE EQUIPMENT            | E EQUIPMENT   |                                       |                   |            | 7,679               | 1,536                 | 1,536             | 1,536             | 3,072             | 4,607             |
| MOVABLE EQUIPMENT                      |   |                                       |                   |            |                     |                       |                   |                   |                   |                   |
| 2019 Additions<br>FFE                  | food processor  | 5/22/2019                             | S/L               | 0 5        | 1,323               | 132                   | 528               | 132               | 099               | 663               |
| FFE<br>Medical Equipment               | Refridgerator<br>Bed controls   | 9/30/2019<br>9/4/2019                 | S/L               | 12         | 823                 | 69                    | 276               | 69                | 345               | 478               |
| Computer Hardware                      | Tablets   | 5/31/2019                             | S/L               | w r        | 684                 | . 10                  | 684               | 1 5               | 684               | 9 39              |
| Computer Hardware                      | Scanner<br>District   | 6/30/2019                             | S/L<br>S/L        | n 40       | 900                 | 128                   | 512               | 126               | 638               | 18                |
| Computer Software                      | runci<br>VS   | 8/13/2019                             | S/L               | 5          | 784                 | 157                   | 628               | 156               | 784               | :*:               |
| Computer Software<br>Sales Use Tax     | tos<br>Various Sales Use Tax  | 8/29/2019 5/31/2019                   | S/L<br>S/L        | w w        | 1,057               | 211                   | 1,824             | 456               | 2,280             | · -               |
| 2020 Additions<br>FFE                  | Replaced vaccum pump motor  | 6102/2/01                             | S/L               | 51         | 1,549               | 103                   | 309               | 103               | 412               | 1,137             |
| FFE                                    | tube, probe, and float kit  | 1/13/2020                             | S/L               | 50         | 44 3                | 129                   | 387               | 129               | 516               | 306               |
| FPE                                    | Badgy 100 color plastic card printer  | 7/3/2020                              | Z/S               | 90 YA      | 622                 | 124                   | 372               | 124               | 496               | 126               |
| 17E                                    | Kyoceta laskalta<br>inverter  | 9/11/2020                             | S/L               | 8          | 1,292               | 258                   | 774               | 258               | 1,032             | 260               |
| Medical Equipment                      | Elevation motor   | 1/24/2020                             | S/L               | oc         | 626'1               | 247                   | 741               |                   | 886               | 166               |
| Medical Equipment                      | Installation of nurse call-head   | 3/13/2020                             | S/L<br>S/L        | 9 9        | 28,715              | 2, <b>x</b> /2<br>102 | 8,616             | 7,8/2             | 11,455            | 777,11            |
| Medical Equipment                      | Wearable tags and 10.1 AD tester<br>Wander wearable tags vital signs motor  | 3/16/2020                             | S/L               | 10         | 551                 | 55                    | 165               |                   | 220               | 331               |
| Medical Equipment                      | LC 1200 wrist/amkle tag   | 4/25/2020                             | S/L               | 10         | 5,076               | 508                   | 1,524             |                   | 2,032             | 3,044             |
| Medical Equipment                      | wrist/ ankle tag  | 5/16/2020<br>8/14/2020                | S/L               | 2 2        | 803                 | 08                    | 240               |                   | 320               | 483               |
| Medical Equipment<br>Medical Equipment | wnstankie ag<br>wrist/ankie tag   | 9/9/2020                              | S/L               | 10         | 830                 | 83                    | 249               | 83                | 332               | 498               |
| Medical Equipment                      | bladder scanner   | 9/24/2020                             | S/L               | 10         | 4,344               | 434                   | 1,302             | 434               | 1,736             | 2,608             |
| Computer Hardware                      | dotder  | 0/27/2019                             | SV                | m r        | 774                 | 216                   | 723               |                   | 724               |                   |
| Computer Hardware                      | Laptop, ideapad<br>Membring societies major and conju   | 10/1/2019                             | S/L               | nen        | 1,057               | 352                   | 1,056             | -                 | 1,057             | •                 |
| Computer Software                      | Monthly programming, service, maint, and equip<br>Monthly programming service maint and equip   | 11/1/2019                             | S/L               | m          | 1,057               | 352                   | 1,056             | -                 | 1,057             | <u>*</u> )        |
| Computer Software                      | Monthly programming, service, maint, and equip  | 12/1/2019                             | S/L               | e          | 1,057               | 352                   | 1,056             | -                 | 1,057             |                   |
| Computer Software                      | Monthly programming, service, maint, and equip  | 1/1/2020                              | S/L               | en i       | 1,057               | 352                   | 1,056             | *                 | 1,057             |                   |
| Computer Software                      | Monthly programming, service, maint, and equip  | 2/1/2020                              | S/L               | י הי       | 890,1               | 356                   | 1,008             | . *               | 1 069             | 9                 |
| Computer Software                      | Monthly programming, service, maint, and equip  | 3/1/2020                              | SAL               | n 11       | 690'1               | 356                   | 1.068             | -                 | 1.069             | 10                |
| Computer Software                      | Monthly programming, service, maint, and equip  | 5/1/2020                              | S/L               | n          | 690'1               | 356                   | 1,068             | -                 | 1,069             | *                 |
| Computer Software                      | Monthly programming, service, maint, and equip  | 6/1/2020                              | S/L               | ٣          | 690'1               | 356                   | 1,068             | _                 | 1,069             | 4                 |
| Computer Software                      | Monthly programming, service, maint, and equip  | 7/1/2020                              | S/L               | e i        | 690'1               | 356                   | 1,068             |                   | 690'1             | € :               |
| Computer Software<br>Computer Software | Monthly programming, scrvicc, maint, and equip<br>Monthly programming, scrvicc, maint, and equip  | 8/1/2020<br>9/1/2020                  | S/L               | w w        | 690'1               | 356                   | 1,068             | i i               | 1,069             | 6 JE              |
| 2021 Addistone                         |   |                                       |                   |            |                     |                       |                   |                   |                   |                   |
| FFE FFE                                | Kyocera taskalfa toner<br>EZ press heat seal press<br>Cleaning cart   | 12/17/2020<br>11/27/2020<br>1/26/2021 | S/L<br>S/L<br>S/L | ימי מי מי  | 622<br>1,059<br>871 | 124<br>212<br>174     | 248<br>424<br>348 | 124<br>212<br>174 | 372<br>636<br>522 | 250<br>423<br>349 |
|  |   |                                       |                   |            |                     |                       |                   |                   |                   |                   |

Skyview Center FIXED ASSET / DEPRECIATION SCHEDULE

|                              |  |                 | 100000000000000000000000000000000000000 |      | Historical | 2022    | 2022     | 2023    | 2023    |          |
|------------------------------|--|-----------------|---|------|------------|---------|----------|---------|---------|----------|
| Asset Tyne                   | Description  | Date In Service | Method                                  | Life | Cost       | Deprec. | A/D      | Deprec. | WD.     | NBV      |
| F67                          | Koncera talkalfa toner   | 3/16/2021       | S/L                                     | 5    | 622        | 124     | 248      | 124     | 372     | 250      |
| 1111                         | True delivers each   | 5/26/2021       | S/L                                     | 'n   | 8,131      | 1,626   | 3,252    | 1,626   | 4,878   | 3,253    |
| 244                          | וויול תבווערול לישור   | 12/17/2020      | S/II.                                   | 10   | 553        | 111     | 222      | Ξ       | 333     | 220      |
| Medical Equipment            | wander wenter in the control of the  | 1000500         | 1/2                                     | . 14 | 1 338      | 268     | 536      | 268     | 804     | 534      |
| Medical Equipment            | 4 AED battenes- dethonliator   | 1760001         | 2 15                                    | V 46 | 744        | 149     | 298      | 149     | 447     | 297      |
| Medical Equipment            | W nsvankie lag   | 1707/27/7       | 1/3                                     | 2    | 200        | 33      | 99       | 33      | 66      | 401      |
| Medical Equipment            | Bladder scanner repair replaced part-tablet  | 1505/505/       | 25                                      | 2 2  | 10 143     | 1914    | 3 8 2 8  | 1914    | 5.742   | 13.401   |
| Medical Equipment            | Installation of Nurse Call- Head End A , B , and C Wing  | 00000000        | 100                                     | 2 0  | 733        | 147     | 294      | 147     | 441     | 292      |
| Computer Software            | Thin client computer moniter   | 0202/21/71      | 3/17                                    | 2 4  | 200        | 121     | 23.4     | 147     | 105     | 335      |
| Computer Software            | Thin clicnt computer, moniter  | 12/11/2020      | N.                                      | •    | 630        | 101     | +55      | /01     | 100     | 000      |
| Computer Software            | Laptop   | 12/17/2020      | S/L                                     | wi.  | 724        | 145     | 290      | 145     | 435     | 586      |
| Computer Software            | Phone system   | 3/1/2021        | S/L                                     | 9    | 11,441     | 2,288   | 4,576    | 2,288   | 6,864   | 4,577    |
| Compare Collins              | I notice at an annual and an annual an annua | 5/4/2021        | S/L                                     | w    | 821        | 164     | 328      | 164     | 492     | 329      |
| Computer Source              | Andrew<br>Drawer   | 3/25/2021       | S/L                                     | 100  | 1,520      | 304     | 809      | 304     | 912     | 809      |
| Computer Software            | TI COLOR   | 1/25/2021       | S                                       | - 97 | 11.441     | 2.288   | 4.576    | 2,288   | 6,864   | 4,577    |
| Computer Software            | Propos system  | 1000509         | 15                                      |      | 5.099      | 1.700   | 3,400    | 1,699   | 5,099   | 30       |
| Computer Hardware            | Advanced Gateway Security Suite Bundie   | 1202/2701       | 150                                     | 1 2  | 46         | 15      | 30       | 5       | 45      |          |
| Sales Use Tax                | On-time 12423, computer hardware   | 0707/07/07      | 2 5                                     | ) er | 30         | 2 2     | 36       |         | 36      | ,        |
| Sales Use Tax                | Select office systems 163163   | 1202/62/1       | 200                                     | s e  | 47         | 91      | 33       | . 5     | 47      |          |
| Sales Use Tax                | On-time solutions 12708  | 1/29/2021       | S/L                                     | 900  | 1          | 01      | 70       | 1 6     | - 6     |          |
| Sales Use Tax                | On-time solutions, inv 12715 and inv 12732   | 1/29/2021       | S/L                                     | en:  | 66         | 33      | 99       | 33      | 66      | eo       |
| Sales Use Tax                | Select office systems- 1671 6 toner  | 4/29/2021       | S/L                                     | m    | 39         | 13      | 26       | 13      | 39      | ĸ.       |
| Salos Uso Tax                | LTC Technologies abone system, phones On-time-lation   | 4/29/2021       | S/L                                     | NO.  | 1,602      | 320     | 640      | 320     | 096     | 642      |
| Caloe Hea Tay                | Industrial chem labs 324125 sewer cleaner  | 4/29/2021       | S/L                                     | 22   | 35         | 4       | 90       | 4       | 12      | 23       |
| Sales Use Tax                | Industrial curvit and services some control of the  | 7/23/2021       | S/L                                     | ens  | 324        | 801     | 216      | 108     | 324     | 96       |
| Outes Ose ray                | מתאשורים משניות שליינון שנוני בחושום   |                 |   |      |            |         |          |         |         |          |
| 2022 Additions               |  |                 |   |      |            |         |          |         |         |          |
| 144                          | storace container  | 3/24/2022       | S/L                                     | 10   | 5,477      | 1,095   | 1,095    | 1,095   | 2,190   | 3,287    |
| THE                          | pasket nieczs  | 8/24/2022       | S/L                                     | 99   | 3,069      | 614     | 614      | 614     | 1,228   | 1,841    |
| Medical Fourinment           | bearing processing of a serious to convert the exetern to dual morn stations.  | 10/21/2020      | S/L                                     | MT.  | 5,318      | 1,064   | 1,064    | 1,064   | 2,128   | 3,190    |
| Medical Equipment            | REICHTON LOTINGE CHAIR GRADE   | 3/31/2022       | S/L                                     | v.   | 6,039      | 1,208   | 1,208    | 1,208   | 2,416   | 3,623    |
| Communication Hondaran       | Invited and Pictual Information of   | 1/28/2022       | S/L                                     | *    | 4,107      | 821     | 821      | 821     | 1,642   | 2,465    |
| Computer Hardware            | Chambrod network wire line   | 5/2/2022        | S/L                                     | 93   | 6,888      | 1,378   | 1,378    | 1,378   | 2,756   | 4,132    |
| Computer Hardware            | cilionate on the same  | 5/31/2022       | S/L                                     | m    | 437        | 87      | 87       | 87      | 174     | 263      |
| Computer Coffuers            | remainmentation  | 5/3/2022        | S/L                                     | m    | 6,146      | 2,049   | 2,049    | 2,049   | 4,098   | 2,048    |
| Sales Use Tax                | Use Tax Adjustment - LTC Technologies phone system, phones On-time- laptop   | 1/10/2022       | S/L                                     | 8    | 314        | 105     | 105      | 105     | 210     | 104      |
| 2005 A 14155                 |  |                 |   |      |            |         |          |         |         |          |
| Medical Equipment            | Compressor Replacement   | 11/30/2022      | S/L                                     | 15   | 2,659      |         | •        | 177     | 171     | 2,482    |
|                              |  |                 |   |      |            |         |          | ١       |         |          |
| TOTAL MOVABLE EQUIPMENT      | SQUIPMENT  |                 |   |      | 180,491    | 32,032  | 68,770   | 27,504  | 96,274  | 84,217   |
| Org Expense                  | Startup Costs  | 5/1/2019        | S/L                                     | m    | 66,423     | ,       | 66,423   | 1       | 66,423  | ,        |
|                              |  |                 |   |      |            |         | 000      |         | 100 114 | 021 001  |
| TOTAL ASSETS PER CR SCHEDULE | CR SCHEDULE  |                 |   |      | 406,444    | 43,033  | 156,039  | 43,795  | 198,214 | 222,950  |
| VARIANCE                     |  |                 |   |      | (7,646)    | (762)   | (37,432) | (1,620) | 4,743   | (14,720) |
|                              |  |                 |   |      |            |         |          |         |         |          |

14,720

F/S vs C/R NBV - Page 31, Line B9 F/S vs C/R Depreciation - Page 36, Line F1

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

| Name of Facility License No.                             |              | Report for Year En   | ided                 |              | Page           | of   |
|--|--------------|--|----------------------|--------------|----------------|--|
| 35 Marc Drive Operations, LLC, d/b/a 237                 | 77           | 9/30/2023  |                      |              | 25             | 37   |
| 11. Property Questionnaire                               |              |  |                      |              |                |  |
| Part A   |              |  |                      |              |                |  |
| Is the property either owned by the Facility             | 6            | Yes  | 0                    | No           | If "Yes," comp |  |
| or leased from a Related Party?*                         | •            | 1 69   | J                    | 110          | If "No," comp  | lete Part C.   |
| *If any owner or operator of this facility is related    | by family, m | arriage, ownership, abil   | ity to control or    |              |                |  |
| business association to any person or organization       | from whom    | buildings are leased, the  | n it is considered a |              |                |  |
| related party transaction.  Description                  |              | Total  |                      | Harris St.   |                | 314 3095   |
| Date Land Purchased                                      |              | - 5,55   |                      |              |                |  |
| Date Structure Completed                                 |              |  |                      |              |                |  |
| 3. If NOT Original Owner, Date of Purchase               | е            |  |                      |              |                |  |
| 4. Date of Initial Licensure                             |              |  |                      | MARK         |                |  |
| 5. Total Licensed Bed Capacity                           |              | 0.00   |                      |              |                |  |
| 6. Square Footage  |              | 26,824   |                      |              |                |  |
| 7. Acquisition Cost                                      |              |  |                      |              |                |  |
| a. Land b. Building                                      |              |  |                      |              |                |  |
| Part B - Owner and Related Parties                       |              | 1st Mortgage   | 2nd Mortgage         | 3rd Mortgage | 4th Mo         | rtgage   |
| 1. Financing   |              |  |                      |              |                |  |
| a. Type of Financing (e.g., fixed, variable              | le)          |  |                      |              |                |  |
| b. Date Mortgage Obtained                                |              |  |                      |              |                |  |
| c. Interest Rate for the Cost Year                       |              |  |                      |              |                |  |
| d. Term of Mortgage (number of years)                    |              |  |                      |              |                |  |
| e. Amount of Principal Borrowed                          |              |  |                      |              |                |  |
| f. Principal balance outstanding as of                   |              |  |                      | ALL CAR LES  | 3 1 SA 16      | STATE OF THE PARTY |
| Complete if Mortgage was Refinanced                      |              | THE PARTY OF THE P | STATE SAME           |              |                |  |
| g. Type of Financing (e.g., fixed, variable              | le)          | BIOGRAPH CO.   |                      |              |                |  |
| h. Date of Refinancing                                   | 10)          | <del> </del>   |                      |              |                |  |
| i. New Interest Rate                                     |              |  |                      |              |                |  |
| i. Term of Mortgage (number of years)                    |              |  | 19                   |              |                |  |
| k. Amount of Principal Borrowed                          |              |  |                      |              |                |  |
| <ol> <li>Principal Outstanding on Note Paid-C</li> </ol> | Off          |  |                      |              |                |  |
| Part C - Arms-Length Leases for Real                     | Property     | Improvements On  | ly CT                | Town of Land | Annual Amo     | ount of Lease  |
| Name and Address of Lessor                               | Pro          | operty Leased  | Date of Lease        | Term of Leas | AIIIIuai Aiii  | outt of Pease  |
|  |              |  |                      |              |                |  |
|  |              |  |                      |              |                |  |
|  |              |  |                      |              |                |  |
|  |              |  |                      |              |                |  |
|  |              |  |                      |              |                |  |
| ,  |              |  |                      |              |                |  |
|  |              |  |                      | L            |                |  |

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) - Property Questionnaire

| Name of Facility License No                           |              | Report for Year En   | ded                |               | Page of                    |
|---|--------------|--|--------------------|---------------|----------------------------|
| 35 Marc Drive Operations, LLC, d/b/a 23               | 377          | 9/30/2023  |                    |               | 25 37                      |
| 11. Property Questionnaire                            |              |  |                    |               |                            |
| Part A  |              |  |                    |               |                            |
| Is the property either owned by the Facility          | 0            | Vac  | 0                  | No            | If "Yes," complete Part B. |
| or leased from a Related Party?*                      | •            | Yes  | O                  | INO           | If "No," complete Part C.  |
| *If any owner or operator of this facility is related |              |  |                    |               |                            |
| business association to any person or organization    | from whom bu | ildings are leased, then   | it is considered a |               |                            |
| related party transaction.  Description               |              | Total  |                    | move seven    | TO BE STORE OF THE PERSON  |
| Date Land Purchased                                   |              | 10.00  |                    |               |                            |
| Date Structure Completed                              |              |  |                    |               |                            |
| 3. If NOT Original Owner, Date of Purchas             | se           |  |                    |               |                            |
| 4. Date of Initial Licensure                          |              |  |                    |               |                            |
| <ol><li>Total Licensed Bed Capacity</li></ol>         |              |  |                    |               |                            |
| 6. Square Footage                                     |              | 26,824   | Maria Caralla      |               |                            |
| 7. Acquisition Cost                                   |              | SE SHEWER SERVE  |                    |               |                            |
| a. Land   |              |  |                    |               |                            |
| b. Building  Part B - Owner and Related Parties       |              | 1st Mortgage   | 2nd Mortgage       | 3rd Mortgage  | 4th Mortgage               |
| 1. Financing  |              | 1st Mortgage   | Zild Wortgage      | 31d Wlortgage | -til Wortgage              |
| a. Type of Financing (e.g., fixed, variable           | le)          | CALL DE LA CONTRACTOR D | Market Street      |               |                            |
| b. Date Mortgage Obtained                             |              |  |                    |               |                            |
| c. Interest Rate for the Cost Year                    |              |  |                    |               |                            |
| d. Term of Mortgage (number of years)                 |              |  |                    |               |                            |
| e. Amount of Principal Borrowed                       |              |  |                    |               |                            |
| f. Principal balance outstanding as of                |              |  |                    |               |                            |
| Complete if Mortgage was Refinanced                   | l            | CALL STATE   |                    |               |                            |
| During Current Cost Year                              | 1 \          | WE WERE  |                    |               |                            |
| g. Type of Financing (e.g., fixed, variab             | le)          |  |                    |               |                            |
| h. Date of Refinancing i. New Interest Rate           |              |  |                    |               |                            |
| j. Term of Mortgage (number of years)                 |              | A  |                    |               |                            |
| k. Amount of Principal Borrowed                       |              |  |                    |               |                            |
| Principal Outstanding on Note Paid-Communication      | Off          |  |                    |               |                            |
| Part C - Arms-Length Leases for Real                  |              | mprovements Onl  | y                  |               |                            |
| Name and Address of Lessor                            |              |  |                    | Term of Lease | Annual Amount of Lease     |
|   |              |  |                    |               |                            |
|   |              |  |                    |               |                            |
|   |              |  |                    |               |                            |
|   |              |  |                    |               |                            |
|   |              |  |                    |               |                            |
|   |              |  |                    |               |                            |
|   |              |  |                    |               |                            |

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

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

| Name of Facility 35 Marc Drive Operations, LLC, d/b/ 2377                           |         | Report for Ye 9/30/2023  | ar Ended        |            |                  |   | Page<br>26                             | of<br>37   |
|---|---------|--|-----------------|------------|------------------|---|--|------------|
| Item  |         | Total  | CCNH /<br>RHNS  | Adjustment | (Specify)        | Adjustment  | (Specify)                              | Adjustment |
| 12. Interest  A. Building, Land Improvement & Non-Move Equipment  1. First Mortgage | able \$ |  |                 | •          |                  |   |  |            |
| Name of Lender  | Rate    |  |                 |            |                  |   |  |            |
| Address of Lender   |         |  |                 |            |                  |   |  |            |
| 2. Second Mortgage  | \$      | (14) CANADA CANA |                 |            |                  |   |  |            |
| Name of Lender  | Rate    | 10   |                 |            |                  |   |  |            |
| Address of Lender   |         |  |                 |            |                  |   |  |            |
| 3. Third Mortgage   | \$      | OSCI STERROR   | CONTROL SERVICE |            | District Control |   |  |            |
| Name of Lender  | Rate    |  |                 | 2 10 10 10 |                  |   |  |            |
| Address of Lender   | /       |  | CALL STATE      |            |                  |   |  |            |
| Fourth Mortgage   | \$      | AMERICA CONT.  |                 |            |                  |   |  |            |
| Name of Lender  | Rate    |  |                 |            |                  |   |  |            |
| Address of Lender   |         |  |                 |            |                  |   | No. of the last                        |            |
| B. CHEFA Loan Information   |         |  |                 |            |                  |   |  |            |
| Original Loan Amount  | \$      |  | GW BL           |            |                  | 32-34   | THE WAR ED                             |            |
| 2. Loan Origination Date  |         |  | AND SE          |            |                  | CONTRACTOR OF THE PARTY OF THE | 10000000000000000000000000000000000000 |            |
| 3. Interest Rate %  |         |  |                 |            | 101122           |   | 5 4 1 4 S                              |            |
| 4. Term   |         |  | 4124            |            |                  |   |  |            |
| 5. CHEFA Interest Expense   |         |  |                 |            |                  |   |  |            |
| 12 B7. Total Building Interest Expense (A1 - A4 +                                   | B5) \$  |  |                 |            |                  |   |  |            |

(Carry Subtotals forward to next page)

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

| Name of Facility                                   | License No.           |               | Report for Yea | r Ended        |                             |   |            | Page<br>27         | of<br>37     |
|--|-----------------------|---------------|----------------|----------------|-----------------------------|---|------------|--------------------|--------------|
| 35 Marc Drive Operations, LLC, d/                  | 2377                  |               | 9/30/2023      |                |                             |   |            | 21                 | 37           |
| Ite  |                       |               | Total          | CCNH /<br>RHNS | Adjustment                  | (Specify)   | Adjustment | (Specify)          | Adjustment   |
|  | Subtotals Brou        | ight Forward: |                |                |                             |   |            |                    |              |
| 12. C. Movable Equipment                           |                       |               |                |                |                             |   |            |                    |              |
| Automotive Equipment                               |                       |               |                |                |                             | Side of the later |            | W                  |              |
| A. Item  | Rate                  | Amount        |                |                |                             |   |            |                    |              |
| Lender   |                       |               |                |                |                             |   |            |                    |              |
| Address of Lender                                  |                       |               |                |                |                             |   |            |                    |              |
| 2. Other (Specify)                                 |                       | S             |                |                |                             |   |            |                    |              |
| A. Item  | Rate                  | Amount        | 7              |                |                             |   |            |                    |              |
| Lender   |                       |               |                |                |                             |   |            |                    |              |
| Address of Lender                                  |                       |               |                |                |                             |   |            |                    |              |
| B. Item  | Rate                  | Amount        |                |                |                             |   |            |                    |              |
| Lender   |                       |               |                |                |                             |   |            |                    |              |
| Address of Lender                                  |                       |               |                |                |                             |   |            |                    |              |
|  |                       |               |                |                | 2000                        |   |            | 100                |              |
| 12. C. 3. Total Movable Equip                      | ment Interest         | e e           |                |                |                             |   |            |                    |              |
| Expense (C1 + 2)  12. D. Other Interest Expense (S | Tunnifi)              | \$<br>\$      |                |                |                             |   |            |                    |              |
| 112. D. Other Interest Expense (3                  | ресцу)                | Þ             |                |                |                             | NAME OF   | 1000       |                    | West To B    |
| 13. Total All Interest Expense (                   | (2B7 + 12C3 + 12D)    | S             | MEUSTA         |                | NEW YORK                    | STEEL STREET  | KASISH NA  |                    |              |
| 14. Insurance                                      |                       |               |                |                |                             |   |            |                    |              |
| a. Insurance on Property (bu                       |                       | \$            |                | 16,911         |                             |   |            |                    |              |
| b. Insurance on Automobile                         | S                     | \$            |                |                |                             |   |            |                    |              |
| c. Insurance other than Prop                       | erty (as specified ab | ove)          |                |                |                             |   |            |                    |              |
| 1. Umbrella (Blanket Co                            |                       | \$            |                |                |                             |   |            |                    |              |
| 2. Fire and Extended Co                            | overage               | \$            |                | 101 //1        |                             |   |            |                    |              |
| 3. Other (Specify)                                 |                       | \$            | 174,461        | 174,461        | THE RESERVE OF THE PARTY OF | for the same  |            | STATE OF THE PARTY | Total Vision |
| General Liability/ EP                              | LI/ Surety Bond       |               |                |                |                             |   |            |                    |              |
| 14d. Total Insurance Expenditur                    | es(14a+b+c)           | \$            | 191,372        | 191,372        |                             |   |            |                    |              |
| 15. Total All Expenditures (A-I                    |                       | \$            |                | 10,274,594     | (1,062,742)                 |   |            |                    |              |

# F. Statement of Revenue

| Name of Facility License No. 35 Marc Drive Operations, LLC, d/b/a Sl 2377 |    | Report for Ye<br>9/30/2023 | ear Ended      |  | Page of 30   37 |
|---|----|----------------------------|----------------|--|-----------------|
| Item  |    | Total                      | CCNH /<br>RHNS | (Specify)  | (Specify)       |
| I. Resident Room, Board & Routine Care Revenue                            |    |                            |                |  |                 |
| 1. a. Medicaid Residents (CT only)  | \$ | 5,406,869                  | 5,406,869      |  |                 |
| b. Medicaid Room and Board Contractual Allowance **                       | \$ |                            |                |  |                 |
| 2. a. Medicaid (All other states)   | \$ |                            |                |  |                 |
| b. Other States Room and Board Contractual Allowance **                   | \$ |                            |                |  |                 |
| 3. a. Medicare Residents (all inclusive)                                  | \$ | 1,781,002                  | 1,781,002      |  |                 |
| b. Medicare Room and Board Contractual Allowance **                       | \$ | (30,376)                   | (30,376)       |  |                 |
| 4. a. Private-Pay Residents and Other                                     | \$ | 529,075                    | 529,075        |  |                 |
| b. Private-Pay Room and Board Contractual Allowance **                    | \$ | (18)                       | (18)           |  |                 |
| II. Other Resident Revenue  |    |                            |                |  | ANA SPARK       |
| 1. a. Prescription Drugs - Medicare                                       | \$ | 119,236                    | 119,236        |  |                 |
| b. Prescription Drugs - Medicare Contractual Allowance **                 | \$ | (119,236)                  | (119,236)      |  |                 |
| c. Prescription Drugs - Non-Medicare                                      | \$ |                            |                |  |                 |
| d. Prescription Drugs - Non-Medicare Contractual Allowance **             | \$ |                            |                |  |                 |
| 2. a. Medical Supplies - Medicare   | \$ |                            |                |  |                 |
| b. Medical Supplies - Medicare Contractual Allowance **                   | \$ |                            |                |  |                 |
| c. Medical Supplies - Non-Medicare  | \$ |                            |                |  |                 |
| d. Medical Supplies - Non-Medicare Contractual Allowance **               | \$ |                            |                |  |                 |
| 3. a. Physical Therapy - Medicare   | \$ | 285,730                    | 285,730        |  |                 |
| b. Physical Therapy - Medicare Contractual Allowance **                   | \$ | (113,621)                  | (113,621)      |  |                 |
| c. Physical Therapy - Non-Medicare  | \$ | 119,297                    | 119,297        |  |                 |
| d. Physical Therapy - Non-Medicare Contractual Allowance **               | \$ | (110,475)                  | (110,475)      |  |                 |
| 4. a. Speech Therapy - Medicare   | \$ | 179,506                    | 179,506        |  |                 |
| b. Speech Therapy - Medicare Contractual Allowance **                     | \$ | (68,322)                   | (68,322)       |  |                 |
| c. Speech Therapy - Non-Medicare  | \$ | 88,356                     | 88,356         |  |                 |
| d. Speech Therapy - Non-Medicare Contractual Allowance **                 | \$ | (82,999)                   | (82,999)       |  |                 |
| 5. a. Occupational Therapy - Medicare                                     | \$ | 277,848                    | 277,848        |  |                 |
| b. Occupational Therapy - Medicare Contractual Allowance **               | \$ | (103,085)                  | (103,085)      |  |                 |
| c. Occupational Therapy - Non-Medicare                                    | \$ | 96,823                     | 96,823         |  |                 |
| d. Occupational Therapy - Non-Medicare Contractual Allowance **           | \$ | (95,240)                   | (95,240)       |  |                 |
| 6. a. Other (Specify) - Medicare  | \$ | 199,514                    | 199,514        |  |                 |
| b. Other (Specify) - Non-Medicare   | \$ | 7,226                      | 7,226          |  |                 |
| III. Total Resident Revenue (Section I. thru Section II.)                 | \$ | 8,367,110                  | 8,367,110      |  |                 |
| IV. Other Revenue*  |    |                            |                |  |                 |
| Meals sold to guests, employees & others                                  | \$ |                            |                | S STATE STAT |                 |
| Rental of rooms to non-residents  | \$ |                            |                |  |                 |
| Telephone   | \$ |                            |                |  |                 |
| Rental of Television and Cable Services                                   | \$ |                            |                |  |                 |
| 5. Interest Income (Specify)  | \$ | 91,327                     | 91,327         |  |                 |
| 6. Private Duty Nurses' Fees  | \$ | 71,041                     | , 1,521        |  |                 |
| 7. Barber, Coffee, Beauty and Gift shops                                  | \$ |                            |                |  |                 |
| 8. Other (Specify)  | \$ | 5,405                      | 5,405          |  |                 |
| V. Total Other Revenue (1 thru 8)   | \$ | 96,732                     | 96,732         |  |                 |
|   | \$ |                            |                |  |                 |
| VI. Total All Revenue (III +V)  | 2  | 8,463,842                  | 8,463,842      |  |                 |

<sup>\*</sup> Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

<sup>\*\*</sup> Facility should report all contractual allowances and/or payer discounts.

#### Schedule of Other Resident Revenue - Medicare

#### Related Exp

| Page Ref     | Description                              | CCNH / RHNS   | (Specify)  | (Specify) |
|--------------|--|---------------|------------|-----------|
|              |  | 0             |            |           |
| II6a         | Radiology Rev>Medicare A                 | 1,484         | e a la les |           |
| II6a         | Radiology Rev>Medicare A>C/A             | \$ (1,484)    |            |           |
| Пба          | Lab Rev>Medicare A                       | \$ 452        |            |           |
| Пба          | Lab Rev>Medicare A>C/A                   | \$ (452)      |            |           |
| II6a         | Other Ancillary Rev>Medicare B           | \$ 5,437      | 4 . 1      | T DOX 1   |
| [[6 <u>a</u> | Other Ancillary Rev>Medicare B>Sequester | \$ (7,289)    |            |           |
| II6a         | Other Rev>Medicare A>COVID19             | \$ 200,980    |            | 18 5.8    |
| II6a         | Revenue Adjustments>Medicare A           | \$ 386        | 500        |           |
| Total Oth    | er Resident Revenue - Medicare           | \$ 199,514 \$ |            | \$ -      |

#### Schedule of Other Non-Medicare Resident Revenue

#### Related Exp

| Page Ref    | Description                        | CCNH / RHNS | (Specify) | (Specify) |
|-------------|------------------------------------|-------------|-----------|-----------|
|             |                                    | 0           |           |           |
| II6b        | Other Ancillary Rev>HMO            | \$ 2,238    | MINUSIAS  |           |
| II6b        | Revenue Adjustments>Commercial HMO | \$ 3,714    |           |           |
| II6b        | Revenue Adjustments>Hospice        | \$ 2        |           |           |
| II6b        | Revenue Adjustments>Medicaid       | \$ 76       |           |           |
| <b>Ш6</b> b | Revenue Adjustments>Ancillary      | \$ 1,196    | 2.0       |           |
| Total Oth   | er Resident Revenue                | \$ 7,226    | \$ -      | \$ -      |

#### **Interest Income**

#### Account

| Page R  | ef Account         | Balance | CCN | H / RHNS | (Spe | cify) | (Spe | ecify) |
|---------|--------------------|---------|-----|----------|------|-------|------|--------|
|         |                    |         |     | 0        |      |       | 1    |        |
| IV5     | Interest on Claims |         | \$  | 560      |      |       |      | 0.81   |
| IV5     | Interest on ERC    |         | S   | 90,767   |      |       |      |        |
| Total I | nterest Income     |         | \$  | 91,327   | S    |       | S    |        |

#### Schedule of Other Revenue

| age Ref  | Description               | CCNH / RHNS          | (Specify)     | (Specify) |
|----------|---------------------------|----------------------|---------------|-----------|
|          |                           | 0                    |               |           |
| V8       | Other Rev>Medical Records | \$ 5,405             |               | TE CL     |
|          |                           |                      |               |           |
|          |                           |                      |               |           |
|          |                           |                      | أوطارية       |           |
|          |                           |                      |               |           |
|          |                           | EXAMEDITIES INTEREST | 24 / 71   182 | Ball war  |
| 45       |                           |                      |               |           |
| tal Othe | er Revenue                | \$ 5,405             | s -           | \$ -      |

# G. Balance Sheet

| Name of Facility                   | License No.          | Report for Year Ended | Page |           |
|------------------------------------|----------------------|-----------------------|------|-----------|
| 35 Marc Drive Operations, LLC, d/  | o/a \$ 2377          | 9/30/2023             | 31   | 37        |
|                                    | Account              |                       |      | Amount    |
| Assets                             |                      |                       |      |           |
| A. Current Assets                  |                      |                       |      |           |
| 1. Cash (on hand and in ban        |                      |                       | \$   | 64,538    |
| 2. Resident Accounts Receiv        | able (Less Allowance | for Bad Debts)        | \$   | 1,408,203 |
| 3. Other Accounts Receivable       | e (Excluding Owners  | or Related Parties)   | \$   |           |
| 4 Inventories                      |                      |                       | \$   |           |
| 5. Prepaid Expenses                |                      |                       | \$   | 163,167   |
| a.,                                |                      |                       |      |           |
| b.                                 |                      |                       |      |           |
| c.                                 |                      |                       |      |           |
| d. See Schedule                    |                      | 163,167               |      |           |
| 6. Interest Receivable             |                      |                       | \$   |           |
| 7. Medicare Final Settlement       | Receivable           |                       | \$   |           |
| 8. Other Current Assets (iten      | nize )               |                       | \$   |           |
| -                                  |                      |                       |      |           |
| ·                                  |                      |                       |      |           |
| See Schedule                       |                      |                       |      |           |
| A-9. Total Current Assets (Lines A | A1 thru 8)           |                       | \$   | 1,635,908 |
| B. Fixed Assets                    |                      |                       |      |           |
| 1. Land                            |                      |                       | \$   |           |
| 2. Land Improvements               | *Historical Cost     |                       | \$   |           |
|                                    | Accum. Deprecia      | tion Net              |      |           |
| 3. Buildings                       | *Historical Cost     |                       | \$   |           |
|                                    | Accum. Deprecia      | tion Net              |      |           |
| 4. Leasehold Improvements          | *Historical Cost     | 151,851               | \$   | 119,406   |
|                                    | Accum. Deprecia      | tion 32,445 Net       |      |           |
| 5. Non-Movable Equipment           | *Historical Cost     | 7,679                 | \$   | 4,607     |
|                                    | Accum. Deprecia      | tion 3,072 Net        |      |           |
| 6. Movable Equipment               | *Historical Cost     | 180,491               | \$   | 84,217    |
|                                    | Accum. Deprecia      | tion 96,274 Net       |      |           |
| 7. Motor Vehicles                  | *Historical Cost     |                       | \$   |           |
|                                    | Accum. Deprecia      | tion Net              |      |           |
| 8. Minor Equipment-Not De          | preciable            |                       | \$   |           |
| 9. Other Fixed Assets (itemiz      | re)                  |                       | \$   | 24,803    |
| F/S vs C/R NBV                     | ,                    | 14,720                |      |           |
| See Schedule                       |                      | 10,083                |      |           |
| B-10. Total Fixed Assets (Lines    | B1 thru 9)           | .,.                   | \$   | 233,033   |

<sup>\*</sup> Historical Costs must agree with Historical Cost reported in Schedules on (Carry Total forward to next page) Depreciation and Amortization (Pages 23 and 24).

#### Schedule of Prepaid Expenses Page 31 Line A5

| Page Ref                         | Line Ref   | Description      |            |
|----------------------------------|------------|------------------|------------|
| Pa 31                            |            | Prepaid Expenses | \$ 7,428   |
| Pa 31                            | A5         | Prepaid Expenses | \$ 108,302 |
| Pg 31                            |            | Prepaid Expenses | \$ 14,070  |
| Pg 31<br>Pg 31<br>Pg 31<br>Pg 31 | A5         | Prepaid Expenses | \$ 33,367  |
|                                  | ,          |                  |            |
| Total Pres                       | ald Expens |                  | \$ 163,167 |

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

| ge Ref Line Ref Descr    |                          |                |   |
|--------------------------|--------------------------|----------------|---|
|                          |                          |                |   |
|                          |                          |                |   |
|                          |                          |                | Y |
|                          |                          | LAND SEE HOUSE | V |
|                          | Next III III III III III |                |   |
|                          |                          |                |   |
| tal Other Current Assets |                          |                |   |

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

| 31       | B9  | Fixed Assets>CIP       | \$ 10,083    |
|----------|-----|------------------------|--------------|
| _        |     |                        |              |
|          |     |                        | Market Carlo |
|          | 9   |                        |              |
| in i mut | 0.1 | Fixed Assets (Itemize) | \$ 1000      |

Schedule of Other Assets Page 32 Line D7

| Page Ref                | Line Ref | Description           |        |
|-------------------------|----------|-----------------------|--------|
| Pg 32                   | 107      | Due Fronts-Old Owner  | 5 11,1 |
| Pa.32                   | 107      | Due To/(From)Medicaid | 5 19,2 |
| Pg 32<br>Pg 32<br>Pg 32 | D7       | Due To/(From) Vendor  | \$ 3,2 |
|                         |          |                       |        |
| Total Othe              | r Auets  |                       | 5 33.6 |

Schedule of Notes Payable (Itemize) Page 33 Line A2

| Page Ref Line Ref Description |     |
|-------------------------------|-----|
|                               |     |
|                               |     |
|                               |     |
|                               |     |
|                               |     |
|                               |     |
|                               |     |
| Total Notes Payable           | S . |

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

| Page Ref       | Line Ref    | Description   |     |          |
|----------------|-------------|---|-----|----------|
|                | A12         | Accrued Expenses                                      | \$  | 132,507  |
| Pg 33          | AIZ         | Accrued Expenses>Rent                                 | \$  | (186,199 |
| Pg 33          | A12         | Accroed Expenses>Annillary                            | S   | 4,355    |
|                | AI2         | Accrued Expenses>Insurance- General Liability & Other | 5   | 79,822   |
| Pg 33          | A12         | Accrued Expenses>Insurance - EPLI                     | 18  | 2,746    |
| Pg 33          | A12         | Accrued Expenses>Insurance - Property                 | \$  | 7,023    |
| Pg 33<br>Pg 33 | A12         | Accrued Expenses>Year End Adjustments                 | 2   | 19,326   |
| Pa 13          | AI2         | Accrued Expenses>Workers Comp                         | 2   | 28,313   |
| Pg 11          | A12         | Deferred Revenue>Medicare>COVID19                     | 5   | 35,113   |
|                |             |   | E   | 3 P      |
|                |             |   | t   |          |
| Total Othe     | r Current l | Liabilities (Itemize)                                 | . 5 | 123,206  |

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

| 34 [33 | Doe To/(From)>Social Security | \$ 9,128  |
|--------|-------------------------------|-----------|
| 34 B3  | Due to/(from)>HMO             | \$ 8,037  |
| 34 B3  | Due to/(from)>Income          | \$ 16,261 |
| 34 B3  | Due to>Old Owner              | \$ 2,083  |
|        | rent Liabilities (Itemize)    | \$ 35,509 |

# G. Balance Sheet (cont'd)

| Name of Fa | •  | License No.                 | Report for Year Ended  |           | Page   |  | of        |
|------------|--|-----------------------------|------------------------|-----------|--|--|-----------|
| 35 Marc Dr | ive Operations, LLC, d/b/a                               |                             | 9/30/2023              | _         | 32   |  | 37        |
|            |  | Account                     |                        | <u> </u>  | Ar   | mount  | 60.041    |
|            |  |                             | Total Brought Forward: | \$        |  | 1,86   | 58,941    |
|            | Leasehold or like property recorded for Equity Purposes. |                             |                        |           |  |  |           |
| 1. La      |  | 150                         |                        | \$        |  |  |           |
| 2. La      | and Improvements   | *Historical Cost            |                        |           |  |  |           |
|            |  | Accum. Depreciation         | Net                    | \$        |  |  | _         |
| 3. Bi      | uildings   | *Historical Cost            |                        | _         |  |  |           |
|            |  | Accum. Depreciation         | Net                    | \$        |  |  |           |
| 4. No      | on-Movable Equipment                                     | *Historical Cost            |                        |           |  |  |           |
|            |  | Accum. Depreciation         | Net                    | \$        |  |  |           |
| 5. M       | ovable Equipment   | *Historical Cost            |                        | 1         |  |  |           |
|            |  | Accum. Depreciation         | Net                    | \$        |  |  |           |
| 6. M       | otor Vehicles  | *Historical Cost            |                        |           |  |  |           |
|            |  | Accum. Depreciation         | Net                    | \$        |  |  |           |
|            | inor Equipment-Not Depre                                 |                             |                        | \$        |  |  |           |
|            | Leasehold or Like Propert                                | ies (C1 thru 7)             |                        | \$        |  |  |           |
|            | ment and Other Assets                                    |                             |                        | _         |  | ,  | 25.065    |
|            | eferred Deposits   |                             |                        | \$        |  |  | 25,865    |
|            | scrow Deposits   |                             | 55.050                 | \$        |  |  |           |
| 3. Oi      | rganization Expense                                      | *Historical Cost            | 77,378                 |           |  |  |           |
|            |  | Accum. Depreciation         | 77,378 Net             | \$        |  |  |           |
|            | oodwill (Purchased Only)                                 |                             |                        | \$        |  |  |           |
| 5. In      | vestments Related to Reside                              | ent Care ( <i>itemize</i> ) |                        | \$        | AND DESCRIPTION OF THE PARTY OF | - CONT.  | 7010 501  |
| _          |  |                             |                        | -         |  |  |           |
|            | D 1 . 1 T  |                             |                        | 6         | CICE INVEN   | 2.5  | 10 700    |
| 6. LC      | oans to Owners or Related F                              | <del></del>                 | I Data                 | \$        | 7,410  | 3,3  | 19,780    |
|            | Name and Address   | Amount                      | Loan Date              | 39        |  |  |           |
|            |  |                             |                        |           |  |  |           |
|            | Des to //fram> Madicaid/                                 |                             |                        | 220       |  |  |           |
|            | Due to/(from)>Medicaid/<br>Vendor/ Social Security       | 3,519,780                   |                        |           |  |  | SE. MARIE |
| 7 04       |  | 3,319,700                   |                        | \$        | 100  | No. of Concession, Name of Street, or other Persons, Name of Street, or ot | 33,659    |
| /. 0       | ther Assets (itemize)                                    |                             |                        | 4         |  | H SEE  | 75,057    |
| S====      |  |                             |                        | -         |  |  |           |
| -          | San Sahadula   |                             | 33,659                 | -         |  | 474.2  |           |
| D 0 To4=1  | See Schedule  Investments and Other As.                  | sets (Lines D1 thm, 7)      | 33,037                 | \$        | THE REAL PROPERTY.   | 3 5'   | 79,304    |
|            | All Assets (Lines A9 + B1)                               |                             |                        | \$        |  |  | 48,245    |
| D-9, Total | Au Asseis (Lines A) + BI                                 | J - Co - Do)                |                        | <u>10</u> |  | 2,44   | 10,243    |

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

# G. Balance Sheet (cont'd)

| 2           |        | License No.                              | Report for Year      | Ended             | Pag      |  |           |
|-------------|--------|--|----------------------|-------------------|----------|--|-----------|
| 35 Marc Dri | ive Op | erations, LLC, d/b/a Skyvie              | v 2377               | 9/30/2023         |          | 33   | 37        |
|             |        |  | Account              |                   |          |  | Amount    |
| Liabilities |        | V V                                      |                      |                   |          |  |           |
| A.          | Cu     | rrent Liabilities                        |                      |                   |          |  |           |
|             | 1.     | Trade Accounts Payable                   |                      |                   |          | \$   | 1,187,693 |
|             | 2.     | Notes Payable (itemize)                  |                      |                   |          | \$   |           |
|             |        |  |                      |                   |          |  |           |
|             |        |  |                      |                   |          |  |           |
|             |        | See Schedule                             |                      |                   |          |  |           |
|             | 3.     |  | ent (Current nortion | n) (itemize)      |          | \$   |           |
|             |        | Name of Lender                           | Purpose              | Amount            | Date Due | 15 DX  |           |
|             |        | Traine of Bender                         | 2 00 000             |                   |          |  |           |
|             |        |  |                      |                   |          |  |           |
|             |        |  |                      |                   |          |  |           |
|             |        |  |                      |                   |          | STATE OF THE STATE |           |
|             |        |  |                      |                   |          |  |           |
|             |        |  |                      |                   |          | 7/A # 24 * S   |           |
| ı           |        |  |                      |                   |          |  |           |
|             |        |  |                      |                   |          |  |           |
|             |        |  |                      |                   |          |  |           |
|             |        |  |                      |                   |          | A SECTION AND ADDRESS OF THE PARTY OF THE PA |           |
|             | 4.     | Accrued Payroll (Exclusiv                |                      |                   |          | \$   | 183,351   |
|             | 5.     | Accrued Payroll (Owners                  |                      | only)             |          | \$   | 40        |
|             | 6.     | Accrued Payroll Taxes Pay                |                      |                   |          | \$   | 48        |
|             | 7.     | Medicare Final Settlement                |                      |                   |          | \$   |           |
|             | 8.     | Medicare Current Financia                |                      |                   |          | \$   |           |
|             | 9.     | Mortgage Payable (Curren                 |                      |                   |          | \$   |           |
|             |        | . Interest Payable (Exclusive            | e of Owner and/or R  | Pelated Parties ) |          | \$   |           |
|             |        | . Accrued Income Taxes*                  |                      |                   |          | \$   | 100.006   |
|             | 12     | . Other Current Liabilities (            | itemize )            |                   |          | \$   | 123,206   |
|             |        | 2-11-11-11-11-11-11-11-11-11-11-11-11-11 |                      |                   |          |  |           |
|             |        |  |                      |                   |          |  |           |
|             |        |  |                      |                   | 100.00   |  |           |
| A 10        | T-     | tal Current Liabilities (Lin             | sac A1 thm, 12)      | See Schedule      | 123,206  | \$   | 1,494,298 |
| A-13        | 5. 10  | iai Carreni Liavinites (Lii              | ies AI unu IZ)       |                   |          | Ψ  | 1,777,470 |

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

(Carry Total forward to next page)

# G. Balance Sheet (cont'd)

| Name of Facility License No. Report for Year Ended |                        |             | r Ended      | Page | of            |
|--|------------------------|-------------|--------------|------|---------------|
| 35 Marc Drive Operations, LLC, d/b/a Skyv          | 2377                   | 9/30/2023   |              | 34   | 37            |
|  | Account                |             |              | A    | mount         |
|  |                        | Total Broug | ght Forward: |      | 1,494,298     |
| Liabilities (cont'd)                               |                        |             |              |      |               |
| B. Long-Term Liabilities                           |                        |             | T. T.        |      |               |
| <ol> <li>Loans Payable-Equipment (</li> </ol>      |                        | \$          |              |      |               |
| Name of Lender                                     | Purpose                | Amount      | Date Due     |      |               |
|  |                        |             |              |      |               |
|  |                        |             |              |      |               |
|  |                        |             | 1 1          |      |               |
|  |                        |             | 1 8          |      |               |
|  |                        |             | 1 8          |      |               |
|  |                        |             |              |      |               |
|  |                        |             |              |      |               |
|  |                        |             |              |      |               |
|  |                        |             |              |      |               |
|  |                        |             |              |      |               |
| 2. Mortgages Payable                               |                        |             | 9            | \$   |               |
| 3. Loans from Owners or Rela                       | nted Parties (itemize) |             | 5            | \$   | 924,870       |
| Name and Address of Lender                         | Amount                 | Loan I      | Date         |      |               |
|  |                        |             |              |      |               |
|  |                        | _           |              |      |               |
|  |                        |             | li di        |      |               |
| Do to/(From)>Var                                   | 924,870                |             |              |      |               |
| Do to/(1.10111) > v a1                             | 924,670                | -           | 9            |      |               |
|  |                        |             | 1            |      |               |
|  |                        |             | - 1          |      |               |
|  |                        |             |              |      |               |
|  |                        |             |              |      |               |
|  |                        |             | N N          |      |               |
|  |                        |             |              |      |               |
| 4. Other Long-Term Liabilities (itemize)           |                        |             |              |      | 35,509        |
| 16   |                        |             | 4            |      |               |
|  |                        |             | 1            |      |               |
| <del></del>  |                        |             |              |      |               |
| See Schedule                                       |                        | 35,509      |              |      | All her years |
| B-5. Total Long-Term Liabilities (1                | Lines B1 thru 4)       |             | 9            |      | 960,379       |
| C. Total All Liabilities (Lines A-                 | (3 + B-5)              |             | 9            | S    | 2,454,677     |

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

|      | ne of Facility License No. Report for Year Ended                                     |      | Page 35 | of<br>37    |
|------|--|------|---------|-------------|
| 35 N | Marc Drive Operations, LLC, d/b/a 2377 9/30/2023 Account                             |      |         | nount       |
| A.   | Reserves   |      |         |             |
|      | 1. Reserve for value of leased land  | \$   |         |             |
|      | Reserve for depreciation value of leased buildings and appurtenances to be amortized | \$   |         |             |
|      | 3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )      | \$   |         |             |
|      | 4. Reserve for leasehold real properties on which fair rental value is based         | \$   |         |             |
|      | 5. Reserve for funds set aside as donor restricted                                   | \$   |         |             |
|      | 6. Total Reserves  | \$   |         |             |
| В.   | Net Worth  1. Owner's Capital  | \$   |         | (373,199)   |
|      | 2. Capital Stock   | \$   |         |             |
|      | 3. Paid-in Surplus   | \$   |         |             |
|      | 4. Treasury Stock  | \$   |         |             |
|      | 5. Cumulated Earnings  | \$   |         | 5,179,139   |
|      | 6. Gain or Loss for Period 10/1/2022 thru 9/30/202                                   | 3 \$ |         | (1,812,372) |
|      | 7. Total Net Worth   | \$   |         | 2,993,568   |
| C.   | Total Reserves and Net Worth   | \$   |         | 2,993,568   |
| D.   | Total Liabilities, Reserves, and Net Worth   | \$   |         | 5,448,245   |

# H. Changes in Total Net Worth

|      | e of Facility                                    | License No.           | Report for Year | Ended     | Page | of<br>37       |
|------|--|-----------------------|-----------------|-----------|------|----------------|
| 35 M | farc Drive Operations, LLC, d/b/a S              |                       | 9/30/2023       |           | 36   |                |
|      |  | Account               |                 |           |      | mount          |
| A.   | Balance at End of Prior Period as s              |                       | 0/30/2022       |           | \$   | 4,769,671      |
| B.   | Total Revenue (From Statement of                 |                       |                 |           | \$   | 8,463,842      |
| C.   | Total Expenditures (From Statemen                | nt of Expenditures Pa | ige 27)         |           | \$   | 10,276,214     |
| D.   |  |                       |                 |           | \$   | (1,812,372)    |
| E.   | Balance  |                       |                 |           | \$   | 2,957,299      |
| F.   | Additions  |                       |                 |           |      |                |
|      | 1. Additional Capital Contributed                |                       |                 |           |      |                |
|      | 1  | 10,274,594            |                 |           |      |                |
|      | F/S vs C/R Depreciation                          |                       |                 |           |      |                |
|      | Expenses Per F/S                                 | 10,276,214            |                 |           |      |                |
|      |  |                       |                 |           |      |                |
|      |  |                       |                 |           |      | Table Office   |
|      | 2. Other (itemize)                               |                       |                 |           |      |                |
|      | Prior Year Adjustment                            |                       | (111,930        | )         |      |                |
|      |  |                       |                 |           |      |                |
|      |  |                       |                 |           |      |                |
|      |  |                       |                 |           |      |                |
|      |  |                       |                 |           |      |                |
| F-3. |  |                       |                 |           | \$   | (111,930)      |
| G.   | Deductions                                       |                       |                 |           |      | (4.40.400)     |
|      | <ol> <li>Drawings of Owners/Operators</li> </ol> |                       |                 |           | \$   | (148,199)      |
|      | Name and Address (No., City,                     | State, Zip)           | Title           | Amount    |      |                |
| Capt | ial Draws  |                       |                 | (148,199) |      |                |
|      |  |                       |                 |           |      |                |
|      |  |                       |                 |           |      |                |
|      | 2. Other Withdrawings (Specify)                  |                       |                 |           | \$   |                |
|      | Purpose  |                       | Amo             | ount      |      |                |
|      | 5  |                       |                 |           |      |                |
|      |  |                       |                 |           |      |                |
|      | ¥7   |                       |                 |           |      |                |
|      |  |                       |                 |           |      | <b>开始到</b> 的人员 |
|      | 3. Total Deductions                              |                       |                 |           | \$   | (148,199)      |
|      | Balance at End of Period                         | 09/30/2               |                 |           | \$   | 2,993,568      |

# I. Preparer's/Reviewer's Certification

| Name of Facility  | License No.                 | Report for Year Ended  | Page of |  |  |  |  |
|---|-----------------------------|------------------------|---------|--|--|--|--|
| 35 Marc Drive Operations, LLC, d/b/a  | 2377                        | 9/30/2023              | 37 37   |  |  |  |  |
|   | Check appropriate category  |                        |         |  |  |  |  |
| Chronic and Convalescent Nursing  Home (CCNH) & RHNS  Combined  | □ (Specify)                 |                        |         |  |  |  |  |
| Canada and | Preparer/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 PRINCIPAL             | Date Signed      18/24 |         |  |  |  |  |
| Printed Name of Preparer  | *                           |                        |         |  |  |  |  |
|   |                             |                        |         |  |  |  |  |
| Matthew Bavolack  |                             |                        |         |  |  |  |  |
| Addres Address  |                             | Phone Number           |         |  |  |  |  |
| 555 Long Wharf Drive 8th Floor, New Hav   | 203-781-9600                |                        |         |  |  |  |  |
| Contacted Person Regarding Additional Info  |                             | 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 Skyview Center 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 Skyview Center. 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 Skyview Center and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

#### MARCUM LLP

New Haven, CT January 18, 2024



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

This checklist is not required to be submitted with the Annual Report

| Facility Na                      | me_ 35 Marc Operations, LLC, d/b/a Skyview Center   |    |
|----------------------------------|---|----|
| Complete the fadditional sheet   | following check list. Provide an explanation for any "No" answers. Attachets to explain further, if necessary.  |    |
| اللاللا                          | 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                           | 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  V  Explanation:          | <ol> <li>Do equipment leases listed on Page 22b agree with equipment leases reported on Pa<br/>22, Line 6e? If not, state where these costs are included in the Annual Report.</li> </ol> | ge |
|                                  |   |    |

| 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  /  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  V  Explanation: | 8. Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.  |
| Yes No                  | 9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?   |
| Yes No  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                  | 11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?  |
|-------------------------|---|
| Explanation:            |   |
| 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                  | 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  V Explanation:  | 17. Have all contractual allowances been properly reported on Page 30?   |
|-------------------------|--|
| Yes No  /  Explanation: | 18. Were all discrepancies on the Error Page addressed?  |
| Yes No  V  Explanation: | 19. Have Pages 1 and 37 been signed? Cost reports without a signed Page 1 and 37 will not be accepted.   |
| Yes No  V  Explanation: | 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.)? <i>If detail is not provided, appropriate disallowances will be made.</i>             |
| Yes No ✓ ✓ 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? |
|                         |  |
| 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?                              |
| Explanation:            |  |
|                         |  |

Client: Skyview Center
Engagement: Medicaid - Skyview Center
Period Ending: 9/30/2023

| Trial Balance:         | A.01 - TB-CCNH  |                          |                            | CENTRALAY |                      | IMARI                      |
|------------------------|---|--------------------------|----------------------------|-----------|----------------------|----------------------------|
| Account                | Description   | FINAL                    | 1st PP-FINAL               | JE Ref#   | RJE                  | UNADJ                      |
|                        |   | 9/30/2023                | 9/30/2022                  | eniwe ye. | del sol              | 9/30/2023                  |
| 10-001-02              | Cash>Clearing>Payroll   | (539.00)                 | (65.00)                    |           |                      | (539.00)                   |
| 10-010-41              | Cash>Operating>Sky View   | (17,842.00)              | 108,712.00                 |           |                      | (17,842.00)                |
| 10-014-00              | Cash>Petty Cash Facility  | 500.00                   | 500.00                     |           |                      | 500.00                     |
| 10-015-00              | Cash>Petty Cash PNA   | 1,008.00                 | 1,008.00                   |           |                      | 1,008.00<br>80,411.00      |
| 10-060-41              | Cash>Resident Trust>Sky View  | 80,411.00                | 102,867.00                 |           |                      | 1,000.00                   |
| 10-061-00              | Cash>Care Cost  | 1,000.00                 | 1,000.00                   |           |                      | 259,686.00                 |
| 11-102-00              | Accounts Receivable>Medicare A  | 259,686.00               | 316,523.00<br>122,713.00   |           |                      | 8,148.00                   |
| 11-104-00              | Accounts Receivable>Private   | 8,148.00<br>73,838.00    | 72,362.00                  |           |                      | 73,838.00                  |
| 11-105-00              | Accounts Receivable>HMO   | 126,077.00               | 92,694.00                  |           |                      | 126,077.00                 |
| 11-109-00              | Accounts Receivable>Hospice   | 1,034,424.00             | 1,207,321.00               |           |                      | 1,034,424.00               |
| 11-111-00              | Accounts Receivable>Medicaid Accounts Receivable>Income                       | (123,512.00)             | (123,600.00)               |           |                      | (123,512.00)               |
| 11-112-00              | Accounts Receivable>Income Accounts Receivable>Allow for Doubtful Accts       | (23,107,00)              | (90,056.00)                |           |                      | (23,107.00)                |
| 11-120-00              | Accounts Receivable And Poddital Accounts Receivable Medicare Colns Write Off | (20,669.00)              | 30,139.00                  |           |                      | (20,669.00)                |
| 11-122-00<br>11-123-00 | Accounts Receivable>Ancillary   | 73,318.00                | 77,210.00                  |           |                      | 73,318.00                  |
| 12-000-00              | Prepaid Expenses  | 7,428.00                 | (947,582.00)               |           |                      | 7,428.00                   |
| 12-100-00              | Prepaid Expenses>Insurance  | 108,302.00               | 115,331.00                 |           |                      | 108,302.00                 |
| 12-126-00              | Prepaid Expenses>Taxes  | 14,070.00                | 13,129.00                  |           |                      | 14,070.00                  |
| 12-881-00              | Prepaid Expenses>Workers Comp   | 33,367.00                | 45,005.00                  |           |                      | 33,367.00                  |
| 13-127-00              | Due From>Old Owner  | 11,117.00                | 2,924.00                   |           |                      | 11,117.00                  |
| 13-128-00              | Due From>Vendor Security Deposits   | 25,865.00                | 25,865.00                  |           |                      | 25,865.00                  |
| 14-131-00              | Fixed Assets>Leasehold Improvements   | 151,852.00               | 109,016.00                 |           | (7.C70.0             | 151,852.00<br>0) 34,156.00 |
| 14-132-00              | Fixed Assets>Furniture, Fixtures and Equipment                                | 26,477.00                | 26,477.00                  | DIE 6     | (7,679,0<br>(7,679.0 | ,                          |
|                        |   | 24 424 22                | 70 500 00                  | RJE - 5   | (7,079.0             | 81,181.00                  |
| 14-133-00              | Fixed Assets>Medical Equipment  | 81,181.00                | 78,522.00                  |           |                      | 42,144.00                  |
| 14-134-00              | Fixed Assets>Computer Hardware  | 42,144.00                | 42,144.00                  |           |                      | 25,864.00                  |
| 14-135-00              | Fixed Assets>Computer Software  | 25,864.00                | 25,864.00<br>19,601.00     |           |                      | 10,083.00                  |
| 14-136-00              | Fixed Assets>CIP  | 10,083.00<br>77,378.00   | 77,378.00                  | -         |                      | 77,378.00                  |
| 14-252-00              | Fixed Assets>Startup Costs  | 3,846.00                 | 3,846.00                   |           |                      | 3,846.00                   |
| 14-305-00              | Fixed Assets>Sales Use Tax  | (22,264.00)              | (12,705.00)                |           |                      | (22,264.00)                |
| 15-131-00              | Accum Depn>Leasehold Improvements   | (8,626.00)               | (4,909.00)                 |           |                      | (8,626.00)                 |
| 15-132-00              | Accum Depn>Furniture, Fixtures and Equipment                                  | (47,141.00)              | (30,994.00)                |           |                      | (47,141.00)                |
| 15-133-00              | Accum Depn>Medical Equipment  | (20,432.00)              | (12,003.00)                |           |                      | (20,432.00)                |
| 15-134-00              | Accum Depn>Computer Hardware Accum Depn>Computer Software                     | (14,770.00)              | (9,597.00)                 |           |                      | (14,770.00)                |
| 15-135-00              | Accum Depn>Computer Software Accum Depn>Startup Costs                         | (77,378.00)              | (77,378.00)                |           |                      | (77,378.00)                |
| 15-252-00              | Accum Depn>Sales Use Tax  | (2,860,00)               | (2,091.00)                 |           |                      | (2,860.00)                 |
| 15-305-00<br>20-000-00 | Accounts Payable  | (1,107,091.00)           | (1,311,736.00)             |           |                      | (1,107,091.00)             |
| 21-149-09              | Other Current Payables>Misc. PR Deduction>401k                                | 205.00                   | (7,348.00)                 |           |                      | 205.00                     |
| 21-276-00              | Other Current Payables>SWT Payable  | (48.00)                  | (48.00)                    |           |                      | (48.00)                    |
| 21-350-00              | Other Current Payables>Resident Funds   | (80,411.00)              | (102,867.00)               |           |                      | (80,411.00)                |
| 21-884-00              | Other Current Payable>Disability & Other Insurance                            | (396.00)                 | (396.00)                   |           |                      | (396.00)<br>(100,733.00)   |
| 23-000-00              | Accrued Wages & Related   | (100,733.00)             | (80,411.00)                |           |                      | (4,933.00)                 |
| 23-156-00              | Accrued Wages & Related>PR Taxes  | (4,933.00)               | (4,933.00)                 |           |                      | (77,685.00)                |
| 23-157-00              | Accrued Expenses>PTO  | (77,685.00)              | (77,685.00)                | 1         |                      | (132,507.00)               |
| 24-000-00              | Accrued Expenses  | (132,507.00)             | 1,719,030.00               |           |                      | 186,199.00                 |
| 24-121-00              | Accrued Expenses>Rent   | 186,199.00               | 0.00                       |           |                      | (4,355.00)                 |
| 24-123-00              | Accrued Expenses>Ancillary  | (4,355.00)               | (6,249.00)                 |           |                      | (79,822.00)                |
| 24-162-00              | Accrued Expenses>Insurance - General Liability & Other                        | (79,822.00)              | (113,229.00)<br>(1,654.00) |           |                      | (2,746.00)                 |
| 24-163-00              | Accrued Expenses>Insurance - EPLI   | (2,746.00)<br>(7,023.00) |                            |           |                      | (7,023.00)                 |
| 24-165-00              | Accrued Expenses>Insurance - Property   | (19,326.00)              | (11,911.00)                |           |                      | (19,326.00)                |
| 24-285-00              | Accrued Expenses>Year End Adjustments   | (28,313.00)              | (38,182.00)                |           |                      | (28,313.00)                |
| 24-881-00              | Accrued Expenses>Workers Comp   | (35,313-00)              |                            |           |                      | (35,313.00)                |
| 25-102-34              | Deferred Revenue>Medicare>COVID19   | 0.00                     | 617.00                     |           |                      | 0.00                       |
| 27-000-23              | Due To/(From)>Taunton   | 0.00                     | 301.00                     |           |                      | 0.00                       |
| 27-000-24              | Due To/(From)>Quincy  | 0.00                     | 273.00                     |           |                      | 0.00                       |
| 27-000-25              | Due To/(From)>Greenfield  | 0.00                     | 396.00                     |           |                      | 0.00                       |
| 27-000-26              | Due To/(From)>Holyoke Due To/(From)>Lowell                                    | 50,000.00                | 0.00                       |           |                      | 50,000.00                  |
| 27-000-27              | Due To/(From)>Lowell Due To/(From)>Worcester                                  | (148.00)                 | 0.00                       |           |                      | (148.00)                   |
| 27-000-32<br>27-000-40 | Due To/(From)>Salmon Brook  | (513,877.00)             |                            |           |                      | (513,877.00)               |
| 27-000-40              | Due To/(From)>Realty Salmon Brook   | (50,000.00)              | (50,000.00                 | )         | 20                   | (50,000.00)                |
| 21-000-42              | Day , or ( romy ready earners   |                          |                            |           |                      |                            |

| 27-00-45   Due Tol[From]-Really Sy View  |           | Docarintian   | FINAL          | 1st PP-FINAL   | JE Ref# RJE | UNADJ                                   |
|--|-----------|---|----------------|----------------|-------------|---|
| 22.00.042   Due Torffrom/Pickley Bay Vew   2,198.586.00   2,708.898.00   0.00   | Account   | Description   |                |                |             | 9/30/2023                               |
| 27.00.045   Due To/From/Negal Management 2.0   30.405.00   0.00   0.006.00   | 07.000.40 | Due Tol/Fram) > Beethy Sky View                       |                | 2.708.683.00   |             | 2,138,558.00                            |
| 27-00-05   |           | Due To/(From)>Regal Management 2.0                    | , ,            |                |             | 30,405.00                               |
| 27-000-53   Due Toffcromy-Norodiske  |           |   |                | 0.00           |             |   |
| 27-000-55   Due Toff(rom)+Plenview   |           |   |                | 36.00          |             | 50,091.00                               |
| 27-000-79   Due Toffcrmph-Pine View  |           |   | (254,000.00)   | (200,000.00)   |             | ,                                       |
| 27-00-98   Due Toffcrmy-Redgeland   100,001.00   100   100,001.00   510,001.00      |           | ` '   | 41.00          | 41.00          |             |   |
| 27-009-92   Due Tor/Fromy-Regale Care Management Group   |           | , ,   | 100,001.00     |                |             | ·                                       |
| 27-009-30   Due Tol/From)-Novinch  |           |   | •              |                |             |   |
| 27-009-95   Due Tol/From)-Norwich  |           | Due To/(From)>RC Holdings                             |                |                |             | •                                       |
| 27-109-96   Due Toff(From)=Hard Color   (8,037-00)   | 27-000-95 |   |                |                |             | , , ,                                   |
| 27-109-10   Dus To(From)-Hospites  | 27-000-96 |   |                |                |             | · ·                                     |
| 27-109-00   Dus   10/F/Fm) Pricipole   | 27-105-00 | Due To/(From)>HMO                                     |                |                |             | • • • • •                               |
| 27-111-00   Dus 10(From)-Pincelmon   | 27-109-00 |   |                | ,              |             | , .                                     |
| 27-11-2-10 Dus 10 (From)-Econis Security (9.12a.00) .0.0 (9.128.00) .0.0 (9.128.00) .0.0 (19.514.00) .0.1 (  | 27-111-00 | • •   |                |                |             |   |
| 27-146-00   Due 1 of (From)-Employee   3,265.00   2,948.00   3,265.00   2,717.20   Due 1 of (From)-Employee   3,265.00   2,948.00   3,265.00    | 27-112-00 |   |                |                |             | , ,                                     |
| 27-132-00 Due 1 of (Prom) Pemployee  |           |   | • • • • •      |                |             | • •                                     |
| 27-172-00   Due To/(From)*Periative at Southport   3.00   3.300   133.00   130.00    |           | Due To/(From)>Employee                                | , ,            |                |             | • • •                                   |
| 27-316-00   Due To(From)>Fairway at Components   133.00   133.00   133.00   133.00   133.00   133.00   133.00   133.00   130.00   17.00.00.00   70.000.000.00   70.000.00   70.000.000.00   70.000.00   70.000.000.00   70.000.000.00   70.000.00   70.000.000.00   70.000.000.000.00      |           | Due To/(From)>Vendor                                  | · ·            |                |             |   |
| 27-328-00   Due Tol(From)-Fallware & Gleenman   70,000.00   70,000.00   70,000.00   70,000.00   70,000.00   72,7328-00   72,7328-00   70,000.00   70,000.00   72,000.00   72,000.00   72,000.00   72,000.00   72,000.00   73,199.00   73   |           |   |                |                |             | 133.00                                  |
| 1,080,548.00   1,080,548.00   2,083.00   2   |           |   |                |                |             | 70,000.00                               |
| 2-49-0-00   Die Unit (Infor)Per Imins  |           |   |                |                |             | 1,080,548.00                            |
| Section   Sect   |           |   | .,.,           |                |             | (2,083.00)                              |
| 17-00-86   |           |   |                |                |             | (5,179,139.00)                          |
| 40-102-00 Room & Board Revenue-Medicare A - Sales Adjustments  | -         |   |                |                |             |   |
| 40-102-09   Room & Board Revenue>Medicare A>Sales Adjustments   27,922.00   0.00   27,922.00   0.01   0.    |           | Room & Board Revenue>Medicare A                       | (1,808,924.00) | (2,376,772.00) |             | • |
| 40-102-14 Room & Board Revenue-Private (233,405.00) (33,465.00) (203,405.00) (203,405.00) (204,210.00) (204   |           | Room & Board Revenue>Medicare A>Sales Adjustments     |                |                |             |   |
| 40-104-00   Room & Board Revenue-Private   Room & Board Revenue-Private   Sales Adjustments   930.00   0.   |           | Room & Board Revenue>Medicare A>Sequester             | 30,376.00      | ·              |             |   |
| 40-104-09 Room & Board Revenue>Private>Sales Adjustments (204,210.00) (39,390.00) (204,210.00) (40-105-00 Room & Board Revenue>HMO Sales Adjustments (232.00) 0.00 (322.00) (40-105-14 Room & Board Revenue>HMO>Sales Adjustments (232.00) 0.00 (322.00) (40-105-14 Room & Board Revenue>HMO>Sales Adjustments (18.00 0.00) (5,387,486.00) (5,387,486.00) (5,387,486.00) (5,387,486.00) (5,387,486.00) (5,387,486.00) (5,387,486.00) (5,387,486.00) (6,387,486.00) (6,387,486.00) (6,387,486.00) (6,387,486.00) (6,387,486.00) (6,387,486.00) (6,387,486.00) (6,387,486.00) (6,387,486.00) (6,387,486.00) (6,387,486.00) (6,387,486.00) (6,387,486.00) (6,387,486.00) (6,387,486.00) (10,875.00) (11,828.00) (11   |           | Room & Board Revenue>Private                          | (233,405.00)   |                |             | •                                       |
| 40-105-09   Room & Board Revenue>HMO   (204,210.00)   (204,210.00)   (204,210.00)   (204,000)   (20    |           | Room & Board Revenue>Private>Sales Adjustments        |                |                |             |   |
| 40-105-90   Room & Board Revenue>Commercial HMO>Sales Adjustments   232.00   0.00   18.00   18.00   18.00   0.00   18.00   18.00   0.00   18.00   0.00   18.00   0.00   18.00   0.00     |           | Room & Board Revenue>HMO                              |                |                |             |   |
| 40-105-14 Room & Board Revenue→HMO>Sequester (92,158.00) (111,654.00) (92,158.00) (40-101-00) Room & Board Revenue→Hospice (92,158.00) (111,654.00) (5,337,468.00) (5,337,468.00) (111,675.00) (92,158.00) (40-111-00) Room & Board Revenue→Medicaid Sales Adjustments (10,875.00) 0.00 (10,875.00) (10,875.00) (111,875.00)  |           | Room & Board Revenue>Commercial HMO>Sales Adjustments | , ,            |                |             |   |
| 40-119-00   Room & Board Revenue>Medicaid   (5,337,468.00)   (5,734,907.00)   (5,387,468.00)   (40-111-09   Room & Board Revenue>Medicaid>Sales Adjustments   (10,875.00)   0.00   (10,875.00)   (10   |           | Room & Board Revenue>HMO>Sequester                    |                |                |             |   |
| 40-111-00 Room & Board Revenue>Medicaid>Sales Adjustments (10,875.00) 0.00 (8,526.00) (8,526.00) (10,111-73) Room & Board Revenue>Medicaid>Sales Adjustments (10,875.00) 0.00 (8,526.00) (10,111-73) Room & Board Revenue>Medicaid Bed Hold (8,526.00) 0.00 (10,111-73) Room & Board Revenue>Medicaid Bed Hold (119,236.00) (110,3716.00) (119,236.00) (119,236.00) (110,3716.00) (119,236.00) (111,020-00) Pharmacy Rev>Medicare A (111,020-00) Pharmacy Rev>Medicare A (111,020-00) Pharmacy Rev>Medicare A (111,020-00) PT Revenue>Medicare A (111,020-00) PT Revenue>Medicare A (111,020-00) PT Revenue>Medicare A (111,020-00) (118,020-00) (118,020-00) (172,109.00) (17  | 40-109-00 | Room & Board Revenue>Hospice                          |                |                |             | ,                                       |
| 40-111-09 Room & Board Revenue>Medicaid Sales Adjustments  | 40-111-00 | Room & Board Revenue>Medicaid                         | , .            |                |             |   |
| 40-111-73 Room & Board Revenue>Medicare Bod Hold 41-102-01 Pharmacy Rev>Medicare A 119,236.00 (103,716.00 119,236.00 41-102-01 Pharmacy Rev>Medicare A 119,236.00 (161,664.00 113,621.00 (161,664.00 113,621.00 42-102-00 PT Revenue>Medicare A (113,621.00 161,664.00 113,621.00 (161,664.00 113,621.00 61,000 113,0  | 40-111-09 | Room & Board Revenue>Medicaid>Sales Adjustments       | • • •          |                |             | • •                                     |
| 41-102-01 Pharmacy Rev-Medicare A  41-102-01 Pharmacy Rev-Medicare A>C/A  41-102-01 Pharmacy Rev-Medicare A>C/A  41-102-01 PT Revenue>Medicare A>C/A  42-103-00 PT Revenue>Medicare B  42-105-00 PT Revenue>HMO  42-105-00 PT Revenue>HMO  42-105-00 PT Revenue>HMO  42-105-01 PT Revenue>Medicaid  43-102-01 OT Revenue>Medicare A>C/A  43-102-01 OT Revenue>Medicare B  43-103-00 OT Revenue>Medicare B  43-105-00 OT Revenue>Medicare B  44-105-01 ST Revenue>Medicare A>C/A  45-105-00 OT Re  | 40-111-73 |   | • • •          |                |             | • |
| 41-102-01   Pharmacy Rev>Medicare A > C/A   (113,621.00)   (161,664.00)   (113,621.00)   (12,109.00)   PT Revenue>Medicare A   (113,621.00)   (161,664.00)   (172,109.00    | 41-102-00 |   |                | •              |             | ,                                       |
| 42-102-01 PT Revenue-Medicare A C/A 42-102-01 PT Revenue-Medicare B 42-103-00 PT Revenue-Medicare B 42-105-00 PT Revenue-Medicare B 42-105-00 PT Revenue-Medicare B 42-105-01 PT Revenue-Medicare B 42-111-00 PT Revenue-Medicare B 42-111-01 PT Revenue-Medicare B 42-111-01 PT Revenue-Medicare A 43-102-00 OT Revenue-Medicare A 43-102-00 OT Revenue-Medicare A 43-102-01 OT Revenue-Medicare B 43-103-00 OT Revenue-Medicare B 43-105-00 OT Revenue-Medicare B 43-105-00 OT Revenue-Medicare B 43-105-01 OT Revenue-Medicare B 43-111-00 OT Revenue-Medicare A 43-111-01 OT Revenue-Medicare A 44-102-01 ST Revenue-Medicare A 44-102-01 ST Revenue-Medicare A 44-103-01 ST Revenue-Medicare A 44-103-01 ST Revenue-Medicare A 44-103-01 ST Revenue-Medicare B 44-105-01 ST Revenue-Medicare A 44-105-01 ST Revenue-Medi  |           |   |                |                |             | · ·                                     |
| 42-102-01 PT Revenue>Medicare B (38,495.00) (198,203.00) (172,109.00) (42-105-00 PT Revenue>HMO (38,495.00) (15,572.00) (38,495.00) (15,572.00) (38,495.00) (15,572.00) (38,495.00) (15,572.00) (29,673.00 PT Revenue>HMO (29,673.00 PT Revenue>Medicaid (80,802.00) (10,667.00) (80,802.00) (10,667.00) (80,802.00) (10,667.  |           |   | , , ,          |                |             |   |
| 42-105-00 PT Revenue>HMO   |           |   |                |                |             | (172,109.00)                            |
| 42-105-01 PT Revenue>HMO>C/A 42-105-01 PT Revenue>HMO>C/A 42-111-00 PT Revenue>Medicaid 42-111-01 PT Revenue>Medicaid>C/A 42-111-01 PT Revenue>Medicaid>C/A 43-102-00 OT Revenue>Medicaid>C/A 43-102-01 OT Revenue>Medicare A 43-102-01 OT Revenue>Medicare B 43-103-00 OT Revenue>Medicare B 43-105-01 OT Revenue>HMO 43-105-01 OT Revenue>HMO 43-105-01 OT Revenue>Medicare B 43-105-01 OT Revenue>Medicare B 43-105-01 OT Revenue>Medicare B 43-105-01 OT Revenue>Medicare B 43-105-01 OT Revenue>HMO 43-105-01 OT Revenue>HMO 43-105-01 OT Revenue>HMO 43-105-01 OT Revenue>Medicare A 43-105-01 OT Revenue>Medicare A 43-105-01 OT Revenue>Medicare A 43-105-01 OT Revenue>Medicaid 44-105-01 ST Revenue>Medicare A 44-102-01 ST Revenue>Medicare A 44-103-00 ST Revenue>Medicare A>C/A 44-103-00 ST Revenue>Medicare A>C/A 44-105-01 ST Revenue>Medicare B 44-105-01 ST Revenue>Medicare A 44-105-01 ST Revenue>Medicare A 44-105-01 ST Revenue>Medicare A 44-105-01 ST Revenue>Medicare B 44-105-01 ST Revenue>Medicare A 45-102-01 Radiology Rev>Medicare A 45-102-01 Radiology Rev>Medicare A 45-102-01 Radiology Rev>Medicare A 45-102-01 Lab Rev>Medicare A 45-102-01 Lab Rev>Medicare A 45-102-01 Lab Rev>Medicare A 45-102-00 Other Ancillary Rev>Medicare B  |           |   |                | •              |             | (38,495.00)                             |
| #2-105-01 PT Revenue>Medicaid #2-111-01 PT Revenue>Medicaid>C/A #3-102-00 OT Revenue>Medicare A #3-102-01 OT Revenue>Medicare A #3-102-01 OT Revenue>Medicare B #3-103-00 OT Revenue>Medicare B #3-105-00 OT Revenue>Medicare B #3-105-01 OT Revenue>Medicaid #3-105-01 OT Revenue>Medicaid #3-111-01 OT Revenue>Medicaid #3-111-01 OT Revenue>Medicaid #3-111-01 OT Revenue>Medicaid>C/A #3-105-00 OT Revenue>Medicaid (66,010.00) (92,216.00) (66,010.00) #3-111-01 OT Revenue>Medicaid>C/A #3-105-00 OT Revenue>Medicaid>C/A #3-111-01 OT Revenue>Medicaid>C/A #3-111-01 OT Revenue>Medicaid>C/A #3-110-00 OT Revenue>Medicaid>C/A #3-111-01 OT Revenue>Medicaid>C/A #3-110-00 OT Revenue>Medicaid>C/A #3-105-00 OT Reven |           |   |                |                |             | 29,673.00                               |
| ## 2-111-00 PT Revenue-Medicaid  |           |   |                |                |             | (80,802.00)                             |
| 43-102-00 OT Revenue>Medicare A (103,085.00) (160,028.00) (130,085.00) (30,813.00) (43-102-01 OT Revenue>Medicare B (174,763.00) (184,102.00) (174,763.00) (30,81  |           |   | • • •          |                |             | 80,802.00                               |
| 43-102-01 OT Revenue>Medicare A>C/A  43-102-01 OT Revenue>Medicare B  43-103-00 OT Revenue>HMO  43-105-00 OT Revenue>HMO  43-105-01 OT Revenue>Medicaid  43-105-01 OT Revenue>Medicaid  43-105-01 OT Revenue>Medicaid  43-111-01 OT Revenue>Medicaid  43-111-01 OT Revenue>Medicaid>C/A  44-102-00 ST Revenue>Medicare A  44-102-01 ST Revenue>Medicare B  44-105-00 ST Revenue>Medicare B  44-105-00 ST Revenue>Medicare B  44-105-00 ST Revenue>Medicare B  44-105-01 ST Revenue>HMO  44-111-00 ST Revenue>HMO  44-111-00 ST Revenue>HMO  44-105-01 ST Revenue>HMO  44-105-01 ST Revenue>Medicaid  45-102-01 Radiology Rev>Medicare A  45-102-01 Radiology Rev>Medicare A  45-102-01 Lab Rev>Medicare A  46-102-01 Lab Rev>Medicare A>C/A  46-102-01 Lab Rev>Medicare A>C/A  47-103-00 Other Ancillary Rev>Medicare B  103,085.00  103,085.00  104,47,703.00  104,47,703.00  104,47,700  105,274,00)  109,2216.00  109,384.00  |           | ,               |                | (160,028.00    | )           | • • •                                   |
| 174,763.00   |           |   | , , ,          |                |             |   |
| 43-105-00 OT Revenue>HMO  43-105-01 OT Revenue>HMO>C/A  43-111-01 OT Revenue>Medicaid  43-111-01 OT Revenue>Medicaid>C/A  43-111-01 OT Revenue>Medicaid>C/A  43-111-01 OT Revenue>Medicaid>C/A  44-102-00 ST Revenue>Medicare A  44-102-01 ST Revenue>Medicare A>C/A  44-103-00 ST Revenue>Medicare B  44-105-01 ST Revenue>HMO  43-111-01 ST Revenue>HMO>C/A  44-111-01 ST Revenue>Medicaid  44-105-01 ST Revenue>Medicaid  45-102-01 Radiology Rev>Medicare A  45-102-01 Radiology Rev>Medicare A  45-102-01 Lab Rev>Medicare A>C/A  46-102-01 Lab Rev>Medicare A>C/A  46-102-01 Lab Rev>Medicare A>C/A  47-103-00 Other Ancillary Rev>Medicare B  |           | ¥ 1 1111111111111111111111111111111111                | (174,763.00)   | (184,102.00    | )           | •                                       |
| 43-105-01       OT Revenue>HMO>C/A       29,230.00       13,319.00       (66,010.00)         43-111-00       OT Revenue>Medicaid       (66,010.00)       (92,216.00)       66,010.00         43-111-01       OT Revenue>Medicaid>C/A       (68,010.00)       92,216.00       66,010.00         44-102-00       ST Revenue>Medicare A       (68,322.00)       (85,685.00)       (68,322.00)         44-102-01       ST Revenue>Medicare A>C/A       (83,22.00)       85,685.00       (111,184.00)         44-103-00       ST Revenue>Medicare B       (21,11,184.00)       (61,724.00)       (111,184.00)         44-105-01       ST Revenue>HMO>C/A       (7,069.00)       10,317.00       17,069.00         44-111-01       ST Revenue>Medicaid       (65,930.00)       (56,512.00)       (65,930.00)         44-111-01       ST Revenue>Medicaid>C/A       (5,930.00)       56,512.00       65,930.00         44-111-01       ST Revenue>Medicaid>C/A       (1,484.00)       (3,397.00)       (1,484.00)         45-102-00       Radiology Rev>Medicare A       (1,484.00)       3,397.00       (1,484.00)         46-102-01       Lab Rev>Medicare A       (452.00)       (2,682.00)       452.00         46-102-01       Lab Rev>Medicare A       (5,437.00)       (1,467.00)  |           | -   | (30,813.00)    | ) (15,274.00   | )           | • |
| 43-111-00 OT Revenue>Medicaid (66,010.00) (92,216.00) (66,010.00) 43-111-01 OT Revenue>Medicaid>C/A (68,322.00) (85,685.00) (68,322.00) 44-102-00 ST Revenue>Medicare A (68,322.00) (85,685.00) (68,322.00) 44-102-01 ST Revenue>Medicare A>C/A (88,322.00 85,685.00) (61,724.00) (111,184.00) 44-103-00 ST Revenue>Medicare B (111,184.00) (61,724.00) (111,184.00) 44-105-01 ST Revenue>HMO (22,426.00) (10,384.00) (22,426.00) 44-105-01 ST Revenue>HMO>C/A (7,069.00 10,317.00 17,069.00) 44-111-01 ST Revenue>Medicaid (65,930.00) (56,512.00) (65,930.00) 44-111-01 ST Revenue>Medicaid>C/A (65,930.00) 56,512.00 (65,930.00) 44-111-01 ST Revenue>Medicaid>C/A (1,484.00) (3,397.00) (1,484.00) 45-102-01 Radiology Rev>Medicare A (1,484.00) (3,397.00) (1,484.00) 45-102-01 Lab Rev>Medicare A>C/A (452.00) (2,682.00) (452.00) 46-102-01 Lab Rev>Medicare A>C/A (452.00) (1,467.00) (5,437.00) 47-103-00 Other Ancillary Rev>Medicare B  |           |   | 29,230.00      | 13,319.00      |             |   |
| 43-111-01 OT Revenue>Medicaid>C/A 44-102-00 ST Revenue>Medicare A 44-102-01 ST Revenue>Medicare A>C/A 44-103-00 ST Revenue>Medicare B 44-105-00 ST Revenue>Medicare B 44-105-00 ST Revenue>HMO 44-105-01 ST Revenue>HMO 44-105-01 ST Revenue>HMO 44-105-01 ST Revenue>HMO 44-105-01 ST Revenue>HMO>C/A 44-111-01 ST Revenue>Medicaid 44-111-01 ST Revenue>Medicaid 44-111-01 ST Revenue>Medicaid 45-102-00 Radiology Rev>Medicare A 45-102-01 Radiology Rev>Medicare A>C/A 45-102-01 Lab Rev>Medicare A>C/A 45-103-00 Other Ancillary Rev>Medicare B 45-103-00 Other Ancillary Rev>Medicare B 46-103-00 Other Ancillary Rev>Medicare B   |           |   | (66,010.00)    | ) (92,216.00   | )           | , .                                     |
| 44-102-00 ST Revenue>Medicare A  44-102-01 ST Revenue>Medicare A>C/A  44-103-00 ST Revenue>Medicare B  44-105-00 ST Revenue>HMO  44-105-01 ST Revenue>HMO  44-105-01 ST Revenue>HMO>C/A  44-1105-01 ST Revenue>HMO>C/A  44-111-01 ST Revenue>Medicaid  44-111-01 ST Revenue>Medicaid  45-102-00 Radiology Rev>Medicare A  45-102-01 Radiology Rev>Medicare A>C/A  46-102-01 Lab Rev>Medicare A>C/A  46-102-01 Lab Rev>Medicare A>C/A  47-103-00 Other Ancillary Rev>Medicare B  (88,322.00) (85,685.00) (66,783.00)  (61,724.00) (11,184.00)  (111,184.00) (10,384.00)  (10,384.00) (10,38  |           | •               | 66,010.00      | 92,216.00      |             | · ·                                     |
| 44-102-01       ST Revenue>Medicare A>C/A       68,322.00       85,685.00       (111,184.00)       (111,184.00)       (111,184.00)       (22,426.00)       (111,184.00)       (22,426.00)       (111,184.00)       (22,426.00)       (10,384.00)       (22,426.00)       (22,426.00)       (10,384.00)       (22,426.00)       (10,384.00)       (10,  |           |   |                |                |             |   |
| 44-103-00       ST Revenue>Medicare B       (111,184.00)       (61,724.00)       (22,426.00)         44-105-00       ST Revenue>HMO       (11,384.00)       (10,384.00)       (22,426.00)         44-105-01       ST Revenue>HMO>C/A       17,069.00       10,317.00       17,069.00         44-111-00       ST Revenue>Medicaid       (65,930.00)       (56,512.00)       (65,930.00)         44-111-01       ST Revenue>Medicaid>C/A       65,930.00       56,512.00       65,930.00         45-102-00       Radiology Rev>Medicare A       (1,484.00)       (3,397.00)       (1,484.00)         45-102-01       Radiology Rev>Medicare A>C/A       1,484.00       3,397.00       1,484.00         46-102-01       Lab Rev>Medicare A>C/A       (452.00)       (2,682.00)       452.00         46-102-01       Lab Rev>Medicare A>C/A       (5,437.00)       (1,467.00)       (5,437.00)         47-103-00       Other Ancillary Rev>Medicare B       472.00       472.00       472.00   |           |   | 68,322.00      |                |             |   |
| 44-105-00       ST Revenue>HMO       (22,426.00)       (10,384.00)       17,069.00         44-105-01       ST Revenue>HMO>C/A       17,069.00       10,317.00       17,069.00         44-111-00       ST Revenue>Medicaid       (65,930.00)       (56,512.00)       65,930.00         44-111-01       ST Revenue>Medicaid>C/A       (65,930.00)       56,512.00       65,930.00         45-102-00       Radiology Rev>Medicare A       (1,484.00)       (3,397.00)       (1,484.00)         45-102-01       Radiology Rev>Medicare A>C/A       (452.00)       (2,682.00)       (452.00)         46-102-01       Lab Rev>Medicare A>C/A       452.00       2,682.00       452.00         46-102-01       Lab Rev>Medicare A>C/A       (5,437.00)       (1,467.00)       (5,437.00)         47-103-00       Other Ancillary Rev>Medicare B       472.00       472.00       472.00  |           |   | • •            |                |             | •                                       |
| 44-105-01       ST Revenue>HMO>C/A       17,069.00       10,317.00       (65,930.00)         44-111-00       ST Revenue>Medicaid       (65,930.00)       (56,512.00)       65,930.00         44-111-01       ST Revenue>Medicaid>C/A       65,930.00       56,512.00       65,930.00         45-102-00       Radiology Rev>Medicare A       (1,484.00)       (3,397.00)       (1,484.00)         45-102-01       Radiology Rev>Medicare A>C/A       (452.00)       (2,682.00)       (452.00)         46-102-01       Lab Rev>Medicare A>C/A       452.00       2,682.00       452.00         46-102-01       Lab Rev>Medicare A>C/A       (5,437.00)       (1,467.00)       (5,437.00)         47-103-00       Other Ancillary Rev>Medicare B       47.103.00       47.103.00       7.289.00   |           |   | •              |                |             |   |
| 44-111-00     ST Revenue>Medicaid     (65,930.00)     (56,512.00)     (65,930.00)       44-111-01     ST Revenue>Medicaid>C/A     65,930.00     56,512.00     65,930.00       45-102-00     Radiology Rev>Medicare A     (1,484.00)     (3,397.00)     (1,484.00)       45-102-01     Radiology Rev>Medicare A>C/A     (452.00)     (2,682.00)     (452.00)       46-102-01     Lab Rev>Medicare A>C/A     452.00     2,682.00     452.00       47-103-00     Other Ancillary Rev>Medicare B     (5,437.00)     (1,467.00)     (5,437.00)  |           |   |                |                |             |   |
| 44-111-01     ST Revenue>Medicaid>C/A     65,930.00     55,512.00       45-102-00     Radiology Rev>Medicare A     (1,484.00)     (3,397.00)     (1,484.00)       45-102-01     Radiology Rev>Medicare A>C/A     1,484.00     3,397.00     (452.00)       46-102-01     Lab Rev>Medicare A     (452.00)     (2,682.00)     452.00       46-102-01     Lab Rev>Medicare A>C/A     452.00     2,682.00     452.00       47-103-00     Other Ancillary Rev>Medicare B     (5,437.00)     (1,467.00)     7,289.00  |           |   | • •            | ·              |             | , .                                     |
| 45-102-00 Radiology Rev>Medicare A (1,484.00) (3,397.00) (1,484.00 (45-102-01) Radiology Rev>Medicare A>C/A (452.00) (45 |           |   |                |                |             |   |
| 45-102-01 Radiology Rev>Medicare A>C/A (452.00) (2,682.00) (452.00) 46-102-01 Lab Rev>Medicare A (452.00) (2,682.00) (452.00) 46-102-01 Lab Rev>Medicare A>C/A (452.00) (2,682.0 |           |   |                | ·              |             | • |
| 46-102-00     Lab Rev>Medicare A     452.00     2,682.00     452.00       46-102-01     Lab Rev>Medicare A>C/A     452.00     2,682.00     (5,437.00)       47-103-00     Other Ancillary Rev>Medicare B     (5,437.00)     (1,467.00)     7289.00   | 45-102-01 |   |                |                |             |   |
| 46-102-01 Lab Rev>Medicare A>C/A (5,437.00) (1,467.00) (5,437.00) (7,437.00) (1,467.00) (7,437.00)   | 46-102-00 |   |                |                |             |   |
| 47-103-00 Other Ancillary Rev>Medicare B 7 289 00  | 46-102-01 |   |                |                |             |   |
| 47-103-14 Other Ancillary Rev>Medicare B>Sequester   |           |   | •              | · '.'          |             |   |
|  | 47-103-14 | Other Ancillary Rev>Medicare B>Sequester              | ,,200,00       | .,             |             |   |

| A                      | Description  | FINAL                 | 1st PP-FINAL            | JE Ref#  | RJE          | UNADJ                  |
|------------------------|--|-----------------------|-------------------------|----------|--------------|------------------------|
| Account                | Description  | 9/30/2023             | 9/30/2022               |          |              | 9/30/2023              |
|                        | E IV T & T IV IV   | (2,238.00)            | 16.00                   |          |              | (2,238.00)             |
| 47-105-00              | Other Ancillary Rev>HMO  | 0.00                  | (263.00)                |          |              | 0.00                   |
| 47-111-00<br>51-035-34 | Other Ancillary Rev>Medicaid Other Rev>ERC>COVID19                                     | 243,517.00            | (955,776.00)            |          |              | 243,517.00             |
| 51-035-34              | Other Rev>Miscellaneous  | 0.00                  | (72,590.00)             |          |              | 0.00                   |
| 51-100-00              | Other Rev>Medicare A>COVID19   | (200,980.00)          | (614,341.00)            |          |              | (200,980.00)           |
| 51-111-34              | Other Rev>Medicaid>COVID19   | 0.00                  | (92,573.00)             |          |              | 0.00                   |
| 51-160-00              | Other Rev>Interest   | (91,327.00)           | (52.00)                 |          |              | (91,327.00)            |
| 51-818-00              | Other Rev>Medical Records  | (5,405.00)            | (757.00)                |          | (4,463.00)   | (942.00)               |
| 0.0.0                  |  |                       |                         | RJE - 11 | (4,463.00)   | (000 00)               |
| 52-102-00              | Revenue Adjustments>Medicare A   | (386.00)              | (3,856.00)              |          |              | (386.00)<br>(3,714.00) |
| 52-105-00              | Revenue Adjustments>Commercial HMO   | (3,714.00)            | (8,098.00)              |          |              | (2.00)                 |
| 52-109-00              | Revenue Adjustments>Hospice  | (2.00)                | (2,936.00)              |          |              | (76.00)                |
| 52-111-00              | Revenue Adjustments>Medicaid   | (76.00)               | 0.00<br>1,956.00        |          |              | (1,196.00)             |
| 52-123-00              | Revenue Adjustments>Ancillary  | (1,196.00)            | 117,280.00              |          |              | 97,300.00              |
| 60-183-00              | Nursing Expense>Supplies   | 97,300.00<br>5,098.00 | 24,120.00               |          |              | 5,098.00               |
| 60-183-34              | Nursing Expense>Supplies>COVID19   | 10,099.00             | 6,467.00                |          |              | 10,099.00              |
| 60-184-00              | Nursing Expense>Minor Equip & Supplies   | 126.00                | 58.00                   |          |              | 126.00                 |
| 60-185-00              | Nursing Expense>Incontinence Supplies  | 2,050.00              | 484.00                  |          | 850.00       | 1,200.00               |
| 60-204-00              | Nursing Expense>Training & Education   | 2,000.00              | -                       | RJE - 13 | 350.00       |                        |
|                        |  |                       |                         | RJE - 14 | 500.00       |                        |
| 60-205-00              | Nursing Expense>Sanitation & Incineration  | 1,967.00              | 1,286.00                |          |              | 1,967.00               |
| 60-206-00              | Nursing Expense-Clinical Services  | 0.00                  | 0.00                    |          | (13,496.00)  | 13,496.00              |
| 00-200-00              | Nulsing Expenses Circles Colored   |                       |                         | RJE - 3  | (13,496.00)  | 0.00                   |
| 60-206-34              | Nursing Expense>Clinical Services>COVID19  | 0.00                  | 1.00                    |          |              | 0.00                   |
| 60-207-00              | Nursing Expense>Repairs & Maint  | 2,022.00              | 997.00                  |          |              | 2,022.00<br>18,387.00  |
| 60-208-00              | Nursing Expense>Equip-Rental   | 18,387.00             | 37,170.00               |          |              | 29,200.00              |
| 60-212-00              | Nursing Expense>Clinical Consultants   | 29,200.00             | 25,600.00               |          |              | 44,550.00              |
| 60-212-34              | Nursing Expense>Clinical Consultants>COVID19   | 44,550.00             | 727,364.00              |          | (5,618.00)   | 6,306.00               |
| 60-213-00              | Nursing Expense>Transportation   | 688.00                | 630.00                  | RJE - 10 | (5,618.00)   | 0,000.00               |
|                        |  | 8,181.00              | 5,404.00                | TOL - 10 | (0,0,0,0,0)  | 8,181.00               |
| 60-230-00              | Nursing Expense>Data Processing  | 457.00                | 4,473.00                |          |              | 457.00                 |
| 60-230-34              | Nursing Expense>Data Processing>COVID19  | 93,871.00             | 0.00                    |          |              | 93,871.00              |
| 60-700-28              | Nursing Expense>Contracted Service>CovidRN   | 50,363.00             | 0.00                    |          |              | 50,363.00              |
| 60-700-29              | Nursing Expense>Contracted Service>CovidLPN Nursing Expense>Contracted Service>COVID19 | 0.00                  | 1,402,224.00            |          |              | 0.00                   |
| 60-700-34              | Nursing Expense>Contracted Service>CovidCNA  | 120,543.00            | 0.00                    |          |              | 120,543.00             |
| 60-700-39              | Nursing Expense>CNA>Wages  | 1,689,320.00          | 963,673.00              |          |              | 1,689,320.00           |
| 60-801-80<br>60-805-80 | Nursing Expense>CIVIC Wages  | 1,181,583.00          | 887,499.00              |          |              | 1,181,583.00           |
| 60-805-90              | Nursing Expense>LPN>Sick/Vac   | 0.00                  | 236.00                  |          |              | 0.00<br>144,704.00     |
| 60-808-80              | Nursing Expense>RN>Wages   | 144,704.00            | 128,972.00              |          |              | 551,296.00             |
| 60-809-80              | Nursing Expense>RN Supervisor>Wages  | 551,296.00            | 281,850.00              |          |              | 30,000.00              |
| 61-750-34              | Nursing Admin Expense>Medical Director>COVID19   | 30,000.00             | 30,000.00               |          |              | 151,112.00             |
| 61-811-80              | Nursing Admin Expense>Director>Wages   | 151,112.00            | 139,477.00              |          |              | 0.00                   |
| 61-812-80              | Nursing Admin Expense>Assistant Director>Wages   | 0.00                  | 46,040.00               |          |              | 122,687.00             |
| 61-817-80              | Nursing Admin Expense>MDS / RNAC>Wages   | 122,687.00            | 191,523.00<br>18,305.00 |          | 4,463.00     | (4,463.00)             |
| 61-818-80              | Nursing Admin Expense>Medical Records>Wages  | 0.00                  | 10,303.00               | RJE - 11 | 4,463.00     | , ,                    |
|                        | - "-   | 40,054.00             | 108,717.00              | 1102 11  | (184,464.00) | 224,518.00             |
| 61-880-00              | Nursing Admin Expense>Payroll Taxes  | 40,004.00             | 100,717.00              | RJE - 12 | (184,464.00) |                        |
|                        | Market Comp  | 10,935.00             | 39,222.00               |          |              | 10,935.00              |
| 61-881-00              | Nursing Admin Expense>Workers Comp   | 42,730.00             | 162,537.00              |          |              | 42,730.00              |
| 61-882-00              | Nursing Admin Expense>Health Insurance Nursing Admin Expense>Other Benefits            | 0.00                  | 0.00                    |          | (22,833.00)  | 22,833.00              |
| 61-883-00              | Nursing Admin Expense-Other Benefits   |                       |                         | RJE - 2  | (22,833.00)  |                        |
| 00 000 00              | Pharmacy Expense   | 777.00                | 0.00                    |          |              | 777.00                 |
| 62-000-00              | Pharmacy Expense>Medicare A  | 95,079.00             | 0.00                    |          |              | 95,079.00              |
| 62-102-00<br>62-105-00 | Pharmacy Expense>HMO   | 17,335.00             | 0.00                    |          |              | 17,335.00              |
| 62-111-00              | Pharmacy Expense>Medicaid  | 12,304.00             | 0.00                    |          |              | 12,304.00              |
| 62-111-00              | Pharmacy Expense>RX  | 49,071.00             | 130,783.00              |          |              | 49,071.00<br>1,465.00  |
| 62-222-00              | Pharmacy Expense>OTC   | 1,465.00              | 1,502.00                |          |              | 24,156.00              |
| 62-700-00              | Pharmacy Expense>Contracted Service  | 24,156.00             | 19,364.00               |          |              | 3,075.00               |
| 64-223-00              | Other Ancillary Expense>Oxygen   | 3,075.00              | 2,021.00                |          |              | 21,266.00              |
| 64-224-00              | Other Ancillary Expense>Lab  | 21,266.00             | 16,250.00<br>232.00     |          |              | 12.00                  |
| 64-224-34              | Other Ancillary Expense>Lab>COVID19  | 12.00<br>3,617.00     | 6,543.00                |          |              | 3,617.00               |
| 64-225-00              | Other Ancillary Expense>Radiology  | 247,859.00            | 268,055.00              |          |              | 247,859.00             |
| 65-000-00              | PT Expense   | 247,000.00            |                         |          |              |                        |
|                        |  |                       |                         |          |              |                        |

| 11100000               | Perceintion   | FINAL              | 1st PP-FINAL            | JF Ref#    | RJE                        | UNADJ              |
|------------------------|---|--------------------|-------------------------|------------|----------------------------|--------------------|
| Account                | Description   |                    | 9/30/2022               | OL IXOI II |                            | 9/30/2023          |
|                        |   | 9/30/2023          |                         |            |                            | 230,078.00         |
| 66-000 <b>-</b> 00     | OT Expense  | 230,078.00         | 252,120.00<br>74,446.00 |            |                            | 107,931.00         |
| 67-000-00              | ST Expense  | 107,931.00<br>0.00 | 300.00                  |            |                            | 0.00               |
| 68-700-34              | Therapy Expense>Contracted Service>Covid19                                    | 0.00               | 300.00                  |            |                            | 0.00               |
| 69-700-34              | Social Services Expense>Contracted Service>COVID19                            | 91,349.00          | 62,851.00               |            |                            | 91,349.00          |
| 69-811-80              | Social Services Expense>Director>Wages Social Services Expense>Payroll Taxes  | 3,832.00           | 3,111.00                |            |                            | 3,832.00           |
| 69-880-00              | Social Services Expense>Payron Faxes Social Services Expense>Workers Comp     | 218.00             | 944.00                  |            |                            | 218.00             |
| 69-881-00              | Social Services Expense>Workers Comp Social Services Expense>Health Insurance | 860.00             | 3,905.00                |            |                            | 860.00             |
| 69-882-00<br>69-883-00 | Social Services Expense>Other Benefits  | 0.00               | 0.00                    | RJE - 2    | (426.00)<br>(426.00)       | 426.00             |
|                        | Di ta di Faranza Consilemente   | 24,532.00          | 18,338.00               | 1102 2     | (,                         | 24,532.00          |
| 70-177-00              | Dietary Expense>Supplements   | 209,535.00         | 210,464.00              |            |                            | 209,535.00         |
| 70-178-00              | Dietary Expense>Food  | 17,011.00          | 20,424.00               |            |                            | 17,011.00          |
| 70-183-00              | Dietary Expense>Supplies Dietary Expense>Supplies>COVID19                     | 0.00               | 236.00                  |            |                            | 0.00               |
| 70-183-34              | Dietary Expense>Minor Equip & Supplies  | 1,378.00           | 689.00                  |            |                            | 1,378.00           |
| 70-184-00<br>70-204-00 | Dietary Expense>Training & Education  | 0.00               | 525.00                  |            |                            | 0.00               |
| 70-204-00              | Dietary Expense>Repairs & Maint   | 1,082.00           | 1,195.00                |            |                            | 1,082.00           |
| 70-700-00              | Dietary Expense>Contracted Service  | 0.00               | 495.00                  | RJE - 7    | (17,833.00)<br>(17,833.00) | 17,833.00          |
|                        | District Director Moreon  | 62,871.00          | 58,174.00               |            | (,,                        | 62,871.00          |
| 70-811-80              | Dietary Expense>Director>Wages  | 251,217.00         | 253,329.00              |            |                            | 251,217.00         |
| 70-831-80              | Dietary Expense>Aide>Wages  | 95,549.00          | 81,939.00               |            |                            | 95,549.00          |
| 70-832-80              | Dietary Expense>Cook>Wages  | 14,497.00          | 27,797.00               |            |                            | 14,497.00          |
| 70-833-80              | Dietary Expense>Dietician>Wages   | 26,230.00          | 19,622.00               |            |                            | 26,230.00          |
| 70-880-00              | Dietary Expense>Payroll Taxes   | 1,335.00           | 6,309.00                |            |                            | 1,335.00           |
| 70-881-00              | Dietary Expense>Workers Comp  | 5,226.00           | 26,156.00               |            |                            | 5,226.00           |
| 70-882-00              | Dietary Expense>Health Insurance Dietary Expense>Other Benefits               | 0.00               | 0.00                    |            | (2,729.00)                 | 2,729.00           |
| 70-883-00              | Dietary Expenses other benefits   |                    | 0.450.00                | RJE - 2    | (2,729.00)                 | 1,621.00           |
| 71-178-00              | Activity Expense>Food   | 1,621.00           | 2,150.00                |            |                            | 2,408.00           |
| 71-183-00              | Activity Expense>Supplies   | 2,408.00           | 2,547.00                |            |                            | 0.00               |
| 71-183-34              | Activity Expense>Supplies>COVID19   | 0.00               | 50.00                   |            |                            | 604.00             |
| 71-202-00              | Activity Expense>Resident Missing Items                                       | 604.00             | 523.00                  |            |                            | 4,730.00           |
| 71-700-00              | Activity Expense>Contracted Service   | 4,730.00           | 975.00<br>60,159.00     |            |                            | 54,429.00          |
| 71-811-80              | Activity Expense>Director>Wages   | 54,429.00          | 24,575.00               |            |                            | 38,868.00          |
| 71-831-80              | Activity Expense>Aide>Wages   | 38,868.00          | 5,422.00                |            |                            | 5,430.00           |
| 71-880-00              | Activity Expense>Payroll Taxes  | 5,430.00<br>186.00 | 1,288.00                |            |                            | 186.00             |
| 71-881-00              | Activity Expense>Workers Comp   | 723.00             | 5,307.00                |            |                            | 723.00             |
| 71-882-00              | Activity Expense>Health Insurance   | 0.00               | 0.00                    |            | (483.00)                   | 483.00             |
| 71-883-00              | Activity Expense>Other Benefits   | 0.00               | 0.00                    | RJE - 2    | (483.00)                   |                    |
| 72-183-00              | Housekeeping Expense>Supplies   | 19,649.00          | 21,383.00               |            |                            | 19,649.00          |
| 72-183-34              | Housekeeping Expense>Supplies>COVID19   | 86.00              | 0.00                    |            |                            | 86.00              |
| 72-811-80              | Housekeeping Expense>Director>Wages   | 0.00               | 10,286.00               |            |                            | 0.00<br>273.005.00 |
| 72-831-80              | Housekeeping Expense>Aide>Wages   | 273,005.00         | 206,953.00              |            |                            |                    |
| 73-183-00              | Laundry Expense>Supplies  | 7,548.00           | 3,631.00                |            |                            | 7,548.00<br>0.00   |
| 73-700-34              | Laundry Expense>Contracted Service>COVID19                                    | 0.00               | 111,013.00              |            |                            | 2,825.00           |
| 73-831-80              | Laundry Expense>Aide>Wages  | 2,825.00           | 39,910.00               |            |                            | 17,781.00          |
| 74-880-00              | Housekeeping & Laundry Expense>Payroll Taxes                                  | 17,781.00          | 12,296.00               |            |                            | 851.00             |
| 74-881-00              | Housekeeping & Laundry Expense>Workers Comp                                   | 851.00             | 3,836.00                |            |                            | 3,331.00           |
| 74-882-00              | Housekeeping & Laundry Expense>Health Insurance                               | 3,331.00           | 15,899.00               |            | (1,803.00)                 | 1,803.00           |
| 74-883-00              | Housekeeping & Laundry Expense>Other Benefits                                 | 0.00               | 0.00                    | RJE - 2    | (1,803.00)                 |                    |
| 75-183-00              | Maintenance Expense>Supplies  | 8,177.00           | 14,912.00               |            |                            | 8,177.00           |
| 75-183-34              | Maintenance Expense>Supplies>COVID19  | 0.00               | 64.00                   |            |                            | 0.00               |
| 75-184-00              | Maintenance Expense>Minor Equip & Supplies                                    | 3,411.00           | 2,655.00                |            |                            | 3,411.00           |
| 75-205-00              | Maintenance Expense>Sanitation & Incineration                                 | 21,628.00          | 22,714.00               |            |                            | 21,628.00          |
| 75-207-00              | Maintenance Expense>Repairs & Maint   | 50,294.00          | 54,248.00               |            |                            | 50,294.00          |
| 75-207-00              | Maintenance Expense>Equip-Rental  | 58.00              | 508.00                  |            |                            | 58.00<br>1,755.00  |
| 75-217-00              | Maintenance Expense>Extermination   | 1,755.00           | 2,243.00                |            |                            | 3,770.00           |
| 75-217-00              | Maintenance Expense>Snow Removal  | 3,770.00           | 10,289.00               |            |                            | 5,975.00           |
| 75-219-00              | Maintenance Expense>Landscaping   | 5,975.00           | 6,355.00                |            |                            | 6,705.00           |
| 75-210-00              | Maintenance Expense>Fire Drill  | 6,705.00           | 4,763.00                |            |                            | 30,504.00          |
| 75-700-00              | Maintenance Expense>Contracted Service  | 30,504.00          | 35,559.00               |            |                            | 75,806.00          |
| 75-811-80              | Maintenance Expense>Director>Wages  | 75,806.00          | 68,148.00               |            |                            | 44,671.00          |
| 75-829-80              | Maintenance Expense>Staff>Wages   | 44,671.00          |                         |            |                            | 7,033.00           |
| 75-880-00              | Maintenance Expense>Payroll Taxes   | 7,033.00           | 4,521.00                |            |                            | 1,000.00           |
|                        | A a   |                    |                         |            |                            |                    |
|                        |   |                    |                         |            |                            |                    |

|                        | Provintion  | FINAL            | 1st PP-FINAL | JE Ref#  | RJE         | UNADJ      |
|------------------------|---|------------------|--------------|----------|-------------|------------|
| Account                | Description   | 9/30/2023        | 9/30/2022    |          |             | 9/30/2023  |
| 75.004.00              | Maintenance Expense>Workers Comp                    | 330.00           | 1,380.00     |          |             | 330.00     |
| 75-881-00              | Maintenance Expense>Health Insurance                | 1,288.00         | 5,712.00     |          |             | 1,288.00   |
| 75-882-00<br>75-883-00 | Maintenance Expense>Other Benefits                  | 0.00             | 0.00         |          | (702.00)    | 702.00     |
| 75-663-00              | Maintenance Expenses Other Benefits                 |                  |              | RJE - 2  | (702.00)    |            |
| 76-227-00              | Utility Expense>Gas                                 | 40,499.00        | 32,430.00    |          |             | 40,499.00  |
| 76-228-00              | Utility Expense>Electric                            | 111,600.00       | 94,106.00    |          |             | 111,600.00 |
| 76-229-00              | Utility Expense>Water/Sewer                         | 56,951.00        | 96,517.00    |          |             | 56,951.00  |
| 80-101-00              | Admin Expense>Provider Tax                          | 496,787.00       | 514,571.00   |          |             | 496,787.00 |
| 80-162-00              | Admin Expense>Insurance - General Liability & Other | 171,430.00       | 160,846.00   |          |             | 171,430.00 |
| 80-162-00              | Admin Expense>Insurance - EPLI                      | 2,731.00         | 3,442.00     |          |             | 2,731.00   |
| 80-163-00              | Admin Expense>Surety Bond                           | 300.00           | 650.00       |          |             | 300.00     |
| 80-165 <b>-</b> 00     | Admin Expense-Insurance - Property                  | 16,911.00        | 13,996.00    |          |             | 16,911.00  |
| 80-183-00              | Admin Expense>Supplies                              | 10,539.00        | 17,951.00    |          |             | 10,539.00  |
| 80-184-00              | Admin Expense>Minor Equip & Supplies                | 661.00           | 584.00       |          |             | 661.00     |
|                        | Admin Expense>Training & Education                  | 995.00           | 763.00       |          |             | 995.00     |
| 80-204-00              | Admin Expense>Equip-Rental                          | 0.00             | 0.00         |          | (6,324.00)  | 6,324.00   |
| 80-208-00              | Admin Expenses Equip-Nertal                         |                  |              | RJE - 9  | (6,324.00)  |            |
| 00.000.00              | Admin Expense>Postage                               | 1,601.00         | 2,190.00     |          |             | 1,601.00   |
| 80-209-00              | Admin Expense>Postage>COVID19                       | 0.00             | 138.00       |          |             | 0.00       |
| 80-209-34              |   | 3,024.00         | 2,452.00     |          |             | 3,024.00   |
| 80-210-00              | Admin Expense> Pote Brocossing                      | 67,701.00        | 55,074.00    |          |             | 67,701.00  |
| 80-230-00              | Admin Expense>Data Processing                       | 10,340.00        | 8,312.00     |          | (725.00)    | 11,065.00  |
| 80-231-00              | Admin Expense>Telephone                             |                  |              | RJE - 1  | (725.00)    |            |
|                        | A A A S A A CONTRACT TO A                           | 14,225.00        | 13,228.00    |          |             | 14,225.00  |
| 80-232-00              | Admin Expense>Cable TV                              | (21.00)          |              |          |             | (21.00)    |
| 80-233-00              | Admin Expense>Seminars                              | 976.00           | 1,672.00     |          |             | 976.00     |
| 80-234-00              | Admin Expense>Licenses                              | 0.00             | 0.00         |          | (370.00)    | 370.00     |
| 80-235-00              | Admin Expense>Dues & Subscriptions                  |                  |              | RJE - 8  | (20.00)     |            |
|                        |   |                  |              | RJE - 13 | (350.00)    |            |
|                        | A CONTRACTOR  | 1,302.00         | 1,435.00     |          |             | 1,302.00   |
| 80-236-00              | Admin Expense>Travel                                | 3,314.00         | 9,376.00     |          |             | 3,314.00   |
| 80-236-04              | Admin Expense>Travel>Allowable                      | 35,660.00        | 54,102.00    |          | 12,569.00   | 23,091.00  |
| 80-238-00              | Admin Expense>Legal Fees                            | 00,000.00        | - ',         | RJE - 6  | 12,569.00   |            |
|                        | A A   | 29,818.00        | 39,003.00    |          |             | 29,818.00  |
| 80-239-00              | Admin Expense>Accounting Fees                       | 0.00             | 1,015.00     |          |             | 0.00       |
| 80-239-34              | Admin Expense>Accounting Fees>COVID19               | 231,575.00       |              |          | (18,069.00) | 249,644.00 |
| 80-240-00              | Admin Expense>Professional Fees                     | 201/212121       | •            | RJE - 6  | (18,069.00) |            |
|                        | Depolition & Cottlements                            | 1,518.00         | 248.00       |          |             | 1,518.00   |
| 80-242-00              | Admin Expense>Fines, Penalties & Settlements        | 4,777.00         |              |          |             | 4,777.00   |
| 80-243-00              | Admin Expense>Late Fees                             | 5,864.00         |              |          |             | 5,864.00   |
| 80-244-00              | Admin Expense>Bank Fees                             | 422.00           |              |          |             | 422.00     |
| 80-247-00              | Admin Expense>Corporate Tax                         | 6,939.00         |              |          | 5,500.00    | 1,439.00   |
| 80-249-00              | Admin Expense>Recruiting                            | •,•••            |              | RJE - 6  | 5,500.00    |            |
|                        | A A destination of Advertising                      | 15,874.00        | 20,178.00    |          |             | 15,874.00  |
| 80-250-00              | Admin Expense>Marketing & Advertising               | 85,345.00        |              |          |             | 85,345.00  |
| 80-251-00              | Admin Expense>Bad Debt                              | 0.00             |              |          |             | 0.00       |
| 80-252-00              | Admin Expense>Startup Costs                         | 20,185.00        |              |          |             | 20,185.00  |
| 80-700-00              | Admin Expense>Contracted Service                    | 135,871.00       |              |          |             | 135,871.00 |
| 80-811 <b>-</b> 80     | Admin Expense>Director>Wages                        | 72,692.00        |              |          |             | 72,692.00  |
| 80-839 <b>-</b> 80     | Admin Expense>Admissions>Wages                      | 180,703.00       |              |          |             | 180,703.00 |
| 80-840-80              | Admin Expense>Business Office>Wages                 | 7,760.00         |              |          |             | 7,760.00   |
| 80-842-80              | Admin Expense>Marketing>Wages                       | 22,117.00        |              |          |             | 22,117.00  |
| 80-880-00              | Admin Expense>Payroll Taxes                         | 1,146.00         |              |          |             | 1,146.00   |
| 80-881-00              | Admin Expense>Workers Comp                          | 4,479.00         |              |          |             | 4,479.00   |
| 80-882-00              | Admin Expense>Health Insurance                      | 0.00             |              |          | (2,304.00)  | 2,304.00   |
| 80-883-00              | Admin Expense>Other Benefits                        | 0.00             | , 0.00       | RJE - 2  | (2,304.00)  |            |
|                        | U 221 200 (m) 16 200                                | 10,873.00        | 0.00         |          | , ,         | 10,873.00  |
| 85-100-00              | Employee Benefits Expense>Miscellaneous             | 37,345.00        |              |          |             | 37,345.00  |
| 85-148-00              | Employee Benefits Expense>401K Employer Match       | 288,231.00       |              |          |             | 288,231.00 |
| 85-156-61              | Employee Benefits Expense>PR Taxes>Fica             | 42,862.00        |              |          |             | 42,862.00  |
| 85-156-62              | Employee Benefits Expense>PR Taxes>SUI              |                  |              |          |             | 4,972.00   |
| 85-156-63              | Employee Benefits Expense>PR Taxes>FUI              | 4,972.00<br>0.00 |              |          | (500.00)    | 500.00     |
| 85-204-00              | Employee Benefits Expense>Training & Education      | 0.00             | , 0.00       | RJE - 2  | 0.00        |            |
|                        | m ze LI   |                  |              | RJE - 14 | (500.00)    |            |
|                        |   | 5,105.00         | 8,507.00     |          | 1,383.00    | 3,722.00   |
| 85-245-00              | Employee Benefits Expense>Background Checks         | 5,105.00         | , 0,007.00   | RJE - 2  | 1,383.00    |            |
|                        |   |                  |              |          | .,          |            |

| Account            | Description                                 | FINAL                                   | 1st PP-FINAL | JE Ref#        | RJE        | UNADJ      |
|--------------------|---|---|--------------|----------------|------------|------------|
| Account            |   | 9/30/2023                               | 9/30/2022    |                |            | 9/30/2023  |
| 05 004 00          | Employee Benefits Expense>Workers Comp      | 41,125.00                               | 0.00         |                |            | 41,125.00  |
| 85-881-00          | Employee Benefits Expenses Health Insurance | 186,543.00                              | 0.00         |                |            | 186,543.00 |
| 85-882-00          | Employee Benefits Expense>Health Insurance  | 419,801.00                              | 480,000.00   |                |            | 419,801.00 |
| 91-121-00          | Property Expense>Rent                       | 40,837.00                               | 40,184.00    |                |            | 40,837.00  |
| 91-161-00          | Property Expense>RE Taxes                   | 12,670.00                               | 10,878.00    |                |            | 12,670.00  |
| 91-261 <b>-</b> 00 | Property Expense>Personal Prop Taxes        | •                                       | 39,220.00    |                | (1,536.00) | 43,795.00  |
| 92-000-00          | Depreciation Expense                        | 42,259.00                               | 39,220.00    | RJE - 5        | (1,536.00) | .0,,       |
|                    |   | • • • •                                 | 40.00        | K3E - 3        | (1,000.00) | 0.00       |
| 94-000-00          | Interest Expense                            | 0.00                                    | 10.00        |                | 5,520.00   | 0.00       |
| Marcum 101         | Dentist                                     | 5,520.00                                | 3,635.00     | D.I. 0         | •          | 0.00       |
|                    |   |   |              | RJE - 3        | 5,520.00   | 0.00       |
| Marcum 102         | Cell Phone                                  | 725.00                                  | 929.00       |                | 725.00     | 0.00       |
| War out 1 102      |   |   |              | RJE - 1        | 725.00     | 0.00       |
| Marcum 108         | Ambulance                                   | 5,618.00                                | 4,339.00     |                | 5,618.00   | 0.00       |
| Marculli 100       | Ambulance                                   |   |              | RJE - 10       | 5,618.00   |            |
| 100                | Faralayaa Food                              | 870.00                                  | 6,421.00     |                | 870.00     | 0.00       |
| Marcum 109         | Employee Food                               |   | i.           | RJE - 2        | 870.00     |            |
|                    |   | 3.708.00                                | 4,278.00     |                | 3,708.00   | 0.00       |
| Marcum 110         | Employee Relations                          | 3,700.00                                | 1,2,0,00     | RJE - 2        | 3,708.00   |            |
|                    |   | 2,250.00                                | 9,750.00     | 1102 2         | 2,250.00   | 0.00       |
| Marcum 111         | Discriminatory Bonus                        | 2,250.00                                | 9,750.00     | RJE - 2        | 2,250.00   |            |
|                    |   | 0.00                                    | 351.00       | NUL - Z        | 2,200.00   | 0.00       |
| Marcum 113         | Subscriptions                               | 0.00                                    |              |                | 6.245.00   | 0.00       |
| Marcum 117         | IV Insertion Nurse                          | 6,245.00                                | 6,906.00     | D.15. 0        | -,         | 0.00       |
|                    |   |   |              | RJE - 3        | 6,245.00   | 0.00       |
| Marcum 118         | Respiratory Therapist                       | 1,731.00                                | 6,765.00     |                | 1,731.00   | 0.00       |
| Marcani 110        | Troopinately Trooping                       |   |              | RJE - 3        | 1,731.00   | 0.00       |
| Marcum 121         | Leased Equipment                            | 6,324.00                                | 6,149.00     |                | 6,324.00   | 0.00       |
| Marcuil 121        | Leased Equipment                            |   |              | RJE - 9        | 6,324.00   |            |
|                    | Indianat COVID Expense                      | 0.00                                    | 0.00         |                |            | 0.00       |
| Marcum 122         | Indirect COVID Expense                      |   |              | <b>RJE - 2</b> | 0.00       |            |
|                    | L COMP Related European                     | 0.00                                    | 0.00         |                |            | 0.00       |
| Marcum 123         | Admin & General>COVID Related Expense       | 0.00                                    |              | RJE - 2        | 0.00       |            |
|                    |   | 283.00                                  | 453.00       |                | 283.00     | 0.00       |
| Marcum 126         | Holiday Party                               | 203.00                                  | 400.00       | RJE - 2        | 283.00     |            |
|                    |   | 00 ₹00 00                               | 42 260 00    | NOL &          | 22,786.00  | 0.00       |
| Marcum 127         | 401k Expense                                | 22,786.00                               | 13,369.00    | RJE - 2        | 22,786.00  |            |
|                    | ,   |   |              | KJE - Z        | 22,100.00  | 0.00       |
| Marcum 128         | Contracted LPN                              | 0.00                                    | 328,901.00   |                |            | 0.00       |
| Marcum 129         | Contracted RN Administrative                | 0.00                                    | 480.00       |                | 7.070.00   | 0.00       |
| Marcum 130         | Non-Movable Equipment                       | 7,679.00                                | 7,679.00     |                | 7,679.00   | 0.00       |
| Marcuill           | Molt Movable Equipment                      |   |              | RJE - 5        | 7,679.00   | 0.00       |
|                    | Non-Movable Depreciation Expense            | 1,536.00                                | 1,536.00     |                | 1,536.00   | 0.00       |
| Marcum 132         | NON-MOVABLE Depreciation Expense            |   |              | RJE - 5        | 1,536.00   |            |
|                    |   | 17,833.00                               | 0.00         |                | 17,833.00  | 0.00       |
| Marcum 133         | Dietitian                                   | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |              | RJE - 7        | 17,833.00  |            |
|                    |   | 20.00                                   | 0.00         |                | 20.00      | 0.00       |
| Marcum 134         | Miscellaneous                               | 20.00                                   | 2.00         | RJE - 8        | 20.00      |            |
|                    |   | 104 464 00                              | 0.00         |                | 184,464.00 | 0.00       |
| Marcum 135         | ERC>Reversal of Payroll Taxes               | 184,464.00                              | 0.00         | RJE - 12       | 184,464.00 |            |
| ules to the second |   | 0.00                                    | 0.00         |                | 0.00       | 0.00       |
| Total              |   | 0.00                                    | 0.00         |                |            |            |
|                    | Not (Incomo) Loss                           | 155,840.00                              | 209,486.00   |                | 0.00       | 155,840.00 |
| b ==               | Net (Income) Loss                           |   |              |                |            |            |

Client: Skyview Center
Engegement: Medicald - Skyview Center
Period Ending: 9/30/2023

9/30/2023 A.01 - TB-CCNH Trial Balance: A.03 - TB-CCNH Combined Detail LS Workpaper: 1st PP-FINAL RJE FINAL HNAD.I JE Ref# Description Account 9/30/2023 9/30/2023 9/30/2022 9/30/2023 Salaries and Wages Group : [10-A] Administrators Subgroup: [2] 130,247.00 135.871.00 135,871.00 0.00 80-811-80 Admin Expense>Director>Wages 130,247.00 0.00 135,871.00 135,871.00 Subtotal [2] Administrators Other Administrative Salaries Subgroup: [4] 137,374.00 0.00 180,703.00 Admin Expense>Business Office>Wages 180,703,00 80-840-80 137,374.00 0.00 180.703.00 180,703.00 Subtotal [4] Other Administrative Salaries Head Dietitlan Subgroup: [5A] 27,797,00 14.497.00 0.00 14,497.00 70-833-80 Dietary Expense>Dietician>Wages 27,797.00 0.00 14,497.00 14,497.00 Subtotal [5A] Head Dietitian Subgroup : [58] 70-811-80 Food Service Supervisor 58,174,00 0.00 62 871.00 Dietary Expense>Director>Wages 62,871.00 58,174.00 0.00 62,871.00 62,871.00 Subtotal [58] Food Service Supervisor Dietary Workers Subgroup: [5C] 253,329.00 0.00 251 217 00 251.217.00 Dietary Expense>Aide>Wages 70-831-80 81,939.00 95,549.00 0.00 95,549.00 70-832-80 Dietary Expense>Cook>Wages 346,766.00 335,268,00 346,766.00 0.00 Subtotal [5C] **Dietary Workers** Head Housekeeper Subgroup: [6A] 0.00 10,286.00 0.00 72-811-80 Housekeeping Expense>Director>Wages 0.00 10,286.00 0,00 0,00 Subtotal [6A] Head Housekeeper Other Housekeeping Workers Subgroup: [6B] 206,953.00 273,005.00 0.00 273,005.00 Housekeeping Expense>Aide>Wages 72-831-80 273,005.00 206,953.00 273,005.00 0.00 Subtotal [6B] Other Housekeeping Workers Engineer or Chief of Maintenance Subgroup : [7A] 68.148.00 75,806.00 75,808.00 0.00 75-811-80 Maintenance Expense>Director>Wages 75,806.00 68,148.00 0.00 75,806.00 Engineer or Chief of Maintenance Subtotal [7A] Other Maintenance Workers Subgroup: [7B] 23.886.00 44,671.00 44,671.00 0.00 Maintenance Expense>Staff>Wages 75-829-80 44,671.00 23.886.00 0.00 44,671.00 Other Maintenance Workers Subtotal [7B] Other Laundry Workers Subgroup : [8B] 2,825,00 39.910.00 2,825.00 0.00 Laundry Expense>Aide>Wages 73-831-80 0.00 2,825.00 39,910.00 2,825.00 Other Laundry Workers Subtotal [8B] Subgroup : [12A] Director of Nurses/Assistant Director 151,112.00 139 477 00 0.00 151,112,00 Nursing Admin Expense>Director>Wages 61-811-80 46,040.00 0.00 0.00 Nursing Admin Expense>Assistant Director>Wages 0.00 61-812-80 185,517.00 151,112,00 0.00 151,112.00 Director of Nurses/Assistant Director Subtotal [12A] RNs - Direct Care Subgroup : [12B1] 128,972.00 144.704.00 0.00 Nursing Expense>RN>Wages 144 704:00 60-808-80 281,850.00 551,295.00 0.00 551,296.00 Nursing Expense>RN Supervisor>Wages 60-609-80 410,822.00 696,000.00 696,000.00 0.00 RNs - Direct Care Subtotal [12B1] RNs - Administrative Subgroup : [1282] 25,600.00 29,200,00 0.00 29.200.00 Nursing Expense>Clinical Consultants 60-212-00 191,523.00 122,687.00 0.00 122,687.00 Nursing Admin Expense>MDS / RNAC>Wages 61-817-80 151,887.00 217,123.00 151,887.00 0.00 Subtotal [12B2] RNs - Administrative LPNs - Direct Care Subgroup : [12C1] 887,499.00 1,181,583,00 0.00 1,181,583.00 60-805-80 Nursing Expense>LPN>Wages 236.00 0.00 0.00 0.00 60-805-90 Nursing Expense>LPN>Sick/Vac 887,735.00 1,181,583.00 1,181,583,00 0.00 Subtotal [12C1] LPNs - Direct Care Aides and Attendants Subgroup : [12D] 963,673,00 1,689,320.00 1,689,320.00 0.00 Nursing Expense>CNA>Wages
Aides and Attendants 60-801-80 963,673.00 1,689,320.00 0.00 1,689,320.00 Subtotal [12D] Recreation Workers Subgroup: [12H] 54.429.00 60,159.00 0.00 54,429.00 71-811-80 Activity Expense>Director>Wages 24,575.00 38,868.00 0.00 Activity Expense>Aide>Wages 38,868.00 71-831-80 84,734.00 0.00 93,297.00 Recreation Workers 93,297.00 Subtotal [12H] Social Workers/Case Management Subgroup : [12M] 62,851.00 0.00 91.349.00 91 349 00 Social Services Expense>Director>Wages 69-811-80 62,851.00 0.00 91.349.00 Social Workers/Case Management 91,349.00 Subtotal [12M] Subgroup: [12N] Marketing 35,304.00 0.00 7,760.00 7.760.00 Admin Expense>Marketing>Wages 80-842-80

| Subtotal [12N]                | Marketing   | 7,760.00                 | 0.00             | 7,760.00             | 35,304.00                |
|-------------------------------|---|--------------------------|------------------|----------------------|--------------------------|
| Subgroup : [120]              | Other   |                          |                  |                      | 18,305.00                |
| 61-818-80                     | Nursing Admin Expense>Medical Records>Wages   | (4,463,00)               | 4,463,00<br>0,00 | 0,00<br>72,692.00    | 67,520.00                |
| 80-839-80                     | Admin Expense>Admissions>Wages  | 72,692.00<br>68,229.00   | 4,463.00         | 72,692.00            | 85,825.00                |
| Subtotal [120]                | Other   |                          |                  | E 270 04 E 00        | 3,971,627.00             |
| Total [10-A]                  | Salaries and Wages  | 5,267,552.00             | 4,463,00         | 5,272,015.00         | 3,871,627.00             |
| Group : [13-B]                | Professional Fees   |                          |                  |                      |                          |
| Subgroup : [1]                | Dietitian   | 0.00                     | 17,833.00        | 17,833.00            | 0.00                     |
| Marcum 133<br>Subtotal [1]    | Dietitian<br>Dietitian  | 0.00                     | 17,833.00        | 17,833.00            | 0.00                     |
| Subtotal [1]                  | S. C.   |                          |                  |                      |                          |
| Subgroup : [2]                | Dentist   | 2                        | 5,520,00         | 5.520.00             | 3,635.00                 |
| Marcum 101                    | Dentist   | 0.00                     | 5,520.00         | 5,520.00             | 3,635.00                 |
| Subtotal [2]                  | Dentist   | 0,00                     |                  |                      |                          |
| Subgroup : [3]                | Pharmacist  | 0.1.450.00               | 0,00             | 24,156.00            | 19,364,00                |
| 62-700-00                     | Phermacy Expense>Contracted Service   | 24,156.00<br>24,156.00   | 0.00             | 24,156.00            | 19,364.00                |
| Subtotal [3]                  | Pharmacist  | 24,100100                | -                |                      |                          |
| Subgroup : [5A]               | PT - Resident Care  |                          | 0.00             | 247,859.00           | 268,055.00               |
| 65-000-00                     | PT Expense  | 247,859.00<br>247,859.00 | 0.00             | 247,859.00           | 268,055.00               |
| Subtotal [5A]                 | PT - Resident Care  | 241,000.00               |                  |                      |                          |
| Subgroup : [6]                | Social Worker   |                          | 0.00             | 0.00                 | 300.00                   |
| 69-700-34                     | Social Services Expense>Contracted Service>COVID  | 0.00                     | 0.00             | 0.00                 | 300.00                   |
| Subtotal [6]                  | Social Worker   | 0.00                     |                  | Ç                    |                          |
| Subgroup : [8A]               | Medical Director  |                          | 0,00             | 30,000.00            | 30,000.00                |
| 61-750-34                     | Nursing Admin Expense>Medical Director>COVID19  | 30,000.00                | 0.00             | 30,000.00            | 30,000.00                |
| Subtotal [8A]                 | Medical Director  | 30,000.00                |                  |                      |                          |
| Subgroup : [9A]               | ST - Resident Care  |                          | 0.00             | 107,931.00           | 74,446,00                |
| 67-000-00                     | ST Expense  | 107,931.00               | 0.00             | 107,931.00           | 74,446.00                |
| Subtotal [9A]                 | ST - Resident Care  | 107,931.00               |                  |                      |                          |
| Subgroup : [10A]              | OT - Resident Care  |                          | 0.00             | 230,078.00           | 252,120,00               |
| 66-000-00                     | OT Expense  | 230,078.00               | 0.00             | 230,078.00           | 252,120.00               |
| Subtotal [10A]                | OT - Resident Care  | 230,076.00               |                  |                      |                          |
| Subgroup : [11A1]             | RN's - Direct Care  |                          | 0.00             | 0.00                 | 1.00                     |
| 60-206-34                     | Nursing Expense>Clinical Services>COVID19   | 0,00<br>44,550.00        | 0.00             | 44,550.00            | 727,364.00               |
| 60-212-34                     | Nursing Expense>Clinical Consultants>COVID19 Nursing Expense>Contracted Service>CovidRN | 93,871.00                | 0,00             | 93,871.00            | 727,365.00               |
| 60-700-28<br>Subtotal [11A1]  | RN's - Direct Care  | 138,421.00               | 0.00             | 138,421.00           | 121,363,00               |
|                               |   |                          |                  |                      |                          |
| Subgroup : [11A2]             | RN's - Administrative Contracted RN Administrative                                      | 0.00                     | 0.00             | 0.00                 | 480.00                   |
| Marcum 129<br>Subtotal [11A2] | RN's - Administrative   | 0.00                     | 0.00             | 0.00                 | 400,00                   |
| Oubtotal [1111-]              |   |                          |                  |                      |                          |
| Subgroup : [11B1]             | LPN's - Direct Care Nursing Expense>Contracted Service>CovidLPN                         | 50,363.00                | 0.00             | 50,363.00            | 0.00                     |
| 60-700-29<br>Marcum 128       | Contracted LPN  | 0.00                     | 0.00             | 50,363.00            | 328,901.00<br>328,901.00 |
| Subtotal [11B1]               | LPN's - Direct Care   | 50,363.00                | 0.00             | 50,000.00            |                          |
|                               | Alden   |                          |                  |                      | 1,402,224,00             |
| Subgroup ; [11C]<br>60-700-34 | Aides Nursing Expense>Contracted Service>COVID19  | 0.00                     | 0.00             | 0,00<br>120,543.00   | 1,402,224,00             |
| 60-700-39                     | Nursing Expense>Contracted Service>CovidCNA   | 120,543.00<br>120,543.00 | 0.00             | 120,543.00           | 1,402,224.00             |
| Subtotal [11C]                | Aides   | 120,545.05               |                  |                      |                          |
| Subgroup : [12]               | Other   |                          | (13,496.00)      | 0.00                 | 0.00                     |
| 60-206-00                     | Nursing Expense>Clinical Services   | 13,496.00<br>0.00        | 0.00             | 0,00                 | 300,00                   |
| 68-700-34                     | Therapy Expense>Contracted Service>Covid19 IV Insertion Nurse                           | 0.00                     | 8,245.00         | 6,245.00             | 6,906.00<br>6,765.00     |
| Marcum 117<br>Marcum 118      | Respiratory Therapist   | 0.00                     | (5,520.00)       | 1,731.00<br>7,976.00 | 13,971.00                |
| Subtotal [12]                 | Other   | 13,496.00                | [5,520.50]       |                      |                          |
| Total [13-B]                  | Professional Fees   | 962,847.00               | 17,833.00        | 980,680.00           | 3,120,861.00             |
| Local Francis                 |   |                          |                  |                      |                          |
| Group : [15]                  | Expenditures Other than Salaries  |                          |                  |                      |                          |
| Subgroup : [1A1]              | Workmen's Compensation Nursing Admin Expense>Workers Comp                               | 10,935.00                | 0.00             | 10,935.00<br>218.00  | 39,222.00<br>944.00      |
| 61-881-00<br>69-881-00        | Social Services Expense>Workers Comp  | 218.00                   | 0.00<br>0.00     | 1,335.00             | 6,309.00                 |
| 70-881-00                     | Dietary Expense>Workers Comp  | 1,335.00<br>186.00       | 0.00             | 186.00               | 1,288.00                 |
| 71-881-00                     | Activity Expense>Workers Comp<br>Housekeeping & Laundry Expense>Workers Comp            | 851.00                   | 0.00             | 851-00<br>330.00     | 3,836,00<br>1,380.00     |
| 74-881-00<br>75-881-00        | Maintenance Expense>Workers Comp  | 330.00                   | 0.00<br>0.00     | 1,146.00             | 5,535.00                 |
| 80-881-00                     | Admin Expense>Workers Comp  | 1,146.00<br>41,125.00    | 0.00             | 41,125.00            | 0.00                     |
| 85-881-00<br>Subtotal [1A1]   | Employee Benefits Expense>Workers Comp<br>Workmen's Compensation                        | 56,126.00                | 0.00             | 56,126.00            | 58,514.00                |
| Suprorai [141]                |   |                          |                  |                      |                          |
| Subgroup : [1A3]              | Unemployment Insurance Employee Benefils Expense>PR Texes>SUI                           | 42,862.00                | 0.00             | 42,862-00            | 0.00                     |
| 85-156-62                     | Emblakes Deliging Cybellagos IV 19702-201   |                          |                  |                      |                          |

|                               |   |   |                  | 4 070 00          | 0.00                     |
|-------------------------------|---|---|------------------|-------------------|--------------------------|
| 85-156-63                     | Employee Benefits Expense>PR Taxes>FUI                      | 4,972.00                                | 0,00             | 4,972.00          | 0.00                     |
| Subtotal [1A3]                | Unemployment Insurance                                      | 47,834.00                               | 0.00             | 41,001,00         |                          |
|                               | Carried Constitut (EICA)                                    |   |                  |                   |                          |
| Subgroup : [1A4]              | Social Security (FICA)  Nursing Admin Expense>Payroll Taxes | 224,518.00                              | (184,484.00)     | 40,054,00         | 108,717,00               |
| 61-880-00<br>69-880-00        | Social Services Expense>Payroll Taxes                       | 3,832,00                                | 0.00             | 3,832.00          | 3,111.00                 |
| 70-880-00                     | Dietary Expense>Payroll Taxes                               | 26,230.00                               | 0.00             | 26,230.00         | 19,622.00                |
| 71-880-00                     | Activity Expense>Payroll Taxes                              | 5,430,00                                | 0.00             | 5,430.00          | 5,422.00                 |
| 74-880-00                     | Housekeeping & Laundry Expense>Payroll Taxes                | 17,781.00                               | 0.00             | 17,781.00         | 12,296.00                |
| 75-880-00                     | Maintenance Expense>Payroll Taxes                           | 7,033,00                                | 0,00             | 7,033,00          | 4,521.00                 |
| 80-880-00                     | Admin Expense>Payroll Taxes                                 | 22,117,00                               | 0.00             | 22,117.00         | 17,033.00                |
| 85-156-61                     | Employee Benefits Expense>PR Taxes>Fica                     | 288,231.00                              | 0.00             | 288,231.00        | 184,464.00<br>355,186.00 |
| Subtotal [1A4]                | Social Security (FICA)                                      | 595,172.00                              | (184,464.00)     | 410,708.00        | 355,186.00               |
|                               |   |   |                  |                   |                          |
| Subgroup : [1A5]              | Health Insurance  |   | 0.00             | 42,730,00         | 162,537,00               |
| 61-882-00                     | Nursing Admin Expense>Health Insurance                      | 42,730,00                               | 0.00             | 860.00            | 3,905.00                 |
| 69-882-00                     | Social Services Expense>Health Insurance                    | 860.00                                  | 0.00             | 5,226,00          | 26,156.00                |
| 70-882-00                     | Dietary Expense>Health Insurance                            | 5,226,00                                | 0.00             | 723.00            | 5,307.00                 |
| 71-882-00                     | Activity Expense>Health Insurance                           | 723,00<br>3,331,00                      | 0.00             | 3,331.00          | 15,899,00                |
| 74-882-00                     | Housekeeping & Laundry Expense>Health Insurance             | 1,288.00                                | 0.00             | 1,288.00          | 5,712.00                 |
| 75-882-00                     | Maintenance Expense>Health Insurance                        | 4,479,00                                | 0.00             | 4,479.00          | 22,971.00                |
| 80-882-00                     | Admin Expense>Health Insurance                              | 186,543.00                              | 0.00             | 186,543.00        | 0.00                     |
| 85-882-00                     | Employee Benefits Expense>Health Insurence                  | 245,180.00                              | 0.00             | 245,180.00        | 242,487.00               |
| Subtotal [1A5]                | Health Insurance  | 240,100,00                              |                  |                   |                          |
|                               | Province  |   |                  |                   |                          |
| Subgroup : [1A7]              | Pensions Employee Benefits Expense>401K Employer Malch      | 37,345.00                               | 0.00             | 37,345.00         | 0.00                     |
| 85-148-00                     |   | 37,345.00                               | 0.00             | 37,345.00         | 0.00                     |
| Subtotal [1A7]                | Pensions  |   |                  |                   |                          |
| Cubanaus 1 [4 6 0]            | Other   |   |                  |                   | 0.00                     |
| Subgroup : [1A9]<br>61-883-00 | Nursing Admin Expense>Other Benefits                        | 22,833.00                               | (22,833.00)      | 0.00              | 0.00                     |
| 69-883-00                     | Social Services Expense>Other Benefits                      | 426.00                                  | (426.00)         | 0.00              | 0.00                     |
| 70-883-00                     | Dielary Expense>Other Benefits                              | 2,729,00                                | (2,729.00)       | 0.00              | 0.00                     |
| 71-883-00                     | Activity Expense>Other Benefits                             | 483.00                                  | (483.00)         | 0.00              | 0.00                     |
| 74-883-00                     | Housekeeping & Laundry Expense>Other Benefits               | 1,803.00                                | (1,803.00)       | 0.00              | 0.00                     |
| 75-883-00                     | Maintenance Expense>Other Benefits                          | 702.00                                  | (702.00)         | 0.00              | 0.00                     |
| 80-883-00                     | Admin Expense>Other Benefits                                | 2,304.00                                | (2,304_00)       | 0.00              | 0.00                     |
| 85-100-00                     | Employee Benefits Expense>Miscellaneous                     | 10,873,00                               | 0.00             | 10,873.00<br>0,00 | 0.00                     |
| 85-204-00                     | Employee Benefits Expense>Training & Education              | 500.00                                  | (500,00)         | 22,786.00         | 13,369.00                |
| Marcum 127                    | 401k Expense  | 0.00                                    | 22,786.00        | 33,659.00         | 13,369.00                |
| Subtotal [1A9]                | Other   | 42,653.00                               | (8,994.00)       | 33,633.00         |                          |
|                               |   |   |                  |                   |                          |
| Subgroup : [1C]               | Bad Debts   | 25.245.00                               | 0.00             | 85,345.00         | 99,447.00                |
| 80-251-00                     | Admin Expense>Bad Debt                                      | 85,345,00                               | 0,00             | 85,345.00         | 99,447.00                |
| Subtotal [1C]                 | Bad Debts   | 85,345.00                               |                  | -                 |                          |
|                               |   |   |                  |                   |                          |
| Subgroup : [1D]               | Accounting and Auditing                                     | 29,818,00                               | 0.00             | 29,818.00         | 39,003.00                |
| 80-239-00                     | Admin Expense>Accounting Fees                               | 0.00                                    | 0.00             | 0.00              | 1,015.00                 |
| 80-239-34                     | Admin Expense>Accounting Fees>COVID19                       | 29.818.00                               | 0.00             | 29,818.00         | 40,018.00                |
| Subtotal [1D]                 | Accounting and Auditing                                     | 29.810.00                               |                  |                   |                          |
|                               |   |   |                  |                   |                          |
| Subgroup : [1E]               | Legal   | 23,091.00                               | 12,569.00        | 35,660.00         | 54,102.00                |
| 80-238-00                     | Admin Expense>Legal Fees                                    | 23,091.00                               | 12,569.00        | 35,660.00         | 54,102.00                |
| Subtotal [1E]                 | Legal   | *************************************** | ·                |                   |                          |
|                               | Office Cumpling   |   |                  |                   | 47 054 00                |
| Subgroup : [1G]               | Office Supplies Admin Expense>Supplies                      | 10,539.00                               | 0.00             | 10,539,00         | 17,951.00<br>584.00      |
| 80-183-00                     | Admin Expense-Supplies Admin Expense-Minor Equip & Supplies | 681.00                                  | 0.00             | 661.00            | 0.00                     |
| 80-184-00<br>80-208-00        | Admin Expense>Equip-Rental                                  | 6,324.00                                | (6,324.00)       | 0.00              | 18,535.00                |
| Subtotal [1G]                 | Office Supplies   | 17,524.00                               | (6,324.00)       | 11,200.00         | 10,555.55                |
| Subtotal [10]                 | Office dappings   |   |                  |                   |                          |
| Subgroup : [1H1]              | Telephone and Telegraph                                     |   |                  | 10,340.00         | 8,312,00                 |
| 80-231-00                     | Admin Expense>Telephone                                     | 11,085.00                               | (725.00)         | 10,340.00         | 8,312.00                 |
| Subtotal [1H1]                | Telephone and Telegraph                                     | 11,065.00                               | (725.00)         | 10,040.04         |                          |
|                               |   |   |                  |                   |                          |
| Subgroup : [1H2]              | Cellular Phones and Beepers                                 |   | 725.00           | 725.00            | 929.00                   |
| Marcum 102                    | Cell Phone  | 0.00                                    | 725.00<br>725.00 | 725.00            | 929.00                   |
| Subtotal [1H2]                | Cellular Phones and Beepers                                 | 0.00                                    | 725.00           |                   |                          |
|                               |   |   |                  |                   |                          |
| Subgroup : [1J]               | Corporation Business Taxes                                  | 100.00                                  | 0.00             | 422.00            | 80,00                    |
| 80-247-00                     | Admin Expense>Corporate Tax                                 | 422.00                                  | 0.00             | 422.00            | 80.00                    |
| Subtotal [1J]                 | Corporation Business Taxes                                  | 422,00                                  |                  |                   |                          |
|                               |   |   |                  |                   |                          |
| Subgroup : [1K3]              | Resident Day User Fee                                       | 408 727 00                              | 0,00             | 496,787.00        | 514,571.00               |
| 80-101-00                     | Admin Expense>Provider Tax                                  | 496,787.00                              | 0.00             | 496,787.00        | 514,571.00               |
| Subtotal [1K3]                | Resident Day User Fee                                       | 496,787.00                              |                  |                   |                          |
|                               |   | 1,688,362.00                            | (187,213.00)     | 1,501,149.00      | 1,405,550.00             |
| Total [15]                    | Expenditures Other than Salaries                            | 1,000,302.00                            |                  |                   |                          |
|                               |   | in and General                          |                  |                   |                          |
| Group : [16]                  | Expenditures Other than Salaries (cont'd) - Adm             | III. AIN Gelieral                       |                  | 1.5               |                          |
| Subgroup : [1]                | Resident Travel and Entertainment                           | 6,306.00                                | (5,618.00)       | 688.00            | 630.00                   |
| 60-213-00                     | Nursing Expense>Transportation                              | 6,306.00                                | (5,618.00)       | 688.00            | 630.00                   |
| Subtotal [1]                  | Resident Travel and Entertainment                           |   |                  |                   |                          |
| 01                            | Holiday Parties for Staff                                   |   |                  |                   |                          |
| Subgroup : [2]                |   |   |                  |                   |                          |
|                               |   |   |                  |                   |                          |

| Marcum 126<br>Subtotal [2]               | Holiday Party<br>Holiday Parties for Staff  | 0,00                    | 283.00<br>283.00   | 283.00<br>283.00     | 453.00<br>453.00                  |
|--|---|-------------------------|--------------------|----------------------|-----------------------------------|
| Subgroup : [4]<br>80-236-00<br>80-236-04 | Employee Travel<br>Admin Expense>Travel<br>Admin Expense>Travel>Allowable         | 1,302,00<br>3,314.00    | 0.00               | 1,302.00<br>3,314.00 | 1,435,00<br>9,376,00<br>10,811,00 |
| Subtotal [4]                             | Employee Travel   | 4,616.00                | 0.00               | 4,616.00             | 10,811.00                         |
| Subgroup : [5]<br>60-204-00              | Education Expense Nursing Expense>Training & Education                            | 1,200,00<br>0,00        | 850_00<br>0,00     | 2,050,00<br>0.00     | 484.00<br>525.00                  |
| 70-204-00<br>80-204-00                   | Dietary Expense>Training & Education Admin Expense>Training & Education           | 995.00                  | 0.00               | 995.00               | 763,00                            |
| 80-233-00                                | Admin Expense>Seminars  | (21.00)                 | 0.00               | (21,00)              | 2,095.00                          |
| Subtotal [5]                             | Education Expense   | 2,174.00                | 850.00             | 3,024.00             | Z,045.00                          |
| Subgroup : [M1]                          | Advertising Help Wanted   | 2022                    | 5,500.00           | 6,939.00             | 957,00                            |
| 80-249-00<br>Subtotal [M1]               | Admin Expense>Recruiting Advertising Help Wanted                                  | 1,439.00                | 5,500.00           | 6,939.00             | 957.00                            |
| 0.1                                      | Advantising Other   |                         |                    |                      |                                   |
| Subgroup : [M3]<br>80-250-00             | Advertising Other  Admin Expense>Marketing & Advertising                          | 15,874.00               | 0.00               | 15,874.00            | 20,178.00                         |
| Subtotal [M3]                            | Advertising Other   | 15,874.00               | 0,00               | 15,874.00            | 20,178.00                         |
| Subgroup : [M7]                          | Postage   |                         | 0.00               | 1,601.00             | 2,190.00                          |
| 80-209-00                                | Admin Expense>Postage   | 1,601,00                | 0.00               | 0.00                 | 138,00                            |
| 80-209-34                                | Admin Expense>Postage>COVID19   | 1,601.00                | 0.00               | 1,601.00             | 2,328.00                          |
| Subtotal [M7]                            | Postage   |                         |                    |                      |                                   |
| Subgroup : [M8]                          | Dues and Membership Fees to Professional Asso                                     | ciations<br>370.00      | (370.00)           | 0.00                 | 0.00                              |
| 80-235-00<br>Subtotal [M8]               | Admin Expense>Dues & Subscriptions  Dues and Membership Fees to Professional Asso |                         | (370,00)           | 0.00                 | 0,00                              |
|  |   |                         |                    |                      |                                   |
| Subgroup : [M9]<br>Marcum 113            | Subscriptions Subscriptions   | 0.00                    | 0.00               | 0.00                 | 351.00<br>351.00                  |
| Subtotal [M9]                            | Subscriptions   | 0,00                    | 0.00               | 0.00                 | 351.00                            |
| Subgroup : [M11]                         | Services Provided by Contract   |                         |                    | 3.024.00             | 2,452.00                          |
| 80-210-00                                | Admin Expense>Internet  | 3,024.00                | 0.00<br>0.00       | 67,701.00            | 55,074.00                         |
| 80-230-00                                | Admin Expense>Data Processing   | 67,701,00               | (18,069,00)        | 231,575,00           | 249,650.00                        |
| 80-240-00                                | Admin Expense>Professional Fees   | 249,644.00<br>20,185.00 | 0.00               | 20,185.00            | 21,052.00                         |
| 80-700-00<br>Subtotal [M11]              | Admin Expense>Contracted Service Services Provided by Contract                    | 340,554.00              | (18,069.00)        | 322,485.00           | 328,228.00                        |
|  | Other   |                         |                    |                      | (955,776.00)                      |
| Subgroup : [M13]<br>51-035-34            | Other Rev>ERC>COVID19   | 243,517,00              | 0,00               | 243,517.00<br>976.00 | 1,672,00                          |
| 80-234-00                                | Admin Expense>Licenses  | 976.00                  | 0,00               | 1,518.00             | 248.00                            |
| 80-242-00                                | Admin Expense>Fines, Penalties & Settlements                                      | 1,518.00<br>4,777,00    | 0,00               | 4,777.00             | 1,396.00                          |
| 80-243-00                                | Admin Expense>Late Fees   | 5,884.00                | 0.00               | 5,864,00             | 3,150.00                          |
| 80-244-00                                | Admin Expense>Bank Fees Admin Expense>Startup Costs                               | 0.00                    | 0.00               | 0.00                 | 800.00                            |
| 80-252-00<br>85-245-00                   | Employee Benefits Expense>Background Checks                                       | 3,722,00                | 1,383.00           | 5,105.00<br>870,00   | 8,507.00<br>6,421.00              |
| Marcum 109                               | Employee Food   | 0.00                    | 870.00<br>3,708,00 | 3,708.00             | 4,278,00                          |
| Marcum 110                               | Employee Relations  | 0,00<br>0,00            | 2,250.00           | 2,250,00             | 9,750.00                          |
| Mercum 111                               | Discriminatory Bonus  | 0.00                    | 20.00              | 20.00                | 0.00                              |
| Marcum 134<br>Marcum 135                 | Miscellaneous<br>ERC>Reversal of Payroll Taxes                                    | 0.00                    | 184,464,00         | 184,464,00           | (919,554,00)                      |
| Subtotal [M13]                           | Other   | 250,374.00              | 192,695,00         | 453,069.00           | (313,334,30)                      |
| Total [16]                               | Expenditures Other than Salaries (cont'd) - Admi                                  | n. 633,308.00           | 175,271.00         | 808,579.00           | (553,523.00)                      |
|  | Dietary Basis for Allocation of Costs   |                         |                    |                      |                                   |
| Group : [18]<br>Subgroup : [2A1]         | Raw Food  | -                       |                    | 24,532.00            | 18,338.00                         |
| 70-177-00                                | Dietary Expense>Supplements   | 24,532,00               | 0.00<br>0.00       | 209,535,00           | 210,464.00                        |
| 70-178-00                                | Dietary Expense>Food  | 209,535,00<br>1,621.00  | 0.00               | 1,621.00             | 2,150.00                          |
| 71-178-00<br>Subtotal [2A1]              | Activity Expense>Food Raw Food  | 235,688.00              | 0.00               | 235,688.00           | 230,952.00                        |
|  |   |                         |                    |                      |                                   |
| Subgroup : [2A2]                         | Non-Food Supplies Dietary Expense>Supplies  | 17,011.00               | 0,00               | 17,011.00            | 20,424.00<br>236.00               |
| 70-183-00<br>70-183-34                   | Dietary Expense>Supplies>COVID19  | 0.00                    | 0,00               | 0.00<br>1,378.00     | 689,00                            |
| 70-184-00                                | Dietary Expense>Minor Equip & Supplies  | 1,378.00                | 0.00               | 18,389.00            | 21,349.00                         |
| Subtotal [2A2]                           | Non-Food Supplies   | 18,389.00               |                    |                      |                                   |
| Subgroup : [2B]                          | Purchased Services  | 17,833.00               | (17,833.00)        | 0.00_                | 495.00                            |
| 70-700-00                                | Dietary Expense>Contracted Service Purchased Services                             | 17,833.00               | (17,833.00)        | 0.00                 | 495.00                            |
| Subtotel [2B]                            |   |                         | (17,833.00)        | 254,077.00           | 252,796.00                        |
| Total [18]                               | Dietary Basis for Allocation of Costs   | 271,910.00              | (11)massay)        |                      |                                   |
| Group : [19]                             | Laundry-Basis for Allocation of Costs   |                         |                    |                      |                                   |
| Subgroup : [3B]                          | Purchased Services Laundry Expense>Contracted Service>COVID19                     | 0.00                    | 0.00               | 0.00                 | 111,013.00                        |
| 73-700-34<br>Subtotal [3B]               | Purchased Services  | 0.00                    | 0.00               | 0,00                 | 111,013.00                        |
| Subgroup : [3C]                          | Other   |                         |                    |                      |                                   |
|  |   |                         |                    |                      |                                   |

|                  |   |                |          | And the substitutions | 2 624 00   |
|------------------|---|----------------|----------|-----------------------|------------|
| 73-183-00        | Laundry Expense>Supplies                        | 7,548,00       | 0.00     | 7,548.00              | 3,631.00   |
| Subtotal [3C]    | Other   | 7,548.00       | 0.00     | 7,548.00              | 3,631.00   |
|                  |   |                |          |                       |            |
| Total [19]       | Laundry-Basis for Affocation of Costs           | 7,548.00       | 0.00     | 7,548.00              | 114,644.00 |
| rotal [10]       |   |                |          |                       |            |
| 0 (00)           | Housekeeping and Resident Care Basis for Alloca | tion of Costs  |          |                       |            |
| Group : [20]     |   |                |          |                       |            |
| Subgroup : [4C]  | Other   | 19,649.00      | 0,00     | 19,649.00             | 21,383.00  |
| 72-183-00        | Housekeeping Expense>Supplies                   |                | 0,00     | 86.00                 | 0.00       |
| 72-183-34        | Housekeeping Expense>Supplies>COVID19           | 86.00          |          | 19,735.00             | 21,383.00  |
| Subtotal [4C]    | Other   | 19,735.00      | 0.00     | 12,700.00             |            |
|                  |   |                |          |                       |            |
| Subgroup : [5A2] | Purchased from                                  |                |          |                       | 0,00       |
| 62-000-00        | Pharmacy Expense                                | 777.00         | 0.00     | 777,00                |            |
|                  | Pharmacy Expense>Medicare A                     | 95,079.00      | 0.00     | 95,079.00             | 0.00       |
| 62-102-00        |   | 17,335.00      | 0,00     | 17,335,00             | 0.00       |
| 62-105-00        | Phermacy Expense>HMO                            |                | 0.00     | 12,304,00             | 0.00       |
| 62-111-00        | Pharmacy Expense>Medicaid                       | 12,304.00      | 0.00     | 49,071.00             | 130,783.00 |
| 62-145-00        | Pharmacy Expense>RX                             | 49,071.00      |          | 174,566.00            | 130,783.00 |
| Subtotal [5A2]   | Purchased from                                  | 174,566.00     | 0.00     | 174,366.00            | 100/10000  |
|                  |   |                |          |                       |            |
| Subgroup : [5B]  | Medicine Cabinet Drugs                          |                |          | 4 405 00              | 1,502.00   |
| 62-222-00        | Pharmacy Expense>OTC                            | 1,465.00       | 0.00     | 1,465.00              |            |
| Subtotal [5B]    | Medicine Cabinet Drugs                          | 1,465.00       | 0.00     | 1,465.00              | 1,502.00   |
| Suptoral [50]    | Medicine odpiner pregs                          |                |          |                       |            |
|                  | A . I . I II ! !                                |                |          |                       |            |
| Subgroup : [5D]  | Ambulance/Limousine                             | 0.00           | 5,618,00 | 5,618,00              | 4,339.00   |
| Marcum 108       | Ambulance                                       |                | 5,618.00 | 5,618.00              | 4,339.00   |
| Subtotal [5D]    | Ambulance/Limousine                             | 0.00           | 5,616.00 | - 0,010,000           |            |
| •                |   |                |          |                       |            |
| Subgroup : [5E2] | Oxygen - Other                                  |                |          |                       | 0.004.00   |
|                  | Other Ancillary Expense>Oxygen                  | 3,075.00       | 0.00     | 3,075.00              | 2,021.00   |
| 64-223-00        |   | 3,075.00       | 0.00     | 3,075.00              | 2,021.00   |
| Subtotal [5E2]   | Oxygen - Other                                  | 3,010.00       | -        |                       |            |
|                  |   |                |          |                       |            |
| Subgroup : [5F]  | X-Rays and related radiological                 |                |          | 2 617 00              | 6,543.00   |
| 64-225-00        | Other Ancillary Expense>Radiology               | 3,617.00       | 0.00     | 3,617.00              | 6,543.00   |
|                  | X-Rays and related radiological                 | 3,617.00       | 0.00     | 3,617.00              | 6,543.00   |
| Subtotal [5F]    | V-Mays and related received.                    |                | -        |                       |            |
|                  |   |                |          |                       |            |
| Subgroup : [5H]  | Laboratory                                      | D4 050 00      | 0.00     | 21,268.00             | 16,250,00  |
| 64-224-00        | Other Ancillary Expense>Lab                     | 21,266.00      |          | 12.00                 | 232.00     |
| 84-224-34        | Other Ancillary Expense>Lab>COVID19             | 12.00          | 0.00     |                       | 16,482.00  |
| Subtotal [5H]    | Laboratory                                      | 21,278.00      | 0.00     | 21,278.00             | 10,402.00  |
| Suntotal faul    | Laboratory                                      |                |          |                       |            |
|                  |   |                |          |                       |            |
| Subgroup : [51]  | Recreation                                      | 2,408.00       | 0.00     | 2,408,00              | 2,547_00   |
| 71-183-00        | Activity Expense>Supplies                       |                | 0.00     | 0.00                  | 50.00      |
| 71-183-34        | Activity Expense>Supplies>COVID19               | 0.00           | 0.00     | 604.00                | 523.00     |
| 71-202-00        | Activity Expense>Resident Missing Items         | 604.00         |          |                       | 975.00     |
|                  | Activity Expense>Contracted Service             | 4,730.00       | 0,00     | 4,730.00              |            |
| 71-700-00        |   | 7,742.00       | 0.00     | 7,742.00              | 4,095.00   |
| Subtotal [51]    | Recreation                                      |                |          |                       |            |
|                  |   |                |          |                       |            |
| Subgroup : [5L]  | Cable Television                                | 11 005 00      | 0.00     | 14,225.00             | 13,228.00  |
| 80-232-00        | Admin Expense>Cable TV                          | 14,225,00      |          | 14.225.00             | 13,228.00  |
| Subtotal [5L]    | Cable Television                                | 14,225.00      | 0.00     | 14,220.00             |            |
| Subtotal [or]    |   |                |          |                       |            |
|                  | 041   |                |          |                       |            |
| Subgroup : [5M]  | Other   | 97,300.00      | 0.00     | 97,300,00             | 117,280,00 |
| 60-183-00        | Nursing Expense>Supplies                        |                | 0.00     | 5,098.00              | 24,120.00  |
| 60-183-34        | Nursing Expense>Supplies>COVID19                | 5,098.00       | 0.00     | 10,099.00             | 6,467.00   |
| 60-184-00        | Nursing Expense>Minor Equip & Supplies          | 10,099,00      |          | 126.00                | 58,00      |
| 60-185-00        | Nursing Expense>Incontinence Supplies           | 126,00         | 0.00     |                       |            |
|                  | Nursing Expense-Sanitation & Indineration       | 1,967.00       | 0.00     | 1,967.00              | 1,286.00   |
| 60-205-00        |   | 18,387.00      | 0.00     | 18,387.00             | 37,170.00  |
| 80-208-00        | Nursing Expense>Equip-Rental                    |                | 0.00     | 8,181.00              | 5,404.00   |
| 60-230-00        | Nursing Expense>Data Processing                 | 8,181.00       | 0.00     | 457.00                | 4,473.00   |
| 60-230-34        | Nursing Expense>Data Processing>COVID19         | 457.00         |          | 141,615.00            | 196,258.00 |
| Subtotal [5M]    | Other   | 141,615.00     | 0.00     | 141,010.00            | ,,,,,,,,,, |
| Suproral four!   | 0.1101  |                |          |                       | 206 624 00 |
|                  | Housekeeping and Resident Care Basis for Allo   | cat 387,318.00 | 5,618.00 | 392,936.00            | 396,634.00 |
| Total [20]       | Housekeeping and resident date basis for this   |                |          |                       |            |
|                  |   |                |          |                       |            |
| Group : [22]     | Maintenance and Property                        |                |          |                       |            |
| Subgroup : [6A]  | Repairs and Maintenance                         |                |          | 2,022,00              | 997.00     |
| 60-207-00        | Nursing Expense>Repairs & Maint                 | 2,022.00       | 0.00     |                       | 1,195.00   |
|                  | Dietary Expense>Repairs & Maint                 | 1,082.00       | 0.00     | 1,082.00              |            |
| 70-207-00        | Dietary Expenses Repairs & Many                 | 0.00           | 0.00     | 0.00                  | 64.00      |
| 75-183-34        | Maintenance Expense>Supplies>COVID19            | 50,294.00      | 0.00     | 50,294.00             | 54,248.00  |
| 75-207-00        | Maintenance Expense>Repairs & Maint             |                |          | 53,398.00             | 56,504.00  |
| Subtotal [6A]    | Repairs and Maintenance                         | 53,398.00      | 0.00     | 20,000.00             |            |
| Carrotte faul    | •   |                |          |                       |            |
| Out 1001         | Heat  |                |          |                       | 32,430.00  |
| Subgroup : [6B]  |   | 40,499.00      | 0.00     | 40,499.00             |            |
| 76-227-00        | Utility Expense>Gas                             | 40,499.00      | 0.00     | 40,499.00             | 32,430.00  |
| Subtotal [6B]    | Heat  | 40,435.00      |          |                       |            |
|                  |   |                |          |                       |            |
| Subgroup : [6C]  | Light & Power                                   |                | 0.00     | 111,600.00            | 94,106.00  |
| 76-228-00        | Utility Expense>Electric                        | 111,600.00     | 0.00     |                       | 94,106.00  |
|                  |   | 111,600.00     | 0.00     | 111,600.00            | 34,100,00  |
| Subtotal [6C]    | Light & Power                                   |                |          |                       |            |
|                  |   |                |          |                       |            |
| Subgroup : [6D]  | Water   | ER 054 00      | 0.00     | 56,951.00             | 96,517.00  |
| 76-229-00        | Utility Expense>Water/Sewer                     | 56,951.00      | 0.00     | 56,951.00             | 96,517.00  |
| Subtotal [6D]    | Water   | 56,951.00      | 0,00     | -                     |            |
| Odproras ford    |   |                |          |                       |            |
|                  |   |                |          |                       |            |
| Subgroup : [6E]  | Equipment Lease                                 |                |          |                       |            |

| 14 404   | Learned Equipment  | 0.00  | 6,324,00   | 6,324.00   | 6,149.00  |
|--|--|---|--|--|---|
| Marcum 121   | Leased Equipment   | 0.00  | 6,324.00   | 6,324.00   | 6,149.00  |
| Subtotal [6E]  | Equipment Lease  |   |  |  |   |
|  |  |   |  |  |   |
| Subgroup : [6F]  | Other  | 8,177.00  | 0.00   | 8,177,00   | 14,912,00   |
| 75-183-00  | Maintenance Expense>Supplies   |   | 0.00   | 3,411,00   | 2,655,00  |
| 75-184-00  | Maintenance Expense>Minor Equip & Supplies   | 3,411.00  | 0.00   | 21,628,00  | 22,714.00   |
| 75-205-00  | Maintenance Expense>Sanitation & Incineration  | 21,628.00   | 0.00   | 58.00  | 508.00  |
| 75-208-00  | Maintenance Expense>Equip-Rental   | 58.00   |  | 1,755,00   | 2,243.00  |
| 75-217-00  | Maintenance Expense>Extermination  | 1,755,00  | 0.00   |  | -   |
| 75-218-00  | Maintenance Expense>Snow Removal   | 3,770,00  | 0.00   | 3,770,00   | 10,289,00   |
| 75-219-00  | Maintenance Expense>Landscaping  | 5,975.00  | 0.00   | 5,975,00   | 6,355.00  |
|  |  | 6,705,00  | 0.00   | 6,705,00   | 4,763,00  |
| 75-220-00  | Maintenance Expense>Fire Drill   | 30,504.00   | 0.00   | 30,504.00  | 35,559.00   |
| 75-700-00  | Maintenance Expense>Contracted Service   | 81,983.00   | 0.00   | 81,983.00  | 99,998.00   |
| Subtotal [6F]  | Other  | 81,363.00   |  |  |   |
|  |  |   |  |  |   |
| Subgroup : [7C]  | Non-movable Equipment  | 0.00  | 1,536,00   | 1,536.00   | 1,536.00  |
| Marcum 132   | Non-Movable Depreciation Expense   | 0.00  | 1,536.00   | 1,536.00   | 1,536.00  |
| Subtotal [7C]  | Non-movable Equipment  | 0.00  | 1,536.00   | 1,000,00   |   |
|  |  |   |  |  |   |
| Subgroup: [7D]   | Movable Equipment  |   | 144 848 88   | 42,259,00  | 39,220,00   |
| 92-000-00  | Depreciation Expense   | 43,795.00   | (1,538.00)   |  | 39,220.00   |
| Subtotal [7D]  | Movable Equipment  | 43,795.00   | (1,536.00)   | 42,259.00  | 35,220.00   |
| Suprotat [15]  | movanie adarbanie  |   |  |  |   |
| Subgroup : [9]   | Rental Payments  |   |  |  | 400 000 00  |
| 91-121-00  | Property Expense>Rent  | 419,801.00  | 0.00   | 419,801.00   | 480,000.00  |
|  | Rental Payments  | 419,801.00  | 0.00   | 419,801.00   | 480,000.00  |
| Subtotal [9]   | Relital Payments   |   |  |  |   |
| - 1 (107)  | Real estate taxes paid by lessor   |   |  |  |   |
| Subgroup : [10B]   |  | 40,837.00   | 0.00   | 40,837_00  | 40,184.00   |
| 91-161-00  | Property Expense>RE Taxes  | 40,837.00   | 0.00   | 40,837.00  | 40,184.00   |
| Subtotal [10B]   | Real estate taxes paid by lessor   | 40,001.00   |  |  |   |
|  |  |   |  |  |   |
| Subgroup : [10C]   | Personal property taxes  | 42.870.00   | 0.00   | 12,670.00  | 10,878.00   |
| 91-261-00  | Property Expense>Personal Prop Taxes   | 12,670.00   | 0.00   | 12,670.00  | 10,878.00   |
| Subtotal [10C]   | Personal property taxes  | 12,670.00   |  |  |   |
|  |  | 204 554 55  | 6,324.00   | 867,858.00   | 957,522.00  |
| Total [22]   | Maintenance and Property   | 861,534.00  | 0,024:00   |  |   |
|  |  |   |  |  |   |
| Group : [27]   | Interest and Insurance   |   |  |  |   |
| Subgroup : [12D]   | Other Interest Expense   |   | 0.00   | 0,00   | 10.00   |
| 94-000-00  | Interest Expense   | 00,0  | 0.00   | 0,00   | 10.00   |
| Subtotal [12D]   | Other Interest Expense   | 0,00  | 0.00   | 0.00   | 10.00   |
| Suprotar [120]   | Outer the second   |   |  |  |   |
| Cubernun (1446)  | Insurance on Property  |   |  | 709/909/909/   | 12 000 00   |
| Subgroup : [14A]   | Admin Expense>Insurance - Property   | 16,911.00   | 0.00   | 16,911.00  | 13,996.00   |
| 00 405 00  |  |   |  |  |   |
| 80-165-00  |  |   | 0.00   | 16,911.00  | 13,996.00   |
| 80-165-00<br>Subtotal [14A]  | Insurance on Property  | 16,911.00   |  | 16,911.00  | 13,996.00   |
| Subtotal [14A]   | Insurance on Property  |   |  | 16,911.00  |   |
|  | Insurance on Property Other  | 16,911.00   |  | 15,911.00  | 160,846.00  |
| Subtotal [14A]   | Insurance on Property  Other  Admin Expense*Insurance - General Liability & Other  | 16,911.00   | 0.00   |  |   |
| Subtotal [14A] Subgroup : [14C3]   | Insurance on Property  Other  Admin Expense>Insurance - General Liability & Other  Admin Expense>Insurance - EPLI  | 16,911.00<br>171,430.00<br>2,731.00   | 0.00<br>0.00<br>0.00   | 171,430.00<br>2,731.00   | 160,846.00  |
| Subtotal [14A] Subgroup : [14C3] 80-162-00   | Insurance on Property  Other  Admin Expense*Insurance - General Liability & Other  | 16,911.00<br>171,430.00<br>2,731.00<br>300.00   | 0.00<br>0.00<br>0.00<br>0.00   | 171,430.00<br>2,731.00<br>300.00   | 160,846.00<br>3,442.00  |
| Subtotal [14A] Subgroup: [14C3] 80-162-00 80-163-00 80-164-00  | Insurance on Property  Other  Admin Expense>Insurance - General Liability & Other  Admin Expense>Insurance - EPLI  | 16,911.00<br>171,430.00<br>2,731.00   | 0.00<br>0.00<br>0.00   | 171,430.00<br>2,731.00   | 160,846.00<br>3,442.00<br>650.00  |
| Subtotal [14A] Subgroup : [14C3] 80-162-00 80-163-00   | Insurance on Property  Other  Admin Expense>Insurance - General Liability & Other  Admin Expense>Insurance - EPLI  Admin Expense>Surety Bond   | 16,911.00<br>171,430.00<br>2,731.00<br>300.00<br>174,461.00   | 0.00<br>0.00<br>0.00<br>0.00<br>0.00   | 171,430.00<br>2,731.00<br>300.00<br>174,461.00   | 160,846.00<br>3,442.00<br>650.00  |
| Subtotal [14A] Subgroup: [14C3] 80-162-00 80-163-00 90-164-00 Subtotal [14C3]  | Insurance on Property  Other  Admin Expense>Insurance - General Liability & Other  Admin Expense>Insurance - EPLI  Admin Expense>Surety Bond   | 16,911.00<br>171,430.00<br>2,731.00<br>300.00   | 0.00<br>0.00<br>0.00<br>0.00   | 171,430.00<br>2,731.00<br>300.00   | 160,846.00<br>3,442.00<br>550.00<br>164,938.00  |
| Subtotal [14A] Subgroup: [14C3] 80-162-00 80-163-00 80-164-00  | Insurance on Property  Other  Admin Expense>Insurance - General Liability & Other  Admin Expense>Insurance - EPLI  Admin Expense>Surety Bond  Other  | 16,911.00<br>171,430.00<br>2,731.00<br>300.00<br>174,461.00   | 0.00<br>0.00<br>0.00<br>0.00<br>0.00   | 171,430.00<br>2,731.00<br>300.00<br>174,461.00   | 160,846.00<br>3,442.00<br>550.00<br>164,938.00  |
| Subtotal [14A] Subgroup: [14C3] 80-162-00 80-163-00 80-164-00 Subtotal [14C3] Total [27]   | Insurance on Property  Other  Admin Expense>Insurance - General Liability & Other  Admin Expense>Insurance - EPLI  Admin Expense>Surety Bond  Other  | 16,911.00<br>171,430.00<br>2,731.00<br>300.00<br>174,461.00   | 0.00<br>0.00<br>0.00<br>0.00<br>0.00   | 171,430.00<br>2,731.00<br>300.00<br>174,461.00   | 160,846.00<br>3,442.00<br>550.00<br>164,938.00  |
| Subtotal [14A] Subgroup: [14C3] 80-162-00 80-163-00 80-164-00 Subtotal [14C3] Total [27] Group: [30]   | Insurance on Property  Other Admin Expense>Insurance - General Liability & Other Admin Expense>Insurance - EPLI Admin Expense>Surely Bond Other  Interest and Insurance Statement of Revenue   | 16,911.00<br>171,430.00<br>2,731.00<br>300.00<br>174,461.00   | 0.00<br>0.00<br>0.00<br>0.00<br>0.00   | 171,430.00<br>2,731.00<br>300.00<br>174,461.00   | 160,846.00<br>3,442.00<br>550.00<br>164,938.00  |
| Subtotal [14A] Subgroup: [14C3] 80-162-00 80-163-00 80-164-00 Subtotal [14C3] Total [27] Group: [30] Subgroup: [1A]  | Insurance on Property  Other Admin Expense>Insurance - General Liability & Other Admin Expense>Insurance - EPLI Admin Expense>Surety Bond Other Interest and Insurance  Statement of Revenue Medicaid Residents (CT only)  | 16,911.00<br>171,430.00<br>2,731.00<br>300.00<br>174,461.00   | 0.00<br>0.00<br>0.00<br>0.00<br>0.00   | 171,430.00<br>2,731.00<br>300.00<br>174,481.00<br>191,372.00   | 160,846.00<br>3,442.00<br>550.00<br>164,938.00<br>178,944.00  |
| Subtotal [14A] Subgroup: [14C3] 80-162-00 80-163-00 80-164-00 Subtotal [14C3] Total [27] Group: [30] Subgroup: [1A] 40-111-00  | Insurance on Property  Other Admin Expense>Insurance - General Liability & Other Admin Expense>Insurance - EPLI Admin Expense>Surety Bond Other  Interest and Insurance  Statement of Revenue Medicaid Residents (CT only) Room & Board Revenue>Medicaid   | 16,911.00<br>171,430.00<br>2,731.00<br>300.00<br>174,461.00<br>191,372.00<br>(5,387,468.00)   | 0.00<br>0.00<br>0.00<br>0.00<br>0.00   | 171,430.00<br>2,731.00<br>300.00<br>174,461.00<br>191,372.00<br>(5,387,468.00)<br>(10,875.00)  | 160,846.00<br>3,442.00<br>650.00<br>164,938.00<br>178,944.00<br>(5,734,907.00)<br>0.00  |
| Subtotal [14A]  Subgroup: [14C3] 80-162-00 80-163-00 80-164-00 Subtotal [14C3]  Total [27]  Group: [30] Subgroup: [1A] 40-111-00 40-111-09   | Insurance on Property  Other Admin Expense>Insurance - General Liability & Other Admin Expense>Insurance - EPLI Admin Expense>Surety Bond Other  Interest and Insurance  Statement of Revenue Medicaid Residents (CT only) Room & Board Revenue>Medicaid>Sales Adjustmen   | 16,911.00<br>171,430.00<br>2,731.00<br>300.00<br>174,461.00<br>191,372.00<br>(5,387,468.00)   | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00   | 171,430.00<br>2,731.00<br>300.00<br>174,461.00<br>191,372.00<br>(5,387,468.00)<br>(10,875.00)<br>(6,528.00)  | 160,846.00<br>3,442.00<br>550.00<br>164,938.00<br>178,944.00<br>(5,734,907,00)<br>0,00  |
| Subtotal [14A] Subgroup: [14C3] 80-162-00 80-163-00 80-164-00 Subtotal [14C3] Total [27] Group: [30] Subgroup: [1A] 40-111-00 40-111-09 40-111-73  | Insurance on Property  Other Admin Expense>Insurance - General Liability & Other Admin Expense>Insurance - EPLI Admin Expense>Surety Bond Other  Interest and Insurance  Statement of Revenue Medicaid Residents (CT only) Room & Board Revenue>Medicaid Room & Board Revenue>Medicaid>Sales Adjustmen Room & Board Revenue>Medicaid Bed Hold  | 16,911.00  171,430.00 2,731.00 300.00 174,461.00  191,372.00  (5,387,468.00) (10,875.00) (6,526.00)   | 0.00<br>0.00<br>0.00<br>0.00<br>0.00   | 171,430.00<br>2,731.00<br>300.00<br>174,461.00<br>191,372.00<br>(5,387,468.00)<br>(10,875.00)  | 160,846.00<br>3,442.00<br>650.00<br>164,938.00<br>178,944.00<br>(5,734,907.00)<br>0.00  |
| Subtotal [14A]  Subgroup: [14C3] 80-162-00 80-163-00 80-164-00 Subtotal [14C3]  Total [27]  Group: [30] Subgroup: [1A] 40-111-00 40-111-09   | Insurance on Property  Other Admin Expense>Insurance - General Liability & Other Admin Expense>Insurance - EPLI Admin Expense>Surety Bond Other  Interest and Insurance  Statement of Revenue Medicaid Residents (CT only) Room & Board Revenue>Medicaid>Sales Adjustmen   | 16,911.00  171,430.00 2,731.00 300.00 174,461.00  191,372.00  (5,387,468.00) ts (10,875.00)   | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00   | 171,430.00<br>2,731.00<br>300.00<br>174,461.00<br>191,372.00<br>(5,387,468.00)<br>(10,875.00)<br>(6,528.00)  | 160,846.00<br>3,442.00<br>550.00<br>164,938.00<br>178,944.00<br>(5,734,907,00)<br>0,00  |
| Subtotal [14A] Subgroup: [14C3] 80-162-00 80-163-00 80-164-00 Subtotal [14C3] Total [27] Group: [30] Subgroup: [1A] 40-111-00 40-111-73 Subtotal [1A]  | Insurance on Property  Other  Admin Expense>Insurance - General Liability & Other Admin Expense>Insurance - EPLI Admin Expense>Surety Bond Other  Interest and Insurance  Statement of Revenue Medicaid Residents (CT only) Room & Board Revenue>Medicaid Bed Hold Medicaid Residents (CT only)  | 16,911.00  171,430.00 2,731.00 300.00 174,461.00  191,372.00  (5,387,468.00) (10,875.00) (6,526.00)   | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00   | 171,430.00<br>2,731.00<br>300.00<br>174,461.00<br>191,372.00<br>(5,387,468.00)<br>(10,875.00)<br>(8,528.00)<br>(5,466,869.00)  | 160,846.00<br>3,442.00<br>550.00<br>164,938.00<br>178,944.00<br>(5,734,907.00)<br>0.00<br>0.00<br>(5,734,907.00)  |
| Subtotal [14A]  Subgroup: [14C3] 80-162-00 80-163-00 80-164-00 Subtotal [14C3]  Total [27]  Group: [30] Subgroup: [1A] 40-111-00 40-111-73 Subtotal [1A]  Subgroup: [3A]   | Insurance on Property  Other Admin Expense>Insurance - General Liability & Other Admin Expense>Insurance - EPLI Admin Expense>Surety Bond Other  Interest and Insurance  Statement of Revenue Medicaid Residents (CT only) Room & Board Revenue>Medicaid Room & Board Revenue>Medicaid>Sales Adjustmen Room & Board Revenue>Medicaid Bed Hold Medicaid Residents (CT only)  Medicare Residents (CT only)   | 16,911.00  171,430.00 2,731.00 300.00 174,461.00  191,372.00  (5,387,468.00) (10,875.00) (5,526.00) (5,406,869.00)  | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00   | 171,430.00<br>2,731.00<br>300.00<br>174,461.00<br>191,372.00<br>(5,387,468.00)<br>(10,875.00)<br>(6,526.00)<br>(5,406,869.00)  | 160,846.00<br>3,442.00<br>550.00<br>164,938.00<br>178,944.00<br>(5,734,907.00)<br>0,00<br>0,00<br>(5,734,907.00)  |
| Subtotal [14A] Subgroup: [14C3] 80-162-00 80-163-00 90-164-00 Subtotal [14C3] Total [27] Group: [30] Subgroup: [1A] 40-111-00 40-111-73 Subtotal [1A] Subgroup: [3A] 40-102-00   | Insurance on Property  Other Admin Expense>Insurance - General Liability & Other Admin Expense>Insurance - EPLI Admin Expense>Surety Bond Other  Interest and Insurance  Statement of Revenue Medicaid Residents (CT only) Room & Board Revenue>Medicaid Room & Board Revenue>Medicaid Bed Hold Medicaid Residents (CT only) Medicare Residents (CT only)  Medicare Residents (CT only)  | 16,911.00  171,430.00 2,731.00 300.00 174,461.00  191,372.00  (5,387,468.00) (10,875.00) (6,526.00) (5,406,869.00)  | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00   | 171,430.00<br>2,731.00<br>300.00<br>174,461.00<br>191,372.00<br>(5,387,468.00)<br>(10,875.00)<br>(5,406,869.00)<br>(1,608,924.00)<br>27,922.00   | 180,846,00<br>3,442,00<br>550,00<br>164,938,00<br>178,944,00<br>(5,734,907,00)<br>0,00<br>0,00<br>(5,734,907,00)  |
| Subtotal [14A]  Subgroup: [14C3] 80-162-00 80-163-00 80-164-00 Subtotal [14C3]  Total [27]  Group: [30] Subgroup: [1A] 40-111-00 40-111-73 Subtotal [1A]  Subgroup: [3A]   | Insurance on Property  Other  Admin Expense>Insurance - General Liability & Other Admin Expense>Insurance - EPLI Admin Expense>Surety Bond Other  Interest and Insurance  Statement of Revenue Medicaid Residents (CT only) Room & Board Revenue>Medicaid>Sales Adjustmen Room & Board Revenue>Medicaid Bed Hold Medicaid Residents (CT only)  Medicare Residents (All Inclusive) Room & Board Revenue>Medicaid Room & Board Revenue>Medicaid Room & Board Revenue>Medicaid Room & Board Revenue>Medicaid Room & Board Revenue>Medicare A  | 16,911.00  171,430.00 2,731.00 300.00 174,461.00  191,372.00  (5,387,468.00) (1,0,875.00) (8,526.00) (5,406,869.00)  (1,808,924.00) 9 27,922.00   | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00   | 171,430.00<br>2,731.00<br>300.00<br>174,461.00<br>191,372.00<br>(5,387,468.00)<br>(10,875.00)<br>(6,526.00)<br>(5,406,869.00)  | 160,846.00<br>3,442.00<br>550.00<br>164,938.00<br>178,944.00<br>(5,734,907.00)<br>0,00<br>0,00<br>(5,734,907.00)  |
| Subtotal [14A] Subgroup: [14C3] 80-162-00 80-163-00 90-164-00 Subtotal [14C3] Total [27] Group: [30] Subgroup: [1A] 40-111-00 40-111-73 Subtotal [1A] Subgroup: [3A] 40-102-00   | Insurance on Property  Other Admin Expense>Insurance - General Liability & Other Admin Expense>Insurance - EPLI Admin Expense>Surety Bond Other  Interest and Insurance  Statement of Revenue Medicaid Residents (CT only) Room & Board Revenue>Medicaid Room & Board Revenue>Medicaid Bed Hold Medicaid Residents (CT only) Medicare Residents (CT only)  Medicare Residents (CT only)  | 16,911.00  171,430.00 2,731.00 300.00 174,461.00  191,372.00  (5,387,468.00) (10,875.00) (6,526.00) (5,406,869.00)  | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.0  | 171,430.00<br>2,731.00<br>300.00<br>174,461.00<br>191,372.00<br>(5,387,468.00)<br>(10,875.00)<br>(5,406,869.00)<br>(1,608,924.00)<br>27,922.00   | (5,734,907.00)<br>(2,376,772.00)<br>(2,376,772.00)  |
| Subtotal [14A] Subgroup: [14C3] 80-162-00 80-163-00 80-164-00 Subtotal [14C3] Total [27] Group: [30] Subgroup: [1A] 40-111-00 40-111-03 40-111-73 Subtotal [1A] Subgroup: [3A] 40-102-00 40-102-09 Subtotal [3A]   | Insurance on Property  Other  Admin Expense>Insurance - General Liability & Other  Admin Expense>Insurance - EPLI  Admin Expense>Surety Bond  Other  Interest and Insurance  Statement of Revenue  Medicaid Residents (CT only)  Room & Board Revenue>Medicaid  Room & Board Revenue>Medicaid  Room & Board Revenue>Medicaid  Medicaid Residents (CT only)  Medicare Residents (All inclusive)  Room & Board Revenue>Medicare A  Room & Board Revenue>Medicare A   | 16,911.00  171,430.00 2,731.00 300.00 174,461.00  191,372.00  (5,387,468.00) (1,0,875.00) (8,526.00) (5,406,869.00)  (1,808,924.00) 9 27,922.00   | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.0  | 171,430.00<br>2,731.00<br>300.00<br>174,461.00<br>191,372.00<br>(5,387,468.00)<br>(10,875.00)<br>(5,406,869.00)<br>(1,608,924.00)<br>27,922.00   | (5,734,907.00)<br>(2,376,772.00)  |
| Subtotal [14A] Subgroup: [14C3] 80-162-00 80-163-00 80-164-00 Subtotal [14C3] Total [27]  Group: [30] Subgroup: [1A] 40-111-09 40-111-73 Subtotal [1A] Subgroup: [3A] 40-102-00 40-102-09  | Insurance on Property  Other  Admin Expense>Insurance - General Liability & Other Admin Expense>Insurance - EPLI Admin Expense>Surety Bond Other  Interest and Insurance  Statement of Revenue Medicaid Residents (CT only) Room & Board Revenue>Medicaid>Sales Adjustmen Room & Board Revenue>Medicaid Bed Hold Medicard Residents (CT only)  Medicare Residents (All Inclusive) Room & Board Revenue>Medicare A>Sales Adjustmen Room & Board Revenue>Medicare A>Sales Adjustmen Room & Board Revenue>Medicare A>Sales Adjustmen Medicare Residents (All Inclusive)  Medicare Residents (All Inclusive)  Medicare room and board contractual allowance  | 16,911.00  171,430.00 2,731.00 300.00 174,461.00  191,372.00  (5,387,468.00) (10,875.00) (5,526.00) (5,526.00) (1,808,924.00) (1,808,924.00) (1,781,002.00)   | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.0  | 171,430.00<br>2,731.00<br>300.00<br>174,461.00<br>191,372.00<br>(5,387,468.00)<br>(10,875.00)<br>(5,406,869.00)<br>(1,608,924.00)<br>27,922.00   | (5,734,907.00)<br>(2,376,772.00)<br>(2,376,772.00)<br>(8,876.00   |
| Subtotal [14A]  Subgroup: [14C3] 80-162-00 80-163-00 80-164-00 Subtotal [14C3]  Total [27]  Group: [30] Subgroup: [1A] 40-111-00 40-111-73 Subtotal [1A]  Subgroup: [3A] 40-102-00 40-102-09 Subtotal [3A]  Subgroup: [3B] 40-102-14   | Insurance on Property  Other Admin Expense>Insurance - General Liability & Other Admin Expense>Insurance - EPLI Admin Expense>Surety Bond Other Interest and Insurance Statement of Revenue Medicaid Residents (CT only) Room & Board Revenue>Medicaid Room & Board Revenue>Medicaid>Sales Adjustmen Room & Board Revenue>Medicaid Bed Hold Medicard Residents (CT only)  Medicare Residents (All inclusive) Room & Board Revenue>Medicare A Room & Board Revenue>Medicare A>Sales Adjustmen Medicare Residents (All inclusive)  Medicare Residents (All inclusive)  | 16,911.00  171,430.00 2,731.00 300.00 174,461.00  191,372.00  (5,387,468.00) (6,526.00) (5,406,869.00)  (1,808,924.00) 27,922.00 (1,781,002.00)   | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.0  | 171,430.00<br>2,731.00<br>300.00<br>174,461.00<br>191,372.00<br>(5,387,468.00)<br>(10,875.00)<br>(6,526.00)<br>(5,466,869.00)<br>(1,608,924.00)<br>27,922.00<br>(1,781,002.00)   | (5,734,907.00)<br>(2,376,772.00)  |
| Subtotal [14A] Subgroup: [14C3] 80-162-00 80-163-00 80-164-00 Subtotal [14C3] Total [27]  Group: [30] Subgroup: [1A] 40-111-09 40-111-73 Subtotal [1A]  Subgroup: [3A] 40-102-00 40-102-09 Subtotal [3A] Subgroup: [3B]  | Insurance on Property  Other  Admin Expense>Insurance - General Liability & Other Admin Expense>Insurance - EPLI Admin Expense>Surety Bond Other  Interest and Insurance  Statement of Revenue Medicaid Residents (CT only) Room & Board Revenue>Medicaid>Sales Adjustmen Room & Board Revenue>Medicaid Bed Hold Medicard Residents (CT only)  Medicare Residents (All Inclusive) Room & Board Revenue>Medicare A>Sales Adjustmen Room & Board Revenue>Medicare A>Sales Adjustmen Room & Board Revenue>Medicare A>Sales Adjustmen Medicare Residents (All Inclusive)  Medicare Residents (All Inclusive)  Medicare room and board contractual allowance  | 16,911.00  171,430.00 2,731.00 300.00 174,461.00  191,372.00  (5,387,468.00) (10,875.00) (5,526.00) (5,526.00) (1,808,924.00) (1,808,924.00) (1,781,002.00)   | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.0  | 171,430.00<br>2,731.00<br>300.00<br>174,461.00<br>191,372.00<br>(5,387,468.00)<br>(10,875.00)<br>(8,526.00)<br>(5,406,869.00)<br>(1,608,924.00)<br>27,922.00<br>(1,781,002.00)   | (5,734,907.00)<br>(2,376,772.00)<br>(2,376,772.00)<br>(8,876.00   |
| Subtotal [14A]  Subgroup: [14C3] 80-162-00 80-163-00 80-164-00 Subtotal [14C3]  Total [27]  Group: [30] Subgroup: [1A] 40-111-00 40-111-73 Subtotal [1A]  Subgroup: [3A] 40-102-00 40-102-09 Subtotal [3A]  Subgroup: [3B] 40-102-14   | Insurance on Property  Other  Admin Expense>Insurance - General Liability & Other  Admin Expense>Insurance - EPLI  Admin Expense>Surety Bond  Other  Interest and Insurance  Statement of Revenue  Medicaid Residents (CT only)  Room & Board Revenue>Medicaid  Room & Board Revenue>Medicaid  Room & Board Revenue>Medicaid  Medicaid Residents (CT only)  Medicare Residents (CT only)  Medicare Residents (All inclusive)  Room & Board Revenue>Medicare A>Sales Adjustment  Room & Board Revenue>Medicare A>Sales Adjustment  Medicare Residents (All inclusive)  Medicare room and board contractual allowance  Room & Board Revenue>Medicare A>Sequester  Medicare room and board contractual allowance  | 16,911.00  171,430.00 2,731.00 300.00 174,461.00  191,372.00  (5,387,468.00) (6,526.00) (5,406,869.00)  (1,808,924.00) 27,922.00 (1,781,002.00)   | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.0  | 171,430.00<br>2,731.00<br>300.00<br>174,461.00<br>191,372.00<br>(5,387,468.00)<br>(10,875.00)<br>(8,526.00)<br>(5,406,869.00)<br>(1,608,924.00)<br>27,922.00<br>(1,781,002.00)   | (5,734,907,00)<br>(5,734,907,00)<br>(5,734,907,00)<br>(2,376,772,00)<br>(2,376,772,00)<br>(2,376,772,00)<br>(2,376,772,00)<br>(2,376,772,00)  |
| Subtotal [14A]  Subgroup: [14C3] 80-162-00 80-163-00 80-164-00 Subtotal [14C3]  Total [27]  Group: [30] Subgroup: [1A] 40-111-00 40-111-73 Subtotal [1A]  Subgroup: [3A] 40-102-00 40-102-09 Subtotal [3A]  Subgroup: [3B] 40-102-14   | Insurance on Property  Other Admin Expense>Insurance - General Liability & Other Admin Expense>Insurance - EPLI Admin Expense>Surety Bond Other Interest and Insurance  Statement of Revenue Medicaid Residents (CT only) Room & Board Revenue>Medicaid Room & Board Revenue>Medicaid Bed Hold Medicaid Residents (CT only)  Medicare Residents (All inclusive) Room & Board Revenue>Medicaid Bed Hold Medicare Residents (All inclusive) Room & Board Revenue>Medicare A>Sales Adjustmen 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  | 16,911.00  171,430.00 2,731.00 300.00 174,461.00  191,372.00  (5,387,468.00) (6,526.00) (5,526.00) (5,406,869.00)  (1,808,924.00) 27,922.00 (1,781,002.00)  30,376.00 30,376.00   | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.0  | 171,430.00<br>2,731.00<br>300.00<br>174,461.00<br>191,372.00<br>(5,387,468.00)<br>(10,875.00)<br>(8,526.00)<br>(5,406,869.00)<br>(1,608,924.00)<br>27,922.00<br>(1,781,002.00)   | (5,734,907.00)<br>(2,376,772.00)<br>(2,376,772.00)<br>(8,876.00   |
| Subtotal [14A] Subgroup: [14C3] 80-162-00 80-163-00 80-164-00 Subtotal [14C3] Total [27] Group: [30] Subgroup: [1A] 40-111-00 40-111-73 Subtotal [1A] Subgroup: [3A] 40-102-00 40-102-09 Subtotal [3A] Subgroup: [3B] 40-102-14 Subtotal [3B]  | Insurance on Property  Other Admin Expense>Insurance - General Liability & Other Admin Expense>Insurance - EPLI Admin Expense>Surety Bond Other  Interest and Insurance  Statement of Revenue Medicaid Residents (CT only) Room & Board Revenue>Medicaid Room & Board Revenue>Medicaid>Sales Adjustmen Room & Board Revenue>Medicaid>Sales Adjustmen Room & Board Revenue>Medicaid Bed Hold Medicard Residents (All Inclusive) Room & Board Revenue>Medicare A Room & Board Revenue>Medicare A>Sales Adjustm 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 Room & Board Revenue>Medicare A>Sequester Medicare room and board contractual allowance Private-pay residents and other Room & Board Revenue>Private  | 16,911.00  171,430.00 2,731.00 300.00  174,461.00  191,372.00  (5,387,468.00) (6,526.00) (5,406,869.00)  (1,808,924.00) 27,922.00 (1,781,002.00)  30,376.00  30,376.00  | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00         | (5,387,468.00) (5,387,468.00) (10,875.00) (5,466,869.00) (1,808,924.00) 27,922.00 (1,781,002.00) 30,376.00   | (5,734,907,00)<br>(5,734,907,00)<br>(5,734,907,00)<br>(2,376,772,00)<br>(2,376,772,00)<br>(2,376,772,00)<br>(2,376,772,00)<br>(2,376,772,00)  |
| Subtotal [14A]  Subgroup: [14C3] 80-162-00 80-163-00 80-164-00 Subtotal [14C3]  Total [27]  Group: [30] Subgroup: [1A] 40-111-00 40-111-09 40-111-73 Subtotal [1A]  Subgroup: [3A] 40-102-00 40-102-09 Subtotal [3A]  Subgroup: [3B] 40-102-14 Subtotal [3B]  Subgroup: [4A] 40-104-00   | Insurance on Property  Other  Admin Expense>Insurance - General Liability & Other  Admin Expense>Insurance - EPLI  Admin Expense>Surety Bond  Other  Interest and Insurance  Statement of Revenue  Medicaid Residents (CT only)  Room & Board Revenue>Medicaid  Room & Board Revenue>Medicaid> Sales Adjustment  Room & Board Revenue>Medicaid> Sales Adjustment  Room & Board Revenue>Medicaid Bed Hold  Medicare Residents (All Inclusive)  Room & Board Revenue>Medicare A>Sales Adjustment  Medicare Residents (All inclusive)  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  Seles Adjustments  | 16,911.00  171,430.00 2,731.00 300.00  174,461.00  191,372.00  (5,387,468.00) (6,526.00) (5,406,869.00)  (1,808,824.00) 27,922.00 (1,781,002.00)  30,376.00 30,376.00 (233,405.00)  | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00         | 171,430.00<br>2,731.00<br>300.00<br>174,461.00<br>191,372.00<br>(5,387,468.00)<br>(10,875.00)<br>(6,526.00)<br>(5,406.869.00)<br>(1,508,924.00)<br>27,922.00<br>(1,781,002.00)<br>30,376.00<br>30,376.00<br>930.00   | 160,846.00<br>3,442.00<br>550.00<br>164,938.00<br>178,944.00<br>(5,734,907,00)<br>0.00<br>(5,734,907,00)<br>(2,376,772.00)<br>0.00<br>(2,376,772.00)<br>8,878.00  |
| Subtotal [14A] Subgroup: [14C3] 80-162-00 80-163-00 90-164-00 Subtotal [14C3] Total [27] Group: [30] Subgroup: [1A] 40-111-00 40-111-03 40-111-03 Subtotal [1A] Subgroup: [3A] 40-102-09 Subtotal [3A] Subgroup: [3B] 40-102-14 Subgroup: [4A] 40-104-00 40-104-09   | Insurance on Property  Other  Admin Expense>Insurance - General Liability & Other Admin Expense>Insurance - EPLI Admin Expense>Surety Bond Other  Interest and Insurance  Statement of Revenue Medicaid Residents (CT only) Room & Board Revenue>Medicaid>Sales Adjustment Room & Board Revenue>Medicaid Bed Hold Medicaid Residents (CT only)  Medicare Residents (All inclusive) Room & Board Revenue>Medicaid Bed Hold Medicare Residents (All inclusive) Room & Board Revenue>Medicare A>Sales Adjustment 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 Room & Board Revenue>Private>Sales Adjustments Room & Roo | 16,911.00  171,430.00 2,731.00 300.00 174,461.00  191,372.00  (5,387,468.00) (6,526.00) (6,526.00) (5,406,869.00)  (1,808,924.00) 27,922.00 (1,781,002.00)  30,376.00  (233,405.00) 930.00 (204,210.00)                                       | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.0  | 171,430.00 2,731.00 300.00 174,461.00  191,372.00  (5,387,468.00) (10,875.00) (6,526.00) (5,466.869.00)  (1,808,924.00) 27,922.00 (1,781,002.00)  30,376.00 30,376.00 (233,405.00) 930.00 (204,210.00)   | (5,734,907,00) (5,734,907,00) (2,376,772,00) (2,376,772,00) (2,376,772,00) (4,467,00) (184,697,00)  |
| Subtotal [14A]  Subgroup: [14C3] 80-162-00 80-163-00 80-164-00 Subtotal [14C3]  Total [27]  Group: [30] Subgroup: [1A] 40-111-00 40-111-73 Subtotal [1A]  Subgroup: [3A] 40-102-00 40-102-09 Subtotal [3A]  Subgroup: [3B] 40-102-14 Subgroup: [4A] 40-104-00 40-104-00 40-104-00 40-105-00  | Insurance on Property  Other  Admin Expense>Insurance - General Liability & Other Admin Expense>Insurance - EPLI Admin Expense>Surety Bond Other  Interest and Insurance  Statement of Revenue Medicaid Residents (CT only) Room & Board Revenue>Medicaid>Sales Adjustment Room & Board Revenue>Medicaid Bed Hold Medicaid Residents (CT only)  Medicare Residents (All inclusive) Room & Board Revenue>Medicaid Bed Hold Medicare Residents (All inclusive) Room & Board Revenue>Medicare A>Sales Adjustment 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 Room & Board Revenue>Private>Sales Adjustments Room & Roo | 16,911.00  171,430.00 2,731.00 300.00  174,481.00  191,372.00  (5,387,488.00) (6,528.00) (5,406,869.00)  (1,808,924.00) 27,922.00 (1,781,002.00)  30,376.00  30,376.00  (233,405.00) (204,210.00) (232.00)                                    | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00 | 171,430.00<br>2,731.00<br>300.00<br>174,461.00<br>191,372.00<br>(5,387,468.00)<br>(10,875.00)<br>(8,528.00)<br>(5,406,869.00)<br>(1,808,924.00)<br>27,922.00<br>(1,781,062.00)<br>30,376.00<br>30,376.00<br>(233,405.00)<br>930.00<br>(204,210.00)<br>(232.00) | 160,846.00<br>3,442.00<br>550.00<br>164,938.00<br>178,944.00<br>(5,734,907.00)<br>0.00<br>(5,734,907.00)<br>(2,376,772.00)<br>(2,376,772.00)<br>8,878.00<br>8,878.00<br>(184,697.00)<br>0.00<br>(33,930.00)<br>0.00                             |
| Subtotal [14A]  Subgroup: [14C3] 80-162-00 80-163-00 80-164-00 Subtotal [14C3]  Total [27]  Group: [30] Subgroup: [1A] 40-111-00 40-111-73 Subtotal [1A]  Subgroup: [3A] 40-102-00 40-102-00 5ubtotal [3A]  Subgroup: [3B] 40-102-14 Subtotal [3B]  Subgroup: [4A] 40-104-00 40-104-09 40-105-00 40-105-00   | Other Admin Expense>Insurance - General Liability & Other Admin Expense>Insurance - EPLI Admin Expense>Surety Bond Other Interest and Insurance Statement of Revenue Medicaid Residents (CT only) Room & Board Revenue>Medicaid Room & Board Revenue>Medicaid>Sales Adjustment Room & Board Revenue>Medicaid Bed Hold Medicaid Residents (CT only)  Medicare Residents (All inclusive) Room & Board Revenue>Medicaid Bed Hold Medicare Residents (All inclusive) Room & Board Revenue>Medicare A Room & Board Revenue>Medicare A>Sales Adjustment 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>Private>Seles Adjustments Room & Board Revenue>Private>Seles Adjustments Room & Board Revenue>Private Room & Board Revenue>Private Room & Board Revenue>Private   | 16,911.00  171,430.00 2,731.00 300.00 174,461.00  191,372.00  (5,387,468.00) (6,526.00) (6,526.00) (5,406,869.00)  (1,808,924.00) 27,922.00 (1,781,002.00)  30,376.00  (233,405.00) 930.00 (204,210.00)                                       | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00 | 171,430.00 2,731.00 300.00 174,461.00  191,372.00  (5,387,468.00) (10,875.00) (6,526.00) (5,466.869.00)  (1,608,924.00) 27,922.00 (1,781,002.00)  30,376.00 30,376.00 (233,405.00) 930.00 (204,210.00) (232.00) (92,158.00)                                    | 160,846.00<br>3,442.00<br>550.00<br>164,938.00<br>178,944.00<br>(5,734,907,00)<br>0.00<br>(5,734,907,00)<br>(2,376,772.00)<br>0.00<br>(2,376,772.00)<br>8,878.00<br>(184,697.00)<br>0.00<br>(93,930.00)<br>0.00<br>(111,654.00)                 |
| Subtotal [14A]  Subgroup: [14C3] 80-162-00 80-163-00 80-164-00 Subtotal [14C3]  Total [27]  Group: [30] Subgroup: [1A] 40-111-00 40-111-09 40-111-73 Subtotal [1A]  Subgroup: [9A] 40-102-00 40-102-00 Subtotal [3A]  Subgroup: [3B] 40-102-14 Subtotal [3B]  Subgroup: [4A] 40-104-00 40-105-00 40-105-00 40-105-00 40-105-09 40-109-00   | Other Admin Expense>Insurance - General Liability & Other Admin Expense>Insurance - EPLI Admin Expense>Surety Bond Other Interest and Insurance Statement of Revenue Medicaid Residents (CT only) Room & Board Revenue>Medicaid Room & Board Revenue>Medicaid>Sales Adjustment Room & Board Revenue>Medicaid>Sales Adjustment Room & Board Revenue>Medicaid>Bed Hold Medicare Residents (All Inclusive) Room & Board Revenue>Medicare A Room & Board Revenue>Medicare A>Sales Adjustment Room & Board Revenue>Private>Asles Adjustments Room & Board Revenue>Private>Sales Adjustments Room & Board Revenue>Private Room & Board Revenue>Private Room & Board Revenue>Private Room & Board Revenue>Private Room & Board Revenue>HMO Room & Board Revenue>Hospica   | 16,911.00  171,430.00 2,731.00 300.00  174,481.00  191,372.00  (5,387,488.00) (6,528.00) (5,406,869.00)  (1,808,924.00) 27,922.00 (1,781,002.00)  30,376.00  30,376.00  (233,405.00) (204,210.00) (232.00)                                    | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00 | 171,430.00<br>2,731.00<br>300.00<br>174,461.00<br>191,372.00<br>(5,387,468.00)<br>(10,875.00)<br>(8,528.00)<br>(5,406,869.00)<br>(1,808,924.00)<br>27,922.00<br>(1,781,062.00)<br>30,376.00<br>30,376.00<br>(233,405.00)<br>930.00<br>(204,210.00)<br>(232.00) | 160,846.00<br>3,442.00<br>550.00<br>164,938.00<br>178,944.00<br>(5,734,907.00)<br>0.00<br>(5,734,907.00)<br>(2,376,772.00)<br>(2,376,772.00)<br>8,878.00<br>8,878.00<br>(184,697.00)<br>0.00<br>(33,930.00)<br>0.00                             |
| Subtotal [14A]  Subgroup: [14C3] 80-162-00 80-163-00 80-164-00 Subtotal [14C3]  Total [27]  Group: [30] Subgroup: [1A] 40-111-00 40-111-73 Subtotal [1A]  Subgroup: [3A] 40-102-00 40-102-00 5ubtotal [3A]  Subgroup: [3B] 40-102-14 Subtotal [3B]  Subgroup: [4A] 40-104-00 40-104-09 40-105-00 40-105-00   | Other Admin Expense>Insurance - General Liability & Other Admin Expense>Insurance - EPLI Admin Expense>Surety Bond Other Interest and Insurance Statement of Revenue Medicaid Residents (CT only) Room & Board Revenue>Medicaid Room & Board Revenue>Medicaid>Sales Adjustment Room & Board Revenue>Medicaid Bed Hold Medicaid Residents (CT only)  Medicare Residents (All inclusive) Room & Board Revenue>Medicaid Bed Hold Medicare Residents (All inclusive) Room & Board Revenue>Medicare A Room & Board Revenue>Medicare A>Sales Adjustment 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>Private>Seles Adjustments Room & Board Revenue>Private>Seles Adjustments Room & Board Revenue>Private Room & Board Revenue>Private Room & Board Revenue>Private   | 16,911.00  171,430.00 2,731.00 300.00  174,461.00  191,372.00  (5,387,468.00) (6,526.00) (5,406,869.00)  (1,808,824.00) 27,922.00 (1,781,002.00)  30,376.00  (233,405.00) 930.00 (204,210.00) (232,200) (82,158.00)                           | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00 | 171,430.00 2,731.00 300.00 174,461.00  191,372.00  (5,387,468.00) (10,875.00) (6,526.00) (5,466.869.00)  (1,608,924.00) 27,922.00 (1,781,002.00)  30,376.00 30,376.00 (233,405.00) 930.00 (204,210.00) (232.00) (92,158.00)                                    | 160,846.00<br>3,442.00<br>550.00<br>164,938.00<br>178,944.00<br>(5,734,907,00)<br>0.00<br>(5,734,907,00)<br>(2,376,772.00)<br>0.00<br>(2,376,772.00)<br>8,878.00<br>(184,697.00)<br>0.00<br>(93,930.00)<br>0.00<br>(111,654.00)                 |
| Subtotal [14A]  Subgroup: [14C3] 80-162-00 80-163-00 80-164-00 Subtotal [14C3]  Total [27]  Group: [30] Subgroup: [1A] 40-111-09 40-111-73 Subtotal [1A]  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 40-105-00 Subtotal [4A]   | Other Admin Expense>Insurance - General Liability & Other Admin Expense>Insurance - EPLI Admin Expense>Surety Bond Other Interest and Insurance Statement of Revenue Medicaid Residents (CT only) Room & Board Revenue>Medicaid>Sales Adjustment Room & Board Revenue>Medicaid Board Revenue>Medicare A Room & Board Revenue>Medicare A>Sales Adjustment Room & Board Revenue>Private>Sales Adjustments Room & Board Revenue>Private>Sales Adjustments Room & Board Revenue>Private Room & Board Revenue>Private Room & Board Revenue>Commercial HMO>Sales & Room & Board Revenue>Hooplos Private-pay residents and other  | 16,911.00  171,430.00 2,731.00 300.00 174,461.00  191,372.00  (5,387,468.00) (6,526.00) (5,526.00) (5,406,869.00)  (1,808,924.00) 27,922.00 (1,781,002.00)  30,378.00 30,378.00 30,376.00  (233,405.00) 930.00 (24,210.00) (529,075.00)       | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0   | 171,430.00 2,731.00 300.00 174,461.00  191,372.00  (5,387,468.00) (10,875.00) (6,526.00) (5,406,869.00)  (1,808,924.00) 27,922.00 (1,781,002.00)  30,376.00 30,376.00 (233,405.00) 930.00 (204,210.00) (232.00) (921,58.00)                                    | 160,846.00 3,442.00 550.00 164,938.00 178,944.00 (5,734,907.00) 0.00 (5,734,907.00) (2,376,772.00) 0.00 (2,376,772.00)  6,878.00 (184,697.00) 0.00 (93,930.00) 0.00 (111,654.00)  |
| Subtotal [14A]  Subgroup: [14C3] 80-162-00 60-163-00 60-164-00 Subtotal [14C3]  Total [27]  Group: [30] Subgroup: [1A] 40-111-00 40-111-09 40-111-73 Subtotal [1A]  Subgroup: [3A] 40-102-00 40-102-09 Subtotal [3A]  Subgroup: [3B] 40-102-14 Subtotal [3B]  Subgroup: [4A] 40-104-09 40-104-09 40-105-09 40-105-09 40-105-09 40-105-09 5ubtotal [4A] Subgroup: [4B]                          | Insurance on Property  Other Admin Expense>Insurance - General Liability & Other Admin Expense>Insurance - EPLI Admin Expense>Surety Bond Other  Interest and Insurance  Statement of Revenue Medicaid Residents (CT only) Room & Board Revenue>Medicaid Room & Board Revenue>Medicaid Room & Board Revenue>Medicaid>Sales Adjustment Room & Board Revenue>Medicaid Bed Hold Medicare Residents (All inclusive) Room & Board Revenue>Medicare A Room & Board Revenue>Medicare A>Sales Adjustment Medicare Residents (All inclusive) 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>Commercial HMO>Sales A Room & Board Revenue>Room A Room | 16,911.00  171,430.00 2,731.00 300.00 174,461.00  191,372.00  (5,387,468.00) (6,526.00) (5,526.00) (5,406,869.00)  (1,808,924.00) 27,922.00 (1,781,002.00)  30,378.00 30,378.00 30,376.00  (233,405.00) 930.00 (24,210.00) (529,075.00)       | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0   | 171,430.00 2,731.00 300.00 174,461.00  191,372.00  (5,387,468.00) (10,875.00) (6,526.00) (5,406,869.00)  (1,608,924.00) 27,922.00 (1,781,002.00)  30,376.00 30,376.00 (233,405.00) 930.00 (204,210.00) (222.00) (225,076.00)                                   | 160,846.00 3,442.00 550.00 164,938.00 178,944.00 (5,734,907,00) 0,00 0,00 (5,734,907,00) (2,376,772.00) 0,00 (2,376,772.00) 8,878.00 (184,697.00) (393,830.00) 0,00 (111,554.00) (390,281.00)   |
| Subtotal [14A] Subgroup: [14C3] 80-162-00 80-163-00 80-164-00 Subtotal [14C3] Total [27]  Group: [30] Subgroup: [1A] 40-111-00 40-111-09 40-111-73 Subtotal [1A] Subgroup: [3A] 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 Subtotal [4A] Subgroup: [4B] 40-105-14   | Insurance on Property  Other Admin Expense>Insurance - General Liability & Other Admin Expense>Insurance - EPLI Admin Expense>Insurance - EPLI Admin Expense>Surety Bond Other Interest and Insurance  Statement of Revenue Medicaid Residents (CT only) Room & Board Revenue>Medicaid Room & Board Revenue>Medicaid Seles Adjustmen Room & Board Revenue>Medicaid Bed Hold Medicaid Residents (All inclusive) Room & Board Revenue>Medicaid Bed Hold Medicare Residents (All inclusive) Room & Board Revenue>Medicare A>Sales Adjustmen 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>Pommerdal HMO>Sales & Room & Board Revenue>Hospice Private-pay residents and other Private-pay room and board contractual allowance Room & Board Revenue>Hospica Private-pay room and board contractual allowance Room & Board Revenue>Hospica Private-pay room and board contractual allowance Room & Board Revenue>Hospica Private-pay room and board contractual allowance Room & Board Revenue>Hospica Private-pay room and board contractual allowance Room & Board Revenue>Hospica Private-pay room and board contractual allowance Room & Board Revenue>Hospica Private-pay room and board contractual allowance Room & Board Revenue>Hospica Private-pay room and board contractual allowance Room & Board Revenue>Hospica Private-pay room and board contractual allowance   | 16,911.00  171,430.00 2,731.00 300.00  174,461.00  191,372.00  (5,387,468.00) (6,526.00) (5,526.00) (5,406,869.00)  (1,808,824.00) 27,922.00 (1,781,002.00)  30,376.00  (233,405.00) 930.00 (204,210.00) (529,075.00)                         | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0   | 171,430.00 2,731.00 300.00 174,461.00  191,372.00  (5,387,468.00) (10,875.00) (6,526.00) (5,406,869.00)  (1,808,924.00) 27,922.00 (1,781,002.00)  30,376.00 30,376.00 (233,405.00) 930.00 (204,210.00) (232.00) (921,58.00)                                    | 160,846.00 3,442.00 550.00 164,938.00 178,944.00 (5,734,907.00) 0.00 (5,734,907.00) (2,376,772.00) 0.00 (2,376,772.00)  6,878.00 (184,697.00) 0.00 (93,930.00) 0.00 (111,654.00)  |
| Subtotal [14A]  Subgroup: [14C3] 80-162-00 60-163-00 60-164-00 Subtotal [14C3]  Total [27]  Group: [30] Subgroup: [1A] 40-111-00 40-111-09 40-111-73 Subtotal [1A]  Subgroup: [3A] 40-102-00 40-102-09 Subtotal [3A]  Subgroup: [3B] 40-102-14 Subtotal [3B]  Subgroup: [4A] 40-104-09 40-104-09 40-105-09 40-105-09 40-105-09 40-105-09 5ubtotal [4A] Subgroup: [4B]                          | Insurance on Property  Other Admin Expense>Insurance - General Liability & Other Admin Expense>Insurance - EPLI Admin Expense>Surety Bond Other  Interest and Insurance  Statement of Revenue Medicaid Residents (CT only) Room & Board Revenue>Medicaid Room & Board Revenue>Medicaid Room & Board Revenue>Medicaid>Sales Adjustment Room & Board Revenue>Medicaid Bed Hold Medicare Residents (All inclusive) Room & Board Revenue>Medicare A Room & Board Revenue>Medicare A>Sales Adjustment Medicare Residents (All inclusive) 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>Commercial HMO>Sales A Room & Board Revenue>Room A Room | 16,911.00  171,430.00 2,731.00 300.00  174,461.00  191,372.00  (5,387,468.00) (6,526.00) (5,526.00) (5,406,869.00)  (1,808,824.00) 27,922.00 (1,781,002.00)  30,376.00  (233,405.00) 930.00 (204,210.00) (529,075.00)                         | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0   | 171,430.00 2,731.00 300.00 174,461.00  191,372.00  (5,387,468.00) (10,875.00) (6,526.00) (5,406,869.00)  (1,608,924.00) 27,922.00 (1,781,002.00)  30,376.00 30,376.00 (233,405.00) 930.00 (204,210.00) (222.00) (225,076.00)                                   | 160,846.00 3,442.00 550.00 164,938.00 178,944.00 (5,734,907,00) 0,00 0,00 (5,734,907,00) (2,376,772.00) 0,00 (2,376,772.00) 8,878.00 (184,697.00) (393,830.00) 0,00 (111,554.00) (390,281.00)   |
| Subtotal [14A] Subgroup: [14C3] 80-162-00 80-163-00 80-164-00 Subtotal [14C3] Total [27]  Group: [30] Subgroup: [1A] 40-111-09 40-111-09 40-111-73 Subtotal [1A] Subgroup: [3A] 40-102-09 Subtotal [3A] Subgroup: [3B] 40-102-14 Subtotal [3B] Subgroup: [4A] 40-104-09 40-105-00 40-105-00 40-105-09 40-105-09 5ubtotal [4A] Subgroup: [4B] 40-105-14 Subgroup: [4B] 40-105-14 Subgroup: [4B] | Other Admin Expense>Insurance - General Liability & Other Admin Expense>Insurance - EPLI Admin Expense>Insurance - EPLI Admin Expense>Surety Bond Other Interest and Insurance Statement of Revenue Medicaid Residents (CT only) Room & Board Revenue>Medicaid Room & Board Revenue>Medicaid Room & Board Revenue>Medicaid Room & Board Revenue>Medicaid Bed Hold Medicare Residents (All Inclusive) Room & Board Revenue>Medicare A Room & Board Revenue>Medicare A Room & Board Revenue>Medicare A>Sales Adjustment Medicare Residents (All Inclusive) Medicare Residents (All Inclusive) 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 Room & Board Revenue>Private>Seles Adjustments Room & Board Revenue>Private Room & Board Revenue>Private Room & Board Revenue>Commercial HMO>Sales A Room & Board Revenue>HMO 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   | 16,911.00  171,430.00 2,731.00 300.00  174,461.00  191,372.00  (5,387,468.00) (6,526.00) (5,526.00) (5,406,869.00)  (1,808,824.00) 27,922.00 (1,781,002.00)  30,376.00  (233,405.00) 930.00 (204,210.00) (529,075.00)                         | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0   | 171,430.00 2,731.00 300.00 174,461.00 191,372.00  (5,387,468.00) (10,875.00) (6,526.00) (5,406.869.00)  (1,508,924.00) 27,922.00 (1,781,002.00)  30,376.00 30,376.00 (204,210.00) (204,210.00) (222,158.00) (529,075.00)                                       | 160,846.00 3,442.00 550.00 164,938.00 178,944.00 (5,734,907,00) 0,00 0,00 (5,734,907,00) (2,376,772.00) 0,00 (2,376,772.00) 0,00 (3,76,772.00) (111,654.00) (390,281.00)  |
| Subtotal [14A] Subgroup: [14C3] 80-162-00 80-163-00 80-164-00 Subtotal [14C3] Total [27] Group: [30] Subgroup: [1A] 40-111-00 40-111-09 40-111-73 Subtotal [1A] 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 40-105-00 5ubtotal [4A] Subgroup: [4B] 40-105-14 Subtotal [4B] Subgroup: [5A]             | Other Admin Expense>Insurance - General Liability & Other Admin Expense>Insurance - EPLI Admin Expense>Surety Bond Other Interest and Insurance Statement of Revenue Medicaid Residents (CT only) Room & Board Revenue>Medicaid Medicare Residents (All Inclusive) Room & Board Revenue>Medicare A Room & Board Revenue>Medicare A>Sales Adjustment Room & Board Revenue>Private>Sales Adjustment Room & Board Revenue>Private Room & Board Revenue>HMO Room & Board Revenue>HMO Room & Board Revenue>HMO Room & Board Revenue>HMO Private-pay room and board contractual allowance   | 16,911.00  171,430.00 2,731.00 300.00  174,461.00  191,372.00  (5,387,468.00) (6,526.00) (5,526.00) (5,406,869.00)  (1,808,824.00) 27,922.00 (1,781,002.00)  30,376.00  30,376.00  (233,405.00) 930.00 (204,210.00) (222,158.00) (529,075.00) | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0   | 171,430.00 2,731.00 300.00 174,461.00  191,372.00  (5,387,468.00) (10,875.00) (6,526.00) (5,406.869.00)  (1,808,924.00) 27,922.00 (1,781,002.00)  30,376.00  30,376.00  (233,405.00) (92,156.00) (529,076.00)  | 160,846.00<br>3,442.00<br>550.00<br>164,938.00<br>178,944.00<br>(5,734,907,00)<br>0.00<br>(5,734,907,00)<br>(2,376,772.00)<br>0.00<br>(2,376,772.00)<br>8,878.00<br>(184,697.00)<br>0.00<br>(93,930.00)<br>0.00<br>(111,654.00)<br>(390,281.00) |
| Subtotal [14A] Subgroup: [14C3] 80-162-00 80-163-00 80-164-00 Subtotal [14C3] Total [27]  Group: [30] Subgroup: [1A] 40-111-09 40-111-09 40-111-73 Subtotal [1A] Subgroup: [3A] 40-102-09 Subtotal [3A] Subgroup: [3B] 40-102-14 Subtotal [3B] Subgroup: [4A] 40-104-09 40-105-00 40-105-00 40-105-09 40-105-09 5ubtotal [4A] Subgroup: [4B] 40-105-14 Subgroup: [4B] 40-105-14 Subgroup: [4B] | Other Admin Expense>Insurance - General Liability & Other Admin Expense>Insurance - EPLI Admin Expense>Insurance - EPLI Admin Expense>Surety Bond Other Interest and Insurance Statement of Revenue Medicaid Residents (CT only) Room & Board Revenue>Medicaid Room & Board Revenue>Medicaid Room & Board Revenue>Medicaid Room & Board Revenue>Medicaid Bed Hold Medicare Residents (All Inclusive) Room & Board Revenue>Medicare A Room & Board Revenue>Medicare A Room & Board Revenue>Medicare A>Sales Adjustment Medicare Residents (All Inclusive) Medicare Residents (All Inclusive) 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 Room & Board Revenue>Private>Seles Adjustments Room & Board Revenue>Private Room & Board Revenue>Private Room & Board Revenue>Commercial HMO>Sales A Room & Board Revenue>HMO 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   | 16,911.00  171,430.00 2,731.00 300.00  174,461.00  191,372.00  (5,387,468.00) (6,526.00) (5,526.00) (5,406,869.00)  (1,808,824.00) 27,922.00 (1,781,002.00)  30,376.00  (233,405.00) 930.00 (204,210.00) (529,075.00)                         | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0   | 171,430.00 2,731.00 300.00 174,461.00 191,372.00  (5,387,468.00) (10,875.00) (6,526.00) (5,406.869.00)  (1,508,924.00) 27,922.00 (1,781,002.00)  30,376.00 30,376.00 (204,210.00) (204,210.00) (222,158.00) (529,075.00)                                       | 160,846.00 3,442.00 550.00 164,938.00 178,944.00 (5,734,907,00) 0,00 0,00 (5,734,907,00) (2,376,772.00) 0,00 (2,376,772.00) 8,878.00 (184,697.00) (393,930.00) 0,00 (111,554.00) (390,281.00)   |

| Subgroup : [5B]   | Prescription Drugs - Medicare Contractual Allowan                  |  | 0.00   | 119,236.00                | 103,716.00   |
|---|--|--|--|---------------------------|--|
| 41-102-01   | Pharmacy Rev>Medicare A>C/A  | 119,236.00<br>119,236.00                 | 0,00   | 119,236.00                | 103,716.00   |
| Subtotal [5B]   | Prescription Drugs - Medicare Contractual Allowan                  | 113,230,00                               |  |                           |  |
| 0.1   | Physical Therapy - Medicare  |  |  |                           |  |
| Subgroup : [7A]<br>42-102-00                                | PT Revenue>Medicare A  | (113,621.00)                             | 0.00   | (113,621,00)              | (161,664,00)   |
| 42-102-00   | PT Revenue>Medicare B  | (172,109.00)                             | 0,00   | (172,109.00)              | (198,203.00)   |
| Subtotal [7A]   | Physical Therapy - Medicare  | (285,730.00)                             | 0.00   | (285,730.00)              | (359,867.00)   |
| Suprotal [14]   | r Hydical Filotopy - Modified                                      |  |  |                           |  |
| Subgroup : [78]   | Physical Therapy - Medicare Contractual Allowance                  | 10 11 10 10 10 10 10 10 10 10 10 10 10 1 |  |                           | 161,664.00   |
| 42-102-01   | PT Revenue>Medicare A>C/A  | 113,621.00                               | 0.00   | 113,621.00                | 161,664.00   |
| Subtotal [7B]   | Physical Therapy - Medicare Contractual Allowance                  | 113,621.00                               | 0.00   | 113,621.00                | 101,004.00   |
|   |  |  |  |                           |  |
| Subgroup : [7C]   | Physical Therapy - Non-medicare                                    | (28.405.00)                              | 0.00   | (38,495,00)               | (15,572,00)  |
| 42-105-00   | PT Revenue>HMO   | (38,495.00)                              | 0.00   | (80,802.00)               | (100,667.00)   |
| 42-111-00   | PT Revenue>Medicald  | (119,297.00)                             | 0.00   | (119,297.00)              | (116,239.00)   |
| Subtotal [7C]   | Physical Therapy - Non-medicare                                    | (110,237.00)                             |  |                           |  |
| 0.1   | Physical Therapy - Non-medicare Contractual Allov                  | vance                                    |  |                           |  |
| Subgroup : [7D]<br>42-105-01                                | PT Revenue>HMO>C/A   | 29,673.00                                | 0.00   | 29,673.00                 | 14,728,00  |
| 42-111-01   | PT Revenue>Medicaid>C/A  | 80,802.00                                | 0.00   | 80,802.00                 | 100,667.00   |
| Subtotal [7D]   | Physical Therapy - Non-medicare Contractual Allov                  | 110,475.00                               | 0.00   | 110,475.00                | 115,395.00   |
| Opproved (1.51  | 111,000  |  |  |                           |  |
| Subgroup : [8A]   | Speech Therapy - Medicare  |  | 0.00   | (68,322.00)               | (85,685,00)  |
| 44-102-00   | ST Revenue>Medicare A  | (68,322.00)                              | 0.00   | (111,184.00)              | (81,724.00)  |
| 44-103-00   | ST Revenue>Medicare B  | (111,164.00)                             | 0.00   | (179,506.00)              | (147,409.00)   |
| Subtotal [8A]   | Speech Therapy - Medicare  | (179,506.00)                             | 5.00   | (175,000.00)              | the state of the s |
|   |  |  |  |                           |  |
| Subgroup : [8B]   | Speech Therapy - Medicare Contractual Allowance                    | 68,322.00                                | 0.00   | 68,322,00                 | 85,685,00  |
| 44-102-01   | ST Revenue>Medicare A>C/A  |  | 0.00   | 68,322.00                 | 85,685.00  |
| Subtotal [8B]   | Speech Therapy - Medicare Contractual Allowance                    | 00,022.00                                |  |                           |  |
| 0   | Speech Therapy - Non-medicare                                      |  |  |                           |  |
| Subgroup : [8C]<br>44-105-00                                | ST Revenue>HMO   | (22,426.00)                              | 0.00   | (22,426,00)               | (10,384.00)  |
| 44-105-00   | ST Revenue>Medicald  | (65,930.00)                              | 0.00   | (85,930.00)               | (56,512.00)  |
| Subtotal [8C]   | Speech Therapy - Non-medicare                                      | (88,356.00)                              | 0.00   | (88,356.00)               | (66,896.00)  |
| Suptotal [co]   | •  |  |  |                           |  |
| Subgroup : [8D]   | Speech Therapy - Non-medicare Contractual Allow                    | vance                                    | 0.00   | 17,069.00                 | 10,317.00  |
| 44-105-01   | ST Revenue>HMO>C/A   | 17,069.00                                | 0.00   | 65,930.00                 | 56,512.00  |
| 44-111-01   | ST Revenue>Medicaid>C/A  | 65,930.00                                | 0.00   | 82,999.00                 | 66,829.00  |
| Subtotal [8D]   | Speech Therapy - Non-medicare Contractual Allov                    | 82,999.00                                | -  |                           |  |
|   | and the same Madisana  |  |  |                           |  |
| Subgroup : [9A]   | Occupational Therapy - Medicare                                    | (103,085,00)                             | 0.00   | (103,085,00)              | (160,028.00)   |
| 43-102-00   | OT Revenue>Medicare A OT Revenue>Medicare B                        | (174,763.00)                             | 0.00   | (174,763.00)              | (184,102.00)   |
| 43-103-00   | Occupational Therapy - Medicare                                    | (277,848,00)                             | 0.00   | (277,848.00)              | (344,130.00)   |
| Subtotal [9A]   | Occupational morely measure  |  |  |                           |  |
| Subgroup : [9B]   | Occupational Therapy - Medicare Contractual Allo                   | wance                                    |  | 103,085.00                | 160,028.00   |
| 43-102-01   | OT Revenue>Medicare A>C/A  | 103,085.00                               | 0.00   | 103,085.00                | 160,028.00   |
| Subtotal [9B]   | Occupational Therapy - Medicare Contractual Allo                   | 103,085.00                               | 0.00   | 100,000.00                |  |
|   |  |  |  |                           |  |
| Subgroup : [9C]   | Occupational Therapy - Non-medicare                                | (30,813.00)                              | 0,00   | (30,813.00)               | (15,274.00)  |
| 43-105-00   | OT Revenue>HMO   | (66,010.00)                              | 0.00   | (66,010.00)               | (92,216.00)  |
| 43-111-00   | OT Revenue>Medicaid  | (96,823.00)                              | 0.00   | (96,823.00)               | (107,490.00)   |
| Subtotal [9C]   | Occupational Therapy - Non-medicare                                |  |  |                           |  |
| Cubarous (IOD)  | Occupational Therapy - Non-medicare Contractua                     | I Allowance                              |  |                           | 13,319.00  |
| Subgroup : [9D]<br>43-105-01                                | OT Revenue>HMO>C/A   | 29,230.00                                | 0.00   | 29,230.00                 | 92,216.00  |
| 43-111-01   | OT Revenue>Medicaid>C/A  | 66,010.00                                | 0.00   | 66,010.00<br>95,240.00    | 105,535.00   |
| Subtotal [9D]   | Occupational Therapy - Non-medicare Contractua                     | 95,240.00                                | 0.00   | 35,240.00                 | 100,000  |
|   |  |  |  |                           |  |
| Subgroup : [10A]  | Other - Medicare   | (1,484.00)                               | 0.00   | (1,484.00)                | (3,397.00)   |
| 45-102-00   | Radiology Rev>Medicare A   | •  | 0.00   | 1,484.00                  | 3,397.00   |
| 45-102-01   | Radiology Rev>Medicare A>C/A                                       | 1,484,00<br>(452,00)                     | 0.00   | (452.00)                  | (2,682.00)   |
| 46-102-00   | Lab Rev>Medicare A   | 452.00                                   | 0.00   | 452.00                    | 2,682.00   |
| 46-102-01   | Lab Rev>Medicare A>C/A   | (5,437.00)                               | 0.00   | (5,437.00)                | (1,467.00)   |
| 47-103-00   | Other Ancillary Rev>Medicare B                                     | 7,289.00                                 | 0.00   | 7,289,00                  | 1,747.00   |
| 47-103-14   | Other Ancillary Rev>Medicare B>Sequester                           | (200,980.00)                             | 0.00   | (200,980.00)              | (614,341.00)   |
| 51-102-34   | Other Rev>Medicare A>COVID19                                       | (386.00)                                 | 0.00_  | (386.00)                  | (3,856.00)   |
| 52-102-00   | Revenue Adjustments>Medicare A                                     | (199,514.00)                             | 0.00   | (199,514.00)              | (617,917.00)   |
| Subtotal [10A]  | Other - Medicare   | 7-1                                      |  |                           |  |
| Subgroup : [10B]  | Other - Non-medicare   |  |  | (2,238.00)                | 16.00  |
| 47-105-00   | Other Ancillary Rev>HMO  | (2,238.00)                               | 0.00   | 0.00                      | (263.00)   |
| 47-111-00   | Other Ancillary Rev>Medicaid                                       | 0.00                                     | 0.00   | (3,714,00)                | (8,098.00)   |
| 52-105-00   | Revenue Adjustments>Commercial HMO                                 | (3,714.00)                               | 0.00<br>0.00   | (2.00)                    | (2,936.00)   |
| 52-109-00   | Revenue Adjustments>Hospice  | (2,00)                                   | 0.00   | (76.00)                   | 0.00   |
|   | - A II - b too bit- disold   | (76.00)                                  | 0.00   | (1,196.00)                | 1,956.00   |
| 52-111-00   | Revenue Adjustments>Medicaid                                       |  |  |                           |  |
|   | Revenue Adjustments>Ancillary                                      | (1,196.00)                               | 0.00   | (7,226.00)                | (9,325.00)   |
| 52-111-00   |  | (1,196.00)                               | The second secon |                           | (9,325.00)   |
| 52-111-00<br>52-123-00<br>Subtotal [10B]                    | Revenue Adjustments>Ancillary<br>Other - Non-medicare              |  | 0.00   | (7,226.00)                |  |
| 52-111-00<br>52-123-00<br>Subtotal [10B]<br>Subgroup : [15] | Revenue Adjustments>Ancillery Other - Non-medicare Interest Income |  | 0.00   | (7,226.00)<br>(91,327.00) | (52.00)  |
| 52-111-00<br>52-123-00<br>Subtotal [10B]                    | Revenue Adjustments>Ancillary<br>Other - Non-medicare              | (7,226.00)                               | 0.00   | (7,226.00)                |  |

| Subgroup : [18] | Other Revenue                                  | 0.00           | 0,00       | 0,00           | (72,590,00)    |
|-----------------|--|----------------|------------|----------------|----------------|
| 51-100-00       | Other Rev>Miscellaneous                        | 0.00           | 0,00       | 0.00           | (92,573.00)    |
| 51-111-34       | Other Rev>Medicaid>COVID19                     | (942.00)       | (4,463.00) | (5,405.00)     | (757.00)       |
| 51-818-00       | Other Rev>Medical Records                      |                | (4,463.00) | (5,405.00)     | (165,920.00)   |
| Subtotal [18]   | Other Revenue                                  | (942.00)       |            | 1010000        |                |
|                 |  | 10 450 270 001 | (4,463.00) | (8,463,842.00) | (9,733,191.00) |
| Total [30]      | Statement of Revenue                           | (8,459,379.00) | 144,04,04  |                |                |
|                 | F.   |                |            |                |                |
| Group : [31-32] | Assets   |                |            |                |                |
| Subgroup : [A1] | Cash   | (500.00)       | 0.00       | (539.00)       | (65.00)        |
| 10-001-02       | Cash>Clearing>Payroll                          | (539,00)       | 0.00       | (17,842,00)    | 108,712.00     |
| 10-010-41       | Cash>Operating>Sky View                        | (17,842 00)    |            | 500,00         | 500.00         |
| 10-014-00       | Cash>Petty Cash Facility                       | 500,00         | 0.00       | 1,008.00       | 1,008.00       |
| 10-015-00       | Cash>Petty Cash PNA                            | 1,008,00       | 0.00       | •              | 102,867,00     |
|                 | Cash>Resident Trust>Sky View                   | 80,411.00      | 0.00       | 80,411.00      |                |
| 10-060-41       | Cash>Care Cost                                 | 1,000.00       | 0.00       | 1,000.00       | 1,000,00       |
| 10-061-00       |  | 64,538.00      | 0.00       | 64,538.00      | 214,022.00     |
| Subtotal [A1]   | Cash   |                |            |                |                |
| - 1             | Resident A/R                                   |                |            |                | - 10 700 00    |
| Subgroup : [A2] | Accounts Receivable>Medicare A                 | 259,686,00     | 0.00       | 259,686,00     | 316,523.00     |
| 11-102-00       |  | 8,148.00       | 0.00       | 8,148,00       | 122,713.00     |
| 11-104-00       | Accounts Receivable>Private                    | 73,838.00      | 0.00       | 73,638.00      | 72,362,00      |
| 11-105-00       | Accounts Receivable>HMO                        |                | 0.00       | 126,077,00     | 92,694.00      |
| 11-109-00       | Accounts Receivable>Hospice                    | 126,077.00     | 0.00       | 1,034,424.00   | 1,207,321,00   |
| 11-111-00       | Accounts Receivable>Medicaid                   | 1,034,424,00   |            | (123,512,00)   | (123,600.00)   |
| 11-112-00       | Accounts Receivable>Income                     | (123,512,00)   | 0.00       | , ,            | (90,056,00)    |
| 11-120-00       | Accounts Receivable>Allow for Doubtful Accls   | (23,107.00)    | 0.00       | (23,107.00)    | 30,139,00      |
|                 | Accounts Receivable>Medicare Colns Write Off   | (20,669.00)    | 0.00       | (20,669.00)    |                |
| 11-122-00       | Accounts Receivable>Ancillary                  | 73,318.00      | 0.00       | 73,318.00      | 77,210.00      |
| 11-123-00       |  | 1,408,203.00   | 0.00       | 1,408,203.00   | 1,705,306.00   |
| Subtotal [A2]   | Resident A/R                                   |                | <u>-</u>   |                |                |
|                 | Barraid European                               |                |            |                | (- (           |
| Subgroup : [A5] | Prepaid Expenses                               | 7,428.00       | 0.00       | 7,428.00       | (947,582,00)   |
| 12-000-00       | Prepaid Expenses                               | 108,302.00     | 0.00       | 108,302,00     | 115,331.00     |
| 12-124-00       | Prepaid Expenses>Insurance                     |                | 0.00       | 14,070,00      | 13,129.00      |
| 12-126-00       | Prepaid Expenses>Taxes                         | 14,070.00      | 0.00       | 33,367.00      | 45,005.00      |
| 12-881-00       | Prepaid Expenses>Workers Comp                  | 33,387.00      | 0.00       | 163,167.00     | (774,117.00)   |
| Subtotal [A5]   | Prepaid Expenses                               | 163,167.00     | 0.00       | 100,101.00     |                |
|                 |  |                |            |                |                |
| Subgroup : [B4] | Leasehold Improvements                         | 454 852 00     | 0,00       | 151,852.00     | 109,016.00     |
| 14-131-00       | Fixed Assets>Leasehold Improvements            | 151,852.00     | 0.00       | (22,264.00)    | (12,705.00)    |
| 15-131-00       | Accum Depn>Leasehold Improvements              | (22,264.00)    | 0.00       | 129,588.00     | 96,311.00      |
| Subtotal [B4]   | Leasehold improvements                         | 129,588.00     | 0.00       |                |                |
|                 |  |                |            |                |                |
| Subgroup : [B5] | Non-Movable Equipment                          | 0.00           | 7,679.00   | 7,679,00       | 7,879.00       |
| Marcum 130      | Non-Movable Equipment                          | 0.00           | 7,679.00   | 7,679.00       | 7,679.00       |
| Subtotal [B5]   | Non-Movable Equipment                          | 0.00           | 7,679.00   | 1,010,010      |                |
|                 |  |                |            |                |                |
| Subgroup : [B6] | Movable Equipment                              |                | (7,679,00) | 26,477.00      | 26,477.00      |
| 14-132-00       | Fixed Assets>Furniture, Fixtures and Equipment | 34,156.00      |            | 81,181.00      | 78,522.00      |
| 14-133-00       | Fixed Assets>Medical Equipment                 | 81,181,00      | 0.00       | 42,144.00      | 42,144.00      |
|                 | Fixed Assets>Computer Hardware                 | 42,144,00      | 0.00       |                | 25,884.00      |
| 14-134-00       |  | 25,864.00      | 0.00       | 25,864.00      |                |
| 14-135-00       | Fixed Assets>Computer Software                 | 3,846.00       | 0.00       | 3,846.00       | 3,846.00       |
| 14-305-00       | Fixed Assets>Sales Use Tax                     | (8,626.00)     | 0.00       | (8,626,00)     | (4,909.00)     |
| 15-132-00       | Accum Depn>Furniture, Fixtures and Equipment   |                | 0.00       | (47,141,00)    | (30,994.00)    |
| 15-133-00       | Accum Depn>Medical Equipment                   | (47,141_00)    | 0.00       | (20,432,00)    | (12,003.00)    |
| 15-134-00       | Accum Depn>Computer Hardware                   | (20,432.00)    | 0.00       | (14,770.00)    | (9,597,00)     |
| 15-135-00       | Accum Depn>Computer Software                   | (14,770.00)    |            | (2,860.00)     | (2,091.00)     |
|                 | Accum Depn>Sales Use Tax                       | (2,560.00)     | 0.00       |                | 117,259.00     |
| 15-305-00       | Movable Equipment                              | 93,362.00      | (7,679.00) | 85,683.00      | - (11)         |
| Subtotal [B6]   | MOABDIS Eduthus                                |                |            |                |                |
| Subgroup : [B9] | Other Fixed Assets                             |                |            | 10,083.00      | 19.601.00      |
| 14-136-00       | Fixed Assets>CIP                               | 10,083.00      | 0.00       | 10,083.00      | 19,601.00      |
|                 | Other Fixed Assets                             | 10,083.00      | 0.00       | 10,083.00      | 10,001.00      |
| Subtotal [B9]   | Olifer Fixed Assets                            |                |            |                |                |
| Subgroup : [D1] | Deferred Deposits                              |                |            | 25,865.00      | 25,865.00      |
|                 | Due From>Vendor Security Deposits              | 25,865.00      | 0.00       |                | 25,865.00      |
| 13-128-00       | Deferred Deposits                              | 25,865.00      | 0.00       | 25,865.00      | 23,000.00      |
| Subtotal [D1]   | Deletted pebosins                              |                |            |                |                |
| Subgroup : [D3] | Organization Expense                           |                | 2.22       | 77,378.00      | 77,378.00      |
|                 | Fixed Assets>Startup Costs                     | 77,378,00      | 0.00       |                | (77,378.00)    |
| 14-252-00       | Accum Depn>Startup Costs                       | (77,378.00)    | 0.00       | (77,378,00)    | 0.00           |
| 15-252-00       | *        | 0.00           | 0.00       | 0.00           | 0.00           |
| Subtotal [D3]   | Organization Expense                           |                |            |                |                |
|                 | Loans to Owners or Related Parties             |                |            |                | 0.00           |
| Subgroup : [D6] |  | 50,000.00      | 0.00       | 50,000.00      |                |
| 27-000-27       | Due To/(From)>Lowell                           | 2,138,558.00   | 0.00       | 2,138,558.00   | 2,708,683,00   |
| 27-000-43       | Due To/(From)>Realty Sky View                  | 30,405,00      | 0.00       | 30,405.00      | 0,00           |
| 27-000-46       | Due To/(From)>Regal Management 2.0             |                | 0,00       | 50,091.00      | 36.00          |
| 27-000-53       | Due To/(From)>Woodlake                         | 50,091.00      | 0.00       | 41.00          | 41.00          |
| 27-000-79       | Due To/(From)>Pine View                        | 41,00          |            | 100,001.00     | 1_00           |
| 27-000-10       | Due To/(From)>Ridgeland                        | 100,001.00     | 0.00       | 3,00           | 3.00           |
|                 | Due To/(From)>Fairview at Southport            | 3,00           | 0.00       |                | 133.00         |
| 27-315-00       | Due To/(From)>Fairview at Greenwich            | 133.00         | 0.00       | 133,00         | 70,000.00      |
| 27-316-00       |  | 70,000.00      | 0.00       | 70,000.00      | 960,548.00     |
| 27-328-00       | Due To/(From)>Michelle Cortine                 | 1,080,548.00   | 0.00       | 1,080,548.00   |                |
| 27-400-00       | Due to/(from)>Eli Mirlis                       |                | 0.00       | 3,519,780.00   | 3,739,445.00   |
|                 |  | 3 519 7RO OO   | 0,00       |                |                |
| Subtotal [D6]   | Loans to Owners or Related Parties             | 3,519,780.00   | 0,00       |                |                |

| Subgroup : [D7]             | Other Assets  | 11,117.00      | 2           | 0,00  | 11,117,00                  | 2,924.00               |
|-----------------------------|---|----------------|-------------|-------|----------------------------|------------------------|
| 13-127-00                   | Due From>Old Owner  |                |             | 0.00  | 19,277,00                  | (54,964.00)            |
| 27-111-00                   | Due To/(From)>Medicaid  | 19,277.00      |             | 0.00  | 3,265,00                   | 2,648.00               |
| 27-172-00                   | Due To/(From)>Vendor  | 3,265.00       |             | 0.00  | 33,659.00                  | (49,392.00)            |
| Subtotal [D7]               | Other Assets  | 33,659,00      |             | 0.00  | 33,033.00                  | (10)00007              |
| Total [31-32]               | Assets  | 5,448,245.00   |             | 0.00  | 5,448,245.00               | 5,101,979.00           |
|                             | 6 1-1-20k2  |                |             |       |                            |                        |
| Group : [33-34]             | Liabilities<br>Trade A/P  |                |             |       |                            |                        |
| Subgroup : [A1]             |   | (1,107,091.00) |             | 0.00  | (1,107,091,00)             | (1,311,736.00)         |
| 20-000-00                   | Accounts Payable Other Current Payables>Misc, PR Deduction>401k                           | 205,00         |             | 0.00  | 205,00                     | (7,348.00)             |
| 21-149-09                   | Other Current Payables>Resident Funds   | (80,411,00)    |             | 0,00  | (80,411.00)                | (102,887,00)           |
| 21-350-00                   | Other Current Payables Resident Funds Other Current Payables Disability & Other Insurance | (396.00)       |             | 0.00  | (396.00)                   | (396.00)               |
| 21-884-00                   |   | (1,187,693.00) |             | 0.00  | (1,187,693.00)             | (1,422,347.00)         |
| Subtotal [A1]               | Trade A/P   | (1,101,053,00) |             |       |                            | .,====:                |
| Subgroup : [A4]             | Accrued Payroll   |                |             | 0.00  | (100,733,00)               | (80,411.00)            |
| 23-000-00                   | Accrued Wages & Related   | (100,733,00)   |             | 0.00  |                            | (4,933,00)             |
| 23-156-00                   | Accrued Wages & Related>PR Taxes  | (4,933.00)     |             | 0.00  | (4,933,00)                 | (77,685.00)            |
| 23-157-00                   | Accrued Expenses>PTO  | (77,885.00)    |             | 0.00  | (77,685,00)                | (163,029.00)           |
| Subtotal [A4]               | Accrued Payroll   | (183,351.00)   |             | 0.00  | (183,351.00)               | (183,023.00)           |
|                             | A A Barrelli Tayon Dayoblo  |                |             |       |                            |                        |
| Subgroup : [A6]             | Accrued Payroll Taxes Payable   | (48.00)        |             | 0.00  | (48.00)                    | (48.00)                |
| 21-276-00                   | Other Current Payables>SWT Payable  | (48.00)        |             | 0.00  | (48.00)                    | (48.00)                |
| Subtotal [A6]               | Accrued Payroll Taxes Payable   | (40.00)        |             |       |                            |                        |
| Subgroup : [A12]            | Other Current Liabilities   |                |             | 8.00  | (122 507 00)               | 1,719,030,00           |
| 24-000-00                   | Accrued Expenses  | (132,507.00)   |             | 0.00  | (132,507.00)<br>186,199,00 | 0.00                   |
| 24-121-00                   | Accrued Expenses>Rent   | 186,199.00     |             | 0,00  |                            | (6,249.00)             |
| 24-123-00                   | Accrued Expenses>Ancillary  | (4,355.00)     |             | 0.00  | (4,355.00)                 | (113,229,00)           |
| 24-162-00                   | Accrued Expenses>Insurance - General Liebillty & Oth                                      | (79,822.00)    |             | 0.00  | (79,822.00)                |                        |
| 24-163-00                   | Accrued Expenses>Insurance - EPLI   | (2,746.00)     |             | 0.00  | (2,746.00)                 | (1,654.00)             |
| 24-165-00                   | Accrued Expenses>Insurance - Property   | (7,023.00)     |             | 0.00  | (7,023.00)                 | 0,00                   |
|                             | Accrued Expenses>Year End Adjustments   | (19,326,00)    |             | 0.00  | (19,326,00)                | (11,911,00)            |
| 24-285-00<br>24-881-00      | Accrued Expenses>Workers Comp   | (28,313.00)    |             | 0.00  | (28,313.00)                | (38,182.00)            |
|                             | Deferred Revenue>Medicare>COVID19   | (35,313.00)    |             | 0.00  | (35,313.00)                | (236,293.00)           |
| 25-102-34<br>Subtotal [A12] | Other Current Liabilities   | (123,206.00)   | 6           | 0.00  | (123,206.00)               | 1,311,512.00           |
|                             |   |                |             |       |                            |                        |
| Subgroup : [B3]             | Loans from Owners or Related Parties  |                |             | 0.00  | 0.00                       | 617.00                 |
| 27-000-23                   | Due To/(From)>Taunton   | 0.00           |             | 0.00  | 0.00                       | 301.00                 |
| 27-000-24                   | Due To/(From)>Quincy  | 0.00           |             | 0,00  | 0.00                       | 273,00                 |
| 27-000-25                   | Due To/(From)>Greenfield  | 0.00           |             | 0.00  | 0.00                       | 396,00                 |
| 27-000-26                   | Due To/(From)>Holyoke   | 0,00           |             | 0.00  |                            | 0.00                   |
| 27-000-32                   | Due To/(From)>Worcester   | (148.00)       |             | 0.00  | (148.00)                   | (224,934.00)           |
| 27-000-32                   | Due To/(From)>Salmon Brook  | (513,877.00)   |             | 0.00  | (513,877.00)               | (50,000.00)            |
|                             | Due To/(From)>Realty Salmon Brook   | (50,000.00)    |             | 0.00  | (50,000.00)                |                        |
| 27-000-42                   | Due To/(From)>Sharon  | (145,000.00)   |             | 0.00  | (145,000.00)               | 0.00                   |
| 27-000-50                   | Due To/(From)>Harwich   | (254,000.00)   |             | 0,00  | (254,000.00)               | (200,000.00)           |
| 27-000-55                   | Due To/(From)>Regal Care Management Group   | 516,310,00     |             | 0,00  | 516,310.00                 | 580,611.00             |
| 27-000-92                   |   | (441,239.00)   |             | 0.00  | (441,239,00)               | (125,239,00)           |
| 27-000-93                   | Due To/(From)>RC Holdings   | (59,540.00)    |             | 0.00  | (59,540,00)                | 980 00                 |
| 27-000-95                   | Due To/(From)>Norwich   | 68,841.00      |             | 0.00  | 68,841.00                  | 30,920.00              |
| 27-000-96                   | Due To/(From)>New London  | (26,703.00)    |             | 0.00  | (26,703,00)                | (26,703.00)            |
| 27-109-00                   | Due To/(From)>Hospice   | (19,514.00)    |             | 0.00  | (19,514.00)                | (19,237.00)            |
| 27-152-00                   | Due To/(From)>Employee  |                |             | 0.00  | (924,870.00)               | (32,015.00)            |
| Subtotal [B3]               | Loans from Owners or Related Parties  | (924,870.00)   | 2           |       |                            |                        |
| Subgroup : [B4]             | Other Long-Term Liabilities   |                |             | 10.00 | (0.007.00°                 | (8,037.00)             |
| 27-105-00                   | Due To/(From)>HMO   | (8,037.00)     | 1           | 0.00  | (8,037.00)                 | (16,261.00)            |
|                             | Due To/(From)>Income  | (16,261.00)    | 1           | 0.00  | (16,261.00)                | 0.00                   |
| 27-112-00                   | Due To/(From)>Social Security   | (8,128.00)     | 1           | 0.00  | (9,128.00)                 |                        |
| 27-146-00                   | Due To>Old Owner  | (2,083.00)     |             | 0.00  | (2,083.00)                 | (2,083.00)             |
| 28-127-00<br>Subtotal [B4]  | Other Long-Term Liabilities   | (35,509.00)    |             | 0.00  | (35,509.00)                | (25,381.00)            |
| 200total [D4]               | Other Edilg Term Edulation  |                | 2           | 0.00  | (2,454,677.00)             | (332,308.00)           |
| Total [33-34]               | Liabilities   | (2,454,677.00) |             | 0.00  | (2,434,011.00)             | , vession of           |
| Group : [35]                | Equity  |                |             |       |                            |                        |
| Subgroup : [B1]             | Owner's Capital   |                |             | 0.00  | 373,199.00                 | 225,000.00             |
| 31-000-86                   | Partner's Equity>All Partners>Capital Draws   | 373,199.00     |             |       | 373,199.00                 | 225,000.00             |
| Subtotal [B1]               | Owner's Capital   | 373,199.00     | 5           | 0.00  | 313,130.00                 |                        |
|                             | Cumulated Earnings  |                |             |       | 100 March 2 Broken         | مدما ويجوز بيانا دين ا |
| Subgroup ; [B6]             | Cumulated Earnings  | (5,179,139.00) | )           | 0,00  | (5,179,139.00)             | (5,106,535,00)         |
| 30-000-00                   | Retained Earnings   | (5,179,139.00  |             | 0.00  | (5,179,139.00)             | (5,106,535,00)         |
| Subtotal [B5]               | Cumulated Earnings  |                | <del></del> |       |                            |                        |
| Total (25)                  | Equity  | (4,805,940.00  | <u>)</u>    | 0.00  | (4,805,940.00)             | (4,881,535.00)         |
| Total [35]                  | Equity  |                | -           |       |                            |                        |
|                             |   | 155,840.00     |             | 0.00  | 155,840.00                 | 209,486.00             |
|                             | NET (INCOME) LOSS   | 155,840.00     | -           |       |                            |                        |
|                             | Sum of Account Groups   | 0.00           |             | 0.00  | 0.00                       | 0.00                   |
|                             | anui of Accordit alonha   |                |             |       |                            |                        |

Engagement: Medicaid - Skyview Center 9/30/2023 Period Ending: A.01 - TB-CCNH Trial Balance: H.01 - Combined Journal Entries Report Workpaper: Credit Debit W/P Ref Description Account Reclassifying Journal Entries N.01a Reclassifying Journal Entries JE # 1 To reclass cell phone expense from the telephone line 725.00 Marcum 102 Cell Phone 725.00 80-231-00 Admin Expense>Telephone 725.00 725.00 E,03 Reclassifying Journal Entries JE # 2 To reclass other employee benefits 1,383,00 85-245-00 Employee Benefits Expense>Background Checks 870 00 Marcum 109 Employee Food 3,708,00 Marcum 110 Employee Relations 2,250.00 Marcum 111 Discriminatory Bonus 283.00 Holiday Party Marcum 126 22,786,00 Marcum 127 401k Expense 22,833.00 61-883-00 Nursing Admin Expense>Other Benefits 426.00 69-883-00 Social Services Expense>Other Benefits 2,729,00 70-883-00 Dietary Expense>Other Benefits 483,00 Activity Expense>Other Benefits 71-883-00 1,803,00 Housekeeping & Laundry Expense>Other Benefits 74-863-00 702.00 Maintenance Expense>Other Benefils 75-883-00 2,304.00 80-883-00 Admin Expense>Other Benefits Employee Benefits Expense>Training & Education 85-204-00 Marcum 122 Indirect COVID Expense Admin & General>COVID Related Expense Marcum 123 31,280.00 31,280.00 Total E.09 Reclassifying Journal Entries JE # 3 To reclass Denial Expense, Insertion Nurse, Respiratory Therapist out of Clinical Services to the correct line of the CR 5,520.00 Marcum 101 Dentist 6,245,00 IV Insertion Nurse Marcum 117 1,731,00 Respiratory Therapist Marcum 118 13,496.00 Nursing Expense>Clinical Services 60-206-00 13,496.00 13,496.00 k.03 Reclassifying Journal Entries JE # 5 Reclassing PY adjustment that was not made in 2023 TB 7,679.00 Non-Movable Equipment Marcum 130 1,536,00 Marcum 132 Non-Movable Depreciation Expense 7,679.00 Fixed Assets>Furniture, Fixtures and Equipment 14-132-00 1,536.00 92-000-00 Depreciation Expense 9,215.00 9.215.00 Total E.04 Reclassifying Journal Entries JE # 6 To reclass Legal Fees from professional fees 12,569,00 Admin Expense>Legal Fees 80-238-00 5,500.00 80-249-00 Admin Expense>Recruiting 18,069.00 Admin Expense>Professional Fees 80-240-00 18,069.00 18,069.00 Total D.01 Tab (I) Reclassifying Journal Entries JE # 7 To reclass Distition to the correct page 17,833.00 17,833.00 Marcum 133 Dietary Expense>Contracted Service 70-700-00 17.833.00 17.833.00 D.01 Tab (O) Reclassifying Journal Entries JE # 8 To Reclass Death Certificate listed in Dues and fees to Miscellaneous 20.00 Miscellaneous 20.00 Marcum 134 Admin Expense>Dues & Subscriptions 20.00 B0-235-00 20.00 Total D.01 Tab (T) Reclassifying Journal Entries JE # 9 To reclass Items out of Rental and into Leased 6,324,00 Marcum 121 Leased Equipment 6,324.00 Admin Expense>Equip-Rental 80-208-00 5,324.00 6.324.00 Total E.08 Reclassifying Journal Entries JE # 10 To reclass Ambulance fees to the correct line on the cost report 5,618,00 Ambulance Marcum 108 Nursing Expense>Transportation 5,618.00 60-213-00 5,618.00

Client:

Total

Skyview Center

| Reciassifying Journal   | Entries JE #11                                     | D.01 Tab (I) |            |            |
|-------------------------|--|--------------|------------|------------|
|                         | ords Rev to correct line on the Cost Report        |              |            |            |
| 61-818-80               | Nursing Admin Expense>Medical Records>Wages        |              | 4,463.00   |            |
| 51-818-00               | Other Rev>Medical Records                          |              |            | 4,463.00   |
| Total                   |  |              | 4,463,00   | 4,483.00   |
| Reclassifying Journal   | Entries JE # 12                                    | N.02a        |            |            |
|                         | Payroll tax to the correct line on the cost report |              |            |            |
| Marcum 135              | ERC>Reversal of Payroll Taxes                      |              | 184,464.00 | 184,464.00 |
| 61-880-00               | Nursing Admin Expense>Payroll Taxes                |              |            | 184,464.00 |
| Total                   |  |              | 184,464.00 | 184,404.00 |
|                         |  |              |            |            |
| Reclassifying Journal   | Entries JE # 13                                    | D.01 (O)     |            |            |
| To reclass Dues to the  | correct line on the cost report                    |              | 252.00     |            |
| 60-204-00               | Nursing Expense>Training & Education               |              | 350.00     | 350.00     |
| 80-235-00               | Admin Expense>Dues & Subscriptions                 |              | 350,00     | 350,00     |
| Total                   |  |              | 350,00     | 530,00     |
| 8%                      |  |              |            |            |
| Reclassifying Journal   | Entries JE # 14                                    | E.06         |            |            |
| To reclass education ex | penses tto the correct line of the cost report     |              | T00.00     |            |
| 60-204-00               | Nursing Expense>Training & Education               |              | 500,00     | 500.00     |
| 85-204-00               | Employee Benefits Expense>Training & Education     |              | 500,00     | 500.00     |
| Total                   |  |              | 300,00     |            |
|                         | Total Reclassifying Journal Entries                |              | 292,357.00 | 292,357.00 |
|                         | town transmitting a                                |              |            |            |
|                         | Total All Journal Entries                          |              | 292,357.00 | 292,357,00 |



Workpaper Index:

ex: B.04

Prepared By:

Reviewed By:

1/17/2024

Workpaper Date: Run Date:

1/17/2024

Provider Name: Provider Number: Period Ended: Skyview Center 000010926 9/30/23

Name of Workpaper:

VHCL CKLST

#### VEHICLE COMPLIANCE CHECKLIST

PURPOSE:

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

|   |  | Yes | No | Support Filed at? | Finding Issued? |
|---|--|-----|----|-------------------|-----------------|
| 1 | Are all vehicles registered and insured in the facility's name? Request insurance cards and current vehicle registration.    |     |    |                   |                 |
|   | 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?  |     |    |                   |                 |
|   | 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?   | l,  | 1  |                   |                 |

Conclusion: