#### **State of Connecticut**



Name of Facility (as licensed)

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

Odd Fellows Home of CT, Inc.(d/b/	a Fairview)			
Address (No. & Street, City, State,	Zip Code)			
235 Lestertown Road, Groton, CT	06340			
Type of Facility				
Chronic and Convalescent  ✓ Nursing Home (CCNH) & RHNS Combined	Ø	(Specify)	<b></b>	Other
Report for Year Beginning		Report for Year Ending		
10/1/2022		9/30/202	3	
License Numbers:	CCNH / RHNS 1083665988	(Specify)	Other	Medicare Provider 07-5288
Medicaid Provider Numbers:	2584	CCNH / RHNS	(Specify)	Other

#### **General Information**

Name of Facility (as licensed)  Odd Fellows Home of CT, Inc.(d/b/a Fairview)  License No.  Report for Year Ended Page of 9/30/2023  1 37

#### Administrator's/Owner's Certification

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

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

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

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

#### (a) Subject to Desk Audit review

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) William Nelson			Printed Name (Owner)	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires

(Notary Seal)

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### State of Connecticut **Department of Social Services**

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	tm	ent	3	Page 1A	of 37
Name of Facility		Period Cov	ered:	From	То
Odd Fellows Home of CT, Inc.(d/b/a Fairview)				10/1/2022	9/30/2023
Address of Facility 235 Lestertown Road, Groton, CT 06340					
Report Prepared By		Phone Num		Date	
Marcum LLP		203-781-96	00	12/7/2023	
Item		Total	CCNH / RHNS	(Specify)	Other
1. Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$				
5. All other wages paid	\$				
6. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$				

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.** 

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

			e No. of Facility 145-7478		Report for Yea 9/30/2023	ar Ended	Page 2		of 37
Name of Facility (as shown on license)			Address (No. & Str			p)			
Odd Fellows Home of CT, Inc.(d/b/a Fairviev	v)		235 Lestertown R						
	CCNH / RHNS		(Specify)		Other		Medicare I	rovid	ler No.
License Numbers:	1083665988						07-5288		
Type of Facility (Check appropriate box(es))  Chronic and Convalescent  ✓ Nursing Home (CCNH) &  RHNS Combined	<b></b>	(Spec	cify)		☑	Other			
Type of Ownership (Check appropriate box)									
1	Partnership	0	Profit Corp.	0	Non-Profit Cor		Government	0	Trust
If this facility opened or closed during report	year provide:			Date	Opened	Date Cl	osed		
Has there been any change in ownership							7077L 02712		
or operation during this report year?		0	Yes	<u> </u>	No	If "Yes,	explain full	у.	
Administrator									
Name of Administrator					Nursing				
William Nelson					Administ Licens		1716		
Other Operators/Owners who are assistant ac	lministrators (fu	ill or t	part time) of this fac	cility					
Name N/A					Licens	e No.:			
9									

#### General Information and Questionnaire Partners/Members

Name of Facility Odd Fellows Home of CT, Inc.	(d/b/a Fairview)	License No. 1083665988	Report for Y 9/30/2023	ear Ended	Page 3	of 37
Legal Name of Parti		Business A		State(s) and/o Which R	or Town(	s) in
N/A						
Name of Partners/Members	Business Ac	ldress	÷- '	Γitle	% Ov	wned
N/A						
Ď.						
	ļu .					
		٠				

#### General Information and Questionnaire Corporate Owners

Name of Facility	License No. Report for Year Ended			Page of
Odd Fellows Home of CT, Inc.(d/b/a Fairview	1083665988	9/30/2023		3A 37
If this facility is owned or operated as a corpo	ration, provide the	following information	n:	
Legal Name of Corporation		s Address	State(s) in Whi	ch Incorporated
Odd Fellows Home of CT,	235 Lestertown R	Load, Groton, CT	CT	
Inc.(d/b/a Fairview)	06340			
Name of Directors, Officers	Busines	s Address	Title	No. Shares Held by Each
Please see attached listing.				
Names of Stockholders Owning at Least 10%				
of Shares				
				Ŷ?

Name	Title
President	Edie Kalin
1st Vice President	Vince Braucci
2nd Vice President	Bryan King
Secretary	Lucille Kutz
Treasurer	Barbara McLaren
Assistant Secretary	Millis Buckley
Assistant Treasurer	Nelson Doyle
Chaplain	Bob Piel
Jr. Past President	Hank Lucas
Directors 2023	Barry Pinkowitz
DN-CCC0/3-2-0-2-0	Mary Sepowitz
Directors 2024	Warren Smith
	Steve Giuffre
Directors 2025	Elaine Neal-Sakocious
5// 600010 2022	Linda Stein
Patriarchs Militant	Lady Bea Stuart, President Atlantic Northeast Department Association Ladies Auxiliary Patriarchs Militant
	Brig. Gen. Francis Latanowich Dept Commander Atlantic Northeast Patriarchs Militant

State of Connecticut

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#### General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of
Odd Fellows Home of CT, Inc.(d/b/a Fairview)	1083665988	9/30/2023	3B 37
If this facility is owned or operated as an individua	al proprietorship, p	provide the following information	ation:
Own	ner(s) of Facility		
1			
N/A			
			*
		2	
E			
	9		
, and the second			

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## General Information and Questionnaire Related Parties\*

Name of Facility Odd Fellows Home of CT, Inc.(d/b/a Fairview)	.T, Inc.(d/b/a Fairview)	License No. 108366	lse No. 1083665988	Report for Year Ended 9/30/2023		Page 4	of 37
Are any individuals rece marriage, ability to conti	Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?	cility rela	lano.	1 O Yes © No	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.	ne Name/Add	lress and ge 11 of the report.
Are any individuals or c	Are any individuals or companies which provide goods or services,	or servic	es,				
including the rental of prelated through family a	including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business	to this fac	ility, or business	• Ves O No			
association to any of the	association to any of the owners, operators, or officials of this facility?	of this fa	cility?		If "Yes," provide the following information:	ne following	information:
		Also	Provides .		Indicate Where		
Name of Related	Business	Goods/   Non-Re	Goods/Services to Non-Related Parties	Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No   %**	_	Page # / Line #	Reported	Related Party
Odd Fellows Health Care, Inc	235 Lestertown Road, Groton, CT 06340	0	•	Administrative Management Fees	Pg 16/M12	15,600	15,600
		0	0				
		0	•				
		0	•				
		0	•				
		0	•				
		0	•				
		0	0				
		0	•				

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

<sup>\*\*</sup> Provide the percentage amount of revenue received from non-related parties.

#### General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No.						
Odd Fellows Home of CT, Inc.(d/b/a Fairview)			9/30/2023	5	37		
If the facility is licensed as CDH and/or RCH or	provides Al	DS or TBI	services with special Medicaid	rates, co	sts		
must be allocated to CCNH and RHNS as follow							
Item			Method of Allocation				
Dietary		Number of	meals served to residents				
Laundry		Number of	pounds processed				
Housekeeping			square feet serviced				
• •			hours of routine care provided				
Nursing			lassification, i.e., Director (or C				
		Registered 1	Nurses, Licensed Practical Nur	ses, Aide	es and		
		Attendants					
Direct Resident Care Consultants		Number of	hours of resident care provided	by EAC	H		
		specialist (	See listing page 13)				
Maintenance and operation of plant		Square feet					
Property costs (depreciation)		Square feet					
Employee health and welfare	Gross salar	ies					
Management services		e cost center involved					
All other General Administrative expenses			rect 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  • Yes  • No  If "No," explain fully why such allocation was							
costs allocated as required? Yes O No not made.							
N/A							
55							
2. Explain the allocation of related company exp	penses and a	ttach copy o	of appropriate supporting data.				
N/A							
- 11							
3. Did the Facility appropriately allocate and se	lf-disallow d	irect and in	direct costs to non-nursing hom	ie cost cε	enters?		
(e.g., Assisted Living, Home Health, Outpation	ent Services,	Adult Day	Care Services, etc.)				
(0.8., 1.20.2002 22.1.2.3, 1.2.1.			If "No," explain fully why suc	h allocat	ion was		
		0 100	not made.				
			not made.				

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

Name of Facility	License No.			Report for Year Ended	Page	of
Odd Fellows Home of CT, Inc.(d/b	/a 10836659	988		9/30/2023	6	37
Square footage of entire facility.	57,027					
Outpatient Therapy						
Does the Facility provide outpatien	t therapy services?	Yes				
If yes, please complete the followi						
1,634 Square footage	of therapy space.					
Meals on Wheels						
Does the facility provide Meals or	Wheels?	No				
If yes, please complete the followi	ng:					IV.
Square footage						
	s served per week	10	Cul	A 1.D +0		
	ded in meals served		of the	Annual Report?		
	included in the Ann					
	nte where costs are re he program included		ity's r	paymol12		Ī
	mplete the following		ity s p	Jayron:		Į.
\$ -	Amount Repor	ted .				ĺ
Ψ	0 Annual Report		ne			
Please state the	salary amounts of sp	ecific cooks	and/o	or dietary aides		
Please state who	re the cooks and/or	dietary aides	are r	eported in the Annual I	Report	
Apartments, Independent Living	. Assisted Living					
Does the facility have apartments,		and/or	Yes			
assisted living?	macpendone name,	Sec. 1.37 (3.55)	1 03			
If yes, please complete the followi	ng:			5		
27,944 Square footage						
27,944 Square tootage	or apartinonis					
64,664 Square footage	of independent living	) )				
N/A Square footage	of assisted living					
	he services provided	i				
Independent Liv	ing Only					
		J				

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

Name of Facility License No.	Report for Year Ended	Page of
Odd Fellows Home of 1083665988	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 facil	ity.	
Average number of daily participants.	۹ .	
Number of meals per day provided to adult day care.		
Nature of services provided:		
"		

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# Schedule of Resident Statistics

Name of Facility Odd Fellows Home of CT, Inc.(d/b/a Fairview)			License No. 10836	se No. 1083665988			Report for Year Ended 9/30/2023	ear Ended			Page 8	of 37
						Period 10	Period 10/1 Thru 6/30			Period 7/	Period 7/1 Thru 9/30	
		Total CCNH /										
	Total All Levels	RHINS	Total	Total Other	Total	CCNH/ RHINS	(Specify)	Other	Total	CCNH/ RHINS	(Specify)	Other
Certified Bed Capacity     A. On last day of PREVIOUS report period	110	110			110	110						
B. On last day of THIS report period	100	100							100	100		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	66	66			66	66						
B. As of midnight of THIS report period	96	96							96	96		
3. Total Number of Days Care Provided During Period												
A. Medicare	2,885	2,885			2,241	2,241			644	644		
B. Medicaid (Conn.)	23,593	23,593			18,012	18,012			5,581	5,581		
C. Medicaid (other states)												
D. Private Pay	6,814	6,814			4,955	4,955			1,859	1,859		
E. State SSI for RCH												
F. Other (Specify) Managed Care / Other Insurano	1,522	1,522			1,069	1,069			453	453		
G. Total Care Days During Period (3A thru F)	34,814	34,814			26,277	26,277			8,537	8,537		
4. Total Number of Days Not Included in Figures in 3G												
for Which Revenue Was Received for Reserved Beds  A Medicaid Red Receive Days	000	120			105	105			71	15		
	3	3			3	3						
5. Total Resident Days (3G + 4A + 4B)	34,937	34,937			26,385	26,385			8,552	8,552		

Schedule of Resident Statistics (Cont'd)

Name of Faci	•				ise No				Repor	t for Year 9/30/202			Page 9	of 37
Odd Fellows	Home of	CT, Inc.(d/b	/a Fairview)	1.08	E+09	_				9/30/202			9	31
			e certified bed ca	pacity	durin	ng the	repor	t year	?	•	Yes	0	No	
II IES	, provide					hono	e in B	ade		C	apacity After	Change		
	CCNH	Place of C	nange	-		nang	e III B	208		<del>                                     </del>	apacity After	Change		
	/ /													
Date of	RHNS	(Specify)	Other		Lost			Gaine	d					41
Date of	KIIVS	(Specify)	Other	-1	LOST					CCNH /				
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	RHNS	(Specify)	Other	Reason fo	or Change
4/1/2023	X	(2)	(3)	10	(-/	(5)	(-/	(-)	(-)	100			Reduce bed capa	acity in keeping
4/1/2023	Α									i –				
										1				
			tified bed capaci			ne rep	ort ye	ar (as	reporte	ed in item	4 above) pro	ovide the numb	er of	
		C	hange in Reside	nt Day	ys					CCNF	1 / RHNS	(Specify)	Ot	her
1st chan	ge									8,628				
2nd char	nge													
3rd chan										ļ				
4th chan				20	20.	*7							ļ	
6. Number	of Resid	ents and Rat	es on September	30 01				_			Self-Pay		Other Stat	e Assisted
			Medicare		Med	icaid		_		T 3	en-ray		Other State	C Abbiotod
										1			1 1	
					NH/				NH/	1 ,0	.0.	Other	l pou	ICF-MR
25	Item		CCNH / RHNS	RE	INS	(Sp	ecify)	K.	HNS_	(St	pecify)	Other	R.C.H.	ICF-IVIX
No. of R			9	ACCUSED NO.	56	PROCESS.	North tes	Dane	31	A 11 TO 1 TO 1 TO 1	12 avenue in	The state of the s	STROUGH	Nas Charles
Per Dier				1,670		SIN	37, 20	IN THE	540.00		NEW WILLIAMS		THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME	
a. One l			Var		284.50	-		-	540,00 483,00					
b. Two			Var	_	284_50	_		-	483,00	_				
	e or more	;						l					l	
bed :	rms.			=				-	_				h	
7 Total Ni	mbar of	Dhygiaal The	erapy Treatments					<sub>TC</sub>	TAL	CCNF	I / RHNS	(Specify)	Outpatient	Other
		re - Part B	stapy Treatments	)				<u> </u>	4,789		2,860	(0),	1,929	
		id (Exclusive	of Part B)						Till Str	Co Cole	15 WAY CARD		SISSING	Half trend for
Б.		ntenance Tre						SHIPS IN						
		orative Treat												
C.	Other								1,560		1,146		414	
		hysical Ther	apy Treatments						6,349		4,006		2,343	
			apy Treatments							7/49/28/9	E 3 3 10	A STATE OF THE STA		
A.	Medicar	re - Part B							419		357		62	
B.	Medicai	id (Exclusive	of Part B)					1950	<b>HEALT</b>	2 100			A STATE OF STREET	97,000 E0 0 M
	1. Mair	ntenance Tre	atments											
		orative Treat	ments										- 10	
	Other							_	203		190		13	
			py Treatments						622	TANK DE LA CONTRACTOR D	547	The state of the state of	75	Mark Street
			ll Therapy Treatr	nents				No.		10000	CHO CHECK	Service and sold	1,039	N (1102(15502)
		re - Part B	- an - n:					STATUTE OF	4,879	ES 65 9/41	3,840	NO FEED STAN	1,039	3 (0 a) S 574
В.		id (Exclusive						200	ASS.	100000	14 CARROLL (18 8)		MEAN PLANE	
		ntenance Tre					_	-		-				
		orative Treat	ments	_				-	1,661	-	1,603		58	
	Other	a assm ast I	Thouan Tuanto	ante				<del>                                     </del>	6,540		5,443		1,097	
D.	I otal O	ccupational	Therapy Treatn	ienis					0,540		טרד, <i>כ</i>		1,027	

Report of Expenditures - Salaries & Wages

Name of Facility	License No. 1083665988			Report for Year 9/30/2023	r Ended			Page 10	of 37
Odd Fellows Home of CT, Inc.(d/b/a Fairview)				Yes		0	No	1	
Are time records maintained by all individuals receiving co	mpensation?				Cost and Hours		110		
				Jotal C	Ost and Hous				
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	Other	Adjustment	Hours
A. Salaries and Wages*	GALLING WATER	SO E SO DA		William Co.	and the second		SHOW IN	WE HAVE	16 15 3
1. Operators/Owners (Complete also Sec. I						100		N NOV	375° T.
of Schedule A1)									W-1
2. Administrator(s) (Complete also Sec. III			Service and		Contract of the last	AT A PR		STONE THE	ALC: U
of Schedule A1)	210,565	(27,261)	2,080	THE REAL PROPERTY.		100.000.000.000			2000
3. Assistant Administrator (Complete also Sec. IV					10000000	I CHILDRE	MARINE DE LA COMPANION DE LA C		ing lon
of Schedule A1)							CONTRACTOR NO.		THE PERSON NAMED IN
4. Other Administrative Salaries (telephone	(32.011	(40.112)	18,422	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			SENSOR COMM		100 0 10
operator, clerks, receptionists, etc.)	622,911	(49,113)	18,422	TO A PARTY	160/6 Kills	all and the second	The state of the state of	21/1/03/10	2019
5. Dietary Service a. Head Dietitian					100000000000000000000000000000000000000		PARTY NAMED IN COLUMN		
b. Food Service Supervisor									
c. Dietary Workers	85,255		3,238						
6. Housekeeping Service						N. P. Commission		NO PERSONAL PROPERTY.	
a Head Housekeeper			10.000						
b. Other Housekeeping Workers	263,109		18,036			CE SAMPLE SAME	SECRETARION OF THE PARTY OF THE	San Bally Alexander	D-BIGHTSON
7 Repairs & Maintenance Services	91,135		2,091	A SECULAR PROPERTY.	E45 115 115 115	HALL STREET, ST.	DUTTER	CONTRACTOR STATES	The street
a. Engineer or Chief of Maintenance     b. Other Maintenance Workers	125,975		7,386						
8. Laundry Service	125,715	EXCESSION EX	2/4/ 1/2	Big In Alley	SATES TO	Esta State			203
a. Supervisor	and the second second	Anna San San San San San San San San San							
b. Other Laundry Workers	99,314		5,594						
9. Barber and Beautician Services									
10. Protective Services				The last transfer of the last transfer of	Andrew Street,	Annual State			C-809150
11. Accounting Services	SISTANTS			ASSESSMENT OF THE		2 A			222
a. Head Accountant	-1				-				
b. Other Accountants 12. Professional Care of Residents	THE WASHINGTON		N	PY I SULSE	SHOW SHOW	COLUMN TWO IS	SALES TO SELECT	TEDYS MO	NAME OF TAXABLE PARTY.
a. Directors and Assistant Director of Nurses	165,060	Section 1975	2,120						
b. RN	103,000	ON LEVEL SON	2,120	7/10/19/30	100	Delica Control	SERVICE OF		522
1. Direct Care	977,438		24,268						
2. Administrative**	375,013		7,932						
c LPN	THE RESIDENCE		WHE SE		N EXTERNAL PROPERTY.		CYSTA SIDE	Court News	
1. Direct Care	896,646		26,869						
2. Administrative**			00.040					-	
d. Aides and Attendants	2,083,975	156.026	89,862						
e. Physical Therapists	323,133 135,095	(56,036) (750)	8,574 5,892						
f. Speech Therapists g. Occupational Therapists	251,788	(251,788)	2,454						
h. Recreation Workers	199,666		8,578						
i. Physicians	#10%&%\$\$\$\$\$\$		11 74 880	IN STATISTICS		201207	The Party of the P	20 TO STATE	8.47
I. Medical Director									
2. Utilization Review									
3. Resident Care***					The same of the sa	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	All the second s	P - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
4. Other (Specify)	DARKSTE U	TREE STATES	SERIAL NEW		100 to 10	BONG A			
j. Dentists								10.	
k <sub>* </sub> Pharmacists									
l Podiatrists	187,001		4,692						
m. Social Workers/Case Management n. Marketing	107,001		4,072						
o. Other (Specify)	1000 BOX 100	TENNING S			STEANS!	70%	TO MAKE		
See Attached Schedule	8,701	(8,701)	240						
A-13. Total Salary Expenditures	7,101,780		238,328						

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

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

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

#### Schedule of Other Salaries and Wages (Page 10)

			CCN	H / RHNS			(Specify)			Other	
Position		\$		iustment	Hours	\$	Adjustment	Hours	S	Adjustment	Hours
T USTITUTE TO THE PARTY OF THE	ECULIA CHELL	0	9.80				DESCRIPTION OF THE PROPERTY OF	The IT and	Parlace II		20110312
MDS - Severance Pay	\$	4,539	S	(4,539)	120	E DOM: NO					Investment
Finance Personnel - Severance Pay	\$	1,662	S	(1,662)	80						
Director - EVS - Severance Pay	\$	2,500	S	(2,500)	40						
			QX.					DATE			
					A N						
						(O) (E)					
				70	ry me			(III)/yes=10			
			3.6								
			Dix		ES EXOTE						
				V = Y= 1					G PESS		
		uque:	16								
Total	s	8,701	\$	(8,701)	240	\$ +	\$		\$	· s -	3

#### Schedule of Other Fees (Page 13)

		CCNH / RHNS			(Specify)			Other	
Service	\$	Adjustment	Hours	S	Adjustment	Hours	\$	Adjustment	Hours
	0	C. III. SOLVER	NAVITAS TOO	10000			PART STATES		
Celtic Consulting	\$ 5,638		21						
		No. of the last	Capital SM	in state			SVIVE		
						7 2 3	100000000000000000000000000000000000000		
							See Me		
			ACOME I						
				o Edition			Hu Win		
				0.000				di payinyaran	
			ne Alaunat	/I-AVI BOO				H - 171-12 (C)	
					100				
			the second second		3120	STEVERAL PROPERTY.	\$ -	\$	
Total	\$ 5,638	S -	21	\$ -	\$	•	\$ -	S	

State of Connecticut

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

Assistant Administrators and Other Related Parties\*

Mome of Don'ller			ווישופופפי	I icense No	I increase No	Report for	Report for Year Finded		Page	Jo
Name of Facility				LICCIISC INO.		Inchair ini	I car Ellucu		1 480	5
Odd Fellows Home of CT, Inc.(d/b/a Fairview)	b/a Fairviev	w)		1083665988		9/30/2023			=	37
		Salary Paid								
Name	CCNH / RHNS	(Specify)	Other	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section I - Operators/Owners										
		=								
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Compensation Received Worked Hours Total 12 Claimed on Name and Address of All Other Employment\*\* N/A Assistant Administrators and Other Related Parties\* Line Where Page 10 Report for Year Ended 2,080 A2 Worked Hours Total 9/30/2023 Full Description of Services Rendered Administrator Pension, Life Ins, Health Insurance, Fringe Benefits (describe fully) 1083665988 and/or Other Payments License No. Disability Other Salary Paid (Specify) Odd Fellows Home of CT, Inc.(d/b/a Fairview) 210,565 CCNH/ RHINS Section III - Administrators \*\*\* Name of Facility (as licensed) Section IV - Assistant Administrators William Nelson

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility Odd Fellows Home of CT, Inc.(d/b/a Fairview)	License No.	1083665988		Report for \\ 9/30/2023	ear Ended			Page 13	of 37
Odd Fellows Home of C1, Inc.(d/b/a Fairview)		1003003700			1 Cost and Ho	ITS			
A THE PARKET AND PARKET AND THE PARKET AND									
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	Other	Adjustment	Hours
B. Direct care consultants paid on a fee	200 100	VALUE OF STREET		No.			3000		
for service basis in lieu of salary					THE REAL PROPERTY.				
(For all such services complete Schedule B1)							E TOTAL S	400	7/800
1. Dietitian	39,781		900						
2. Dentist	7,344		480						
3. Pharmacist	24,395		215						
4. Podiatrist	· · · · · ·								
5. Physical Therapy	LOSIGNA N	- PACE 2	经发生						Telephone of
a. Resident Care	The same of the sa								
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians	U-000-00	SUSPECTATION OF	To the second		18 10 19 12 11 10			ha (all section	
a. Medical Director (entire facility)	54,000	Service Service	216						
b. Utilization Review			ARREA CO	100 350	FOR EVEN	TOWN DES			Letilot3
(Title 18 and 19 only) monthly meeting	21,000		120 (Estima						
c. Resident Care**	21,000								
d. Administrative Services facility	100000000000000000000000000000000000000	A STATE OF	120 F ( P. )	SHIP WADA	THE REPORT OF THE PARTY OF THE	100 (S W			
1. Infection Control Committee	200000000000000000000000000000000000000		20102-0-0						
(Quarterly meetings)									
2. Pharmaceutical Committee									
(Quarterly meetings)									
<ol> <li>Staff Development Committee (Once annually)</li> </ol>			NAME OF TAXABLE PARTY.			P. A. D. Carlotte			fried a some
e. Other (Specify)	TENEDOS A	THE ROLL PART	FAFETORE	TO GENERAL SECTION		AVI TO SEE	THE REAL PROPERTY.		ALC: NAME OF STREET
Cardiologist/ MDS Temp Staff	50,981	(24,000)	569	THE PARTY OF THE		ISSUE DO NOT	1 53/4 (CM/E)	MENSON ON	100 T 200
<ol><li>Speech Therapist</li></ol>	DESCRIPTION OF THE PARTY OF THE			The Party of the P	A STATE OF THE REAL PROPERTY.		A STATE OF THE PARTY OF		15007-11-
a. Resident Care									
b. Other				Property and the same		ALIDER MINES	DESCRIPTION NO.		THE REAL PROPERTY.
<ol><li>Occupational Therapist</li></ol>			Carrie	ALL VERY SERVICE	N. MINES	The Albert	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The Paris of the Paris	STEENING STEEL
a. Resident Care	28,600	(28,600)	417		-		-		
b. Other						COLUMN SERVICE	MASA/AUGE	ELECTRIC STATE	UESTIE!
<ol><li>Nurses and aides and attendants</li></ol>						TOWN STREET	Can be a second		
a. RN	CONTRACTOR OF THE PARTY OF THE				E KASARAN SKA	A CONTRACTOR OF THE PARTY OF TH	STATE STATE OF THE PARTY OF THE	WHO CANADOGO	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN
1. Direct Care									
2. Administrative***					IN THE SHAPE OF THE	OF THE PARTY NAMED IN	1202 500	N STREET, STREET,	1100
b. LPN	2010 5112			A PART OF THE PART	S. San St. St. St.		MA NEWS	The state of the s	-
1. Direct Care	138,344		2,033						
2. Administrative***				-				+	
c. Aides	2,475		140				-		-
d. Other						HERO BERN		W SEVERSION	Section 1
12. Other (Specify)	the Belling	A STEEL STOR	Section 18	The same	No. of the last of	100	The second second		
See Attached Schedule	5,638		21				-		
B-13 Total Fees Paid in Lieu of Salaries  • Do not include in this section management consultants or services wh	372,558	(52,600)	4,991				1		

Do not include in this section management consultants or services which must be reported on Page 16 item M-12 a

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

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

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

Name of Facility Odd Fellows Home of CT, Inc.(d/b/a Fairvi	License No. 1083665988		Report for \\ 9/30/2023	Year Ended	Page of 37
Name & Address of Individual	Full Explanation of Service		to Owners, rs, Officers	Explai	nation of Relationship
Linday D'Amato, Unidine, 1000 Washington Street, Suite 510, Boston, MA 02118	Dietician	0	•	N/A	
Gerident Solutions, LLC, Martha Kurilec, PO Box 290539, Wethersfield, CT 06129	Dentist	0	0	N/A	
Guardian Consulting Services, Inc., 3333 New Hyde Park Rd Suite 202, New Hyde Park, NY	Pharmacist	0	•	N/A	
Dr. Joseph Alessandro, IPC Healthcare, Inc., PO BOX 844929 Los Angeles, CA 900084	Medical Director	0	0	N/A	
Elder Crew, 123 Farmington Ave #291, Bristol, CT 06010	LPN - Temp Staff/ CNA Temp Staff	0	0	N/A	
Dr. Charles Wallace Andrias, 88 Payer Lane, Mystic, CT 06355	Cardiologist	0	0	N/A	
IPC Healthcare, Inc., PO box 844929 Los Angeles, CA 900084	Assistant Medical Director	0	0	N/A	
Comp Health Medical Staffing; PO Box 972670 Dallas TX 75397-2670	Occupational Therapist	0	0	N/A	
MDS Rescue, 339 Main Street, Torrington, CT 06790	MDS Temp Staff	0	0	N/A	
Ascendo, 500 West Cypress Creek Road, Suite 230, Fort Lauderdale FL 33309	LPN - Temp Staff	0	0	N/A	
Nurse Power, 282 Franklin Street, Norwich, CT 06360	LPN - Temp Staff	0	0	N/A	
		0	•		
		0	0		
		0	0		
7		0	0		
		0	0		
		0	0		
		0	•		
		0	0		
		0	0		
	-	0	•		
		0	•		

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

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

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

Name of Facility License No.		Report for Ye 9/30/2023	ear Ended				Page 15	of 37
Odd Fellows Home of CT, Inc.(d/b/a Fairview)   1083665988	$\dashv$	9/30/2023					15	
			CCNH /					
Item		Total	RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustmen
Administrative and General		CW F FOIL				16.00		
a. Employee Health & Welfare Benefits	- 1	NAME OF THE PARTY			CHECK STATE			The strike
Workmen's Compensation	\$	97,842	103,961	(6,119)				
2. Disability Insurance	\$							
Unemployment Insurance	\$	22,077	22,316	(239)				
4. Social Security (F.I.C.A.)	\$	522,199	533,751	(11,552)				
5. Health Insurance	\$	499,264	550,050	(50,786)				
6. Life Insurance (employees only)			W. WEST		S. Salar Barrell	SIP DUNC		
(not-owners and not-operators)	\$							
7. Pensions (Non-Discriminatory)	\$	108,985	110,163	(1,178)				
(not-owners and not-operators)		SHEET SHEET	THE PERSON NAMED IN		1123 13 11 10			MATERIAL PROPERTY.
8. Uniform Allowance	\$	1,569	1,586	(17)				
9. Other (Specify)	\$							
See Attached Schedule		1 2 3 5 G	10 S T T T S	THE OWNER	AUTEO DO			TO STEEL STEEL
b. Personal Retirement Plans, Pensions, and	\$							
Profit Sharing Plans for Owners and				ESCH SAN				Carl Villa III
Operators (Discriminatory)*		AL LONG				500		700 W
Operators (Discriminatory)				LAY USE	1000	E STATE OF	Siven P	
c. Bad Debts*	\$		(20,721)	20,721				
d. Accounting and Auditing	\$	82,510	85,574	(3,064)				
e. Legal (Services should be fully described on Page 15b)	\$	54,814	67,527	(12,713)				
f. Insurance on Lives of Owners and	S							
Operators (Specify)*		ECONOMIC PARTY.	PART NOW		A COLOR	Mary Control	COLUMN NO.	
g. Office Supplies	\$	26,169	26,169					
h. Telephone and Cellular Phones		NEW WAY	William St.		100000000			00000
Telephone & Pagers	\$	7,423	7,423					
Cellular Phones	\$	1,440	5,947	(4,507)				
i. Appraisal (Specify purpose and	\$							
attach copy)*		1 1 2 1 2 1 5 T	BLEAU STATE	<b>建则流运</b>			2512012012	
unaen copy)						ENG/SER	SHI STATE	
j. Corporation Business Taxes (franchise tax)	\$							
k. Other Taxes (Not related to property - See Page 22)				The Bridge	216	3 3 3 3		
1. Income*	\$							
2. Other (Specify)	\$							
See Attached Schedule						A STILL A	CON 15	HOME TO A
Resident Day User Fee	\$	649,475	649,475					
Subtotal	\$	2,073,767	2,143,221	(69,454)				

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

(Carry Subtotals forward to next page)

#### Schedule of Other Employee Benefits

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
	0					
自由在11人口的2016年前成长2011F				PETERSING		
				1545 HOUNTE		Time-off's
				and desiring		
		EUN EN VAYE	MAY DE COM	isis in a min		
		150 150 150	CANTILOVALINIS		At- a said	
	A STATE OF THE STA					1472
	A STATE OF THE PARTY OF THE PAR					
	to now enough a control and side and					THE REVIEW
		WINE BUILD				( La
		Reminal to 1		RUD'ES UV	100	The contra
	ALCOHOLOGICAL PROPERTY OF THE BUT WORK		1000	(6/0)		Lagro-menti
				TOWN IN STREET		
					Will of the	
		TUNE TABLE	TEV ENDS		DE STEELS	
			III NY CES			To Late 1
				NEW TENER	Mark Harla	
		THE PART WORK	A ALL AND LONG		314/16	TOWN THAT
	\$	\$ -	s -	\$ -	\$ -	\$ -
Total	<b>3</b> min*	D -				

#### Schedule of Other Taxes

Description	CCNH/	RHNS	Adjus	tment	(Sp	ecify)	Adjı	stment	0	ther	Adju	stment
	LIBRORY CONTA	0			1000	TEW SE			Section.	3-1-5	100	(Gylle
				1.519.0			500		10-37			6.0
			Division!		12/12	ATTENDED TO		HENN			F # 3000	
		Allie "	0.13	MARS.	AWAU				2	NOT IN		
Total	\$		\$	1/0	\$	10 No. 15	\$		\$	1018.	\$	

#### General Information and Questionnaire Accounting Basis

Name of Facility License No.	Report for Year Ended		rage	27
Odd Fellows Home of CT, Inc.(d/b 1083665988	9/30/2023		15b	37
The records of this facility for the period covered by this report	were maintained on the following basis:			
O Accrual O Cash O Modified Cash				
Is the accounting basis for this	If "No," explain.			
period the same as for the • Yes	n no, explain.			
previous period? O No				
Independent Accounting Firm	Little Otto O Charact City Chata The Code			
Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)			
1 Marcum LLP	555 Long Wharf Dr., New Haven, CT	0700		
2 CliftonLarsonAllen LLP	PO Box 829709, Philadelphia, PA 19182	<b>∠-</b> 7/U7		
3				
4				
Services Provided by This Firm (describe fully)	PROCES AND	ø	30,081	
1 Cost Report Prep and Audit, Nursing Home rate calc, Sales Tax narrativ		\$		
2 Audit, Lighting Grant Review, 403(B) audit, Tax Service, Nursing Hom	e Financial Modeling	\$	55,493	
3		\$		
4		\$\$		
		Charge for S	Services Pr	ovided
		\$	85,574	
Are These Charges Reflected in the Expenditure Portion of This Report? If Y	es. Specify Expense Classification and Line No.			
o Yes O No Page 15, Line 1d				
Legal Services Information				
Name of Legal Firm or Independent Attorney		Telephone N	Jumber	
I was a superior		203-498-440	00	
		860-240-600	00	
PSC		860-424-430	00	
		518-581-880	00	
4 Lemery Greisler LLC 5 Kaufmsn Borgeest & Ryan LLP	•	203-557-570	00	
Address (No. & Street, City, State, Zip Code)				
PO Box 1832, New Haven, CT 06508				
2 185 Asylum Street, Hartford, CT 06103				
3 850 Main Street, PO Box 7006, Bridgeport, CT 06601-70	06			
4 60 Railroad Place, Suite 502, Saratoga Springs, NY 1286				
5 1010 Washington Blvd, Stamford, CT 06901				
Services Provided by This Firm (describe fully)				
1 Corporate Bylaw and Board changes, Nursing home Reporting, Private	Pay review, disclosure stmt, Property Tax Matters, Employ	y \$	33,496	
2 SNF Procedures and reporting, SNF Bed Reduction letter, LIBOR Phase	e out on Loan, Nursing Home Collections	\$	16,962	
3 Loan LIBOR Phase Out		\$	5,000	
4 Loan LIBOR Phase Out - Bank Atty		\$	8,906	
5 Employment related issues - Nursing home		\$	3,163	
Distriction .		Charge for S	Services P	rovided
		\$	67,527	
Are These Charges Reflected in the Expenditure Portion of This Report? If Y	es, Specify Expense Classification and Line No.			
Page 15. Line 1e				
O Yes O No				

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

Name of Facility Odd Fellows Home of CT, Inc.(d/b/a Fairview)	License No. 1083665988	Report for Year 9/30/2023	ır Ended				Page 16	of 37
Odd Fellows Hollie of CT, Inc. (drova Fairview)	1003000300							
			CCNH/					
Item		Total	RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustmen
	Subtotals Brought Forward:	2,073,767	2,143,221	(69,454)				
I Travel and Entertainment		Waster States	STIVE	AWAR GIRNES		5 1	25	
Resident Travel and Entertainment	S							
Holiday Parties for Staff	S							
Gifts to Staff and Residents	5	24,347	28,365	(4,018)				
4. Employee Travel	5	55,583	55,583					
<ol><li>Education Expenses Related to Seminar</li></ol>	and Conventions							
6. Automobile Expense (not purchase or a	lepreciation) S	327	327					
7. Other (Specify)	9							
See Attached Schedule		20 23 3	ELICVE DES	ELISEL MOVEL	STATE OF THE PARTY.			
m. Other Administrative and General Expenses		100000000000000000000000000000000000000	DED IN	12000	NAME OF TAXABLE PARTY.	1442	1940-5	10000
<ol> <li>Advertising Help Wanted (all such expenses)</li> </ol>	enses )	16,846	16,846					
<ol><li>Advertising Telephone Directory (all su</li></ol>	ch expenses )***	3						
3. Advertising Other (Specify)***			3,263	(3,263)			-	
See Attached Schedule		ASSISTATION OF	SEE SEE SEE			1 1 1 2 2 5 6	0,000	
4. Fund-Raising***	5	3						
5. Medical Records		3						
6. Barber and Beauty Supplies (if this serv	ice is supplied	3					CONTRACTOR OF THE PERSON NAMED IN	THE REAL PROPERTY.
directly and not by contract or fee for se	rvice)***		March Services	PRESIDENCE IN	The state of the s	A STATE OF THE STA	REFERENCE	121100000
7. Postage		5,420	5,420	^				
* 8. Dues and Membership Fees to Professio	nal	S						
Associations (Specify)				S. District				BRED
See Attached Schedule		H HE SO MANY	DER NOW		26 MAR (21)	THE RESIDENCE		THE VEN
8a. Dues to Chamber of Commerce & Other	Non-Allowable Org.***		363	(363)				-
Subscriptions		130,701	130,701					
10. Contributions***		<b>S</b>	99	(99)				THE RESIDENCE
See Attached Schedule		<b>西罗尼州</b>		100 miles (100 miles (	THE RESERVE	PSDESE	The same	
11. Services Provided by Contract (Specify	and Complete	193,445	201,950	(8,505)				Table 1
Schedule C-2, Page 21 for each firm of	individual)						22 CJ (P)	The state of the s
12. Administrative Management Services**		15,600	15,600					-
13. Other (Specify)		(9,797)	82,473	(92,270)	-	N THE PARTY OF THE	STATE OF THE PARTY OF	No. of Contract of
See Attached Schedule				in the sale	THE PARTY NAMED IN	ECONOMIC AND ADDRESS OF THE PARTY OF THE PAR	COLUMN THE REAL PROPERTY.	3 1111, 1 190 T
C-14 Total Administrative & General Expenditu	res	2,506,239	2,684,211	(177,972)				

<sup>\*</sup> Do not include Subscriptions, which should go in item 9.

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

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

#### Schedule of Other Travel and Entertainment

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
	- 0			1007 100500		100000
		DE LICHET	7			
	V., ro 0 70 15 25.					
			Sec. 125			
			10 P 1/40			
	108 M. J					
	The strip of the street					9
Total Other Travel and Entertainment	\$	\$	2	12	13 .	3 -

#### Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
Description	0		and the	E YELL AWA	TRIBUTE	
Advertising and public relations	\$ 3,263	\$ (3,263)	904-19-11		MANUAL III	
					0	
Total Other Advertising	\$ 3,263	\$ (3,263)	5 -	2 -	3 .	4

#### Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
IV A COLE MADE AND THE COLUMN STREET, THE COLUMN ST	0					
					Page 1994	The Laborator
			PARTITION NO.			
		SOUTH OF THE			III COMPANIA DANII	
				Table 5		
				A PROPERTY		
		H DEN VILLE	Matrille State			
	STATE DESIGNATION		STACE AND SELECTION	The second		
		All and the second	1,200000			
			SE MINTE			•
Total Dues	S -	\$	\$ -	\$ -	\$	1 2

#### Schedule of Contributions

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
A SOLD COLON BY A SOLD BY				N. C. LEWIS CO.		I XVI GETTI
Gifts & Contributions	<b>s</b> 99	\$ (99)				
Etse IE wylongy which they'r						
Total Contributions	\$ 99	\$ (99)	\$ -	S -	2 -	2 -

#### Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
	0 0 0 0 0		EUTEUMS	NEW TRESTA	THE WARRY	
Background & Criminal Investigations	\$ 6,653	EINTE STOL	JI MINIJIWE		I SAING III	U I O CENTE I I
Investment and bank fees	\$ 33,491	\$ (26,930)			19 6 18	-
Admin Meal Comp	\$ 686	s (686)				
State Unemployment Expenses	\$ 18,593				13.30	
Physicals	\$ 185					
Licenses & Fees	\$ 11,500					
Unemployment Management	\$ 1,940			4-0-23-70-23		
Late Fees and Interest Expense	\$ 1,908	\$ (1,908)				
Gains (Losses) on Fixed Asset Disposal	\$ 2,789	\$ (2,789)	The second second			
Miscellaneous Revenue Disallowance	S S	\$ (55,229)				
Amortization Expense	\$ 4,728	\$ (4,728)			•	6
Total Other Administrative and General	\$ 82,473	\$ (92,270)	\$ -	\$ -	12	12 .

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

Name of Facility	License No.	Report for Year Ended	Page of
Odd Fellows Home of CT, Inc.(d/b/a Fairy	1083665988	9/30/2023	17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Odd Fellows Healthcare, Inc., 235 Lestertown Road, Groton, CT 06340	15,600	Administrative Management Fee	Page 16, Line M12
Unidine 1000 Washington Street, Suite 510, Boston, MA	68,508	Dietary Management Fee	Page 18, Line 2C

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

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

Odd Fellows Home of CT, Inc.(d/b/a Fairview)  Item  2. Dietary a. In-House Preparation & Service 1. Raw Food 2. Non-Food Supplies 3. Other (Specify)  b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Other (Specify) Dietary Management Fee			Total	9/30/2023 CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
a. In-House Preparation & Service 1. Raw Food 2. Non-Food Supplies 3. Other (Specify)  b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Other (Specify)		\$							2 tajubintent
Non-Food Supplies     Other (Specify)  b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Other (Specify)		\$	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15162					
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Other (Specify)			343,980	343,980					
<ul> <li>b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)</li> <li>c. Other (Specify)</li> </ul>		\$	61,387	61,387					
than through Management Services) (Complete Schedule C-2 att. Page 21) c. Other (Specify)		S							
c. Other (Specify)		\$	738,325	738,325					
		\$	68,508	68,508		CALCULATION AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TO THE PERSON NAMED IN COLUM	Name and Address of the Owner, when the Owner,		
		9	08,308	08,308					
2D. Total Dietary Expenditures (2a + b + c + d	)	\$ 1.	,212,200	1,212,200	NAME AND DESCRIPTION OF THE PERSON OF T	DIAMETER STREET			
2E. Dietary Questionnaire			Total	CCNH	/ RHNS	(Spec	cify)	0	other
F. Resident Meals: Total no. of meals served pe	er day:*								
G. Is cost of employee meals included in 2D?	O Yes		0	No					
H. Did you receive revenue from employees?	O Yes			No		If yes, specify amt.			
<ol> <li>Where is the revenue received reported in the</li> </ol>	Cost Rep	ort? (Pa	ige/Line l	tem)					
Is cost of meals provided to persons other J. than employees or residents (i.e., Board Members, Guests) included in 2D?	O Yes	•	0	No		If yes, specify cost.	0.		
K. Is any revenue collected from these people?	O Yes	;	0	No		If yes, specify amt.			
L. Where is the revenue received reported in the	e Cost Rep	ort? (Pa	ige/Line I	item)					
Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	O V.			No		If yes, specify cost.			
N. Is any revenue collected from employees?									
O. Where is the revenue received reported in the	O Yes	}	0	No		If yes, specify amt.			

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

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

Name of Facility	License		Report for Yea	ar Ended			Page	of 37
Odd Fellows Home of CT, Inc.(d/b/a Fairview)	108	3665988	9/30/2023				19	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
Laundry     a. In-House Processing*     1. Bed linens, cubicle curtains, draperies,	Lbs.							
gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$							
<ol> <li>Employee items including uniforms, gowns, etc. washed, ironed and/or</li> </ol>	Lbs.							
processed.***	Amt. \$							
3. Personal clothing of residents	Lbs.							
washed, ironed, and/or processed.***	Amt. \$							
4. Repair and/or purchase of linens.***	Lbs.							
	Amt. \$							
<ul> <li>b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)</li> </ul>	\$							
c. Other (Specify)	\$	12,625	12,625	ENDREE WE				MOR THE SE
Other Laundry Supplies 3D. Total Laundry Expenditures (3a + b + c)	\$	12,625	12,625		TORRISON W/ THE			
3E. Laundry Questionnaire					THE STATE OF THE S			
F. Is cost of employee laundry included in 3D?	Yes	0	No		If yes, specify cost.			
G. Did you receive revenue from employees?	) Yes	0	No		If yes, specify amt.			
H. Where is the revenue received reported in the Cos	Report?		(Page/Line I	tem)				
7 G . C1 1 '1.14 ethen	) Yes	0	No		If yes, specify cost.			
J. Did you receive revenue hem allest proper	) Yes	0	No		If yes, specify amt.			
K. Where is the revenue received reported in the Cos		- 1 2 2 and	(Page/Line I	tem)				

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

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

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

Name of Facility	License No. I	Repor		nded				Page	of   37
Odd Fellows Home of CT, Inc.(d/b/a Fairview	1083665988		9/30/2023					20	37
Item			Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustmen
. Housekeeping	Sq. Ft. Serviced								
a. In-House Care	by Personnel								
<ol> <li>Supplies - Cleaning (Mops, pails, brooms, etc.)</li> </ol>	Amt.	\$	36,156	36,156					
b. Purchased Services (by contract other	Sq. Ft. Serviced								
than through Management Services)	by Personnel								
(Complete Schedule C-2 att. Page 21)	Amt	\$							
C. Other (Specify)		\$							
		17	0.87				ALP SHIP STATES		
D. Total Housekeeping Expenditures (4a -	b+c)	\$	36,156	36,156					
. Resident Care (Supplies)**		35	ASSELVATOR OF					THE PERSON OF THE	
a. Prescription Drugs***		23						275	wile in the
Own Pharmacy		\$							
Purchased from		\$		160,270	(160,270)				
Pharmacy		7	ID (W CVD)					2/3 (22)	TO SUMME
b. Medicine Cabinet Drugs		\$							
c. Medical and Therapeutic Supplies		\$	278,063	278,063					
d. Ambulance/Limousine***		\$		8,224	(8,224)				
e. Oxygen		B	Statistics)		STATE OF THE PARTY				
<ol> <li>For Emergency Use</li> </ol>		\$							
2. Other***		\$		4,089	(4,089)				
f. X-rays and Related Radiological		\$		8,826	(8,826)				
Procedures***		16		Server by Street	THE STREET	100		所提展可能等	A HOW IN
g. Dental (Not dentists who should be inc	luded under	\$						Name and Address of the Owner, where	-
salaries or fees)		8			MANUFACTURE OF STREET	THE PERSON			The state of
h. Laboratory***		\$		21,916	(21,916)				
i. Recreation		\$	28,639	28,639					
j. Direct Management Services*		\$							
k. Indirect Management Services*		\$							
l. Cable TV		\$	7,200	23,938	(16,738)				
m. Other (Specify)****		S	32,725	34,767	(2,042)				
See Attached Schedule		- 1		100 PM		SAME THE		1.4413	
n. Physical Therapy Expense		S			-				
o. Speech Therapy Expense		\$							
P. Total Resident Care Expenditures (5a -	50)	\$	346,627	568,732	(222,105)				

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

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

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

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

#### Schedule of Other Resident Care

Description	CCN	H / RHNS	Adj	ustment	(Specify)	Adjustment	Other	Adjustment
		0	mar					
Equipment - Durable	\$	18,124	119					
Orthopedic Visit	\$	1,506	\$	(1,506)				
Equipment - expendable/ durable	\$	1,419			KO USIN KU N			
Resident Welfare (Disallowed)	\$	176	\$	(176)				
Rental & Leasing - Equipment	\$	9,610	135			Smilismi		
Supplies	\$	3,572	MIC		3945344			
Speech Therapy - Ancillary Expense	\$	360	\$	(360)	784 5201611101			
						RES-1877		THE SECTION
	30		NO.		e is Lucia i			
			P/6	100718	Very Holicey			
		163/4						
				LIPE S				
	10 53		1000					
		1 TS	100					
					e novojen			
				(S0)01	Unguage and		Nyce so	
	AR TS		gille	2530		<b>1</b>		
	EWINE		SALE		pullias Err			
Total Other Resident Care	\$	34,767	\$	(2,042)	\$ -	\$	\$	\$ -

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

Name of Facility Odd Fellows Home of CT. Inc. (d/b/a Fairview)	(d/b/a Fairview)			License No. 1083665988	Report for Year Ended 9/30/2023				Page of 21   37
		Related ** to Owners, Operators, Officers	o Owners, Officers				Total Cost/Page Ref.***	ge Ref.***	
Name of Individual or	Address	Yes	Ž	Explanation of Relationship	Full Explanation of Service Provided*	CCNH/ RHINS	(Specify)	Other	Pg Line
Company	2 B Forest Glen Circle,	С	0	A/N	Insurance Contract Consultant	10,676			13 B8a
Nobella L. Muniau	Suite 510 Roston MA				Dietary Contract				
Unidine	02118	0	•	N/A	(outsourced)	807,045			18 2b/2c
Marcum I.I.P	Philadelphia, PA 19195- 0001	0	•	N/A	Temp Staffing - Finance	15,997			22 6f
	Drive, Chicago, IL								
Robert Half	60693	0	•	N/A	Temp Staffing - Payroli	33,768			22 61
Allied Snow Plowing, Removal & Sanding	42 Washington Street, Mystic, CT 06355-2815	0	•	N/A	Snow Removal / plowing	28,600			22 6f
	401 Plain Hill Road,	C	•	A/V	Lawn mowing services	15.252			22 6f
Hyde Park Landscape, Inc.	INDIMICAL COOC	)	,	4 17	Accounting Software				
CAL Business Solutions	200 Birge Park Kd, Harwinton, CT 06791	0	•	N/A	Support	18,278			16 M11
	780 East Main Street,				Software licenses				17.
CVM	Branford, CT 06405	0	0	N/A	support	19,657			I MI O
K.P. Systems & Repair, Inc.	PO Box 1451, Coventry, RI 02816	0	0	N/A	IT consultant	48,100			16 M11
		0	•						
		0	•						
		0	•						
		0	•						
		0	•						-

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

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

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

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

Name of Facility License No.	R	eport for Year	Ended				Page	of
Odd Fellows Home of CT, Inc.(d/b/a Fairview 108366598	8 9	/30/2023					22	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$	138,043	139,064	(1,021)				
b. Heat	\$	47,877	47,877					
c. Light & Power	\$	97,948	97,948					
d. Water	\$	30,715	30,715					-
e. Equipment Lease (Provide detail on page 22b)	\$	3,563	3,563					
f. Other (itemize)	\$	125,082	125,082				NUMBER	BANDER !
See Attached Schedule	Į.			<b>金属加工工程</b>				
6g. Total Maint. & Operating Expense (6a - 6f)	\$	443,228	444,249	(1,021)				
7. Depreciation (complete schedule page 23*)								
a. Land Improvements	\$	6,688	6,688					
<ul> <li>Building &amp; Building Improvements</li> </ul>	\$	294,473	294,473					
c. Non-Movable Equipment	\$	40,794	40,794					+
d. Movable Equipment	\$	85,369	85,369					
*7e. Total Depreciation Costs (7a + b + c + d)	\$	427,324	427,324					
Amortization (Complete att. Schedule Page 24*)     a. Organization Expense	\$							
b. Mortgage Expense	\$							
c. Leasehold Improvements	\$							
d. Other (Specify)	\$							1
*8e. Total Amortization Costs (8a + b + c + d)	\$							
<ol> <li>Rental payments on leased real property less real estate taxes included in item 10b</li> </ol>	\$							
Property Taxes     Real estate taxes paid by owner	\$	55,779	55,908	(129)	)			
b. Real estate taxes paid by lessor	\$							
c. Personal property taxes	\$							-
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	483,103	483,232	(129)		4,	1	

<sup>\*</sup> Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.

#### Schedule of Other Repairs and Maintenance

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
Main & Repair - Grounds -Snow Removal	\$ 28,600	nd a Silver	2.50			
Main & Repair - Ground - Lawn Care	\$ 25,162		SAS PATE			
Consultants	\$ 538					
Management Fees	\$ 12,333				EST CARRE	
Purchased Service	\$ 39,817				Washington and the same	
Trash Service	\$ 18,525					
Equipment Rental / Lease	\$ 107					
	581151025-1131 ES-1131 USA					
					Telesca"	
		(ICC) ICC			A PARTY N	F 11.2 TO 15.50
						SECTION OF
		L TY STATE				
					15 JULY 14	
					NORGE IS	TO BE DOWN
	2 405 000	\$ -	\$ -	s -	\$ -	s -
Total Other Repairs and Maintenance	\$ 125,082	2 -	9	1 4		

## 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.					,		1
Name of Facility			License No.	Report for Year Ended	ear Ended		-
Odd Fellows Home of CT, Inc.(d/b/a Fairview)	(w)		1083665988	9/30/2023			22b   37
	Related * to	1 * to					
	Owners,	ers,					
	Operators,	tors,			ر [-	Annual	Amount
	Officers	ers		Date of	l erm oi	Alliount	Alliount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Claimed
US Bank National Assoc.	0	0	Xerox Copier	02/01/20	63 Month	3,563	3,563
	0	0					
	0	0					
	0	0					
	0	0		ŧ			
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
I Milmon I on Book Maintained for All I eased Vehicles	A based Ve	hicles ?	O Yes	•	o No	Total ***	3,563

Is a Mileage Log Book Maintained for All Leased Vehicles?

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

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

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

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Falletons   Home of CT, Inc (duly   Fairriew)					Depreci	Depreciation Schedule	1					
Exclusive of Less Salvage   Cost to Be   Depreciation to   Method of   Life   Tot This Var   Tot	Name of Facility			_	License No.	5988		Report for Year Ei 9/30/2023	nded		Page 23	ot 37
Land Improvements   Property   Item   Annual	Odd Fellows Home of C.1, ille. (d/0/a r all yrew)					Less Salvage		Accumulated Depreciation to Beginning of Vear's Operations	Method of Computing	Useful Life	Depreciation for This Year	Totals
1,002,295   2,000,000   20,0	Land Improvements				Land	Adlan	357 73C	_		Various	99.9	
Subtoral and Building this report period (attach schedule)					0/7,/02		0/7,/02					
Subtotal   Building and Building lamps related   Subtotal   Building and Building lamps related   Subtotal		4.1.1			(103,202)			(201,001)				
Building and Building limprovements   1,022,595   1,	mi c	schedule)			No. of Concession, Name of Street, or other Persons and Name of Street, or other Pers	WALL COST	ALSO DOLLAR	THE CHARLES	STATISTICS AND IN	IN A SEC	THE REPORT	6,688
Acquained faring this report period   11,092,595   11,092,595   17,052,243 SrL   Various   206,571												
2. Disposals (attach schedule)					11,092,595		11,092,595	7,705,243	S/L	Various	266,751	
Solution	2 Disnosals (attach schedule)				(6,925)			(6,925)			Com me	
Non-Movable Equipment   Non-	3 Acquired during this report period (attach	schedule)			501,830		501,830				27,722	201 100
Name Movable Equipment	B-4. Subtotal				AND		S SDENIES OF	The sate of the residence	ALC: NAME OF THE PARTY OF THE P		AND PARTY OF THE P	274,413
Sample   Computing this report period (stratch schedule)					246 667		866 667	656,748		Various	37,268	
List miles   Lis	1. Acquired prior to this report period				(23.785)			(23,785)				
Samileage	2. Disposais (attach schedule)	Anthodor			35 839		35.839		S/L	Various	3,526	
Is a mileage	3. Acquired during this report period (attach	Schedule)			75,05	THE SHAPE		THE PERSON NAMED IN COLUMN	Short State	The state of	STEEN STATES	40,794
Salvage	C-4. Subtotal											
Movable Equipment		ls a mileage logbook maintained		te of isition	Historical Cost		ļ	Accumulated Depreciation to	Method of			
Movable Equipment				Year	Exclusive of Land		Cost to Be Depreciated		-	0	for This Year	Totals
a. Var Var Var Var 81,526 S/L Var 4 4,378 b. Ford F-150 c. C. Movable Equipment a. Acquired prior to this report period c. Administrative d. Standard Resident e. Specialized Resident Total Acquired during this report Total Acquired Acquired Total Acquired Total Acquired Acquired Total A									CALL STREET, SQUARE, S			
b. Ford F-150  c. C. Movable Equipment a. Acquired prior to this report period (attach schedule): c. Administrative d. Standard Resident e. Specialized Resident Total Acquired during this report  a. Subtopal  b. Disposals (attach schedule): c. Administrative d. Standard Resident e. Specialized Resident Total Acquired during this report  c. Administrative d. Standard Resident Total Acquired during this report  c. Subtopal  a. Subtopal  c. Administrative d. Standard Resident Total Acquired during this report  c. Administrative d. Standard Resident Total Acquired during this report  c. Administrative d. Standard Resident Total Acquired during this report  c. Subtopal  d. Standard Resident Total Acquired during this report	a. Various		1 1		81,526		81,526		$\neg$	1		
c.         c.           d.         2. Movable Equipment         Var. Var. (427,013)         2,117,524         1,777,200 S/L. Var. 77,327         Var. 77,327           a. Acquired prior to this report period b. Disposals (attach schedule).         Var. Var. Var. (427,013)         (427,013)         Var. Var. (427,013)         Var. Var. (427,013)         Var. Var. (427,013)         S/L. Var. 3,664           c. Administrative d. Sandard Resident         c. Specialized Resident         22,286         22,286         S/L. Var. 3,664           Total Acquired during this report period         22,286         22,286         3,664	b. Ford F-150		7	70	17,512		11,511					
2. Movable Equipment         Var         Var         2,117,524         2,117,524         1,777,200         S/L         Var         77,327           a. Acquired prior to this report period         Var         Var         Var         (427,013)         Acquired during this report period         (427,013)         Acquired during this report period           Acquired during this report         Var         Var         Var         22,286         S/L         Var         3,664           c. Administrative         Acquired during this report         Acquired durin	Ö											
2. Movable Equipment         Var         Var         2,117,524         1,777,200         S/L         Var         77,327           a Acquired period b. Disposals (attach schedule)         Var         (427,013)         (427,013)         Acquired during this report period (attach schedule):         S/L         Var         Var         Var         22,286         S/L         Var         3,664           c. Administrative during this report         e. Specialized Resident         a. Specialized Resident         a. Specialized Resident         a. Specialized Resident         a. Subtotal		SAME BOARD	STATE OF STREET	Contract of the last	1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The Part of the Pa	THE PERSON NAMED IN		SAN THEFT	The same of	語の記述は	
b. Disposals (attach schedule)  Advantage during this report period (attach schedule):  C. Administrative  d. Standard Resident  e. Specialized Resident Total Acquired during this report  Total Acquired during this report  Total Acquired during this report  S. Subtotal  (427,013)  (427,013)  (427,013)  S.L. Var 3,664  S.L. Var 3,664  S.L. Safe 3,664  S.L. Safe 3,664	Ž"		Var	Var	2,117,524		2,117,524			Var	77,327	
Acquired during this report period (attach schedule):   C. Administrative	b. Disposals (attach schedule)		Var	Var	(427,013	0		(427,013	3)	Section 1	STATE OF STREET	
c. Administrative         Var         Var         Var         22,286         22,286         S/L         Var         3,664           d. Standard Resident         e. Specialized Resident         22,286         22,286         3,664           Total Acquired during this report         22,286         22,286         3,664           Beriod         3,80btotal         3,664	Acquired during this report period		1000									
d. Standard Resident           e. Specialized Resident           Total Acquired during this report           period           22,286           22,286           3,664			Var	Var	22,286	15	22,28	2	S/L	Var	3,664	The state of the s
e. Specialized Resident  Total Acquired during this report period Subtotal	d. Standard Resident		505									
Total Acquired during this report  Total Acquired during this report  period  Subtotal	e. Specialized Resident		0.6									ははない。
period 3. Subtotal					22.284		22.28	9			3,664	
C DUDOUIL	Dog Subtotal	18				THE REAL PROPERTY.	ではいい					85,369
	E Total Denreciation		1 To	577	現状の変質	1555 ST 155 ST 155			THE PROPERTY AND ADDRESS OF THE PARTY AND ADDR	のののでは、日本	The state of the s	471,374

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

Schedule of Land  Acquisition Date	Improvements Acquired during this report period  Description of Item	Cost	Useful Life	Depreciation
Additions:		CONTRACTOR	DYNA DU	es placare, remi
			TENEST D	
			ik innyest	TEE EXT
r . 1 . 1127		\$ -		s -
	or Land Improvements			
Deletions:		\$ (4,668		
Various	See Attached	\$ (100,617		SIESTO III
			2000	
E LEDEUW AV				
Til Ottown (Top)		\$ (105,285		\$ -
Total deletions for	or Land Improvements	\$ (100,000		

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

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

Schedule of Build  Acquisition Date	ding Improvements Acquired during this report period  Description of Item	Cost	Useful Life	Dep	reciation
Additions:	THE REPORT OF THE PARTY OF THE	\$ 501,830	Various	S	27,722
Various	See attached				Grann II
					Ver to
					07.722
Total additions f	for Building Improvements	\$ 501,830		\$	27,722
Deletions:		\$ (6,925		KELTIN	
Various	See attached	3 (0,72.		TI EN	Bat K
my Estada					
			7.00-500		
	or Building Improvements	\$ (6,92	)	S	

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

#### Schedule of Non-Movable Equipment Acquired during this report period

Schedule of Nor Acquisition Date	n-Movable Equipment Acquired during this report period  Description of Item	Cost	Useful Life	Dep	reciation
Additions:		\$ 35,839	Various	\$	3,526
Various	See attached	\$ 35,839	Various		5,520
		9 201 21 202 22 22 22 1924 12 11 20 20 20 20 20 20 20 20 20 20 20 20 20			
Total additions	for Non-Movable Equipment	\$ 35,839		\$	3,526
Deletions:		\$ (23,785	D. HERITY	30 1051	reli=it\
Various	See attached	\$ (25,765)			
The field delayers	for Non-Movable Equipment	\$ (23,785	) estrey in 2	\$	

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

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

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

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

Schedule of Movable Equipment Acquired during this report period

	• •	Pick One			Useful		
Acquisition Date	Description of Item	Movable Category		Cost	Life	Dep	reciation
Additions:			_	22.224		•	3,664
Various	See attached	Administrative	\$	22,286	Various	\$	3,004
		PICK A CATEGORY		Medical lines			NIO EIE
		PICK A CATEGORY	1		Working .		100
		PICK A CATEGORY	21		The Later		
		PICK A CATEGORY			Diosella Vil		TREE LINE
		PICK A CATEGORY			- 1.00 N		2 444
Total additions	for Movable Equipment		\$	22,286	HER SHEIK	\$	3,664
Deletions:			6	(427,013)	NOT THE REAL PROPERTY.	75 (DE S.)	7 miles (1
Various	See attached	Various	\$	(427,013)			
				9 50 10 7	hinex je stali v		
			18		1482		
			16		L PERMIT	3 47	
				(407.012)		\$	
Total deletions	for Movable Equipment		\$	(427,013)		3	

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

Schedule of Leasehold Improvements Acquired during this report period

	vements Acquired during this report period  Description of Item	Cost	Useful Life	Depreciation
Acquisition Date	Description of Item			
Additions:		CONTRACTOR OF THE SECOND		= I.V. = AVENZA
and the second second				
			2 11 0	
		revisate respined. In the transes	eeDv.vis	
			THE STILL ST	of votableshi
The second second second				9 -
Total additions for Leasehold	I Improvement	\$		\$ -
Total additions for Leasenore	1 Amprovedican			
Deletions:		S CALLEY SED NAME OF THE SERVICE		
31 (1872) 1870 11 (1882)				
			STACE .	
			10 may 20 miles	
		PARTICIPATION TO THE PARTY OF T	1600000000000	
			LIPS TO LIPS	S to rendezado
rendert ne verein diesetes				\$ -
Total deletions for Leasehold	I Improvement	\$		

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

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

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

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

# Amortization Schedule\*

Name of Facility Odd Fellows Home of CT, Inc.(d/b/a Fairview)	(2)	License No. 1083665988		Report for Year Ended 9/30/2023	r Ended		Page 24	of 37
	,			Accumulated				
	Date of			Amort. to				
	Acquisition			Beginning of		1	•	
		Length of	Cost to Be	Year's		Rate	Rate Amortization	
Item	Month Year	Amortization	Amortized	Operations	Amortization**	8	tor This Year	Lotals
A. Organization Expense								
1.								
2.								
3.								THE REAL PROPERTY.
A-4. Subtotal				夏田 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图			The William	
B. Mortgage Expense								
1.								
2.								
3.								
B-4. Subtotal		気が変を経歴	公报 古品版					A SHOW THE REAL PROPERTY.
C. Leasehold Improvements and Other								
1. Acquired prior to this report period								
2. Disposals (attach schedule)						100		
3. Acquired during this report period							のないというない	
(attach schedule)							Contract of the last of the la	
C-4. Subtotal								
D. Total Amortization				STATE STATE OF STATE			The state of the s	
hapte at tour bodtom out the inend								

\* 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.

	FIX	(ED ASSET / DEPRECIAT	HON SCILE	DULE	Historical	2021	2021	1022	2011	2023	2023	NBV
GA, Account	Description	Date In Service	Method	Life		Depere.	A/D	Depres.	A/D	Depres.	A/D	- 805
LAND IMPROVEMENTS												
Prior Period Land Improvements Land Imp.	Various	Various	84.	Vac	294,948	6,688	147,707	6,688	154,395	6,688	161,013	133,865
TOTAL PY LAND IMPROVEMENTS	v ma povem			- 53	194,948	6,681	147,707	6,681	154,395	4,688	161,013	133,845
1011 LAND IMPROVEMENTS Disposals		4/1/1996	S/L	Var	(5,115)	-	100		(5,115)	12	(5,115)	6
Land Imp	Wooden Fence Scal Parking Lot	4/1/1997	SI	Var Var	(13,772) (8,785)	- 8	- 5		(13,772) (8,785)	ŝ	(13,772) (1,715)	
Land Imp	Seal Parking Lot	41/1997	SL	V Mr	(27,672)				(27,672)	-	(17,672)	
TOTAL LAND IMPROVEMENTS 2022					(27,672)						7,500	
2023 LAND IMPROVEMENTS											(4,66E)	
Disposals  Land Imp.	Various Disposals	Various Various	SIL	Var Var	(4,668) (100,617)	90 50	\$3 80	8	27	12	(100,617)	-
Lend Imp.	Various Disposația				(165,285)			78 -			(105,195)	
TOTAL LAND IMPROVEMENTS 2023					161,991	6,648	147,707	6,688	124,723	6,688	28,124	133,665
TOTAL LAND IMPROVEMENTS					101,571	Millian					9 5/1/1	
BUILDING IMPROVEMENTS												
Prior Period Building Improvements		Various	51.	Var	11,101,720	263,890	7,477,405	263,890	7,741,295	263.890	1,005,115	3,100,535
Duilding Imp	Various	1 11 (1-11)			11,105,720	263.890	7,477,405	243,890	1,741,295	163,890	W,005,195	3,160,335
TOTAL PY BUILDING IMPROVEMENTS												
1021 BUILDING IMPROVEMENTS								316	316	316	632	2,531
Additions Building Imp.	Fire Sprinkler I leads - new	1/1/2021	SL	10	3,163	-	8	306	306	306 517	612 1.034	2,443 4,134
Building Imp. Building Imp.	Fire Sprinkler Heads - new Badge Security - I additional doors	4/22/2022 5/9/2022	S.L S.L	10	5,16E 2,600			517 260	517 260	260	520	2,080
Building Imp Duilding Imp.	Water Hammer Arrestor - Laundry Replacement Valve and Actuator - Auditorium	5/27/2022	S.L	15	3,702 4,050			247 810	247 810	247 M10	494 1,620	3,208 2,430
Duilding Imp	Truck Series on Truce Chiller Track Drain install in patio - Rebab gym	5/24/2022 1/12/2022	S-L S-L	10	4,050		2	405	405	405	810	3,240
Building Imp									(31,177)		(31,877)	
Disposals Building Imp.	Fully disposed annels prior to 2010	Various 2/9/2018	S/L S/L	Var Var	(38,877)		22		(21)	- 3	(21)	1
Building Imp. Building Imp.	Shop Vac Small Cartridge Drywall Filter	292018	S/L	Var	(15)			<u></u>	(15)		(15)	
TOTAL BUILDING IMPROVEMENTS 2012					(12,125)	-		2,841	(36,051)	2,881	(33,191)	29,066
2023 BUILDING IMPROVEMENTS Additions		10/28/2022	\$/L	10	4,856		12		65	416 15.660	486 15,660	4,370 297,550
Building Imp.	Access Control and alumn - Rehab door Outputient Rehab Construction	10/1/2022	S/L S/L	20 13	313,210 41,814		8		- 2	2,788	2,788	39,026
Building Imp.	FIVAC replacement - reception HVAC replacement - business office	11/30/2022	SIL	13	41,814		8	- 3		2,788 784	2,788 784	39,026 7,05
Building Imp Building Imp	Mixing Volve	12/31/2022	S1.	15	7,837 6,143		a l	8		410 554	410 554	5,731 13,289
Building Imp Building Imp	15 Sprinkler Head replacements Modifications to Asst Exce Dir Office Walls	2/2/2023 9/13/2022	S/L S/L	25 10	13,843 2,650			- 2		265	265 192	2_385
Building Imp Building Imp	Outpatient Rehab Signs Rebuild of Backflow Preventers - Laundry	3/31/2023	SIL	20 18	1,924 58,978		240		7.	192 3,277	3,277	55,70
Duilding Imp.	LED lighting High Capacity Air Vent replacement	3/31/2023 4/19/2023	SL	20	7,174				720	359 159	359 159	6,81
Duilding Imp Building Imp	Replacement Cover - Underground lank	3/23/2023	S-L	10	1,587							
Dis ponn\s		Various	\$1.	Ver	(6,925)	- 12	545	*	100	35	(6,925)	
Duilding Imp	Various				494,905					27,722	10,797	474,188
TOTAL BUILDING IMPROVEMENTS 2023					11,587,500	263,890	7,477,405	266,791	7,795,243	214,473	1,992,791	3,494,70
TOTAL BUILDING IMPROVEMENTS												
MOVABLE EQUIPMENT												
Prior Period Mayable Equipment		Various	ST	Ver	2,551,506	74,069	2,160,695	74,069	2,234,764	74,069	2,308,833	242.67
FF&E	Various				2,801,604	74,000	2,140,695	74,069	3,134,764	74,069	2,308,933	242,67
TOTAL PY MOVABLE EQUIPMENT												
2022 MOVABLE EQUIPMENT				10	1,980		20	198	198	191	396	1,58
Additions FF&E	Rolling Rise stand and Mounting Plate PhysioGate Unweighting System	5/25/2022 5/20/2022	S.L S.L	10	9,900	- 8		990 180	990 980	990	1,980	7,92 2.64
FF&E FF&E	PhysioNax Total Body Trainer	5/20/2022 B/12/2022	S:L S:L	5 10	4,400 5,694	(2	20	569 L18	569 118	569 118	1,138	4,55
FF&E FF&E	3 - Marot Bods (cotro large) Replacement Bod SNF	8/11/2022	51.	10	1,178 2,356	1		236	216	236	172	
FFAE	Replacement Bod SNF Mobile Heating Unit - OP Rehap	976/2022	S/L	5	1,334	- 5		267	267	267	534	
FF&E	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				201110			19	(394.146	) ::	(394,146	
Diaponala Various	Fully disposed starts prior to 2010	Various 10/22/2010	\$1 \$1	Var 3	(394,146) (2,547)	155	- 3	19	(2,547	) *	(2,547	
Computer & Software Computer & Software	3 Smart Buy 8000 Elite E8400 computers 4 IIP Compaq Elite 8000 - Core 2 Dan computers	1/10/2011 1/27/2012	ST.	3	(3,400)	3.		39	(2,740	) 185	(2.740	) -
Computer & Software Computer & Software	Computer Tablets	2/2/2012	5/L	3	(14,753) (3,150)			191	(14,753		(3,150	) (*
Computer & Software	Dragon Medical Practice with Powermie II - Software Krenot Accounting Software	2/22/2013 4/25/2013	S/L S/L	3	(17,019)	383		0	(17,019		(17,019 (1,617	
Computer & Software Computer & Software	peneral compuler	11/22/2013 9/10/2014	\$1. \$1.	3	(1,617)				(17,86)	D =	(17,868	) ::
Computer & Software Computer & Software	compiners and software  Themps M77a Computers and and 4GB 240 Pin DINOM DDR3	11/8/2014	SL SL	3	(2,322)		- 3	- 1	(1,26	0	(1,261	
Computer & Software	Speco Video camera 912ann, 19" Video Monitor, installation costs	12/31/2014	3.1	,	(433,942)			3,258	(457,56	0 3,250	(454.30)	29,3
TOTAL MOVABLE EQUIPMENT 2022					(133,141)					-100		
2023 MOVABLE EQUIPMENT										1,124	1,124	2,2
Additions Computer & Software	Welch Allyn Interpretive CP150 ECG	12/23/2022 1/3/2023	S/L S/L		3,371 2,000			1	1	66	66	1,1
Computer & Software	Ethotech Next Numeric Software Journa Healtheare Bod SNF	12/20/2022	s/L	1.0	2,272		10	#1	19	227	22	2,0
FF&E FF&E	Journs Flealthcare Bed SNF Journs Healthcare Bed SNF	1/15/2022 3/1/2023	S/L	10	2,272		18	- 8	- 3	22	6	1,3
FF&E FF&E	Deak - HR Director	3/1/2023 3/6/2023	\$1. \$1.		1,352 1,140	200	- 3	4	- 8	234 26	2.10	) !
Computer & Software Computer & Software	Brother printer MFCL9570 Color - Recreation Dell Computer - Director Project Algent	5/17/2023 5/16/2023	5.7.		1,342		10	\$	- 9	150	0 159	) [2
FF&E FF&E	Shower Gurney Medline Bod SNF	IV26/2023	5/1.	10	1,178	- 8	- 1	9	3	11	i 11	1,1
FFAE	Meetline Ded SNF CSC Paymaster Time Clocks	8/26/2023 10/1/2022			2,400		- 5	2	1.6	24	0 24	2,1
Computer & Software	CSC (18) Hand (110) Closes										(427.01	33
Disposals FF&E	Various	Various	5/1	Var	0					3 341		
TOTAL MOVABLE EQUIPMENT 1023					(404,727	) -	-	-		3.66		
					1,712,797	74.64	2,140,69	5 77,33	7 1,777,26	8 10,99	1,431,17	281
TOTAL MOVABLE EQUIPMENT												
NON-MOVABLE EQUIPMENT								1 33,50	9 731,40	20 33,50	n) 764,92	9 161,
Prior Period Non-Movable Equipment Various	Various	Various	55	Va	926,303	33,50	9 697,91	, 33,50	, 131,4		,,	

#### Odd Fellows Home of CT, Inc. (d/b/s Felrylew) FIXED ASSET / DEPRECIATION SCHEDULE

SAMPACASSASS.	Description	Date In Service	Mathed	Life	Historical Cast	Dyprec.	2021 (VI)	2622 Depres	2022 A/D	2023 Degree	1023 A/D 764,929	NBV. 161,374
GTAL PY NON-MOVABLE EQUIPMENT	17 Tarrigani		- PHOTALOY.		926,363	33,509	697,911	31,509	731,420	33,509	764,929	181,575
922 NON-MOVABLE EQUIPMENT												11,27
Additions F&E	8 PTAC Wall Units	12/31/2021	S/L	. 5	18,795	330	+1	3,759	3,759	3,759	7,518	14,27
Processing Composering Compose	# 1   1/10 PM   UNM							0.5	(78,431)	15	(78,431)	2.5
/ Brioum	Fully disposed assets prior to 2010	Verious	S/L	Vier	(78,431)	3.5			(76,451)			
TOTAL NON-MOVABLE EQUIPMENT 2022				,	(19,636)	- 12		3,155	(74,A72)	3,759	(79,913)	11,277
023 NON-MOVABLE EQUIPMENT												
dditions			S/L	15	1,741		- 2	72		116	116	1,625
F&E	Kitchenette Cabineta - Hospice room	10/1/2022	S/L	10	4,991	- 5	- 0			499	499	4,492
FAE	Dryer Control Board an Motor	9/22/2023	S/L	10	10,632	- 4	- 2	1.0		1,063	1,063	9,569
FFAE	PTAC Units (6)		S/L	10	18,475		0			1,840	1,848	16 627
F&E	Front Door Replacement	12/30/2022	SVL.	10	18,472							
Dispessits		Various	S/L	Ver	(23,785)	52		Si	340	(4):	(23,785)	
Various	Verious	1 = 101=										
TOTAL NON-MOVABLE EQUIPMENT 2023					12,954			- 1	-	3,526	(20,259)	32,313
TOTAL NON-MOVABLE EQUIPMENT					879,731	33,609	697,911	37,248	656,748	40,794	673,787	301,96
MOTOR VEHICLES												
Prior Period Motor Vehicles		Various	S/L	Var	B1,526	16,913	71,009	10,517	81,526		B1,526	
Motor Vehicle	Various Ford F-350 Truck	10/1/2020	S/L	4	17,512	4,378	4,378	4,378	8,756	4,378	13,134	4,37
Motor Vehicle	Ford F-530 Track				99,018	21,211	75,387	14.895	99,382	4,378	94,660	4,37
TOTAL PY MOTOR VEHICLES												
					17,038	21,291	TAJNT	14,595	90,212	4378	34,640	437
TOTAL MOTOR VEHICLES					14,440,047	399,447	10.559,105	402,929	10,356,196	427,324	10,220,512	4,219,53
TOTAL ASSETS												
					14,446,647	399,447	14,559,165	402,929	10.356,196	427,324	18,220,512	4,219,53
TOTAL ASSETS PER CR SCHEDULE TOTAL ASSETS PER TRIAL BALANCE VARIANCE					14,374,879 45,168	427,368 (27,841)	10,269,733 289,372	427,308 (24,379)	10-169,733 86,463	427,308 16	19,269,733 (49,211)	11438
	F/S vs C/R NBV - Page 31, Line B9	(14 (1142))										

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

Name of Facility License No.	Report for Year End	led		Page 01 25   37
Odd Fellows Home of CT, Inc.(d/b/a F 1083665988	9/30/2023			25   37
I. Down out Overtion naire				
11. Property Questionnaire Part A				
I the war out of they expend by the Encility				If "Yes," complete Part B.
or leased from a Related Party?*	) Yes	•	No	If "No," complete Part C.
*If any owner or operator of this facility is related by family, n	parriage ownershin shility	to control or		
business association to any person or organization from whom	buildings are leased, then it	t is considered a		
related party transaction.				
Description	Total			
Date Land Purchased	1961/1979			
Date Structure Completed	Various - Final 5/1/07			
If NOT Original Owner, Date of Purchase	N/A			
4. Date of Initial Licensure	03/06/05			
5. Total Licensed Bed Capacity	110			
6. Square Footage	98,767			
7. Acquisition Cost				
a. Land	126,746			
b. Building	6,983,623			
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing		NO SECTION	MA SELECTION	
a. Type of Financing (e.g., fixed, variable)	Variable			
b. Date Mortgage Obtained	03/09/17			
c. Interest Rate for the Cost Year	2.67%			
d. Term of Mortgage (number of years)	30			
e. Amount of Principal Borrowed	6,691,765			
f. Principal balance outstanding as of 9/30/2023	5,621,928			
Complete if Mortgage was Refinanced	<b>斯····································</b>			
During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
- Contract ( Law Suppose)				
j. Term of Mortgage (number of years) k. Amount of Principal Borrowed				
Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Propert	v Improvements Onl	У		
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Leas
Name and Address of Lesson	,			
			L	

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

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

Name of Facility	License No.		Report for Yea	r Ended				Page 26	of 37
Odd Fellows Home of CT, Inc.(d/b/a	1083665988		9/30/2023					20	37
Item			Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
<ol> <li>Interest</li> <li>A. Building, Land Improver         Equipment         1. First Morfgage</li> </ol>	nent & Non-Movable	\$							Design to the second
Name of Lender		Rate							
Address of Lender									
2. Second Mortgage		\$					ASSESSED TO THE OWNER OF THE OWNER O	SERVE SEE	A ASSESSED
Name of Lender		Rate							
Address of Lender									
3. Third Mortgage		\$			The second second		The state of the s		
Name of Lender		Rate							
Address of Lender									
Fourth Mortgage		\$	6						No. of the last of
Name of Lender		Rate							
Address of Lender									
B. CHEFA Loan Informati	on		150000				46半线体		
Original Loan Amou		5	5						
2. Loan Origination Da					Mark Str		THE STATE		
3. Interest Rate %									
4. Term				31117	Z Z W	A CONTRACTOR OF THE			
CHEFA Interest Exp	ense		214,221	214,221					
12 B7. Total Building Interest Exp		ý.	214,221	214,221			rd to next page)		

(Carry Subtotals forward to next page)

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

Name of Facility Licens			Report for Yea 9/30/2023	r Ended				Page 27	of 37
Odd Fellows Home of CT, Inc.(d/b/; 108	3665988		9/30/2023						
Item			Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
	ubtotals Brou	ght Forward:	214,221	214,221					
<ol><li>C. Movable Equipment</li></ol>									
Automotive Equipment	1 2 . 1	\$	5 2 D. 150	W. Co. 11 (A) (A)	E-WEIZITO!	STEWN STEEN	THE REPORT OF THE		E STATE OF THE
A. Item	Rate	Amount							
Lender									
Address of Lender									
2. Other (Specify)	West	S				STATE OF STREET	THE SHIP IN STREET	lista lista lista lista li	
A. Item	Rate	Amount							
Lender									
Address of Lender								2 500	
B, Item	Rate	Amount							
Lender					SEE SE				
Address of Lender									
12. C. 3. Total Movable Equipment In	terest	-	MANUAL DESIGNATION OF THE PERSON OF THE PERS						
Expense (C1 + 2)									+
12. D. Other Interest Expense (Specify	)	5		CATALONICA	and the state of	THE THE PARTY			
				AT LEWIS A	<b>新春花</b>			THE PROPERTY	
13. Total All Interest Expense (12B7 +	12C3 + 12D	) 5	214,221	214,221					
14. Insurance							1		
<ul> <li>Insurance on Property (building)</li> </ul>	s only)		\$ 70,835	70,835					
b Insurance on Automobiles			7,006	7,006					-
c. Insurance other than Property (a	s specified at	ove)							
<ol> <li>Umbrella (Blanket Coverage</li> </ol>	e)		S						
Fire and Extended Coverage	E		\$ 86,120	168,677	(82,557)				
3. Other (Specify)			80,120	(00,077	(CA, FAT)		200		
Insurance General									
14d. Total Insurance Expenditures (14d)	21 6 1 20	· ·	\$ 163,961	246,518	(82,557)	)			
14d. Total Insurance Expenditures (14)	a + 0 + c)		\$ 12,446,449	13,376,482					

#### Odd Fellows Home of CT, Inc. (d/b/a Fairview) Cell Phone Disallowance September 30, 2023

#### Attachment 28c

	Cell Phone Expense		5,947
	Allowable Expense per month	30	
	Number of Cell Phones	4	
	Months with Cell Phone	120 12	
	Allowable Portion		1,440
Disallowed Portion		-	4,507

# Odd Fellows Home of CT, Inc (dba Fairview) Cable TV Disallowance September 30, 2023

Attachment 29b

Calculation of Disallowed Portion of Ca	ble Services Expense	
Cable, Phone, Internet		23,938
Allowable expense per month	600	
	12	
Allowable Portion		7,200
	Disallowed Portion	16,738

Odd Fellows Home of CT, d/b/a Fairview Outpatient Therapy Disallowances September 30, 2023

Rehab Portion of Facility				
Facility Square Feet	57,027			
Rehab Square Feet	504	[a]		
Rehab % to Total	0.88%			
Outpatient Portion of Therapies				
Total Therapy Treatments (Page 9)	13,511 3,515			
Total Outpatient Therapy Treatments	- 3,313	-		
Outpatient % to Total Therapies	26.02%			
PT Outpatient Treatments	2343	[b]		
OT Outpatient Treatments	1097	[b]		
ST Outpatient Treatments	75	[b]		
Outpatient Portion of Rehab Facility				
Outpatient % of Rehab	0.23%	)		
PT % of Outpatient	17.34%	100		
OT % of Outpatient	8.12%	)		
ST % of Outpatient	0			
31 70 01 Outpatient				
Disallowance	TB Linked			
C. C	<u>Total</u>	Outpatient		
PT Salaries (Pg 10 line 12e)	323,133		Pg 10 Listed Line A1	
PT Related Benefits(Pg 15)	50,215	8,708	Pg 10 Listed Line Al	l2e
PT Rehab Management(Page 20 line 5k)	0			
PT Contracted Services (Page 13 line 5a)	0	3 <del>-</del> 9%		
OT Salaries (Pg 10 line 12g)	All OT Disallowed		Pg 10 Listed Line Al	
ST Salaries (Pg 10 line 12f)	135,095		Pg 10 Listed Line Al	
Maint & Op Expenses (Pg 22 line 6g)	444,249	1,021	Pg 22 Listed Line 6a	ı
Depreciation - Building (Pg 22 line 7b)	[c]	4		
Real Estate Taxes (Pg 22 line 10b)	55,908	129	Pg 22 Listed Line 10	a
Property Insurance (Pg 22 line 14a)	70,835		_	
		66,807		
PT Related Benefits Allocation				
	50.215			
Total PT Benefits	50,215			
PT Benefits Related to Outpatient	8,708 17%			
% to Total	1/7	0		
	TB Linked Benefits	% to Total	Allocation Amount	
Workmen's Compensation	\$ 103,961.00	7.9%		Pg 15
Unemployment Insurance	\$ 22,316.00			Pg 15
Social Security (F.I.C.A.)	\$ 533,751.00		6 \$ 3,516	Pg 15
·	\$ 550,050.00			Pg 15
Health Insurance	\$ 110,163.00		· ·	Pg 15
Pensions	\$ 1,586.00			Pg 15
Uniform Allowance	\$ 1,321,827.00			_
	Φ 1,321,027.00	,		

- [a] Amounts provided by Client.
- [b] Amounts provided by Client
- [c] Building depreciation is not claimed
- [d]

### F. Statement of Revenue

F. Statement of Rev			10.1.1		Page		of
Name of Facility License No.		Report for Year Ended 9/30/2023				ï	37
odd Fellows Home of CT, Inc.(d/b/a Fair 1083665988		713012023	GO 77. /		30		
		T-4-1	CCNH / RHNS	(Specify)		Other	r
Item	-	Total	KIIIVS	(Specify)	Birmin.	Othe	P.R.
Resident Room, Board & Routine Care Revenue		7471034161	11.500.515	MODEL WINE	201075	i film	
1. a. Medicaid Residents (CT only)	\$	11,730,515	11,730,515		-		_
b. Medicaid Room and Board Contractual Allowance **	\$	(5,187,086)	(5,187,086)		-	_	_
2. a. Medicaid (All other states)	\$					-	
b. Other States Room and Board Contractual Allowance **	\$				-		_
3. a. Medicare Residents (all inclusive)	\$	1,491,708	1,491,708		-		
b. Medicare Room and Board Contractual Allowance **	\$	(244,030)	(244,030)		+-		-
4. a. Private-Pay Residents and Other	\$	4,105,646	4,105,646		-		_
b. Private-Pay Room and Board Contractual Allowance **	\$	(665,770)	(665,770)	No. of London	591	YES IN	200
I. Other Resident Revenue		State Bloom		A CALL OF A	Ter.Tie	1000	92
a. Prescription Drugs - Medicare	\$				-	_	
b. Prescription Drugs - Medicare Contractual Allowance **	\$				-	-	
c. Prescription Drugs - Non-Medicare	\$	18,771	18,771		+		_
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				-		
a. Medical Supplies - Medicare	\$				-		-
b. Medical Supplies - Medicare Contractual Allowance **	\$		16		-		
c. Medical Supplies - Non-Medicare	\$	16	16		-		
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$		/		-		
3. a. Physical Therapy - Medicare	\$	471,720	471,720		-		_
b. Physical Therapy - Medicare Contractual Allowance **	\$				-		_
c. Physical Therapy - Non-Medicare	\$		248,900		-	-	_
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				+-		_
4. a. Speech Therapy - Medicare	\$		110,775	-			-
b. Speech Therapy - Medicare Contractual Allowance **	\$				+		_
c. Speech Therapy - Non-Medicare	\$		63,925	-	+-		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$		400 000		-		
5. a. Occupational Therapy - Medicare	\$		653,755		+		
b. Occupational Therapy - Medicare Contractual Allowance **	\$		207 107		+		
c. Occupational Therapy - Non-Medicare	\$		297,495		+		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					_	_
6. a. Other (Specify) - Medicare	\$		The second second		+		
b. Other (Specify) - Non-Medicare	\$			)	+-		_
III. Total Resident Revenue (Section I. thru Section II.)	\$	12,972,391	12,972,391	OR HAVE AND ADDRESS OF THE PARTY OF THE PART	F 1255	17.70 E	212
IV. Other Revenue*					dill (tr)	HUND	110
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 (Specify)	9		152		-		
6. Private Duty Nurses' Fees	\$				-		_
7. Barber, Coffee, Beauty and Gift shops	1			-	-		_
8. Other (Specify)	5		Construction of		-		
V. Total Other Revenue (1 thru 8)		303,265	303,265		-		_
VI. Total All Revenue (III +V)	5	13,275,656	13,275,656				

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

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

#### Schedule of Other Resident Revenue - Medicare

#### Related Exp

Page Ref	Description	CCNH / RHNS (Spe	cify) Other
rage Rei		0	
Da 30 116a	LAB SERVICES - MEDICARE A -SNF	\$ 122,789	
Pg 30 II6a	CONTRACTUAL ADJ. MEDICARE PART B	\$ (182,410)	
yy)is s			
Total Othe	er Resident Revenue - Medicare	\$ (59,621) \$	- \$ -

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

#### Related Exp

	CCN	H/RHNS	(Spec	ify)	Otl	her
		0			W. M. S.	8137
RT A - SNF	\$	6,113	Mas /	ple		
REPARTA - SNF	\$	26,551		8125		
	\$	147				200
NCILLARY	\$	(537)				WE
	\$	(96,602)		TVIV	353	
	S	(64,328)	\$	2.	\$	
3	RT A - SNF RE PART A - SNF NCILLARY	RT A - SNF	\$ 26,551 E PART A - SNF \$ 26,551 \$ 147 NCILLARY \$ (537) \$ (96,602)	0   S   6,113   S   E PART A - SNF   S   26,551   S   147   S   (537)	0	CCM17 KM   S   CPCM37   S   C

#### **Interest Income**

#### Account

Page Ref	Account	Balance	CCNI	I / RHNS	(Spec	cify)	Ot	ther
	Account		111	0	0.81.5	AIS.		Period
D 20 H/5	Total Continuous		\$	152		6.16	WEE	Tices !
Pg 30 1V3	Interest Income		U VIII			11.0		
			E FIRE		DATE TO			
Total Inter	est Income		\$	152	\$		\$	

#### Schedule of Other Revenue

E-0000	ALCO PART DE CONTRACTOR	CCNH / RHINS	(Specify)	Other
Page Ref	Description			The second
20 IV8	Cable and Television - Private	\$ 9,150		
2g 30 IV8	Miscellaneous Income	\$ 55,229		AND THE RESERVE
Pg 30 IV8	Transportation	\$ 6,012 \$ 112,509		
	Restricted Donation Transfer	\$ 6,316		
Pg 30 IV8	Divident / Interest Income	\$ 24,741		Menting the
	Unrealized Gains & Losses FSA Expense	\$ 3,048		DE BIKIL K
Pg 30 IV8	Change in my FMV Swap	\$ 86,108		1111 77 73 KC
Total Other	r Revenue	\$ 303,113	s -	5 -

## G. Balance Sheet

Name of Facility	License No.	Report for Year Ende	d Page	of 37
Odd Fellows Home of CT, Inc.(d/b/a I		9/30/2023		Amount
	Account			Amount
Assets				
A. Current Assets	·		\$	399,787
1. Cash (on hand and in banks	) Allewanse fo	on Dod Dobts)	\$	457,181
2. Resident Accounts Receivab	le (Less Allowance le	n Deleted Parties)	\$	,
3. Other Accounts Receivable (	Excluding Owners of	Related Farties)	\$	
4 Inventories			\$	88,821
5. Prepaid Expenses		48,415	W-200888	WE WAR TO SHE
a. Prepaid - Insurance		40,406		
b. Prepaid - Expenses		40,400		
с				
d. See Schedule			\$	
6. Interest Receivable			\$	
7. Medicare Final Settlement R			\$	
8. Other Current Assets (itemiz	re)			
0				
			- Sept.	
See Schedule			\$	945,789
A-9. Total Current Assets (Lines A1	thru 8)		Φ	773,703
B. Fixed Assets			•	2,284,610
1. Land		161.001	\$ \$	133,865
2. Land Improvements	*Historical Cost	161,991	1.	155,000
	Accum. Depreciat			3,594,709
3. Buildings	*Historical Cost	11,587,500	\$	3,334,70.
	Accum. Depreciat	ion 7,992,791 Net		
4. Leasehold Improvements	*Historical Cost		\$	
•	Accum. Depreciat	ion Net		204,96
5. Non-Movable Equipment	*Historical Cost	878,721	\$	204,90
•	Accum. Depreciat		0	201 (1
6. Movable Equipment	*Historical Cost	1,712,797	2	281,61
1 1	Accum. Depreciat			4 27
7. Motor Vehicles	*Historical Cost	99,038	\$	4,37
7. 1120001 7 0122001	Accum. Deprecia	tion 94,660 Net		
8. Minor Equipment-Not Dep	reciable		\$	
9. Other Fixed Assets (itemize	)		\$	160,69
F/S vs C/R NBV		(114,389)		
See Schedule		275,086		
B-10. Total Fixed Assets (Lines)	B1 thru 9)		\$	6,664,84

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

(Carry Total forward to next page)

	117	D	71	I Inc	A 4	
Schedule of Prepa	III EXPENSES	1.8 Sc	31	Luic	14.	

40.11	Ref Description		302	
				-
			200	4
76.119			-	-
HILL REAL				Е
al Prepaid Ex		-	5	

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

Page Ref	Line Ref	Description		
				QHW.
	100		2001 11	
150				
	W			
Tiel				G tr
	- 54		100	
etal Othe	r Current	Assels (Itemize)	\$	

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

Page Ref	Line Ref	Description	1.	288,920
		CIP - Phone 3	- 3	1011 AUGUS
		Acciam Dept. 1998 Audit Adjustment.	2	(13,834)
	100			
			3	275,086
Total Othe	r Other Fi	acd Assets (Itemize)	-	

#### Schedule of Other Assets Page 32 Line D7

Line Ref	lexeription		5 11/10	
	VENETIN PROPERTY OF THE PARTY OF THE		10/5	
- marine				
0.123		VIOLOGICA ENTRE NATIONAL PROPERTY.		-
100			- X	
			\$	N.
			Line Ref Description	

#### Schedule of Notes Payable (Itemize) Page 33 Line A2

	Ref Description	
Livi es		

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

Page Ref	Line Ref	Description	\$ 156,70
33	a11	Accrued Provider Tax	\$ 47,03
33	n12	Patient Trust Liability	
が正			
5-2/12			
3.17			\$ 203,73

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

34 B4	Ref Description Deferred Revenue	\$ 144,43° \$ 527,240
34 B4	Long Term Debt - Current Portion	\$ 5,814,36
34 B4	Loon Payable - FV	\$ (336.78
	FMV of Swap	\$ (141.74
34 B4 34 B4	Deferred Financing Expenses - M & T	\$ (141,74- 5 31,47
34 B5	Deferred Financing Expense Accumulated Amerizatio	
	rent Liabilities (Itemize)	\$ 6,038,99

# G. Balance Sheet (cont'd)

		Facility	License No.	Report for Year Ended	Pa 32	_	of 37
Odd	Fello	ws Home of CT, Inc.(d/b/a F		9/30/2023	1 32		31
			Account	m 15 1 5 1 5	. 0	Amount	10,637
				Total Brought Forward	: 2	7,0	10,037
C.	Leasehold or like property recorded for Equity Purposes.						
		Land			\$		
	2.	Land Improvements	*Historical Cost		\$		
			Accum. Depreciation	n Net	Ф		
	3.	Buildings	*Historical Cost	Not	\$		
			Accum. Depreciation	n Net	1.0		
	4.	Non-Movable Equipment	*Historical Cost		6		
			Accum. Depreciation	n Net	\$		
	5.	Movable Equipment	*Historical Cost	77.	<b>a</b>		
			Accum. Depreciation	on Net	\$		
	6.	Motor Vehicles	*Historical Cost				
			Accum. Depreciation	on Net	\$		
	7.	Minor Equipment-Not Depre	ciable		\$		
C-8	Tot	al Leasehold or Like Proper	ties (C1 thru 7)		\$		
D.	Inve	estment and Other Assets					
	1.	Deferred Deposits			\$		
		Escrow Deposits			\$		
	_	Organization Expense	*Historical Cost				
		1	Accum. Depreciation	on Net	\$		
	4.	Goodwill (Purchased Only)			\$		
-	5.	Investments Related to Resid	lent Care (itemize)		\$	NOOTH HOUSE DIE	****
	٠.						
					1000		CONTRACTOR OF THE PARTY OF THE
-	6	Loans to Owners or Related	Parties (itemize)		\$		THE PERSON NAMED IN
	<u> </u>	Name and Address	Amount	Loan Date			
					680		
					PERM	2000	
	7	Other Assets (itemize)			\$	(2,	311,502
	/ •	Investment - Kestra 1717	23	260,002	933		
		Due to FHC		(2,571,504)			
		See Schedule					
Do	To	tal Investments and Other A	ssets (Lines D1 thru	7)	\$		311,502
D-8	. 10	tal All Assets (Lines A9 + B	10 + C8 + D8		\$	5,	299,135

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

# G. Balance Sheet (cont'd)

Name of Fac	ility		License No.	Report for Year I	Ended	Page	of
Odd Fellows	Home	e of CT, Inc.(d/b/a Fairview)	1083665988	9/30/2023		33	37
			Account			Am	ount
Liabilities							
A.	Cu	rrent Liabilities				¢.	462,151
	1.	Trade Accounts Payable				\$ \$	402,131
	2.	Notes Payable (itemize)					
		See Schedule					
	2	Loans Payable for Equipme	ent (Current portion	) (itemize)		\$	
	3.	Name of Lender	Purpose	Amount	Date Due		
		Traffic of Echdor					
				l.			
						TRANS	
					1		
					1		
							得用指数器
	4.	Accrued Payroll (Exclusive	e of Owners and/or S	Stockholders only)		\$	262,103
	5.	Accrued Payroll (Owners of	and/or Stockholders	only)		\$	
	6.	Accrued Payroll Taxes Pay	yable			\$	
	7.	Medicare Final Settlement				\$	
	8.	Medicare Current Financia	ng Payable			\$	
	9.	Mortgage Payable (Curren	nt Portion)			\$	
	10	). Interest Payable (Exclusiv	e of Owner and/or R	Celated Parties)		\$	
	11	. Accrued Income Taxes*				\$	202 504
		2. Other Current Liabilities (	itemize)			\$	203,734
	12	,, 0 ,,,,,, 0 ,,,,,,,,,,,,,,,,,,,,,,,,,					
						150 MAIL	
				See Schedule	203,734		007.000
A-1	3 T	otal Current Liabilities (Li	nes A1 thru 12)			\$	927,988

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

# G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	Ended	Page 34	í	of 37
Odd Fellows Home of CT, Inc.(d/b/a Fairvi		9/30/2023			mount	
Ž	Account	Total Drove	tht Forward:	P		27,988
		Total broug	git roi ward.			27,500
Liabilities (cont'd)						1
B. Long-Term Liabilities 1. Loans Payable-Equipment	(itemize)			\$		
Name of Lender	Purpose	Amount	Date Due		Mrs.	
Name of Lender	Turpose	1 2210 0120				
			1 1			
			1 1			
			1 1			ne utleas
		1	1 1			
			1			
		N .	1			
		1	1 1			
						Music St
2. Mortgages Payable				\$		
3. Loans from Owners or Rel	ated Parties (itemize)	t		\$	A ST. STATUS	46,666
Name and Address of Lender	Amount	Loan	Date			
1,000						
M&T Bank	46,666	5				
Wice I During			Y			
		1				
		1				
2						
4. Other Long-Term Liabiliti	es (itemize)			\$	6,0	38,991
4. Other Long-Term Liability				WAY A ST	SE DINE	
-						
-						
See Schedule		6,038,99	1			
B-5. Total Long-Term Liabilities	(Lines B1 thru 4)			\$		)85,657
C. Total All Liabilities (Lines A	-13 + B-5)			\$	7,0	)13,645

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

	e of Facility  License No.  Report for Year Ended	Page of 35 37
Odd	Fellows Home of CT, Inc.(d/b/a F 1083665988 9/30/2023  Account	Amount
A.	Reserves	
Λ.	Reserve for value of leased land	\$
	2. Reserve for depreciation value of leased buildings and appurtenances to be amortized	\$
	to be amortized	
	3. Reserve for depreciation value of leased personal property (Equity)	\$
	4. Reserve for leasehold real properties on which fair rental value is based	\$
	5. Reserve for funds set aside as donor restricted	\$
	6. Total Reserves	\$
B.	Net Worth	
	1. Owner's Capital	\$
	2. Capital Stock	\$
	3. Paid-in Surplus	\$
	4. Treasury Stock	\$
	5. Cumulated Earnings	\$ (1,613,700)
	10/1/2022 thm 9/30/2023	\$ (100,810)
	6. Gain or Loss for Period 10/1/2022 thit 9/30/2023	
	7. Total Net Worth	\$ (1,714,510)
C.	Total Reserves and Net Worth	\$ (1,714,510)
D.	Total Liabilities, Reserves, and Net Worth	\$ 5,299,135

# H. Changes in Total Net Worth

1 value of 1 actives	ense No.	Report for Year	Ended	Page 36	of 37
Odd Fellows Home of CT, Inc.(d/b/a Fair	1083665988	9/30/2023			mount
	count	. 10.0 10.000			(1,613,700)
<ul> <li>A. Balance at End of Prior Period as shown</li> </ul>	on Report of 09	9/30/2022		\$	13,275,656
B. Total Revenue (From Statement of Reve	enue Page 30)				13,275,030
<ul> <li>Total Expenditures (From Statement of</li> </ul>	Expenditures Pa	age 27)		\$	(100,810)
D. Net Income or Deficit				\$	(1,714,510)
E. Balance				\$	(1,/14,310)
F. Additions  1. Additional Capital Contributed (item  Total Expenditures per Pg 27  F/S vs C/R Depreciation  Total FS Expenses  2. Other (itemize)	nize) \$13,376,482 \$(16) \$13,376,466				
F-3. Total Additions				\$	
G. Deductions					
<ol> <li>Drawings of Owners/Operators/Par</li> </ol>	tners (Specify)		-	\$	CONTRACTOR OF THE PARTY OF THE
Name and Address (No., City, Sta		Title	Amount		
E					
2. Other Withdrawings (Specify)				\$	CALL SET IN ALL T
Purpose		Amo	unt		
3. Total Deductions				\$	(1.714.516
H. Balance at End of Period	09/30/	/23		\$	(1,714,510

AJE PY adjusting Journal Entry *	
Balance at End of Prior Year 2022	-4,097,866
Prior Period Adjustment	2,484,166
	-1,613,700

# I. Preparer's/Reviewer's Certification

	*		
Name of Facility	License No.	Report for Year Ended	Page of
Odd Fellows Home of CT, Inc.(d/b/a	1083665988	9/30/2023	37 37
	Check appropriate category		
Chronic and Convalescent Nursi  ✓ Home (CCNH) & RHNS  Combined	☑ Other		
	Preparer/Reviewer Certifica	ation	
have read the most recent Federa personnel as to the possible inclu- regulations. All non-reimbursab removed in the State rate compu	this report and am familiar with the applicabel and State issued field audit reports for the Fasion in this report of expenses which are not le expenses of which I am aware (except tho tation system) as a result of reading reports, in this report on Pages 28 and 29 (adjustments the agreement with the books and records, as pre-	reinbursable under the applicable se expenses known to be automatinguity or other services performed to statement of expenditures). Fur	e e ically d by me
Signature Preparer	Title PHNCIPAL	Date Signed	
Printed Name of Preparer  Matthew S. Bavolack			
Address		Phone Number	
555 Long Wharf Drive, New Haven, C	г. 06511	203-781-9600	
Contacted Person Regarding Additions	Information Needed Regarding This Report	Phone Number	
Liisa Livingston	a miorimanion i recurso de la companya de la compan	860-445-7478 ext. 141	2
Contact Email Address			
Contact Eman Address			

Livingstonl@fairviewct.org



#### ACCOUNTANTS' CONSULTING REPORT

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

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

This report is intended solely for the information and use of the management of Odd Fellows Home of Connecticut, Inc. (d/b/a Fairview) and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

MARCUM LLP

New Haven, CT December 7, 2023