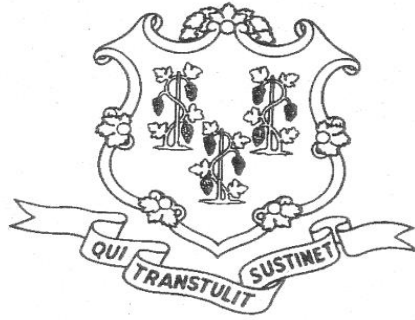


# State of Connecticut



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

Name of Facility (as licensed) Branford Hills Health Care Center	
Address (No. & Street, City, State, Zip Code) 189 Alps Road, Branford, CT 06405	
Type of Facility Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input type="checkbox"/> (Specify) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2022	Report for Year Ending 9/30/2023

License Numbers:	CCNH / RHNS 997-C	(Specify)	(Specify)	Medicare Provider 07-5296
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Medicaid Provider Numbers:	CCNH / RHNS 9977	(Specify)	(Specify)
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**General Information**

Name of Facility (as licensed) Branford Hills Health Care Center	License No. 997-C	Report for Year Ended 9/30/2023	Page 1	of 37
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**Administrator's/Owner's Certification**

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Branford Hills Health Care Center [facility name], for the cost report period beginning October 1, 2022 and ending September 30, 2023, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Janet Woxland			Printed Name (Owner) Akiva Fried		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

State of Connecticut  
**Department of Social Services**  
 55 Farmington Avenue, Hartford, Connecticut 06105

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Branford Hills Health Care Center		Period Covered:	From 10/1/2022	To 9/30/2023
Address of Facility 189 Alps Road, Branford, CT 06405				
Report Prepared By CJLC LLC		Phone Number 860-610-9009	Date 2/1/2024	
Item	Total	CCNH / RHNS	(Specify)	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

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

Phone No. of Facility 203-481-6221		Report for Year Ended 9/30/2023	Page 2	of 37
Name of Facility (as shown on license) Branford Hills Health Care Center		Address (No. & Street, City, State, Zip) 189 Alps Road, Branford, CT 06405		
License Numbers:	CCNH / RHNS 997-C	(Specify)	(Specify)	Medicare Provider No. 07-5296
Type of Facility (Check appropriate box(es)) Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input type="checkbox"/> (Specify) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box) <input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No             If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator Janet Woxland		Nursing Home Administrator's License No.:	1516	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		









### General Information and Questionnaire Related Parties\*

Name of Facility Branford Hills Health Care Center	License No. 997-C	Report for Year Ended 9/30/2023	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?     Yes     No    If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Ark Healthcare Management LLC	494 Elm Street, Stamford, CT 06902	<input type="radio"/>	<input checked="" type="radio"/>		Management fees	16/m12	1,222,254	1,222,254
ABH Propco LLC	189 Alps Road, Branford, CT 06405	<input type="radio"/>	<input checked="" type="radio"/>		Property rental	22/9	1,200,000	1,200,000
ABH Pharmacy	189 Alps Road, Branford, CT 06405	<input type="radio"/>	<input checked="" type="radio"/>		Prescription Drugs	20/5a1	1,073,462	1,073,462
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

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

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Branford Hills Health Care Center	License No. 997-C	Report for Year Ended 9/30/2023	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

1. In the preparation of this Report, were all costs allocated as required?       Yes       No      If "No," explain fully why such allocation was not made.
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes       No      If "No," explain fully why such allocation was not made.

**General Information and Questionnaire**  
**Other Lines of Business**

Name of Facility Branford Hills Health Care Center	License No. 997-C	Report for Year Ended 9/30/2023	Page 6	of 37
Square footage of entire facility. <span style="float:right; border: 1px solid black; padding: 2px;">0</span>				
<b>Outpatient Therapy</b>				
Does the Facility provide outpatient therapy services?		No		
<i>If yes, please complete the following:</i>				
	Square footage of therapy space.			
<b>Meals on Wheels</b>				
Does the facility provide Meals on Wheels?		No		
<i>If yes, please complete the following:</i>				
	Square footage of kitchen			
	Number of meals served per week			
No	Are meals included in meals served on page 18 of the Annual Report?			
No	Are direct costs included in the Annual Report?			
<i>If yes, please state where costs are reported.</i>				
No	Are drivers for the program included in the facility's payroll?			
<i>If yes, please complete the following:</i>				
		Amount Reported		
		Annual Report page and line		
Please state the salary amounts of specific cooks and/or dietary aides				
Please state where the cooks and/or dietary aides are reported in the Annual Report				
<b>Apartments, Independent Living, Assisted Living</b>				
Does the facility have apartments, independent living, and/or assisted living?		No		
<i>If yes, please complete the following:</i>				
	Square footage of apartments			
	Square footage of independent living			
	Square footage of assisted living			
Please identify the services provided:				

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

Name of Facility Branford Hills Health	License No. 997-C	Report for Year Ended 9/30/2023	Page 7	of 37
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**Child Day Care**

Does the Facility provide Child Day Care?  No

*If yes, please complete the following:*

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

**Adult Day Care**

Does the Facility provide Adult Day Care?  No

*If yes, please complete the following:*

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

### Schedule of Resident Statistics

Name of Facility Branford Hills Health Care Center			License No. 997-C		Report for Year Ended 9/30/2023				Page 8	of 37		
	Total All Levels	Total CCNH / RHNS Level	Total (Specify)	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH / RHNS	(Specify)	(Specify)	Total	CCNH / RHNS	(Specify)	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	190	190			190	190						
B. On last day of THIS report period	190	190							190	190		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	146	146			146	146						
B. As of midnight of THIS report period	175	175							175	175		
3. Total Number of Days Care Provided During Period												
A. Medicare	12,354	12,354			8,476	8,476			3,878	3,878		
B. Medicaid (Conn.)	37,313	37,313			27,199	27,199			10,114	10,114		
C. Medicaid (other states)												
D. Private Pay	4,573	4,573			3,183	3,183			1,390	1,390		
E. State SSI for RCH												
F. Other (Specify) Managed Care	3,779	3,779			2,626	2,626			1,153	1,153		
G. Total Care Days During Period (3A thru F)	58,019	58,019			41,484	41,484			16,535	16,535		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	486	486			351	351			135	135		
B. Other Bed Reserve Days	50	50			22	22			28	28		
5. <b>Total Resident Days (3G + 4A + 4B)</b>	58,555	58,555			41,857	41,857			16,698	16,698		

### Schedule of Resident Statistics (Cont'd)

Name of Facility Branford Hills Health Care Center			License No. 997-C			Report for Year Ended 9/30/2023			Page 9		of 37	
4. Were there any changes in the certified bed capacity during the report year? <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span> 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)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	(Specify)	(Specify)	
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.												
Change in Resident Days									CCNH / RHNS	(Specify)	(Specify)	
1st change												
2nd change												
3rd change												
4th change												
6. Number of Residents and Rates on September 30 of Cost Year												
Item	Medicare		Medicaid			Self-Pay		Other State Assisted				
	CCNH / RHNS	CCNH / RHNS	(Specify)	CCNH / RHNS	(Specify)	(Specify)	R.C.H.	ICF-MR				
No. of Residents	51	109		15								
Per Diem Rate												
a. One bed rm.		#####		610.00								
b. Two bed rms.				560.00								
c. Three or more bed rms.												
7. Total Number of Physical Therapy Treatments				TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)				
A. Medicare - Part B				963	963							
B. Medicaid (Exclusive of Part B)												
1. Maintenance Treatments												
2. Restorative Treatments												
C. Other				9,707	9,707							
D. <b>Total Physical Therapy Treatments</b>				10,670	10,670							
8. Total Number of Speech Therapy Treatments												
A. Medicare - Part B				496	496							
B. Medicaid (Exclusive of Part B)												
1. Maintenance Treatments												
2. Restorative Treatments												
C. Other				1,937	1,937							
D. <b>Total Speech Therapy Treatments</b>				2,433	2,433							
9. Total Number of Occupational Therapy Treatments												
A. Medicare - Part B				1,340	1,340							
B. Medicaid (Exclusive of Part B)												
1. Maintenance Treatments												
2. Restorative Treatments												
C. Other				11,263	11,263							
D. <b>Total Occupational Therapy Treatments</b>				12,603	12,603							

Annual Report of Long-Term Care Facility

CSP-10 Rev. 3/2023

Report of Expenditures - Salaries & Wages

Name of Facility Branford Hills Health Care Center	License No. 997-C	Report for Year Ended 9/30/2023	Page 10	of 37
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Are time records maintained by all individuals receiving compensation?  Yes  No

Item	Total Cost and Hours									
	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours	
A. Salaries and Wages*										
1. Operators/Owners (Complete also Sec. I of Schedule A1)										
2. Administrator(s) (Complete also Sec. III of Schedule A1)	192,608		2,464							
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)										
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	593,133		13,989							
5. Dietary Service										
a. Head Dietitian										
b. Food Service Supervisor										
c. Dietary Workers	924,493		41,240							
6. Housekeeping Service										
a. Head Housekeeper										
b. Other Housekeeping Workers	401,319		19,192							
7. Repairs & Maintenance Services										
a. Engineer or Chief of Maintenance										
b. Other Maintenance Workers	155,873		5,590							
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	206,712		4,274							
b. RN										
1. Direct Care	754,970		15,322							
2. Administrative**	462,940		9,573							
c. LPN										
1. Direct Care	1,300,862		34,452							
2. Administrative**										
d. Aides and Attendants	2,071,928		94,725							
e. Physical Therapists										
f. Speech Therapists										
g. Occupational Therapists										
h. Recreation Workers	191,411		8,000							
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	145,989		4,492							
n. Marketing										
o. Other (Specify) See Attached Schedule	48,349		1,550							
<i>A-13. Total Salary Expenditures</i>	<i>7,450,587</i>		<i>254,863</i>							

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH / RHNS			(Specify)			(Specify)		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
Admissions	\$ 48,349		1,550						
<b>Total</b>	\$ 48,349	\$ -	1,550	\$ -	\$ -	-	\$ -	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH / RHNS			(Specify)			(Specify)		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
<b>Total</b>	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-



**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	
Branford Hills Health Care Center				997-C	9/30/2023			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH / RHNS	(Specify)	(Specify)							
<b>Section I - Operators/Owners</b>										
<b>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).</b>										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Branford Hills Health Care Center				997-C	9/30/2023			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH / RHNS	(Specify)	(Specify)							
<b>Section III - Administrators***</b>										
Janet Woxland	192,608				Administrator	2,464	A2			
<b>Section IV - Assistant Administrators</b>										

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

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

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

**B. Report of Expenditures - Professional Fees**

Name of Facility	License No.	Report for Year Ended						Page	of
Branford Hills Health Care Center	997-C	9/30/2023						13	37
Total Cost and Hours									
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>									
1. Dietitian	937		22						
2. Dentist									
3. Pharmacist	1,660								
4. Podiatrist									
5. Physical Therapy									
a. Resident Care	437,481		6,836						
b. Other									
6. Social Worker	2,923		81						
7. Recreation Worker									
8. Physicians									
a. Medical Director (entire facility)	66,000		1,000						
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	148,988		1,568						
b. Other									
10. Occupational Therapist									
a. Resident Care	579,851	(579,851)	8,921						
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care	796,569		10,212						
2. Administrative***	77,808		778						
b. LPN									
1. Direct Care	1,615,700		24,115						
2. Administrative***									
c. Aides	1,958,448		50,217						
d. Other									
12. Other (Specify)									
See Attached Schedule									
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>5,686,365</b>	<b>(579,851)</b>	<b>103,750</b>						

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

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

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

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

Name of Facility Branford Hills Health Care Center		License No. 997-C		Report for Year Ended 9/30/2023		Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship			
		Yes	No				
Erica dAmato	Dietician	<input type="radio"/>	<input checked="" type="radio"/>				
Health Drive Dental, 100 Crossing Blvd, Framingham, MA	Dental Service	<input type="radio"/>	<input checked="" type="radio"/>				
Preferred Therapy Solutions, PO Box 69363, Baltimore, Maryland	PT/ST/OT	<input type="radio"/>	<input checked="" type="radio"/>				
Joseph Balsamo, MD, 687 Campbell Ave, West Haven, CT 06516	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>				
Fusion Medical Staffing, 11808 Grant St Suite 100, Omaha, NE 68164	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>				
IntelyCare, Inc. 1250 Hancock St #501N, Quincy, MA 02169	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>				
Maureen Canil, 771 Oxbow Drive, Myrtle Beach, SC	Nursing Consultant	<input type="radio"/>	<input checked="" type="radio"/>				
Genie Healthcare Inc, 50 Millstone Road, East Windsor NJ 08520	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>				
Advanced Staffing Associates, 55 Whiting St, Plainville, CT 06062	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>				
Empro Staffing, PO Box 190331, Brooklyn, MY	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				

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

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

Name of Facility	License No.	Report for Year Ended					Page	of
Branford Hills Health Care Center	997-C	9/30/2023					15	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
<b>1. Administrative and General</b>								
<b>a. Employee Health &amp; Welfare Benefits</b>								
1. Workmen's Compensation	\$ 156,289	156,289						
2. Disability Insurance	\$							
3. Unemployment Insurance	\$ 106,033	106,033						
4. Social Security (F.I.C.A.)	\$ 548,110	548,110						
5. Health Insurance	\$ 320,701	320,701						
6. Life Insurance (employees only) (not-owners and not-operators)	\$							
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$							
8. Uniform Allowance	\$							
9. Other ( <i>Specify</i> ) See Attached Schedule	\$							
<b>b. Personal Retirement Plans, Pensions, and         Profit Sharing Plans for Owners and         Operators (Discriminatory)*</b>	\$							
<b>c. Bad Debts*</b>	\$ 237,276	237,276	(237,276)					
<b>d. Accounting and Auditing</b>	\$ 63,260	63,260						
<b>e. Legal (<i>Services should be fully described on Page 15b</i>)</b>	\$ 274,310	274,310						
<b>f. Insurance on Lives of Owners and         Operators (<i>Specify</i>)*</b>	\$							
<b>g. Office Supplies</b>	\$ 48,438	48,438						
<b>h. Telephone and Cellular Phones</b>								
1. Telephone & Pagers	\$ 26,805	26,805						
2. Cellular Phones	\$ 318	318						
<b>i. Appraisal (<i>Specify purpose and         attach copy</i>)*</b>	\$							
<b>j. Corporation Business Taxes (<i>franchise tax</i>)</b>	\$							
<b>k. Other Taxes (<i>Not related to property - See Page 22</i>)</b>								
1. Income*	\$ 90,000	90,000	(90,000)					
2. Other ( <i>Specify</i> ) See Attached Schedule	\$							
3. Resident Day User Fee	\$ 880,718	880,718						
<b>Subtotal</b>	\$ 2,752,258	2,752,258	(327,276)					

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

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

## General Information and Questionnaire

### Accounting Basis

Name of Facility Branford Hills Health Care Center	License No. 997-C	Report for Year Ended 9/30/2023	Page 15b	of 37
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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 CJLC LLC	225 Pitkin Street, East Hartford, Ct 06108
2 AR Solutions	
3 Pease Bell	
4	

**Services Provided by This Firm (describe fully)**

1 Medicaid Cost Report/CT Corp Tax Returns	\$	13,050
2 Billing Assistance	\$	33,443
3 Audit/Taxes	\$	16,767
4	\$	
<b>Charge for Services Provided</b>		
\$		63,260

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.  
 Yes     No    15/1d

**Legal Services Information**

Name of Legal Firm or Independent Attorney	Telephone Number
1 Ford & Harrison LLP	
2 American Arbitration Association	
3	
4	
5	

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

1

2

3

4

5

**Services Provided by This Firm (describe fully)**

1 Employee matters	\$	9,846
2 Employee matters	\$	325
3 Legal fees from purchase	\$	264,139
4	\$	
5	\$	
<b>Charge for Services Provided</b>		
\$		274,310

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.  
 Yes     No    15/1e

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

Name of Facility	License No.	Report for Year Ended					Page	of
Branford Hills Health Care Center	997-C	9/30/2023					16	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
<b>Subtotals Brought Forward:</b>	2,752,258	2,752,258	(327,276)					
<b>l. Travel and Entertainment</b>								
1. Resident Travel and Entertainment \$								
2. Holiday Parties for Staff \$								
3. Gifts to Staff and Residents \$	1,858	1,858						
4. Employee Travel \$	9,090	9,090						
5. Education Expenses Related to Seminars and Conventions \$	8,550	8,550						
6. Automobile Expense ( <i>not purchase or depreciation</i> ) \$								
7. Other ( <i>Specify</i> ) \$								
See Attached Schedule								
<b>m. Other Administrative and General Expenses</b>								
1. Advertising Help Wanted ( <i>all such expenses</i> ) \$	2,379	2,379						
2. Advertising Telephone Directory ( <i>all such expenses</i> )*** \$								
3. Advertising Other ( <i>Specify</i> )*** \$	22,966	22,966	(22,966)					
See Attached Schedule								
4. Fund-Raising*** \$								
5. Medical Records \$								
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** \$								
7. Postage \$	6,071	6,071						
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) \$	9,827	9,827						
See Attached Schedule								
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$								
9. Subscriptions \$	22,940	22,940						
10. Contributions*** \$								
See Attached Schedule								
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> ) \$								
12. Administrative Management Services** \$	1,222,254	1,222,254						
13. Other ( <i>Specify</i> ) \$	275,868	275,868	(25,409)					
See Attached Schedule								
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 4,334,061	4,334,061	(375,651)					

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



Schedule of Other Travel and Entertainment

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Business Promotion	\$ 3,137	\$ (3,137)				
Marketing Events	\$ 19,829	\$ (19,829)				
<b>Total Other Advertising</b>	\$ 22,966	\$ (22,966)	\$ -	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
CAHCF	\$ 7,479					
AMEX	\$ 30					
CT Association	\$ 1,068					
Delaware Secretary of State	\$ 538					
CT	\$ 712					
<b>Total Dues</b>	\$ 9,827	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Contributions

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
<b>Total Contributions</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
CT Background Check Fees	\$ 6,381					
Fees & Registration	\$ 7,960					
Licenses & Permits	\$ 1,199					
Computer Services	\$ 158,182					
Small Computer Equipment	\$ 6,661					
Payroll Service	\$ 29,417					
Bank Charges	\$ 37,936					
Miscellaneous Admin Expense	\$ 2,723					
Chow Expenses	\$ 25,409	\$ (25,409)				
<b>Total Other Administrative and General</b>	\$ 275,868	\$ (25,409)	\$ -	\$ -	\$ -	\$ -

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

Name of Facility Branford Hills Health Care Center	License No. 997-C	Report for Year Ended 9/30/2023	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
ARK HealthCare Management	1,222,254	Management Services	16/m12

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Branford Hills Health Care Center		997-C	9/30/2023				18	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
2. Dietary								
a. In-House Preparation & Service								
1. Raw Food	\$ 593,918	593,918						
2. Non-Food Supplies	\$ 92,795	92,795						
3. Other (Specify) _____	\$							
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 102,130	102,130						
c. Other (Specify) _____	\$							
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 788,843</b>	<b>788,843</b>						
2E. Dietary Questionnaire		Total	CCNH / RHNS		(Specify)	(Specify)		
F. Resident Meals:	Total no. of meals served per day:*	3	3					
G. Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No						
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.				
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)								
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.				
K. Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.				
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)								
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.				
N. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.				
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)								

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

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

Name of Facility Branford Hills Health Care Center		License No. 997-C	Report for Year Ended 9/30/2023				Page 19	of 37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
3. Laundry								
a. In-House Processing*		Lbs.						
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$						
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.						
		Amt. \$						
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.						
		Amt. \$						
4. Repair and/or purchase of linens.***		Lbs.						
		Amt. \$						
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$						
c. Other (Specify) Linen Services		\$	175,312	175,312				
<b>3D. Total Laundry Expenditures (3a + b + c)</b>		\$	175,312	175,312				
<b>3E. Laundry Questionnaire</b>								
F. Is cost of employee laundry included in 3D?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.				
G. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.				
H. Where is the revenue received reported in the Cost Report?		(Page/Line Item)						
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.				
J. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.				
K. Where is the revenue received reported in the Cost Report?		(Page/Line Item)						

\* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3D.

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Branford Hills Health Care Center		997-C	9/30/2023				20	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
4.	Housekeeping							
	a. In-House Care	Sq. Ft. Serviced by Personnel						
	1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt.	\$ 70,834	70,834				
	b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel						
		Amt.	\$ 22,031	22,031				
	C. Other ( <i>Specify</i> )	\$						
4D.	<b>Total Housekeeping Expenditures</b> (4a + b + c)	\$	92,865	92,865				
5.	Resident Care (Supplies)**							
	a. Prescription Drugs***							
	1. Own Pharmacy	\$						
	2. Purchased from	\$	1,073,462	1,073,462	(1,075,122)			
	b. Medicine Cabinet Drugs	\$						
	c. Medical and Therapeutic Supplies	\$						
	d. Ambulance/Limousine***	\$						
	e. Oxygen							
	1. For Emergency Use	\$						
	2. Other***	\$						
	f. X-rays and Related Radiological Procedures***	\$	5,031	5,031	(5,031)			
	g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$						
	h. Laboratory***	\$	98,649	98,649	(98,649)			
	i. Recreation	\$	43,670	43,670				
	j. Direct Management Services*	\$						
	k. Indirect Management Services*	\$						
	l. Cable TV	\$						
	m. Other (Specify)**** See Attached Schedule	\$	374,997	374,997	(23,722)			
	n. Physical Therapy Expense	\$						
	o. Speech Therapy Expense	\$						
5P.	<b>Total Resident Care Expenditures</b> (5a - 5o)	\$	1,595,809	1,595,809	(1,202,524)			

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

Schedule of Other Resident Care

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Outside Medical Billing	\$ 52,739					
Oxygen - Equipment Rental	\$ 23,722	\$ (23,722)				
Medicare A Transportation	\$ 67					
Flu Vaccine Expense	\$ 13,931					
Nursing Supplies Non-Billable	\$ 281,904					
Resident Specific Supplies	\$ 324					
Mattress Rental	\$ 2,310					
<b>Total Other Resident Care</b>	<b>\$ 374,997</b>	<b>\$ (23,722)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility Branford Hills Health Care Center			License No. 997-C		Report for Year Ended 9/30/2023				Page of 21   37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH / RHNS	(Specify)	(Specify)	Pg	Line
Empro		<input type="radio"/>	<input checked="" type="radio"/>		Dietary & Housekeeping Services	124,161			18	2b
Facilities Compliance Fire Protection		<input type="radio"/>	<input checked="" type="radio"/>		Maintenance Services	55,749			22	6f
PJS/Ozzies Dumpster Services		<input type="radio"/>	<input checked="" type="radio"/>		Trash Services	14,171			22	6f
BioServe		<input type="radio"/>	<input checked="" type="radio"/>		Waste Mangement	11,649			22	6f
Controlled Air		<input type="radio"/>	<input checked="" type="radio"/>		Maintenance Services	21,301			22	6f
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended					Page	of
Branford Hills Health Care Center	997-C	9/30/2023					22	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$ 63,856	63,856						
b. Heat	\$ 72,475	72,475						
c. Light & Power	\$ 256,161	256,161						
d. Water	\$ 49,216	49,216						
e. Equipment Lease ( <i>Provide detail on page 22b</i> )	\$							
f. Other ( <i>itemize</i> )	\$ 245,353	245,353						
See Attached Schedule								
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$ 687,061	687,061						
7. Depreciation ( <i>complete schedule page 23*</i> )								
a. Land Improvements	\$							
b. Building & Building Improvements	\$ 4,728	4,728						
c. Non-Movable Equipment	\$ 1,584	1,584						
d. Movable Equipment	\$ 93,434	93,434						
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	\$ 99,746	99,746						
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )								
a. Organization Expense	\$ 17,722	17,722						
b. Mortgage Expense	\$							
c. Leasehold Improvements	\$ 22,965	22,965						
d. Other ( <i>Specify</i> )	\$							
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	\$ 40,687	40,687						
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,200,000	1,200,000						
10. Property Taxes								
a. Real estate taxes paid by owner	\$ 170,398	170,398						
b. Real estate taxes paid by lessor	\$							
c. Personal property taxes	\$ 18,977	18,977						
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	\$ 1,529,809	1,529,809						

\* 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
Equipment Rental	\$ 24,270					
Minor Equipment/Furniture	\$ 3,539					
Maintenance Service Contracts	\$ 148,372					
Contracted Maintenance Service	\$ 69,096					
Yard Maintenance	\$ 76					
<b>Total Other Repairs and Maintenance</b>	\$ 245,353	\$ -	\$ -	\$ -	\$ -	\$ -

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## 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 Branford Hills Health Care Center			License No. 997-C			Report for Year Ended 9/30/2023		Page 22b	of 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							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input checked="" type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
							<b>Total ***</b>		

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes       No

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

### Depreciation Schedule

Name of Facility Branford Hills Health Care Center			License No. 997-C		Report for Year Ended 9/30/2023			Page 23	of 37				
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
<b>A. Land Improvements</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			58,853						4,729				
B-4. Subtotal										4,729			
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			29,441						1,584				
C-4. Subtotal										1,584			
		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								
<b>D. Movable Equipment</b>													
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						381,018		381,018	19,479			78,468	
b. Disposals (attach schedule)													
Acquired during this report period (attach schedule):													
c. Administrative						97,261						14,238	
d. Standard Resident						5,328						729	
e. Specialized Resident													
Total Acquired during this report period						102,589						14,967	
D-3. Subtotal													93,434
<b>E. Total Depreciation</b>													99,747

Schedule of Land Improvements Acquired during this report period

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

\*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
<b>Additions:</b>				
12/12/2022	Sprinkler	\$ 8,909	15	\$ 495
12/1/2022	Elevator Repairs	\$ 1,882	15	\$ 105
12/1/2022	Huntington Power	\$ 2,202	15	\$ 122
12/22/2022	Electrical Outlets	\$ 2,946	15	\$ 164
12/23/2022	Paint	\$ 1,581	15	\$ 88
12/1/2022	Floors	\$ 1,088	15	\$ 60
2/10/2023	Spirator	\$ 5,089	15	\$ 226
2/24/2023	Generator Repairs	\$ 11,714	5	\$ 1,562
2/28/2023	Huntington Power	\$ 739	15	\$ 33
2/28/2023	Controlled Air	\$ 1,986	15	\$ 88
2/28/2023	Bioserve	\$ 417	15	\$ 19
2/28/2023	Septic	\$ 574	15	\$ 26
3/13/2023	Generator Repairs	\$ 10,703	5	\$ 1,249
3/6/2023	Sprinkler	\$ 645	15	\$ 25
3/31/2023	Gary's East Cost Service	\$ 711	5	\$ 83
3/24/2023	Gary's East Cost Service	\$ 998	5	\$ 116
3/24/2023	Gary's East Cost Service	\$ 205	5	\$ 24
3/24/2023	Controlled Air	\$ 1,048	15	\$ 41
3/21/2023	Huntington Power	\$ 532	15	\$ 21
3/21/2023	Huntington Power	\$ 1,109	15	\$ 43
3/22/2023	Home Depot	\$ 212	15	\$ 8
3/24/2023	Lowes	\$ 610	15	\$ 24
3/24/2023	Home Depot	\$ 221	15	\$ 9
3/24/2023	Home Depot	\$ 672	15	\$ 26
3/28/2023	Amazon	\$ 856	15	\$ 33
4/30/2023	Arjo	\$ 1,203	15	\$ 40
<b>Total additions for Building Improvements</b>		\$ 58,853		\$ 4,729 *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

\*Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
10/24/2022	Kitchen Hood	\$ 5,736	7	\$ 819
12/1/2022	Kitchen Shelves	\$ 1,431.95	7	\$ 170.47
5/28/2023	Security System	\$ 773.91	7	\$ 46.07
7/18/2023	Sprinklers	\$ 3,062.88	7	\$ 109.39
8/31/2023	Sprinklers	\$ 3,034.80	7	\$ 72.26
8/31/2023	Sprinklers	\$ 1,075.20	7	\$ 25.60
8/31/2023	Sprinklers	\$ 3,993.44	7	\$ 95.08
8/31/2023	Sprinklers	\$ 4,843.82	7	\$ 115.33
8/31/2023	Stairwell	\$ 5,489.26	7	\$ 130.70
<b>Total additions for Non-Movable Equipment</b>		<b>\$ 29,441</b>		<b>\$ 1,584</b> *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		<b>\$ -</b>		<b>\$ -</b> **

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
<b>Additions:</b>					
10/1/2022	Bed & Mattress	Standard Resident	\$ 2,573	5	\$ 515
11/14/2022	Furniture	Administrative	\$ 50,000	5	\$ 9,167
12/1/2022	Webstaurant Store	Administrative	\$ 1,211	5	\$ 202
12/1/2022	Webstaurant Store	Administrative	\$ 221	5	\$ 37
12/4/2022	Bed Equipment	Standard Resident	\$ 94	5	\$ 16
1/19/2023	Kitchen Equipment	Administrative	\$ 5,095	5	\$ 764
2/28/2023	Phone Lines	Administrative	\$ 4,201	5	\$ 560
2/27/2023	COAX/TV Mounting	Administrative	\$ 5,169	5	\$ 689
1/19/2023	Network Switch	Administrative	\$ 412	5	\$ 62
1/11/2023	Furniture	Administrative	\$ 1,326	5	\$ 199
2/28/2023	Furniture	Administrative	\$ 3,112	5	\$ 415
3/8/2023	Computer	Administrative	\$ 199	5	\$ 23
3/1/2023	TV-8	Administrative	\$ 2,297	5	\$ 268
3/1/2023	TV-11	Administrative	\$ 1,404	5	\$ 164
3/1/2023	Toilet Paper Holders	Standard Resident	\$ 979	5	\$ 114
3/1/2023	TV	Administrative	\$ 776	5	\$ 91
3/9/2023	Medical Equipment	Administrative	\$ 1,203	5	\$ 140
4/30/2023	Ice Machine	Administrative	\$ 4,083	5	\$ 408
5/31/2023	Motor Replacements	Administrative	\$ 3,462	5	\$ 289
5/28/2023	Alarms	Administrative	\$ 1,711	5	\$ 143
5/28/2023	TV	Administrative	\$ 744	5	\$ 62
5/28/2023	TV	Administrative	\$ 744	5	\$ 62
7/28/2023	Air Conditioners-3	Administrative	\$ 1,531	5	\$ 77
7/1/2023	Gate & CLC Battery	Administrative	\$ 8,360	5	\$ 418
7/26/2023	Beds	Standard Resident	\$ 1,682	5	\$ 84
<b>Total additions for Movable Equipment</b>			<b>\$ 102,589</b>		<b>\$ 14,967</b> *
<b>Deletions:</b>					
<b>Total deletions for Movable Equipment</b>			<b>\$ -</b>		<b>\$ -</b> **

\*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
------------------	---------------------	------	-------------	--------------

<b>Additions:</b>				
5/5/2023	Shower Curtains	\$ 610	15	\$ 17
5/11/2023	Signage	\$ 3,988	15	111
5/3/2023	Cove Base	\$ 1,113	15	31
7/1/2023	Construction	\$ 97	15	2
2/21/2023	Sinks/Toilets	\$ 23,177	15	1030
2/22/2023	Wall Protections	\$ 24,842	15	1104
2/28/2023	Phones	\$ 139	15	6
2/28/2023	Phones	\$ 139	15	6
2/28/2023	Bulletin Boards	\$ 202	15	9
2/28/2023	Wall Clocks	\$ 98	15	4
2/28/2023	Interior Design	\$ 5,000	15	222
3/10/2023	Bulletin Boards	\$ 485	15	19
3/10/2023	Bulletin Boards	\$ 485	15	19
3/11/2023	Dry Erase Boards	\$ 837	15	33
4/28/2023	Construction	\$ 8,800	15	293
5/1/2023	Windows	\$ 7,774	15	216
5/12/2023	Frames	\$ 8,359	15	232
5/31/2023	Construction	\$ 1,400	15	39
5/31/2023	Construction	\$ 1,600	15	44
5/31/2023	Construction	\$ 1,200	15	33
6/1/2023	Elevator	\$ 251	15	6
6/1/2023	Windows	\$ 110	15	2
6/1/2023	Floor	\$ 35	15	1
6/1/2023	Floor	\$ 1,749	15	39
6/1/2023	Floor	\$ 82	15	2
6/1/2023	Windows	\$ 8,607	15	191
7/19/2023	Tiles	\$ 1,734	15	29
12/20/2022	Construction	\$ 210,000	15	11667
12/12/2022	Construction	\$ 25,582	15	1421
12/21/2022	Construction	\$ 41,236	15	2291
3/13/2023	Janet Woxland	\$ 5,456	15	212
3/1/2023	Lowes	\$ 1,253	15	49
<b>Total additions for Leasehold Improvement</b>		\$ 386,440		\$ 19,380 *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Annual Report of Long-Term Care Facility**

**Amortization Schedule\***

Name of Facility Branford Hills Health Care Center			License No. 997-C		Report for Year Ended 9/30/2023			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1. Start Up Costs	6	2022	15	265,829	4,574			17,722	
2.									
3.									
A-4. Subtotal									17,722
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period				53,778	489			3,585	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				386,440				19,380	
C-4. Subtotal									22,965
<b>D. Total Amortization</b>									40,687

\* 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 Branford Hills Health Care Center	License No. 997-C	Report for Year Ended 9/30/2023	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If <b>NOT</b> Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		190		
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd 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 _____				
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
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				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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



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

Name of Facility Branford Hills Health Care Center		License No. 997-C	Report for Year Ended 9/30/2023				Page 26	of 37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
12. Interest								
A. Building, Land Improvement & Non-Movable Equipment								
1. First Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
2. Second Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
3. Third Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
4. Fourth Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
B. CHEFA Loan Information								
1. Original Loan Amount		\$						
2. Loan Origination Date								
3. Interest Rate %								
4. Term								
5. CHEFA Interest Expense								
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)		\$						

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended				Page	of	
Branford Hills Health Care Center		997-C		9/30/2023				27	37	
Item				Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Subtotals Brought Forward:										
12. C. Movable Equipment										
1. Automotive Equipment				\$						
A. Item		Rate	Amount							
Lender										
Address of Lender										
2. Other (Specify)				\$						
A. Item		Rate	Amount							
Lender										
Address of Lender										
B. Item		Rate	Amount							
Lender										
Address of Lender										
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$						
12. D. Other Interest Expense (Specify)				\$	2,131	2,131				
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	2,131	2,131				
14. Insurance										
a. Insurance on Property (buildings only)				\$	168,613	168,613				
b. Insurance on Automobiles				\$						
c. Insurance other than Property (as specified above)										
1. Umbrella (Blanket Coverage)				\$						
2. Fire and Extended Coverage				\$						
3. Other (Specify)				\$						
14d. Total Insurance Expenditures (14a + b + c)				\$	168,613	168,613				
15. Total All Expenditures (A-13 thru C-14)				\$	22,511,456	22,511,456	(2,158,026)			

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended		Page	of
Branford Hills Health Care Center	997-C	9/30/2023		30	37
Item	Total	CCNH / RHNS	(Specify)	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 16,934,297	16,934,297			
b. Medicaid Room and Board Contractual Allowance **	\$ (6,794,687)	(6,794,687)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 4,630,460	4,630,460			
b. Medicare Room and Board Contractual Allowance **	\$ 1,406,873	1,406,873			
4. a. Private-Pay Residents and Other	\$ 7,376,940	7,376,940			
b. Private-Pay Room and Board Contractual Allowance **	\$ (77,142)	(77,142)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 283,737	283,737			
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$ 420,154	420,154			
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	\$ 101,322	101,322			
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$ 427,820	427,820			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 139,951	139,951			
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$ 114,922	114,922			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 563,919	563,919			
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$ 527,746	527,746			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other ( <i>Specify</i> ) - Medicare	\$ (842,302)	(842,302)			
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ (1,393,232)	(1,393,232)			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 23,820,778	23,820,778			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income ( <i>Specify</i> )	\$ 5,400	5,400			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ 828,058	828,058			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 833,458	833,458			
<b>VI. Total All Revenue</b> (III +V)	\$ 24,654,236	24,654,236			

\* 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)
30II6a	Lab - Med A	\$ 30,515		
30II6a	C/A Medicare A - Therapy	\$ (820,582)		
30II6a	C/A Medicare B - Therapy	\$ (52,235)		
<b>Total Other Resident Revenue - Medicare</b>		\$ (842,302)	\$ -	\$ -

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

**Related Exp**

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
30II6b	Lab Medicaid	\$ 117		
30II6b	Lab - Other	\$ (4,596)		
30II6b	Lab - Managed Care	\$ 26,696		
30II6b	Med Supplies - Other	\$ 100		
30II6b	Oxygen - Equipment Rental	\$ (5,531)		
30II6b	Flu Vaccine Revenue	\$ 8,486		
30II6b	Other Vaccine Revenue	\$ 2,156		
30II6b	C/A Managed Care - Therapy	\$ (974,685)		
30II6b	C/A Managed Care - Ancillaries	\$ (445,975)		
<b>Total Other Resident Revenue</b>		\$ (1,393,232)	\$ -	\$ -

**Interest Income**

Page Ref	Account	Account Balance	CCNH / RHNS	(Specify)	(Specify)
30IV5	Interest Income		\$ 5,400		
<b>Total Interest Income</b>			\$ 5,400	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
30IV8	Miscellaneous Income	\$ 10,568		
30IV8	Non-Patient Food	\$ (862)		
30IV8	Other Income	\$ 819,468		
30IV8	Donations	\$ (1,116)		
<b>Total Other Revenue</b>		\$ 828,058	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Branford Hills Health Care Center	997-C	9/30/2023	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	892,218
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	4,297,279
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	49,321
a. _____				
b. _____				
c. _____				
d. See Schedule		49,321		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	577,450
_____				
_____				
See Schedule		577,450		
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	5,816,268
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>58,853</u>		\$	54,124
	Accum. Depreciation <u>4,729</u>	Net		
4. Leasehold Improvements	*Historical Cost <u>440,217</u>		\$	416,762
	Accum. Depreciation <u>23,454</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>29,441</u>		\$	27,857
	Accum. Depreciation <u>1,584</u>	Net		
6. Movable Equipment	*Historical Cost <u>483,607</u>		\$	370,694
	Accum. Depreciation <u>112,913</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	(446,633)
_____				
See Schedule		(446,633)		
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	422,803

\* 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 Insurance	\$ 11,826
31	A5	Prepaid Other	\$ 37,495
<b>Total Prepaid Expenses</b>			<b>\$ 49,321</b>

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

Page Ref	Line Ref	Description	
31	A8	Escrow - Completion/Repair	\$ 40,401
31	A8	Escrow - Tax	\$ 50,237
31	A8	Escrow - Insurance	\$ (30,342)
31	A8	Escrow - Owner-Elective Repair	\$ 485,485
31	A8	Escrow - Replacement Reserve	\$ 31,669
<b>Total Other Current Assets (Itemize)</b>			<b>\$ 577,450</b>

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

Page Ref	Line Ref	Description	
31	B9	Book vs Cost	\$ (446,633)
<b>Total Other Fixed Assets (Itemize)</b>			<b>\$ (446,633)</b>

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
<b>Total Other Assets</b>			<b>\$ -</b>

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
<b>Total Notes Payable</b>			<b>\$ -</b>

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

Page Ref	Line Ref	Description	
33	A12	American Express	\$ 18,085
33	A12	Due from New England Health	\$ 20,060
33	A12	Due from Simsbury	\$ (7,930)
33	A12	Due from ABH Pharmacy	\$ 4,262
33	A12	Due from ABH PropCo	\$ 1,444,798
33	A12	Due form Previous Owner	\$ 119,577
33	A12	American Express	\$ (39,625)
33	A12	Employee 401K Loan	\$ 104
33	A12	Patient Refund	\$ (17,850)
33	A12	Accrued Expenses and Other	\$ (13,816)
33	A12	Accrued Taxes Property	\$ 47,419
33	A12	Accrued Sales Tax	\$ (251)
33	A12	Due to Ark Management	\$ (3,372)
33	A12	Due to Stamford	\$ (4,474)
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ 1,566,987</b>

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

Page Ref	Line Ref	Description	
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ -</b>

### G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Branford Hills Health Care Center	997-C	9/30/2023	32	37
Account			Amount	
Total Brought Forward:			\$	6,239,071
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			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	5,420
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	265,829		
	Accum. Depreciation	22,298	Net	\$ 243,531
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address	Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )			\$	
_____				
_____				
See Schedule				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	248,951
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	6,488,022

\* 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 Branford Hills Health Care Center		License No. 997-C	Report for Year Ended 9/30/2023	Page 33	of 37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	2,561,853
2. Notes Payable ( <i>itemize</i> )				\$	
_____					
_____					
See Schedule					
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	(118,709)
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	91,933
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	204,473
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	1,566,987
_____					
_____					
_____					
See Schedule				1,566,987	
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				\$	<b>4,306,537</b>

\* 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 Branford Hills Health Care Center	License No. 997-C	Report for Year Ended 9/30/2023	Page 34	of 37
Account				Amount
Total Brought Forward:				4,306,537
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				
				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$
_____				
_____				
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 4,306,537

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

Name of Facility	License No.	Report for Year Ended	Page	of
Branford Hills Health Care Center	997-C	9/30/2023	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	17,867
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	20,839
6. Gain or Loss for Period			\$	2,142,780
	10/1/2022	thru	9/30/2023	
7. Total Net Worth			\$	2,181,486
<b>C. Total Reserves and Net Worth</b>			\$	2,181,486
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	6,488,023

### H. Changes in Total Net Worth

Name of Facility Branford Hills Health Care Center	License No. 997-C	Report for Year Ended 9/30/2023	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2022			\$	421,427
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	24,654,236
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	22,511,456
D. Net Income or Deficit			\$	2,142,780
E. Balance			\$	2,564,207
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
2. Other ( <i>itemize</i> )				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )			\$	
Name and Address ( <i>No., City, State, Zip</i> )		Title	Amount	
2. Other Withdrawings ( <i>Specify</i> )			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. <b>Balance at End of Period</b>			\$	2,564,207
				09/30/23

### I. Preparer's/Reviewer's Certification

Name of Facility Branford Hills Health Care Center	License No. 997-C	Report for Year Ended 9/30/2023	Page 37	of 37
<i>Check appropriate category</i>				
Chronic and Convalescent Nursing <input checked="" type="checkbox"/> Home (CCNH) & RHNS Combined	<input type="checkbox"/> (Specify)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
CJLC LLC				
Address Address		Phone Number		
225 Pitkin St., East Hartford, CT 06108		860-610-9009		
Contacted Person Regarding Additional Information Needed Regarding This Report		Phone Number		
CJLC		860-610-9009		
Contact Email Address				
annualreports@cjlc.com				