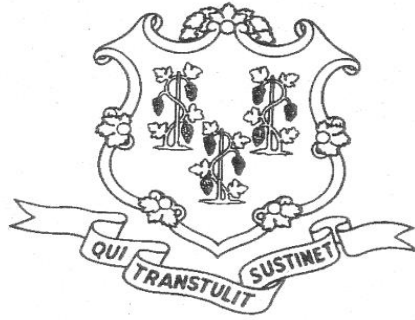


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2023

Name of Facility (as licensed) Cook Willow Health & Rehabilitation Center, Inc.	
Address (No. & Street, City, State, Zip Code) 81 Hillside Ave., Plymouth, CT 06782	
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 932-C	(Specify)	(Specify)	Medicare Provider 07-5349
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Medicaid Provider Numbers:	7226948	CCNH / RHNS	(Specify)	(Specify)
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General Information

Name of Facility (as licensed) Cook Willow Health & Rehabilitation Center, Inc.	License No. 932-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 Cook Willow Health & Rehabilitation Center, Inc. [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) Jennesa LeClair			Printed Name (Owner) Susan MacDonald		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Cook Willow Health & Rehabilitation Center, Inc.		Period Covered:	From 10/1/2022	To 9/30/2023
Address of Facility 81 Hillside Ave., Plymouth, CT 06782				
Report Prepared By CJLC LLC		Phone Number 860-610-9009	Date 2/15/2024	
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. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-283-8208		Report for Year Ended 9/30/2023	Page 2	of 37
Name of Facility (as shown on license) Cook Willow Health & Rehabilitation Center, Inc.		Address (No. & Street, City, State, Zip) 81 Hillside Ave., Plymouth, CT 06782		
License Numbers:	CCNH / RHNS 932-C	(Specify)	(Specify)	Medicare Provider No. 07-5349
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="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Jennesa LeClair		Nursing Home Administrator's License No.:	1883	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire
Corporate Owners

Name of Facility Cook Willow Health & Rehabilitation Center	License No. 932-C	Report for Year Ended 9/30/2023	Page 3A	of 37
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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
Cook Willow Convalescent Hospital, Inc.	81 Hillside Ave., Plymouth, CT 06782	CT

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
Susan MacDonald	61 Maple Ave., Plymouth, CT 06782	resident/Director	100
Walter MacDonald	61 Maple Ave., Plymouth, CT 06782	Vice President	
Jennesa LeClair	210 West Hill Rd., Thomaston, CT 06787	Secretary	

Names of Stockholders Owning at Least 10% of Shares	Business Address	Title	No. Shares Held by Each
Susan MacDonald	61 Maple Ave., Plymouth, CT 06782	resident/Director	100

**General Information and Questionnaire
 Related Parties***

Name of Facility Cook Willow Health & Rehabilitation Center, Inc.	License No. 932-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	%**				
Cook Willow Realty	81 Hillside Ave., Plymouth, CT 06782	<input type="radio"/>	<input checked="" type="radio"/>		Rent	22/9	416,416	416,416
Cook Willow Realty	81 Hillside Ave., Plymouth, CT 06782	<input type="radio"/>	<input checked="" type="radio"/>		Insurance	27/14a	66,071	66,071
Cook Willow Realty	81 Hillside Ave., Plymouth, CT 06782	<input type="radio"/>	<input checked="" type="radio"/>		Real Estate & Property Taxes	22/10b&c	126,884	126,884
Cook Home Health	81 Hillside Ave., Plymouth, CT 06782	<input type="radio"/>	<input checked="" type="radio"/>		Resident Transportation	20/5d	4,096	4,096
Various		<input type="radio"/>	<input checked="" type="radio"/>		Multiple Loans and Receivables	32/D6	1,272,378	1,272,378
		<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 Cook Willow Health & Rehabilitation Center, I	License No. 932-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 Cook Willow Health & Rehabilitation	License No. 932-C	Report for Year Ended 9/30/2023	Page 6	of 37
Square footage of entire facility.		40,551		
Outpatient Therapy				
Does the Facility provide outpatient therapy services?		No		
<i>If yes, please complete the following:</i>				
Square footage of therapy space.				
Meals on Wheels				
Does the facility provide Meals on Wheels?		Yes. See		
<i>If yes, please complete the following:</i>				
0	Square footage of kitchen			
0	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			
0	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?		Yes. See		
<i>If yes, please complete the following:</i>				
1,990	Square footage of apartments			
0	Square footage of independent living			
0	Square footage of assisted living			
Please identify the services provided:				
None				

General Information and Questionnaire
Other Lines of Business (Continued)

Name of Facility	License No.	Report for Year Ended	Page	of
Cook Willow Health d	932-C	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:

Schedule of Resident Statistics

Name of Facility			License No.		Report for Year Ended				Page		of	
Cook Willow Health & Rehabilitation Center, Inc.			932-C		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	60	60			60	60						
B. On last day of THIS report period	60	60							60	60		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	55	55			55	55						
B. As of midnight of THIS report period	55	55							55	55		
3. Total Number of Days Care Provided During Period												
A. Medicare	1,710	1,710			1,461	1,461			249	249		
B. Medicaid (Conn.)	15,214	15,214			11,195	11,195			4,019	4,019		
C. Medicaid (other states)												
D. Private Pay	2,250	2,250			1,655	1,655			595	595		
E. State SSI for RCH												
F. Other (Specify) Insurance	879	879			584	584			295	295		
G. Total Care Days During Period (3A thru F)	20,053	20,053			14,895	14,895			5,158	5,158		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	20,053	20,053			14,895	14,895			5,158	5,158		

Schedule of Resident Statistics (Cont'd)

Name of Facility Cook Willow Health & Rehabilitation Center, Inc.	License No. 932-C	Report for Year Ended 9/30/2023	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No
 If "YES", provide the following information:

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

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

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH / RHNS	CCNH / RHNS	(Specify)	CCNH / RHNS	(Specify)	(Specify)	R.C.H.	ICF-MR
No. of Residents	6	42		7				
Per Diem Rate								
a. One bed rm.	RUGS	#####		325.00				
b. Two bed rms.				290.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
A. Medicare - Part B	2,321	2,321			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other	4,961	4,961			
D. Total Physical Therapy Treatments	7,282	7,282			
8. Total Number of Speech Therapy Treatments					
A. Medicare - Part B	117	117			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other	289	289			
D. Total Speech Therapy Treatments	406	406			
9. Total Number of Occupational Therapy Treatments					
A. Medicare - Part B	1,658	1,658			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other	3,858	3,858			
D. Total Occupational Therapy Treatments	5,516	5,516			

Annual Report of Long-Term Care Facility

CSP-10 Rev. 3/2023

Report of Expenditures - Salaries & Wages

Name of Facility Cook Willow Health & Rehabilitation Center, Inc.	License No. 932-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)	52,669		2,156							
2. Administrator(s) (Complete also Sec. III of Schedule A1)	97,046		2,335							
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)										
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	106,424		5,105							
5. Dietary Service										
a. Head Dietitian										
b. Food Service Supervisor										
c. Dietary Workers	393,031		21,427							
6. Housekeeping Service										
a. Head Housekeeper										
b. Other Housekeeping Workers	182,568		10,470							
7. Repairs & Maintenance Services										
a. Engineer or Chief of Maintenance										
b. Other Maintenance Workers	100,924		4,729							
8. Laundry Service										
a. Supervisor										
b. Other Laundry Workers	79,880		4,923							
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	136,500		2,202							
b. RN										
1. Direct Care	538,986		11,836							
2. Administrative**	93,330		1,865							
c. LPN										
1. Direct Care	562,194		15,764							
2. Administrative**										
d. Aides and Attendants	1,011,648		46,194							
e. Physical Therapists										
f. Speech Therapists										
g. Occupational Therapists										
h. Recreation Workers	85,193		3,918							
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	53,196		2,075							
n. Marketing										
o. Other (Specify) See Attached Schedule										
<i>A-13. Total Salary Expenditures</i>	<i>3,493,591</i>		<i>134,999</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
Total	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-

Schedule of Other Fees (Page 13)

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

**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		
Cook Willow Health & Rehabilitation Center, Inc.			932-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)							
Section I - Operators/Owners										
Susan MacDonald	52,669				Owner / General Oversight	2,126	A1			
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).										
Ernie LeClair	55,793				Maintenance	2,303	A7b			
Walter MacDonald	6,994				Office	409	A4			

* 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
Cook Willow Health & Rehabilitation Center, Inc.				932-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)							
Section III - Administrators***										
Jennesa LeClair	97,046				Administrator	2,335	A2			
Section IV - Assistant Administrators										

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

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

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

Annual Report of Long-Term Care Facility

CSP-13 Rev. 3/2023

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended						Page	of
Cook Willow Health & Rehabilitation Center, Inc.	932-C	9/30/2023						13	37
Total Cost and Hours									
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)									
1. Dietitian	8,320		192						
2. Dentist	6,840		95						
3. Pharmacist	9,117		248						
4. Podiatrist									
5. Physical Therapy									
a. Resident Care	123,816		2,485						
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians									
a. Medical Director (entire facility)	22,000		175						
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	21,126		235						
b. Other									
10. Occupational Therapist									
a. Resident Care	95,455	(95,455)	2,263						
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care	50,577		674						
2. Administrative***									
b. LPN									
1. Direct Care									
2. Administrative***									
c. Aides									
d. Other									
12. Other (Specify)									
See Attached Schedule									
B-13 Total Fees Paid in Lieu of Salaries	337,252	(95,455)	6,367						

* 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 Cook Willow Health & Rehabilitation Center, Inc.		License No. 932-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			
Laura Koski, RD, 842 Clark Ave, Bristol, CT 06010	Dietary Consultant	<input type="radio"/>	<input checked="" type="radio"/>			
Jong Gil Oh, IPC Healthcare 4605 Lankershim Blvd, Suite 617, North Hollywood, CT 91602	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
OnmiCare, Inc., Cincinnati, OH	Pharmacy	<input type="radio"/>	<input checked="" type="radio"/>			
Health Drive Medical and Dental, 85 Barnes Rd., Suite 207, Wallingford, CT 06492	Podiatrist / Audiology / Hearing	<input type="radio"/>	<input checked="" type="radio"/>			
Precision Rehab., 62 Ridge Rd., Terryville, CT 06786	PT, ST, OT	<input type="radio"/>	<input checked="" type="radio"/>			
Diana M Lee LCSW	Social Work	<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"/>			
		<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
Cook Willow Health & Rehabilitation Center, Inc	932-C	9/30/2023					15	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
I. Administrative and General								
a. Employee Health & Welfare Benefits								
1. Workmen's Compensation	\$ 73,748	73,748						
2. Disability Insurance	\$							
3. Unemployment Insurance	\$ 37,033	37,033						
4. Social Security (F.I.C.A.)	\$ 263,044	263,044						
5. Health Insurance	\$ 244,683	244,683						
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 9,398	9,398						
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 3,799	3,799						
8. Uniform Allowance	\$							
9. Other (<i>Specify</i>) See Attached Schedule	\$ 130	130						
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$ 17,521	17,521	(17,521)					
c. Bad Debts*	\$ 120,000	120,000	(120,000)					
d. Accounting and Auditing	\$ 29,751	29,751						
e. Legal (<i>Services should be fully described on Page 15b</i>)	\$ 30,934	30,934	(30,934)					
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$							
g. Office Supplies	\$ 9,779	9,779						
h. Telephone and Cellular Phones								
1. Telephone & Pagers	\$ 9,140	9,140						
2. Cellular Phones	\$ 4,510	4,510	(1,710)					
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$							
j. Corporation Business Taxes (<i>franchise tax</i>)	\$							
k. Other Taxes (<i>Not related to property - See Page 22</i>)								
1. Income*	\$ 28,415	28,415	(28,415)					
2. Other (<i>Specify</i>) See Attached Schedule	\$							
3. Resident Day User Fee	\$ 375,291	375,291						
Subtotal	\$ 1,257,177	1,257,177	(198,580)					

* 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
Other Benefits	\$ 130					
Total	\$ 130	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Other Taxes

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

General Information and Questionnaire Accounting Basis

Name of Facility Cook Willow Health & Rehabilitati	License No. 932-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 1 CJLC LLC 2 A/R Solutions 3 4	Address (No. & Street, City, State, Zip Code) 225 Pitkin Street, East Hartford, CT 06108 PO Box 592, Wallingford, CT 06492
--	--

Services Provided by This Firm (*describe fully*)

1 Medicaid and Medicare Cost Report, Accounting Services, Tax Services	\$	15,300
2 AR Services	\$	14,451
3	\$	
4	\$	
Charge for Services Provided		
\$		29,751

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

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Martin Legal, PLLC 2 3 4 5	Telephone Number
--	------------------

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

Services Provided by This Firm (*describe fully*)

1 Employment Practices (disallowed)	\$	30,934
2	\$	
3	\$	
4	\$	
5	\$	
Charge for Services Provided		
\$		30,934

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
Cook Willow Health & Rehabilitation Center, Inc.	932-C	9/30/2023					16	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
Subtotals Brought Forward:	1,257,177	1,257,177	(198,580)					
l. Travel and Entertainment								
1. Resident Travel and Entertainment \$								
2. Holiday Parties for Staff \$	11,367	11,367	(11,367)					
3. Gifts to Staff and Residents \$								
4. Employee Travel \$	1,998	1,998						
5. Education Expenses Related to Seminars and Conventions \$	11,484	11,484						
6. Automobile Expense (<i>not purchase or depreciation</i>) \$	9,531	9,531	(4,765)					
7. Other (<i>Specify</i>) See Attached Schedule \$								
m. Other Administrative and General Expenses								
1. Advertising Help Wanted (<i>all such expenses</i>) \$	30,848	30,848						
2. Advertising Telephone Directory (<i>all such expenses</i>)*** \$								
3. Advertising Other (<i>Specify</i>)*** \$	708	708	(708)					
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 \$	2,819	2,819						
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule \$	4,578	4,578						
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$								
9. Subscriptions \$	3,681	3,681						
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>) \$	29,934	29,934						
12. Administrative Management Services** \$								
13. Other (<i>Specify</i>) See Attached Schedule \$	114,435	114,435	(1,018)					
C-14 Total Administrative & General Expenditures \$	1,478,561	1,478,561	(216,438)					

* 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
Total Other Travel and Entertainment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Advertising	\$ 708	\$ (708)				
Total Other Advertising	\$ 708	\$ (708)	\$ -	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
ACHCA/AHCA	\$ 4,578					
Total Dues	\$ 4,578	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
COMPUTER EXPENSE	\$ 62,085					
LICENSES, FEES	\$ 2,804					
PAYROLL PROCESSING	\$ 27,305					
BANK CHARGES	\$ 974					
OTHER ADMINISTRATIVE EXPENSE	\$ 1,015	\$ (1,015)				
CREDIT CARD FEES	\$ 3	\$ (3)				
HIRING COSTS	\$ 20,248					
Total Other Administrative and General	\$ 114,435	\$ (1,018)	\$ -	\$ -	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Cook Willow Health & Rehabilitation Ce	License No. 932-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 #

*** 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
Cook Willow Health & Rehabilitation Center, Inc.		932-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	\$ 285,433	285,433						
2. Non-Food Supplies	\$ 34,164	34,164						
3. Other (Specify) _____	\$							
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$							
c. Other (Specify) _____ MOW Allocation	\$		(33,644)					
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 319,597	319,597	(33,644)					
2E. Dietary Questionnaire		Total	CCNH / RHNS		(Specify)	(Specify)		
F. Resident Meals:	Total no. of meals served per day:*							
G. Is cost of employee meals included in 2D?	<input checked="" type="radio"/> Yes <input 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 checked="" type="radio"/> Yes <input type="radio"/> No				If yes, specify cost.			
K. Is any revenue collected from these people?	<input checked="" type="radio"/> Yes <input type="radio"/> No				If yes, specify amt.			
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)						30/IV1		
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input checked="" type="radio"/> Yes <input type="radio"/> No				If yes, specify cost.			
N. Is any revenue collected from employees?	<input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.			
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)								

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Cook Willow Health & Rehabilitation Center, Inc.		932-C	9/30/2023				19	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
3. Laundry								
a. In-House Processing*								
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Lbs.							
	Amt. \$	4,262	4,262					
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) Supplies		\$	9,907	9,907				
3D. Total Laundry Expenditures (3a + b + c)		\$	14,169	14,169				
3E. Laundry Questionnaire								
F. Is cost of employee laundry included in 3D?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.				
G. Did you receive revenue from employees?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.				
H. Where is the revenue received reported in the Cost Report?		(Page/Line Item)						
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.				
J. Did you receive revenue from these people?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.				
K. Where is the revenue received reported in the Cost Report?		(Page/Line Item)						

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Cook Willow Health & Rehabilitation Center, I		932-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. \$	37,052	37,052				
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel						
		Amt. \$						
c.	Other (<i>Specify</i>)	\$						
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	37,052	37,052				
5.	Resident Care (Supplies)**							
a.	Prescription Drugs***							
	1. Own Pharmacy	\$						
	2. Purchased from	\$	134,209	134,209	(134,209)			
b.	Medicine Cabinet Drugs	\$	14,524	14,524				
c.	Medical and Therapeutic Supplies	\$	45,476	45,476				
d.	Ambulance/Limousine***	\$	4,096	4,096	(4,096)			
e.	Oxygen							
	1. For Emergency Use	\$						
	2. Other***	\$	7,944	7,944	(7,944)			
f.	X-rays and Related Radiological Procedures***	\$	493	493	(493)			
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$						
h.	Laboratory***	\$	3,888	3,888	(3,888)			
i.	Recreation	\$	5,325	5,325				
j.	Direct Management Services*	\$						
k.	Indirect Management Services*	\$						
l.	Cable TV	\$	9,379	9,379	(2,179)			
m.	Other (Specify)**** See Attached Schedule	\$	14,218	14,218	(14,218)			
n.	Physical Therapy Expense	\$						
o.	Speech Therapy Expense	\$						
5P.	Total Resident Care Expenditures (5a - 5o)	\$	239,553	239,553	(167,027)			

* 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
IV THERAPY EXPENSE	\$ 170	\$ (170)				
OUTSIDE MED SERVICES MED A	\$ 11,587	\$ (11,587)				
MANAGED CARE/HMO	\$ 2,461	\$ (2,461)				
Total Other Resident Care	\$ 14,218	\$ (14,218)	\$ -	\$ -	\$ -	\$ -

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

Name of Facility Cook Willow Health & Rehabilitation Center, Inc.			License No. 932-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
		<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"/>							
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		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

* 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
Cook Willow Health & Rehabilitation Center,	932-C	9/30/2023					22	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$ 43,934	43,934						
b. Heat	\$ 34,277	34,277						
c. Light & Power	\$ 47,726	47,726						
d. Water	\$ 46,647	46,647						
e. Equipment Lease (<i>Provide detail on page 22b</i>)	\$							
f. Other (<i>itemize</i>)	\$ 52,546	52,546	(4,195)					
See Attached Schedule								
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 225,130	225,130	(4,195)					
7. Depreciation (<i>complete schedule page 23*</i>)								
a. Land Improvements	\$ 15,838	15,838						
b. Building & Building Improvements	\$ 144,613	144,613						
c. Non-Movable Equipment	\$ 7,926	7,926						
d. Movable Equipment	\$ 51,921	51,921						
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 220,298	220,298						
8. Amortization (<i>Complete att. Schedule Page 24*</i>)								
a. Organization Expense	\$							
b. Mortgage Expense	\$ 27,779	27,779						
c. Leasehold Improvements	\$ 36,939	36,939						
d. Other (<i>Specify</i>)	\$							
*8e. Total Amortization Costs (8a + b + c + d)	\$ 64,718	64,718						
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 416,416	416,416						
10. Property Taxes								
a. Real estate taxes paid by owner	\$							
b. Real estate taxes paid by lessor	\$ 115,225	115,225						
c. Personal property taxes	\$ 11,659	11,659						
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 828,316	828,316						

* 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
MAINT PURCHASED SERVICE	\$ 18,117					
GARBOLOGIST	\$ 17,516					
GROUND MAINT	\$ 16,913					
APARTMENT ALLOCATION		\$ (3,811)				
MOW Allocation		\$ (384)				
Total Other Repairs and Maintenance	\$ 52,546	\$ (4,195)	\$ -	\$ -	\$ -	\$ -

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 Cook Willow Health & Rehabilitation Center, Inc.			License No. 932-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"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input type="radio"/> 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.

Depreciation Schedule

Name of Facility Cook Willow Health & Rehabilitation Center, Inc.			License No. 932-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			
A. Land Improvements													
1. Acquired prior to this report period			157,589		157,589	11,214			15,408				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			4,300						430				
A-4. Subtotal										15,838			
B. Building and Building Improvements													
1. Acquired prior to this report period			5,413,714		5,413,714	4,788,542			144,613				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal										144,613			
C. Non-Movable Equipment													
1. Acquired prior to this report period			141,652		141,652	83,912			7,926				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal										7,926			
		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. Fully Depreciated Vehicles				X	1	2007	65,461	65,461	65,461				
b. 2020 GMC Yukon				X	1	2021	73,445	73,445	29,378			14,689	
c. 2016 Ford F250 W/Plow			X		11	2015	48,916	48,916	48,916				
d. 2006 Ford E350				X	10	2015	14,000	14,000	14,000				
2. Movable Equipment													
a. Acquired prior to this report period					Var	Var	798,474	798,474	685,581		Var	30,951	
b. Disposals (attach schedule)													
Acquired during this report period (attach schedule):													
c. Administrative							8,529					2,532	
d. Standard Resident							18,747					3,749	
e. Specialized Resident													
Total Acquired during this report period							27,276					6,281	
D-3. Subtotal													51,921
E. Total Depreciation													220,298

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
4/12/2023	Fencing	\$ 4,300	10	\$ 430
Total additions for Land Improvements		\$ 4,300		\$ 430
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:				
Total additions for Building Improvements		\$ -		\$ -
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	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
11/8/2022	Furniture	Standard Resident	\$ 3,000		\$ 600
4/24/2023	Beds	Standard Resident	\$ 15,747		\$ 3,149
8/27/2023	Picnic Tables	Administrative	\$ 2,334		\$ 467
9/1/2023	Server	Administrative	\$ 6,195		\$ 2,065
		PICK A CATEGORY			
		PICK A CATEGORY			
Total additions for Movable Equipment			\$ 27,276		\$ 6,281 *
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:				
3/13/2023	Carpeting	\$ 3,638	5	\$ 728
4/28/2023	HVAC	\$ 46,794	15	\$ 3,120
7/11/2023	Electrical	\$ 2,795	15	\$ 187
Total additions for Leasehold Improvement		\$ 53,227		\$ 4,035 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Cook Willow Health & Rehabilitation Center, Inc.			License No. 932-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							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. HUD Mortgage Acq Fees - New	9	2001	30 Yrs	329,805	231,782			10,994	
2. HUD Mortgage Acq Fees - Extensio	9	2001	30 Yrs	453,482	318,696			15,116	
3. Extension Fees	12	2002	30 Yrs	50,070	34,631			1,669	
B-4. Subtotal									27,779
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	Var	Var	Var	708,424	224,908			32,904	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				53,227				4,035	
C-4. Subtotal									36,939
D. Total Amortization									64,718

* 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 Cook Willow Health & Rehabilitation	License No. 932-C	Report for Year Ended 9/30/2023	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description		Total			
1. Date Land Purchased		07/30/74			
2. Date Structure Completed		07/30/74			
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure		07/30/74			
5. Total Licensed Bed Capacity		60			
6. Square Footage		34,196			
7. Acquisition Cost					
a. Land		19,780			
b. Building		95,220			
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)		Fixed			
b. Date Mortgage Obtained		08/20/10			
c. Interest Rate for the Cost Year		4.85%			
d. Term of Mortgage (number of years)		27			
e. Amount of Principal Borrowed		3,987,600			
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	

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
Cook Willow Health & Rehabilitation		932-C	9/30/2023				26	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
12. Interest								
A. Building, Land Improvement & Non-Movable Equipment								
1. First Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
2. Second Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
3. Third Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
4. Fourth Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
B. CHEFA Loan Information								
1. Original Loan Amount		\$						
2. Loan Origination Date								
3. Interest Rate %								
4. Term								
5. CHEFA Interest Expense								
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$						

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended				Page	of	
Cook Willow Health & Rehabilitat		932-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)				\$	2,612	2,612	(2,612)			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	2,612	2,612	(2,612)			
14. Insurance										
a. Insurance on Property (buildings only)				\$	66,071	66,071				
b. Insurance on Automobiles				\$	5,239	5,239	(2,620)			
c. Insurance other than Property (as specified above)										
1. Umbrella (Blanket Coverage)				\$						
2. Fire and Extended Coverage				\$						
3. Other (Specify)				\$			(6,993)			
Apartment/MOW Allocation										
14d. Total Insurance Expenditures (14a + b + c)				\$	71,310	71,310	(9,613)			
15. Total All Expenditures (A-13 thru C-14)				\$	7,047,142	7,047,142	(528,984)			

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Cook Willow Health & Rehabilitation Ce	932-C	9/30/2023		30	37
Item	Total	CCNH / RHNS	(Specify)	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 5,514,585	5,514,585			
b. Medicaid Room and Board Contractual Allowance **	\$ (1,238,325)	(1,238,325)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 660,699	660,699			
b. Medicare Room and Board Contractual Allowance **	\$ 432,120	432,120			
4. a. Private-Pay Residents and Other	\$ 1,228,670	1,228,670			
b. Private-Pay Room and Board Contractual Allowance **	\$ 68,389	68,389			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 85,260	85,260			
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$ 10,683	10,683			
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	\$ 195,548	195,548			
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$ 54,852	54,852			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 33,864	33,864			
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$ 116	116			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ 8,223	8,223			
5. a. Occupational Therapy - Medicare	\$ 162,559	162,559			
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$ 40,039	40,039			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (<i>Specify</i>) - Medicare	\$ (294,130)	(294,130)			
b. Other (<i>Specify</i>) - Non-Medicare	\$ (112,772)	(112,772)			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 6,850,380	6,850,380			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$ 51,593	51,593			
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 2,857	2,857			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 679,660	679,660			
V. Total Other Revenue (1 thru 8)	\$ 734,110	734,110			
VI. Total All Revenue (III +V)	\$ 7,584,489	7,584,489			

* 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)
	X-RAY - MEDICARE A	\$ 1,143		
	LAB - MEDICARE A	\$ 10,263		
	CONT ALW MEDICARE A	\$ (285,719)		
	CONT ALW ANCILL MEDICARE B	\$ (19,817)		
Total Other Resident Revenue - Medicare		\$ (294,130)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
	X-RAY - PRIVATE	\$ 201		
	X-RAY - INSURANCE	\$ 436		
	LAB - PRIVATE	\$ 208		
	LAB - INSURANCE	\$ 2,129		
	CONT ALW ANCILL INSURANCE	\$ (115,746)		
Total Other Resident Revenue		\$ (112,772)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH / RHNS	(Specify)	(Specify)
30 A1	Interest Income	28,949	\$ 2,857		
Total Interest Income			\$ 2,857	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
	PPP Forgiveness	\$ 678,727		
	Donation	\$ 925		
	Vending Commission	\$ 8		
Total Other Revenue		\$ 679,660	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Cook Willow Health & Rehabilitation C	932-C	9/30/2023	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	520,910
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	905,569
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	4,807
5. Prepaid Expenses			\$	3,213
a. _____				
b. _____				
c. _____				
d. See Schedule		3,213		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	(56,621)

See Schedule		(56,621)		
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,377,877
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	161,889	\$	134,837
	Accum. Depreciation	27,052		Net
3. Buildings	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
4. Leasehold Improvements	*Historical Cost	761,651	\$	499,804
	Accum. Depreciation	261,847		Net
5. Non-Movable Equipment	*Historical Cost	141,652	\$	49,814
	Accum. Depreciation	91,838		Net
6. Movable Equipment	*Historical Cost	825,750	\$	102,937
	Accum. Depreciation	722,813		Net
7. Motor Vehicles	*Historical Cost	201,822	\$	29,378
	Accum. Depreciation	172,444		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	(5,641)
Book vs Cost Report		(5,641)		
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	811,129

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
		PREPAID INSURANCE	\$ 1,646
		PREPAID INTEREST	\$ 174
		PREPAID PERSONAL PROP TAXES	\$ 1,393
		Total Prepaid Expenses	\$ 3,213

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

Page Ref	Line Ref	Description	
		DUE FROM EMPLOYEES	\$ (3,059)
		EXCHANGE	\$ (53,562)
		Total Other Current Assets (Itemize)	\$ (56,621)

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	
		Total Other Assets	\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
		NOTE - CAFCU	\$ 40,776
		NOTE PAYABLE UNITED BANK	\$ (1,617)
		NOTE PAYABLE VALUE HEALTH	\$ 4,934
		NOTE PAYABLE - HUNTINGTON N.B.	\$ (373)
		Note Payable - Citizens	\$ 1,038
		NOTE PAYABLE - EVERSOURCE	\$ 67,092
		Total Notes Payable	\$ 111,849

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

Page Ref	Line Ref	Description	
		DUE TO MEDICAID USER FEE	\$ 162,988
		RETROACTIVE SETTLEMTS MEDICAID	\$ (173,447)
		ACCRUED EXPENSE OTHER	\$ 1,802
		DUE TO RESIDENT TRUST CASH	\$ (14,885)
		Total Other Current Liabilities (Itemize)	\$ (23,542)

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

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Cook Willow Health & Rehabilitation C	932-C	9/30/2023	32	37
Account			Amount	
Total Brought Forward:			\$	2,189,007
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	96,281
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	5,413,714		
	Accum. Depreciation	4,933,155	Net	\$ 480,559
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)			\$	576,840
D. Investment and Other Assets				
1. Deferred Deposits			\$	276,027
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	1,272,378
Name and Address	Amount	Loan Date		
Various	1,272,378	Various		
7. Other Assets (<i>itemize</i>)			\$	

See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	1,548,405
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	4,314,251

* 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
Cook Willow Health & Rehabilitation Center,		932-C	9/30/2023	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,243,760
2. Notes Payable (<i>itemize</i>)				\$	111,849

See Schedule					111,849
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>)				\$	364,134
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	55,490
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	(23,542)

See Schedule					(23,542)
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,751,691

* 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 Cook Willow Health & Rehabilitation Cent	License No. 932-C	Report for Year Ended 9/30/2023		Page 34	of 37
Account				Amount	
Total Brought Forward:				1,751,691	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	

See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 1,751,691	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Cook Willow Health & Rehabilitation	932-C	9/30/2023	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	96,281
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	480,559
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			\$	276,027
6. Total Reserves			\$	852,867
B. Net Worth				
1. Owner's Capital			\$	1,820
2. Capital Stock			\$	515,923
3. Paid-in Surplus			\$	9,340
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	472,869
6. Gain or Loss for Period				
	10/1/2022	thru	9/30/2023	
			\$	709,739
7. Total Net Worth			\$	1,709,691
C. Total Reserves and Net Worth			\$	2,562,558
D. Total Liabilities, Reserves, and Net Worth			\$	4,314,250

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Cook Willow Health & Rehabilitation Ce	932-C	9/30/2023	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2022			\$	1,536,430
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	7,584,489
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	6,874,750
D. Net Income or Deficit			\$	709,739
E. Balance			\$	2,246,169
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	2,246,169
				09/30/23

I. Preparer's/Reviewer's Certification

Name of Facility Cook Willow Health & Rehabilitation	License No. 932-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)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
CJLC LLC				
Address Address		Phone Number		
225 Pitkin St., East Hartford, CT 06108		860-610-9009		
Contacted Person Regarding Additional Information Needed Regarding This Report		Phone Number		
CJLC		860-610-9009		
Contact Email Address				
annualreports@cjlc.com				