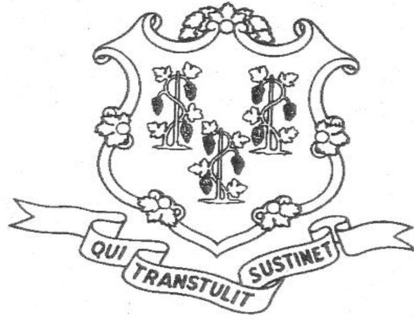
State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2023

Name of Facility (as licensed)	
23 Fair Street Operations LLC	
Address (No. & Street, City, State, Zip Code)	
23 Fair Street , Bristol, CT 06010	
Type of Facility	
☑ Chronic and Convalescent Nursing Home (CCNH) & RHNS Combined ☐ (Specify) ☐ (Specify)	
Report for Year Beginning 10/1/2022	Report for Year Ending 9/30/2023

License Numbers:	CCNH / RHNS	(Specify)	(Specify)	Medicare Provider
	2416			07-5198

Medicaid Provider Numbers:	CCNH / RHNS	(Specify)	(Specify)
	CT 000020164		

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CSP-1 Rev.9/2002

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
23 Fair Street Operations LLC		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 __________________________ [facility name], for the cost report period beginning __________________________ and ending __________________________, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Shahen,Janet			Printed Name (Owner) Diane Morris - VP Reimbursement	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public				

(Notary Seal)

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State of Connecticut

Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjustment

Name of Facility	Period Covered:	From	To
23 Fair Street Operations LLC		10/1/2022	9/30/2023

Address of Facility
23 Fair Street , Bristol, CT 06010

Report Prepared By	Phone Number	Date
Rick Fink	410-494-7657	12/28/2023

Item		Total	CCNH / RHNS	(Specify)	(Specify)
1. Dietary wages paid	$				
2. Laundry wages paid	$				
3. Housekeeping wages paid	$				
4. Nursing wages paid	$	4,046,922	2,728,524		1,318,397
5. All other wages paid	$	723,003	491,642		231,361
6. ***Total Wages Paid***	$	4,769,925	3,220,166		1,549,758
7. Total salaries paid	$	319,732	217,418		102,314
8. ***Total Wages and Salaries Paid*** (As per page 10 of Report)	$	5,089,657	3,437,584		1,652,073

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.

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General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility	Report for Year Ended	Page	of
860-589-2923	9/30/2023	2	37

Name of Facility (as shown on license)	Address (*No. & Street, City, State, Zip*)
23 Fair Street Operations LLC	23 Fair Street , Bristol, CT 06010

License Numbers:	CCNH / RHNS	(Specify)	(Specify)	Medicare Provider No.
	2416			07-5198

Type of Facility (Check appropriate box(es))

☑ Chronic and Convalescent Nursing Home (CCNH) & RHNS Combined ☐ (Specify) ☐ (Specify)

Type of Ownership (Check appropriate box)

○ Proprietorship ⦿ LLC ○ Partnership ○ Profit Corp. ○ Non-Profit Corp. ○ Government ○ Trust

If this facility opened or closed during report year provide:	Date Opened	Date Closed

Has there been any change in ownership or operation during this report year? ○ Yes ⦿ No If "Yes," explain fully.

Administrator

Name of Administrator	Nursing Home Administrator's License No.:
Shahen,Janet	001551

Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name	License No.:

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General Information and Questionnaire
Partners/Members

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Street Operations LLC		9/30/2023	3	37

Legal Name of Partnership/LLC	Business Address	State(s) and/or Town(s) in Which Registered
23 Fair Street Operations LLC	101 East State Street, Kennett Square, PA 19348	PA

Name of Partners/Members	Business Address	Title	% Owned
See the attached			

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General Information and Questionnaire
Corporate Owners

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Street Operations LLC		9/30/2023	3A	37

If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
Names of Stockholders Owning at Least 10% of Shares			
See the attached			

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General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Street Operations LLC		9/30/2023	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

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General Information and Questionnaire
Related Parties*

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Street Operations LLC		9/30/2023	4	37

Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? ◉ Yes ○ No

If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Genesis Administrative Services LLC	101 East State Street, Kennett Square, PA 19348	○	◉		Home Office	Pg 16/m12	694,710	694,710
Genesis ElderCare Rehabilitation Services GRS	101 East State Street, Kennett Square, PA 19348	◉	○	74%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	844,480	844,480
Genesis ElderCare Physician Services GPS_C	101 East State Street, Kennett Square, PA 19348	◉	○	87%	Medical Director /NP	Pg 13/B8, Pg 10/A12	58,520	58,520
Career Staffing Carstaff_C	101 East State Street, Kennett Square, PA 19348	◉	○	86%	Nursing Agency/ Temporary Services	Pg 13/B11 pg 10-12, 1	128,033	128,033
Respiratory Health Services - NCRHS C	101 East State Street, Kennett Square, PA 19348	◉	○	61%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E	1,873,390	1,873,390
Genesis Healthcare Ins Program	101 East State Street, Kennett Square, PA 19348	○	◉		Insurance	Pg 27/14	179,553	179,553
		○	◉					
		○	◉					
		○	◉					

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Street Operations LLC		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, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)
   ⦿ Yes ○ No — If "No," explain fully why such allocation was not made.

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General Information and Questionnaire
Other Lines of Business

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Street Operations LLC	0	9/30/2023	6	37

Square footage of entire facility.	40,014

Outpatient Therapy

Does the Facility provide outpatient therapy services?	No

If yes, please complete the following:

	Square footage of therapy space.

Meals on Wheels

Does the facility provide Meals on Wheels?	No

If yes, please complete the following:

	Square footage of kitchen	
	Number of meals served per week	
No	Are meals included in meals served on page 18 of the Annual Report?	
No	Are direct costs included in the Annual Report?	
	If yes, please state where costs are reported.	
No	Are drivers for the program included in the facility's payroll?	
	If yes, please complete the following:	
		Amount Reported
		Annual Report page and line
	Please state the salary amounts of specific cooks and/or dietary aides	
	Please state where the cooks and/or dietary aides are reported in the Annual Report	

Apartments, Independent Living, Assisted Living

Does the facility have apartments, independent living, and/or assisted living?	No

If yes, please complete the following:

	Square footage of apartments
	Square footage of independent living
	Square footage of assisted living
	Please identify the services provided:

General Information and Questionnaire
Other Lines of Business (Continued)

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Street Operati	0	9/30/2023	7	37

Child Day Care

Does the Facility provide Child Day Care?	No

If yes, please complete the following:

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

Adult Day Care

Does the Facility provide Adult Day Care?	No

If yes, please complete the following:

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

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Schedule of Resident Statistics

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Street Operations LLC		9/30/2023	8	37

	Total All Levels	Total CCNH / RHNS Level	Total (Specify)	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH / RHNS	(Specify)	(Specify)	Total	CCNH / RHNS	(Specify)	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	95	65		30	95	65		30				
B. On last day of THIS report period	95	65		30					95	65		30
2. Number of Residents												
A. As of midnight of PREVIOUS report period	91	63		28	91	63		28				
B. As of midnight of THIS report period	86	60		26					86	60		26
3. Total Number of Days Care Provided During Period												
A. Medicare	2,755	1,974		781	2,277	1,579		698	478	395		83
B. Medicaid (Conn.)	21,049	13,082		7,967	15,593	9,607		5,986	5,456	3,475		1,981
C. Medicaid (other states)												
D. Private Pay	993	810		183	821	731		90	172	79		93
E. State SSI for RCH												
F. Other (Specify)	7,728	6,305		1,423	5,808	4,770		1,038	1,920	1,535		385
G. Total Care Days During Period (3A thru F)	32,525	22,171		10,354	24,499	16,687		7,812	8,026	5,484		2,542
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	46	22		24	46	22		24				
B. Other Bed Reserve Days	122	90		32	67	60		7	55	30		25
5. ***Total Resident Days*** **(3G + 4A + 4B)**	32,693	22,283		10,410	24,612	16,769		7,843	8,081	5,514		2,567

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Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Street Operations LLC		9/30/2023	10	37

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

Item	Total Cost and Hours								
	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours
A. Salaries and Wages*									
1. Operators/Owners (Complete also Sec. I of Schedule A1)									
2. Administrator(s) (Complete also Sec. III of Schedule A1)	105,678	(39,208)	1,442				49,731	(18,451)	678
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)									
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	201,284		7,563				94,722		3,559
5. Dietary Service									
a. Head Dietitian									
b. Food Service Supervisor									
c. Dietary Workers									
6. Housekeeping Service									
a. Head Housekeeper									
b. Other Housekeeping Workers									
7. Repairs & Maintenance Services									
a. Engineer or Chief of Maintenance	57,727		1,480				27,165		696
b. Other Maintenance Workers	26,354		1,251				12,402		589
8. Laundry Service									
a. Supervisor									
b. Other Laundry Workers									
9. Barber and Beautician Services									
10. Protective Services									
11. Accounting Services									
a. Head Accountant									
b. Other Accountants									
12. Professional Care of Residents									
a. Directors and Assistant Director of Nurses	111,740		1,938				52,584		912
b. RN									
1. Direct Care	620,874		11,704				139,114		2,789
2. Administrative**	63,693		1,410				29,973		663
c. LPN									
1. Direct Care	873,515		23,231				534,848		14,267
2. Administrative**									
d. Aides and Attendants	1,108,513		47,519				585,319		25,704
e. Physical Therapists									
f. Speech Therapists									
g. Occupational Therapists									
h. Recreation Workers	88,115		3,496				41,466		1,645
i. Physicians									
1. Medical Director									
2. Utilization Review									
3. Resident Care***									
4. Other (Specify)									
j. Dentists									
k. Pharmacists									
l. Podiatrists									
m. Social Workers/Case Management	118,163		3,504				55,606		1,649
n. Marketing									
o. Other (Specify) See Attached Schedule	61,929		2,154				29,143		1,014
A-13. Total Salary Expenditures	3,437,584	(39,208)	106,691				1,652,073	(18,451)	54,166

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.
** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.
*** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed in the Adjustment column.

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Schedule of Resident Statistics (Cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Street Operations LLC		9/30/2023	9	37

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

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

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

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH / RHNS	CCNH / RHNS	(Specify)	CCNH / RHNS	(Specify)	(Specify)	R.C.H.	ICF-MR
No. of Residents	4	58		24				
Per Diem Rate								
a. One bed rm.								
b. Two bed rms.	738.75	######		496.22				
c. Three or more bed rms.								

Item	TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
7. Total Number of Physical Therapy Treatments					
A. Medicare - Part B	2,164	2,164			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments	1,236	1,236			
C. Other	12,203	12,203			
D. ***Total Physical Therapy Treatments***	15,603	15,603			
8. Total Number of Speech Therapy Treatments					
A. Medicare - Part B	330	330			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments	225	225			
C. Other	2,139	2,139			
D. ***Total Speech Therapy Treatments***	2,694	2,694			
9. Total Number of Occupational Therapy Treatments					
A. Medicare - Part B	2,328	2,328			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments	1,691	1,691			
C. Other	11,027	11,027			
D. ***Total Occupational Therapy Treatments***	15,046	15,046			

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH / RHNS $	CCNH / RHNS Adjustment	CCNH / RHNS Hours	(Specify) $	(Specify) Adjustment	(Specify) Hours	Vent $	Vent Adjustment	Vent Hours
Ward Clerks	$ 14,415		$ 495				$ 6,784		233
Coordinator-Staffing Centers	$ 2,911		$ 83				$ 1,370		39
Central Supply	$ 24,421		$ 865				$ 11,492		407
Medical Records	$ 20,181		$ 711				$ 9,497		334
Total	$ 61,929	$ -	2,154	$ -	$ -	-	$ 29,143	$ -	1,014

Schedule of Other Fees (Page 13)

Service	CCNH / RHNS $	CCNH / RHNS Adjustment	CCNH / RHNS Hours	(Specify) $	(Specify) Adjustment	(Specify) Hours	Vent $	Vent Adjustment	Vent Hours
Consulting Fees	$ 5,251		N/A						
Purchased Services	$ 6,175	$ (6,175)	N/A						
Purchased Services	$ -	$ -	N/A						
Purchased Services-Respiratory	$ 6,183	$ (6,183)	N/A				$ 1,294,016		N/A
Purchased Services	$ 24,398		N/A						
Physician Services -Pulmonary Services									
Total	$ 42,007	$ (12,358)	-	$ -	$ -	-	$ 1,294,016	$ -	-

	Labor	Labor	Rental	Supply	
1020620010					
3010620020	Oct-22	102,288	35,432	10,684	148,403.88
3015620020	Nov-22	103,354	36,587	8,754	148,693.68
3155620020	Dec-22	95,256	35,621	10,267	141,143.08
3080620020	Jan-23	92,088	33,855	9,966	135,909.00
3010610270	Feb-23	102,531	32,175	11,339	146,044.89
	Mar-23	101,933	35,840	11,915	149,688.28
	Apr-23	113,698	42,769	10,151	166,617.91
	May-23	110,695	45,830	8,846	165,370.05
	Jun-23	119,990	40,120	10,013	170,123.60
	Jul-23	110,214	42,485	8,997	161,695.82
	Aug-23	117,962	39,834	9,511	167,307.16
	Sep-23	124,007	39,913	8,473	172,392.53
	Schedule from Marisa	##########	#########	#########	##########

correct
1,336,023
$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Street Operations LLC		9/30/2023	11	37

Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH / RHNS	(Specify)	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
23 Fair Street Operations LLC		9/30/2023	12	37

Name	Salary Paid: CCNH / RHNS	Salary Paid: (Specify)	Salary Paid: (Specify)	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section III - Administrators* **										
Shahen,Janet	155,409				Management of Center	2,120	2			
Section IV - Assistant Administrators										
					Management of Center		2			

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

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

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

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B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Street Operations LLC		9/30/2023	13	37

Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours
	Total Cost and Hours								
***B. Direct care consultants paid on a fee for service basis in lieu of salary** (For all such services complete Schedule B1)									
1. Dietitian									
2. Dentist	102,815		704						
3. Pharmacist	12,619		258				5,938		121
4. Podiatrist									
5. Physical Therapy									
a. Resident Care	351,236	(351,236)	4,811				42,853		587
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians									
a. Medical Director (entire facility)	36,620		100				21,900		100
b. Utilization Review (Title 18 and 19 only) monthly meeting									
c. Resident Care**									
d. Administrative Services facility									
1. Infection Control Committee (Quarterly meetings)									
2. Pharmaceutical Committee (Quarterly meetings)									
3. Staff Development Committee (Once annually)									
e. Other (Specify)									
9. Speech Therapist									
a. Resident Care	66,556	(66,556)	853				24,666		316
b. Other									
10. Occupational Therapist									
a. Resident Care	311,819	(311,819)	4,271				42,424		581
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care	80,033	(3,521)	825				899		10
2. Administrative***									
b. LPN									
1. Direct Care	53,739	(2,643)	900				7,015		25
2. Administrative***									
c. Aides	84	(4)	3						
d. Other									
12. Other (Specify) See Attached Schedule	42,007	(12,358)					1,294,016		
B-13 Total Fees Paid in Lieu of Salaries	1,057,527	(748,136)	12,726				1,439,711		1,741

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Street Operations LLC		9/30/2023	14	37

Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship
		Yes	No	
Career Staffing Carstaff_C	Nursing Agency/ Temporary Services	⦿	○	Common Ownership
Genesis Rehabilitation Services, 101 East State Street, Kennett Square, PA 19348	Physical, Occupational, and Speech Therapy	⦿	○	Common Ownership
Genesis Physician Services, 101 East State Street, Kennett Square, PA 19348	Medical Director	⦿	○	Common Ownership
Genesis Staffing Services, 101 East State Street, Kennett Square, PA 19348	Nursing Pool	⦿	○	Common Ownership
Respiratory Health Services, 515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	Respiratory and Oxygen Supplies	⦿	○	Common Ownership
		○	⦿	
		○	⦿	
		○	⦿	
		○	⦿	
		○	⦿	
		○	⦿	
		○	⦿	
		○	⦿	
		○	⦿	
		○	⦿	
		○	⦿	
		○	⦿	
		○	⦿	
		○	⦿	
		○	⦿	
		○	⦿	
		○	⦿	

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Street Operations LLC		9/30/2023	15	37

Item		Total Including Adjustment	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
1. Administrative and General								
a. Employee Health & Welfare Benefits								
1. Workmen's Compensation	$	155,923	116,102	(10,074)			54,636	(4,741)
2. Disability Insurance	$							
3. Unemployment Insurance	$	41,159	27,988				13,171	
4. Social Security (F.I.C.A.)	$	375,477	255,324				120,153	
5. Health Insurance	$	152,239	103,523				48,717	
6. Life Insurance (employees only) (not-owners and not-operators)	$							
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	$							
8. Uniform Allowance	$							
9. Other (*Specify*) See Attached Schedule	$							
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	$							
c. Bad Debts*	$		167,864	(167,864)			78,995	(78,995)
d. Accounting and Auditing	$							
e. Legal (*Services should be fully described on Page 15b*)	$	(0)	(0)				(0)	
f. Insurance on Lives of Owners and Operators (*Specify*)*	$							
g. Office Supplies	$	16,843	11,453				5,390	
h. Telephone and Cellular Phones								
1. Telephone & Pagers	$	17,426	11,849				5,576	
2. Cellular Phones	$	994	676				318	
i. Appraisal (*Specify purpose and attach copy*)*	$							
j. Corporation Business Taxes (*franchise tax*)	$							
k. Other Taxes (*Not related to property - See Page 22*)								
1. Income*	$							
2. Other (*Specify*) See Attached Schedule	$	995	677				318	
3. Resident Day User Fee	$	588,813	369,995				218,818	
Subtotal	$	1,349,869	1,065,451	(177,938)			546,092	(83,736)

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

68% 32%

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	RCH	Adjustment		
Union Health & Welfare	$ -				$ -		1020520020	10205200: Union Hea 5.57
Union Health & Welfare	$ -				$ -		3080520020	30055200: Union Hea 327.34
Union Health & Welfare	$ -				$ -		3210520020	30805200: Union Hea 151.77
Union Health & Welfare	$ -				$ -		3215520020	32155200: Union Hea 5662.56
Union Health & Welfare	$ -				$ -		3225520020	32255200: Union Hea 12980.05
Union Health & Welfare	$ -				$ -		5035520020	50355200: Union Hea 466.59
Union Health & Welfare	$ -				$ -		3005520020	
Benefit Allocations	$ -				$ -		1020520060	
Total	-	$ -	$ -	$ -	$ -	$ -	correct	- -

Schedule of Other Taxes

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	RCH	Adjustment		
Sales Tax	$ 677				$ 318		1020640110	
Sales Tax	$ -				$ -			
Total	$ 677	$ -	$ -	$ -	$ 318	$ -	correct	**995.11** $ -

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General Information and Questionnaire
Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Street Operations LLC		9/30/2023	15b	37

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

◉ Accrual ○ Cash ○ Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Grant Thornton	
2	
3	
4	

Services Provided by This Firm (*describe fully*)	
1 Year end financial audit	$
2	$
3	$
4	$
	Charge for Services Provided $

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

◉ Yes ○ No

Legal Services Information

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

Address (*No. & Street, City, State, Zip Code*)
1
2
3
4
5

Services Provided by This Firm (*describe fully*)		
1	$	(0)
2	$	
3	$	
4	$	
5	$	
	Charge for Services Provided $	(0)

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

◉ Yes ○ No

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

Name of Facility 23 Fair Street Operations LLC	License No.	Report for Year Ended 9/30/2023					Page 16	of 37
Item		Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Subtotals Brought Forward:		1,349,869	1,065,451	(177,938)			546,092	(83,736)
l. Travel and Entertainment								
1. Resident Travel and Entertainment	$							
2. Holiday Parties for Staff	$	1,411	959				451	
3. Gifts to Staff and Residents	$							
4. Employee Travel	$	15,599	10,608				4,992	
5. Education Expenses Related to Seminars and Conventic	$	680	462				218	
6. Automobile Expense (*not purchase or depreciation*)	$							
7. Other (*Specify*) See Attached Schedule	$							
m. Other Administrative and General Expenses								
1. Advertising Help Wanted (*all such expenses*)	$	100	68				32	
2. Advertising Telephone Directory (*all such expenses*)**	$							
3. Advertising Other (*Specify*)*** See Attached Schedule	$		7,498	(7,498)			3,529	(3,529)
4. Fund-Raising***	$							
5. Medical Records	$	840	571				269	
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	$							
7. Postage	$	2,240	1,523				717	
* 8. Dues and Membership Fees to Professional Associations (*Specify*) See Attached Schedule	$	11,884	8,081				3,803	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	$							
9. Subscriptions	$	33,267	22,621				10,645	
10. Contributions*** See Attached Schedule	$		79	(79)			37	(37)
11. Services Provided by Contract (*Specify and Complete Schedule C-2, Page 21 for each firm or individual)*	$	11,016	7,491				3,525	
12. Administrative Management Services**	$	694,710	335,028	137,375			157,660	64,647
13. Other (*Specify*) See Attached Schedule	$	63,727	79,637	(36,303)			37,476	(17,084)
C-14 Total Administrative & General Expenditures	$	2,185,343	1,540,078	(84,443)			769,446	(39,738)

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

Schedule of Other Travel and Entertainment

68% 32%

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

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	RCH	Adjustment			
Advertising	$ 2,555	$ (2,555)			$ 1,202	$ (1,202)	1020630020		
Marketing Expense	$ 681	$ (681)			$ 321	$ (321)	1020630330		
Marketing Exp- Corporate Spend	$ 4,163	$ (4,163)			$ 1,959	$ (1,959)	1020630331		
Marketing Exp- Corporate Spend	$ -	$ -			$ -	$ -	3165630330		
Marketing Expense	$ 100	$ (100)			$ 47	$ (47)	3080630330		
Marketing Expense	$ -	$ -			$ -	$ -	3005630330		
Total Other Advertising	$ 7,498	$ (7,498)	$ -	$ -	$ 3,529	$ (3,529)	correct	11,027	-

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	RCH	Adjustment			
Licenses & Certifications	$ 8,081				$ 3,803		1020630310		
Dues to Chamber of Commerce	$ -				$ -				
	$ -				$ -				
	$ -				$ -				
	$ -				$ -				
	$ -				$ -				
	$ -				$ -				
	$ -				$ -				
	$ -				$ -				
	$ -				$ -				
Total Dues	$ 8,081	$ -	$ -	$ -	$ 3,803	$ -	correct	11,884	-

Schedule of Contributions

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	RCH	Adjustment			
Contributions	$ 79	$ (79)			$ 37	$ (37)	1020630130		
Political Contributions	$ -				$ -		1020630135		
	$ -				$ -				
Total Contributions	$ 79	$ (79)	$ -	$ -	$ 37	$ (37)	correct	116	-

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	RCH	Adjustment							
Bank Service Charges	$ 13,372				$ 6,293		$19,664	1020630060		1020630060	Bank Servic	19,664.13	C01M13
Collection Fees	$ 36,303	$ (36,303)			$ 17,084	$ (17,084)	$53,387	1020630120		1020630120	Collection F	9,549.91	C01M13
Employee Physicals	$ 4,662				$ 2,194		$ 6,857	1020630180		1020630120	Collection F	51.31	C01M13
Employee Relations	$ 5,597				$ 2,634		$ 8,230	1020630200		1020630180	Employee P	6,856.51	C01M13
Licenses & Certifications	$ 85				$ 40		$ 125	3165630310		1020630200	Employee R	8,230.35	C01M13
Printing	$ 209				$ 98		$ 307	1020630380		3165630310	Licenses &	125.00	C01M13
Recruiting Fees	$ 1,097				$ 516		$ 1,613	1020630440		1020630380	Printing	307.21	C01M13
Recruiting Fees	$ 15,271				$ 7,186		$22,457	3080630440		1020630440	Recruiting F	1,612.59	C01M13
Training Expense	$ 42				$ 20		$ 62	1020630610		3080630440	Recruiting F	22,457.38	C01M13
Equipment Non-Capitalized	$ 87				$ 41		$ 128	1020640060		1020630610	Training Ex	62.42	C01M13
Miscellaneous	$ (150)				$ (71)		$ (221)	1020640090		1020640060	Equipment I	(1,263.13)	C01M13
Rental Expense	$ 1,583				$ 745		$ 2,329	1020660080		1020640060	Equipment I	1,391.47	C01M13
Repairs & Maintenance	$ 1,415				$ 666		$ 2,081	1020660100		1020640090	Miscellaneo	(220.00)	C01M13
Accrued Expense Estimation	$ -				$ -		$ -	1020660990		1020640090	Miscellaneo	(1.14)	C01M13
State Tax Annual Report Filing	$ 54				$ 26		$ 80	1020720070		1020660080	Rental Expe	2,053.20	C01M13
Interest Expense	$ 10				$ 5		$ 14	7010730010		1020660080	Rental Expe	275.42	C01M13
	$ -				$ -		$ -			1020660100	Repairs & M	1,866.75	C01M13
	$ -				$ -					1020660100	Repairs & M	214.36	C01M13
	$ -				$ -					1020660990	Accrued Ex	0.00	
	$ -				$ -					1020720070	State Tax A	80.00	
Total Other Administrative and General	79,637	$ (36,303)	$ -	$ -	$ 37,476	$ (17,084)		errors	117,113	7010730010	Interest Exp	14.21	
										1020630120	Collection F	43,785.48	

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Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
23 Fair Street Operations LLC		9/30/2023	17 | 37

Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Genesis Administrative Services LLC	694,710	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12

*** 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.**

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

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Street Operations LLC		9/30/2023	18	37

Item		Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
2. Dietary								
a. In-House Preparation & Service								
1. Raw Food	$	183,401	124,712				58,688	
2. Non-Food Supplies	$	27,994	19,036				8,958	
3. Other (*Specify*)_______________ Contra Meal Expense	$	(3)	(2)				(1)	
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$	581,098	395,146				185,951	
c. Other (*Specify*)___________________ Books, Dues & Subscriptions	$							
2D. ***Total Dietary Expenditures***	$	792,489	538,892				253,596	

2E. Dietary Questionnaire	Total	CCNH / RHNS	(Specify)	(Specify)
F. Resident Meals: Total no. of meals served per da				

	Question	Yes	No	
G.	Is cost of employee meals included in 2D?	○ Yes	⊙ No	
H.	Did you receive revenue from employees?	○ Yes	⊙ No	If yes, specify amt.
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)			
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	○ Yes	⊙ No	If yes, specify cost.
K.	Is any revenue collected from these people?	○ Yes	⊙ No	If yes, specify amt.
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item)			
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	○ Yes	⊙ No	If yes, specify cost.
N.	Is any revenue collected from employees?	○ Yes	⊙ No	If yes, specify amt.
O.	Where is the revenue received reported in the Cost Report? (Page/Line Item)			

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Street Operations LLC		9/30/2023	19	37

Item		Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
3. Laundry								
a. In-House Processing*	Lbs.							
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. $	5,244	3,566				1,678	
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.							
	Amt. $							
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.							
	Amt. $							
4. Repair and/or purchase of linens.***	Lbs.							
	Amt. $	-38	-26				-12	
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$	225,377	153,256				72,121	
c. Other (*Specify*)	$							
3D. ***Total Laundry Expenditures***	$	230,582	156,796				73,786	

3E. Laundry Questionnaire

	Question	Yes	No	
F.	Is cost of employee laundry included in 3D	○ Yes	⦿ No	If yes, specify cost.
G.	Did you receive revenue from employees?	○ Yes	⦿ No	If yes, specify amt.
H.	Where is the revenue received reported in the Cost Report?		(Page/Line Item)	
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	○ Yes	⦿ No	If yes, specify cost.
J.	Did you receive revenue from these people	○ Yes	⦿ No	If yes, specify amt.
K.	Where is the revenue received reported in the Cost Report?		(Page/Line Item)	

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
All allocations should add to total recorded in 3D.

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Street Operations LLC		9/30/2023	20	37

Item	Basis		Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
4. Housekeeping a. In-House Care	Sq. Ft. Serviced by Personnel								
1. Supplies - Cleaning (*Mops, pails, brooms, etc.*)	Amt.	$	13,551	9,215				4,336	
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	Sq. Ft. Serviced by Personnel								
	Amt.	$	225,204	153,139				72,065	
C. Other (*Specify*)		$							
4D. ***Total Housekeeping Expenditures***		$	238,755	162,353				76,402	
5. Resident Care (Supplies)** a. Prescription Drugs***									
1. Own Pharmacy		$							
2. Purchased from Omnicare		$		206,404	(206,404)				
b. Medicine Cabinet Drugs		$	38,543	38,543					
c. Medical and Therapeutic Supplies		$	211,943	144,121				67,822	
d. Ambulance/Limousine***		$							
e. Oxygen									
1. For Emergency Use		$							
2. Other***		$	87,717	(0)	0			87,717	
f. X-rays and Related Radiological Procedures***		$		15,208	(15,208)				
g. Dental (*Not dentists who should be included under salaries or fees*)		$							
h. Laboratory***		$		38,902	(38,902)				
i. Recreation		$	2,789	1,896				892	
j. Direct Management Services*		$							
k. Indirect Management Services*		$							
l. Cable TV		$	7,200	37,536	(30,336)				
m. Other (Specify)**** See Attached Schedule		$	640,116	61,397	(20,093)			602,044	(3,232)
n. Physical Therapy Expense		$							
o. Speech Therapy Expense		$							
5P. ***Total Resident Care Expenditures*** (5a - 5o)		$	988,307	544,007	(310,943)			758,475	(3,232)

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

Schedule of Other Resident Care

68% 32%

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	RCH	Adjustment	
Incontinency	$ 29,411				$ 13,840		3060610160
Advertising-Help Wanted	$ (6,186)				$ (2,911)		3060610161
Advertising-Help Wanted	$ 4,745				$ 2,233		3080630030
Books, Dues & Subscriptions	$ -				$ -		3080630080
Education Expense	$ 29				$ 14		3080630140
Employee Relations	$ -				$ -		3080630200
Supplies	$ 160				$ 76		3120630530
Respiratory Supplies-Vent	$ 6,395	$ (6,395)			$ 118,916		3155630530
Supplies	$ -				$ -		3170630530
Office Supplies	$ 57				$ 27		3090630535
Office Supplies	$ -				$ -		3120630535
Office Supplies	$ -				$ -		3165630535
Training Expense	$ 11,068				$ 5,208		3080630610
Rental Expense	$ -				$ -		3120660080
Rental Expense-Vent	$ 6,830	$ (6,830)			$ 460,458		3155660080
Consolidated Billing	$ 6,869	$ (6,869)			$ 3,232	$ (3,232)	3010610300
Tuition Reimbursement	$ 2,040				$ 960		3080630630
Tuition Reimbursement	$ -				$ -		3210630630
Tuition Reimbursement	$ (72)				$ (34)		3225630630
Office Supplies	$ -				$ -		3150630535
Office Supplies	$ 53				$ 25		3155630535
Supplies	$ -				$ -		3165630530
T&E-Lodging/Transportation	$ -				$ -		3080630550
T&E-Lodging/Transportation	$ -				$ -		3165630550
Licenses & Certifications	$ -				$ -		3080630310
Total Other Resident Care	$ 61,397	$ (20,093)	$ -	$ -	$ 602,044	$ (3,232)	correct ######### -

	Labor	Rental	Supply
Oct-22	102,288	35,432	10,684
Nov-22	103,354	36,587	8,754
Dec-22	95,256	35,621	10,267
Jan-23	92,088	33,855	9,966
Feb-23	102,531	32,175	11,339
Mar-23	101,933	35,840	11,915
Apr-23	113,698	42,769	10,151
May-23	110,695	45,830	8,846
Jun-23	119,990	40,120	10,013
Jul-23	110,214	42,485	8,997
Aug-23	117,962	39,834	9,511
Sep-23	124,007	39,913	8,473
	##########	460,458.44	#########

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

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Street Operations LLC		9/30/2023	21	37

Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH / RHNS	(Specify)	(Specify)	Pg	Line
Healthcare Services Group	Drive, Bensalem, PA 19020	○	⊙	Vendor Contracted	Laundry Purchased Services	225,377			19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020	○	⊙	Vendor Contracted	Housekeeping Purchased Services	225,204			20	4b
Healthcare Services Group	Drive, Bensalem, PA 19020	○	⊙	Vendor Contracted	Dietary Purchased Services	581,098			18	2b
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Street Operations LLC		9/30/2023	22	37

Item		Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	$	182,226	123,914				58,312	
b. Heat	$	37,191	25,290				11,901	
c. Light & Power	$	96,087	65,339				30,748	
d. Water	$	15,871	10,792				5,079	
e. Equipment Lease (*Provide detail on page 22b*)	$							
f. Other (*itemize*)	$							
See Attached Schedule								
6g. ***Total Maint. & Operating Expense*** (6a - 6f)	$	331,375	225,335				106,040	
7. Depreciation (*complete schedule page 23**)								
a. Land Improvements	$	3,205	2,179				1,026	
b. Building & Building Improvements	$	32,540	22,127				10,413	
c. Non-Movable Equipment	$	437	297				140	
d. Movable Equipment	$	41,211	28,023				13,187	
*7e. ***Total Depreciation Costs*** (7a + b + c + d)	$	77,392	52,627				24,766	
8. Amortization (*Complete att. Schedule Page 24**)								
a. Organization Expense	$							
b. Mortgage Expense	$							
c. Leasehold Improvements	$							
d. Other (*Specify*)	$							
*8e. ***Total Amortization Costs*** (8a + b + c + d)	$							
9. Rental payments on leased real property less real estate taxes included in item 10b	$	607,353	413,000				194,353	
10. Property Taxes								
a. Real estate taxes paid by owner	$							
b. Real estate taxes paid by lessor	$	119,437	81,217				38,220	
c. Personal property taxes	$							
11. ***Total Property Expenses*** (7e + 8e + 9 + 10)	$	804,183	546,844				257,338	

* 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
Total Other Repairs and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -

General Information and Questionnaire
Leases (Excluding Real Property)

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

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Street Operations LLC		9/30/2023	22b	37

Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
	○	⦿					
	⦿	○					
	○	⦿					
	○	⦿					
	○	⦿					
	○	⦿					
	○	⦿					
	○	⦿					
	○	⦿					
	○	⦿					

Is a Mileage Log Book Maintained for All Leased Vehicles ? ○ Yes ○ No **Total *****

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

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Depreciation Schedule

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Street Operations LLC		9/30/2023	23	37

Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. **Land Improvements**								
1. Acquired prior to this report period	58,954		58,954	43,148	S/L	Various	3,205	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
A-4. Subtotal								3,205
B. **Building and Building Improvements**								
1. Acquired prior to this report period	459,885		459,885	123,018	S/L	Various	30,322	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	83,879		83,879				2,218	
B-4. Subtotal								32,540
C. **Non-Movable Equipment**								
1. Acquired prior to this report period	4,370		459,885	2,804	S/L	Various	437	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
C-4. Subtotal								437

	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
D. **Movable Equipment**												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period					1,039,218		1,039,218	853,233	S/L	Various	39,794	
b. Disposals (attach schedule)												
Acquired during this report period (attach schedule):												
c. Administrative					19,354		19,354				1,417	
d. Standard Resident												
e. Specialized Resident												
Total Acquired during this report period					19,354		19,354				1,417	
D-3. Subtotal												41,211
E. ***Total Depreciation***												77,392

Schedule of Land Improvements Acquired during this report period

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

***Ties to Page 23, Line A3**

****Ties to Page 23, Line A2**

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation		
Additions:						
1/31/2023	Drywall Panels in oxygen storage room	$ 7,025	20 00	$ 234	150050	016464
1/31/2023	New outlets and panel	$ 31,570	20 00	$ 1,052	150050	016465
4/30/2023	6-Hallway fire doors	$ 27,110	20 00	$ 565	150050	016544
5/31/2023	2 - Metal Doors - Laundry Room	$ 6,773	20 00	$ 113	150050	016566
6/30/2023	Utility Room Fire door	$ 6,056	20 00	$ 76	150050	016595
				$ -		
Total additions for Building Improvements		$ 83,879		$ 2,218 *		
Deletions:						
Total deletions for Building Improvements		$ -		$ - **		

***Ties to Page 23, Line B3**

****Ties to Page 23, Line B2**

Schedule of Non-Movable Equipment Acquired during this report period

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

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

***Ties to Page 23, Line C3**
****Ties to Page 23, Line C2**

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One Movable Category	Cost	Useful Life	Depreciation		
Additions:							
1/31/2023	NuStep TR4 Recumbent Cross Trainer	Administrative	$ 5,125	10 00	$ 342	150085	016463
9/30/2023	Scotsman Ice Machine	Administrative	$ 4,197	10 00	$ -	150085	016677
12/31/2022	Wiring for Timeclocks	Administrative	$ 10,032	07 00	$ 1,075	150117	016436
Total additions for Movable Equipment			$ 19,354		$ 1,417 *		
Deletions:							
Total deletions for Movable Equipment			$ -		$ - **		`

***Ties to Page 23, Line D2c**
****Ties to Page 23, Line D2b**

Schedule of Leasehold Improvements Acquired during this report period

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

***Ties to Page 24, Line C3**
****Ties to Page 24, Line C2**

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Amortization Schedule*

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Street Operations LLC		9/30/2023	24	37

Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. **Organization Expense**									
1.									
2.									
3.									
A-4. Subtotal									
B. **Mortgage Expense**									
1.									
2.									
3.									
B-4. Subtotal									
C. **Leasehold Improvements and Other**									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. ***Total Amortization***									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility	License No.	Report for Year Ended	Page of
23 Fair Street Operations LLC		9/30/2023	25 | 37

11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party?*

○ Yes ⊙ No

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

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

Description	Total
1. Date Land Purchased	n/a
2. Date Structure Completed	n/a
3. If **NOT** Original Owner, Date of Purchase	
4. Date of Initial Licensure	
5. Total Licensed Bed Capacity	95
6. Square Footage	
7. Acquisition Cost	
a. Land	n/a
b. Building	n

Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of ___________				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

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

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease
MidCap RE Loan	Building and Equipment	12/01/15	20	607,353
Address: One Seagate Suite 1500, Toledo, OH 43603-1475				

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Street Operations LLC		9/30/2023	26	37

Item		Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
12. Interest A. Building, Land Improvement & Non-Movable Equipment 1. First Mortgage	$							
Name of Lender	Rate							
Address of Lender								
2. Second Mortgage	$							
Name of Lender	Rate							
Address of Lender								
3. Third Mortgage	$							
Name of Lender	Rate							
Address of Lender								
4. Fourth Mortgage	$							
Name of Lender	Rate							
Address of Lender								
B. CHEFA Loan Information								
1. Original Loan Amount	$							
2. Loan Origination Date								
3. Interest Rate %								
4. Term								
5. CHEFA Interest Expense								
12 B7. ***Total Building Interest Expense***	$							

(*Carry Subtotals forward to next page*)

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

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Street Operations LLC		9/30/2023	27	37

Item	Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Subtotals Brought Forward:							
12. C. Movable Equipment 1. Automotive Equipment $							
A. Item / Rate / Amount							
Lender							
Address of Lender							
2. Other (*Specify*) $							
A. Item / Rate / Amount							
Lender							
Address of Lender							
B. Item / Rate / Amount							
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2) $							
12. D. Other Interest Expense (*Specify*) $							
13. ***Total All Interest Expense*** $							
14. Insurance a. Insurance on Property (buildings only) $	44,284	30,113				14,171	
b. Insurance on Automobiles $							
c. Insurance other than Property (as specified above) 1. Umbrella (*Blanket Coverage*) $	94,762	91,983	(27,545)			43,286	(12,962)
2. Fire and Extended Coverage $							
3. Other (*Specify*) $							
14d. ***Total Insurance Expenditures*** $	139,046	122,096	(27,545)			57,457	(12,962)
15. ***Total All Expenditures (A-13 thru C-14)*** $	12,491,180	8,331,514	(1,210,275)			5,444,324	(74,384)

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F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended	Page of
23 Fair Street Operations LLC		9/30/2023	30 | 37

Item		Total	CCNH / RHNS	(Specify)	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (*CT only*)	$	10,508,281	5,359,223		5,149,058
b. Medicaid Room and Board Contractual Allowance **	$	(5,336,301)	(2,721,513)		(2,614,787)
2. a. Medicaid (*All other states*)	$				
b. Other States Room and Board Contractual Allowance **	$				
3. a. Medicare Residents *(all inclusive)*	$	1,426,640	1,426,640		
b. Medicare Room and Board Contractual Allowance **	$	(170,307)	(170,307)		
4. a. Private-Pay Residents and Other	$	4,289,007	3,388,316		900,691
b. Private-Pay Room and Board Contractual Allowance **	$	(1,400,798)	(1,106,631)		(294,168)
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	$	55,619	55,619		
b. Prescription Drugs - Medicare Contractual Allowance **	$	(6,640)	(6,640)		
c. Prescription Drugs - Non-Medicare	$	176,165	119,792		56,373
d. Prescription Drugs - Non-Medicare Contractual Allowance **	$	(59,678)	(40,581)		(19,097)
2. a. Medical Supplies - Medicare	$	263	263		
b. Medical Supplies - Medicare Contractual Allowance **	$	(31)	(31)		
c. Medical Supplies - Non-Medicare	$	94	64		30
d. Medical Supplies - Non-Medicare Contractual Allowance **	$	(43)	(29)		(14)
3. a. Physical Therapy - Medicare	$	318,597	318,597		
b. Physical Therapy - Medicare Contractual Allowance **	$	(38,033)	(38,033)		
c. Physical Therapy - Non-Medicare	$	497,684	338,425		159,259
d. Physical Therapy - Non-Medicare Contractual Allowance **	$	(177,853)	(120,940)		(56,913)
4. a. Speech Therapy - Medicare	$	113,681	113,681		
b. Speech Therapy - Medicare Contractual Allowance **	$	(13,571)	(13,571)		
c. Speech Therapy - Non-Medicare	$	261,185	177,606		83,579
d. Speech Therapy - Non-Medicare Contractual Allowance **	$	(101,665)	(69,132)		(32,533)
5. a. Occupational Therapy - Medicare	$	318,826	318,826		
b. Occupational Therapy - Medicare Contractual Allowance **	$	(38,060)	(38,060)		
c. Occupational Therapy - Non-Medicare	$	552,558	375,740		176,819
d. Occupational Therapy - Non-Medicare Contractual Allowance **	$	(202,206)	(137,500)		(64,706)
6. a. Other *(Specify)* - Medicare	$	225,091	153,062		72,029
b. Other *(Specify)* - Non-Medicare	$	1,411,387	959,743		451,644
III. *Total Resident Revenue* (Section I. thru Section II.)	$	12,609,892	8,642,628		3,967,264
IV. Other Revenue*					
1. Meals sold to guests, employees & others	$				
2. Rental of rooms to non-residents	$	912,383	912,383		
3. Telephone	$				
4. Rental of Television and Cable Services	$				
5. Interest Income *(Specify)*	$	1,579	1,579		
6. Private Duty Nurses' Fees	$				
7. Barber, Coffee, Beauty and Gift shops	$				
8. Other (*Specify*)	$	28,581	28,581		
V. Total Other Revenue (1 thru 8)	$	942,542	942,542		
VI. Total All Revenue (III +V)	$	13,552,434	9,585,170		3,967,264

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
II-6-a	X-Ray	$ 3,648		$ 1,717
II-6-a	Laboratory	$ 4,338		$ 2,042
II-6-a	Respiratory Therapy & Supplies	$ 162,527		$ 76,483
II-6-a	Nursing Treatment Supplies	$ -		$ -
II-6-a	Audiology	$ -		$ -
II-6-a	Incontinency	$ -		$ -
II-6-a	Oxygen & Supplies	$ -		$ -
II-6-a	Physician Visit	$ -		$ -
II-6-a	Ambulance	$ -		$ -
II-6-a	Flu Shot	$ 3,297		$ 1,551
II-6-a	Capitation Contracts	$ -		$ -
II-6-a	X-Ray- Contractual	$ (436)		$ (205)
II-6-a	Laboratory- Contractual	$ (518)		$ (244)
II-6-a	Respiratory Therapy & Supplies- Contractual	$ (19,402)		$ (9,130)
II-6-a	Nursing Treatment Supplies- Contractual	$ -		$ -
II-6-a	Audiology- Contractual	$ -		$ -
II-6-a	Incontinency- Contractual	$ -		$ -
II-6-a	Oxygen & Supplies- Contractual	$ -		$ -
II-6-a	Physician Visit- Contractual	$ -		$ -
II-6-a	Ambulance- Contractual	$ -		$ -
II-6-a	Flu Shot- Contractual	$ (394)		$ (185)
II-6-a	Capitation Contracts- Contractual	$ -		$ -
Total Other Resident Revenue - Medicare		$ 153,062	$ -	$ 72,029

	68%	32%
X-Ray	(5,365.00)	640.46
Laboratory	(6,379.92)	761.61
Respirator	#########	#######
Nursing Tı	-	-
Audiology	-	-
Incontinen	-	-
Oxygen &	-	-
Physician '	-	-
Ambulanc	-	-
Flu Shot	(4,848.00)	578.74
Capitation	-	-

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
II-6-b	X-Ray	$ 6,491		$ 3,054
II-6-b	Laboratory	$ 9,839		$ 4,630
II-6-b	Respiratory Therapy & Supplies	$ 1,824,748		$ 858,705
II-6-b	Nursing Treatment Supplies	$ -		$ -
II-6-b	Audiology	$ -		$ -
II-6-b	Incontinency	$ -		$ -
II-6-b	Oxygen & Supplies	$ -		$ -
II-6-b	Physician Visit	$ -		$ -
II-6-b	Ambulance	$ -		$ -
II-6-b	Flu Shot	$ -		$ -
II-6-b	Capitation Contracts	$ -		$ -
II-6-b	X-Ray- Contractual	$ (2,192)		$ (1,031)
II-6-b	Laboratory- Contractual	$ (3,234)		$ (1,522)
II-6-b	Respiratory Therapy & Supplies- Contractual	$ (875,909)		$ (412,192)
II-6-b	Nursing Treatment Supplies- Contractual	$ -		$ -
II-6-b	Audiology- Contractual	$ -		$ -
II-6-b	Incontinency- Contractual	$ -		$ -
II-6-b	Oxygen & Supplies- Contractual	$ -		$ -
II-6-b	Physician Visit- Contractual	$ -		$ -
II-6-b	Ambulance- Contractual	$ -		$ -
II-6-b	Flu Shot- Contractual	$ -		$ -
II-6-b	Capitation Contracts- Contractual	$ -		$ -
Total Other Resident Revenue		$ 959,743	$ -	$ 451,644

	Medicaid		Others	
X-Ray	(583.01)	296.06	(8,962.02)	2,927.01
Laboratory	(165.75)	84.17	(14,302.97)	4,671.38
Respirator	#########	#######	(411,695.72)	134,460.63
Nursing Tı	-	-	-	-
Audiology	-	-	-	-
Incontinen	-	-	-	-
Oxygen &	-	-	-	-
Physician '	-	-	-	-
Ambulanc	-	-	-	-
Flu Shot	-	-	-	-
Capitation	-	-	-	-

Interest Income

Page Ref	Account	CCNH / RHNS	(Specify)	(Specify)
IV-5	Interest On Overdue Accounts	$ 1,579		
Total Interest Income		$ 1,579	$ -	$ -

Schedule of Other Revenue

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
IV-8	Interest Income	$ -		
IV-8	Rental Income	$ -		
IV-8	Telehealth Services	$ 28,111		
IV-8	Federal Stimilus	$ -		
IV-8	State COVID support	$ -		
IV-8	Misc Income	$ 470		
IV-8				
Total Other Revenue		$ 28,581	$ -	$ -

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G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page 31 of 37
23 Fair Street Operations LLC		9/30/2023	

Account				Amount
Assets				
A. Current Assets				
1. Cash (*on hand and in banks*)				$ 4,313
2. Resident Accounts Receivable (Less Allowance for Bad Debts)				$ 2,225,039
3. Other Accounts Receivable (Excluding Owners or Related Parties)				$ (20,160)
4 Inventories				$ 28,805
5. Prepaid Expenses				$ 37,455
a.				
b.				
c.				
d. See Schedule		37,455		
6. Interest Receivable				$
7. Medicare Final Settlement Receivable				$
8. Other Current Assets (*itemize*)				$
See Schedule				
A-9. ***Total Current Assets*** (Lines A1 thru 8)				$ 2,275,453
B. Fixed Assets				
1. Land				$
2. Land Improvements	*Historical Cost	58,954		$ 12,601
	Accum. Depreciation	46,353	Net	
3. Buildings	*Historical Cost	538,420		$ 382,862
	Accum. Depreciation	155,558	Net	
4. Leasehold Improvements	*Historical Cost			$
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	4,370		$ 1,129
	Accum. Depreciation	3,241	Net	
6. Movable Equipment	*Historical Cost	1,058,572		$ 164,128
	Accum. Depreciation	894,444	Net	
7. Motor Vehicles	*Historical Cost			$
	Accum. Depreciation		Net	
8. Minor Equipment-Not Depreciable				$
9. Other Fixed Assets (*itemize*)				$
See Schedule				
B-10. ***Total Fixed Assets*** (Lines B1 thru 9)				$ 560,721

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

(*Carry Total forward to next page*)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description			
31	A5	Prepaid Prop Taxes		$ 12,368	145040
31	A5	Prepaid Escrow Real Estate		$ -	145280
31	A5	Prepaid Escrow Insurance		$ -	145290
31	A5	Prepaid Escrow Replace Reserve		$ -	145300
31	A5	Prepaid Personal Property Tax		$ 25,087	145310
			-		
Total Prepaid Expenses				$ 37,455	

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description				
32	Line D7	Elimination Intercompany		$ -	Eliminati	190010
32	Line D7	I/C Due to/Due From GHCLLC		$ 56,097,739	I/C Due t	198000
32	Line D7	I/C Due to/Due From GHCLLC PR		$ (42,143,463)	I/C Due t	198010
32	Line D7	I/C Due to/Due From GHCLLC A/P		$ (17,997,464)	I/C Due t	198020
32	Line D7	I/C Due to/Due From GHCLLC EX		$ (2,474)	I/C Due t	198030
32	Line D7	I/C Due to/Due From GHCLLC AR		$ (5,104,902)	I/C Due t	198040
32	Line D7	I/C Due to/Due From GHCLLC IN		$ (297,185)	I/C Due t	198050
32	Line D7	O L/T A Suspense		$ -	O L/T A :	180050
32	Line D7	ROU Bldg Asset-Oper Lease		$ -	ROU Bld	150510
32	Line D7	AccumAmort-ROU Bldg OprLease		$ -	AccumAr	150511
32	Line D7		-	$ -		
32	Line D7		-	$ -		
32	Line D7		-	$ -		
Total Other Assets				$ (9,447,748)		

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			$ -

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

Page Ref	Line Ref	Description			
33	A12	Accr Exp Other	$ 32,575	Accr Exp	210010
33	A12	Accr Exp Water and Sewer	$ 3,701	Accr Exp	210090
33	A12	Accr Exp Gas	$ 1,319	Accr Exp	210100
33	A12	Accr Exp Electricity	$ 2,393	Accr Exp	210110
33	A12	Accr Exp Nursing Purchased Ser	$ -	Accr Exp	210310
33	A12	Accr Exp Due to Prior Owner	$ -	Accr Exp	210330
33	A12	Deferred Revenue	$ 3,616	Deferred	210340
33	A12	A/R Credit Gross Up Liability	$ 146,008	A/R Cre	210345
33	A12	Accrued Provider/Bed Tax	$ 306,409	Accrued	210350
33	A12	Accr Sales and Use Tax - FY18	$ 0	Accr Sal	215418
33	A12	CP OprLease-Bldg Obligation	$ -	CP OprL	227610
33	A12	CP-Self Insurance WC Reserve	$ 62,792	CP-Self I	220110
33	A12	CP-Self Insurance GLPL Reserve	$ 19,415	CP-Self I	220120
33	A12	Accr Exp Suspense	$ -	Accr Exp	210240
Total Other Current Liabilities (Itemize)			$ 578,228		

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

Page Ref	Line Ref	Description			
34	B4	LT OprLease-Bldg Obligation	$ -	LT OprL	276010
34	B4	LT WC Case Reserves	$ 116,217	LT WC (	287110
34	B4	LT GLPL Case Reserves	$ 44,467	LT GLPL	287120
34	B4	LT WC Insurance Recoveries	$ 45,407	LT WC I	287210
34	B4	LT GLPL Insurance Recoveries	$ 1,108	LT GLPL	287220
34	B4	LT WC Development	$ 136,910	LT WC D	287310
34	B4	LT GLPL Development	$ 16,179	LT GLPL	287320
34	B4	LT WC Discount	$ (16,450)	LT WC D	287410
34	B4	LT WC Gross-up to CP	$ (62,792)	LT WC (	287510
34	B4	LT GLPL Gross-up to CP	$ (19,415)	LT GLPL	287520
34	B4-1	Escheatable Funds	$ 9,076	Escheat	290060
Total Other Current Liabilities (Itemize)			$ 270,707		

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Street Operations LLC		9/30/2023	32	37

Account				Amount
			Total Brought Forward:	$ 2,836,173
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				$
2. Land Improvements	*Historical Cost			
	Accum. Depreciation		Net	$
3. Buildings	*Historical Cost			
	Accum. Depreciation		Net	$
4. Non-Movable Equipment	*Historical Cost			
	Accum. Depreciation		Net	$
5. Movable Equipment	*Historical Cost			
	Accum. Depreciation		Net	$
6. Motor Vehicles	*Historical Cost			
	Accum. Depreciation		Net	$
7. Minor Equipment-Not Depreciable				$
C-8 ***Total Leasehold or Like Properties*** (C1 thru 7)				$
D. Investment and Other Assets				
1. Deferred Deposits				$
2. Escrow Deposits				$
3. Organization Expense	*Historical Cost			
	Accum. Depreciation		Net	$
4. Goodwill (Purchased Only)				$
5. Investments Related to Resident Care (*itemize*)				$
6. Loans to Owners or Related Parties (*itemize*)				$
Name and Address	Amount	Loan Date		
7. Other Assets (*itemize*)				$ (9,447,748)
See Schedule		(9,447,748)		
D-8. ***Total Investments and Other Assets*** (Lines D1 thru 7)				$ (9,447,748)
D-9. ***Total All Assets*** (Lines A9 + B10 + C8 + D8)				$ (6,611,575)

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page of
23 Fair Street Operations LLC		9/30/2023	33 | 37

Account				Amount
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable				$ 1,202,081
2. Notes Payable (*itemize*)				$
See Schedule				
3. Loans Payable for Equipment (*Current portion*) (*itemize*)				$
Name of Lender	Purpose	Amount	Date Due	
4. Accrued Payroll (*Exclusive of Owners and/or Stockholders only*)				$ 151,914
5. Accrued Payroll (*Owners and/or Stockholders only*)				$
6. Accrued Payroll Taxes Payable				$ 1,116
7. Medicare Final Settlement Payable				$
8. Medicare Current Financing Payable				$
9. Mortgage Payable (*Current Portion*)				$
10. Interest Payable (*Exclusive of Owner and/or Related Parties*)				$
11. Accrued Income Taxes*				$
12. Other Current Liabilities (*itemize*)				$ 578,228
See Schedule		578,228		
A-13. ***Total Current Liabilities*** (Lines A1 thru 12)				$ 1,933,340

* 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	Page of
23 Fair Street Operations LLC		9/30/2023	34 | 37

Account				Amount
			Total Brought Forward:	1,933,340
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (*itemize*)				$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				$
3. Loans from Owners or Related Parties (*itemize*)				$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (*itemize*)				$ 270,707
See Schedule		270,707		
B-5. ***Total Long-Term Liabilities*** (Lines B1 thru 4)				$ 270,707
C. ***Total All Liabilities*** (Lines A-13 + B-5)				$ 2,204,047

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

Name of Facility	License No.	Report for Year Ended	Page of
23 Fair Street Operations LLC		9/30/2023	35 | 37

Account					Amount	
A. **Reserves**						
1. Reserve for value of leased land					$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized					$	
3. Reserve for depreciation value of leased personal property (*Equity)*					$	
4. Reserve for leasehold real properties on which fair rental value is based					$	
5. Reserve for funds set aside as donor restricted					$	
6. Total Reserves					$	
B. **Net Worth**						
1. Owner's Capital					$	
2. Capital Stock					$	
3. Paid-in Surplus					$	
4. Treasury Stock					$	
5. Cumulated Earnings					$	(8,592,217)
6. Gain or Loss for Period	10/1/2022	thru	9/30/2023		$	(223,405)
7. Total Net Worth					$	(8,815,622)
C. ***Total Reserves and Net Worth***					$	(8,815,622)
D. ***Total Liabilities, Reserves, and Net Worth***					$	(6,611,575)

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H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page of
23 Fair Street Operations LLC		9/30/2023	36 | 37

	Account	Amount
A.	Balance at End of Prior Period as shown on Report of 09/30/2022	$ (9,876,876)
B.	Total Revenue (*From Statement of Revenue Page 30*)	$ 13,552,434
C.	Total Expenditures (*From Statement of Expenditures Page 27*)	$ 12,491,180
D.	Net Income or Deficit	$ 1,061,254
E.	Balance	$ (8,815,622)
F.	Additions 1. Additional Capital Contributed (*itemize*)	
	2. Other (*itemize*)	
F-3.	Total Additions	$
G.	Deductions 1. Drawings of Owners/Operators/Partners (*Specify*)	$

Name and Address (*No., City, State, Zip*)	Title	Amount

	Account	Amount
	2. Other Withdrawings *(Specify)*	$

Purpose	Amount

	Account	Amount
	3. Total Deductions	$
H.	***Balance at End of Period*** 09/30/23	$ (8,815,622)

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Street Operations LLC		9/30/2023	37	37

Check appropriate category

☑ Chronic and Convalescent Nursing Home (CCNH) & RHNS Combined	☐ (Specify)	☐ (Specify)

Preparer/Reviewer Certification

I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.

Signature of Preparer	Title	Date Signed

Printed Name of Preparer	
Rick Fink	
Addres Address	**Phone Number**
515 Fairmount Avenue, STE 800, Towson, Maryland 21286	
Contacted Person Regarding Additional Information Needed Regarding This Report	**Phone Number**
Rick Fink	410-494-7657
Contact Email Address	
Rick.Fink@genesishcc.com	