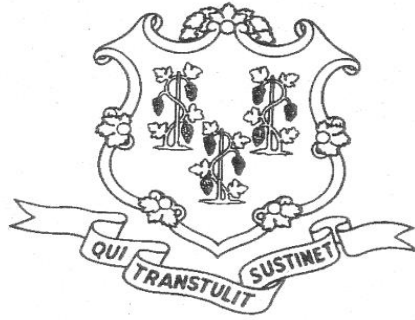


# State of Connecticut



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

Name of Facility (as licensed) Governor's House Simsbury OPCO LLC	
Address (No. & Street, City, State, Zip Code) 36 Firetown Road, Simsbury, CT 06070	
Type of Facility Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <span style="margin-left: 150px;"><input type="checkbox"/> (Specify)</span> <span style="margin-left: 150px;"><input type="checkbox"/> (Specify)</span>	
Report for Year Beginning 10/1/2022	Report for Year Ending 9/30/2023

License Numbers:	CCNH / RHNS 2200-C	(Specify)	(Specify)	Medicare Provider 07-5338
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Medicaid Provider Numbers:	CCNH / RHNS 20628	(Specify)	(Specify)
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**General Information**

Name of Facility (as licensed) Governor's House Simsbury OPCO LLC	License No. 2200-C	Report for Year Ended 9/30/2023	Page 1	of 37
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**Administrator's/Owner's Certification**

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

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

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

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

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

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Governor's House Simsbury OPCO LLC		Period Covered:	From 10/1/2022	To 9/30/2023
Address of Facility 36 Firetown Road, Simsbury, CT 06070				
Report Prepared By CJLC LLC		Phone Number 860-610-9009	Date 2/9/2024	
Item	Total	CCNH / RHNS	(Specify)	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

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

Phone No. of Facility 860-658-1018		Report for Year Ended 9/30/2023	Page 2	of 37
Name of Facility (as shown on license) Governor's House Simsbury OPCO LLC		Address (No. & Street, City, State, Zip) 36 Firetown Road, Simsbury, CT 06070		
License Numbers:	CCNH / RHNS 2200-C	(Specify)	(Specify)	Medicare Provider No. 07-5338
Type of Facility (Check appropriate box(es)) Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input type="checkbox"/> (Specify) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box) <input type="checkbox"/> Proprietorship <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Profit Corp. <input type="checkbox"/> Non-Profit Corp. <input type="checkbox"/> Government <input type="checkbox"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                 If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator David Greenwald		Nursing Home Administrator's License No.:		
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		









### General Information and Questionnaire Related Parties\*

Name of Facility Governor's House Simsbury OPCO LLC	License No. 2200-C	Report for Year Ended 9/30/2023	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?     Yes     No    If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Ark Healthcare Management LLC	494 Elm Street, Stamford, CT 06902	<input type="radio"/>	<input checked="" type="radio"/>		Management fees	16/m12	306,833	
Governor's House Simsbury Propco LLC	36 Firetown Road, Simsbury, CT 06070	<input type="radio"/>	<input checked="" type="radio"/>		Property rental	22/9	147,193	
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

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

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

Name of Facility Governor's House Simsbury OPCO LLC	License No. 2200-C	Report for Year Ended 9/30/2023	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

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

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

Name of Facility Governor's House Simsbury OPCO L	License No. 2200-C	Report for Year Ended 9/30/2023	Page 6	of 37
Square footage of entire facility. <span style="float:right; border: 1px solid black; padding: 2px;">0</span>				
<b>Outpatient Therapy</b>				
Does the Facility provide outpatient therapy services? <span style="float:right; border: 1px solid black; padding: 2px;">No</span>				
<i>If yes, please complete the following:</i>				
Square footage of therapy space.				
<b>Meals on Wheels</b>				
Does the facility provide Meals on Wheels? <span style="float:right; border: 1px solid black; padding: 2px;">No</span>				
<i>If yes, please complete the following:</i>				
Square footage of kitchen				
Number of meals served per week				
No	Are meals included in meals served on page 18 of the Annual Report?			
No	Are direct costs included in the Annual Report?			
<i>If yes, please state where costs are reported.</i>				
No	Are drivers for the program included in the facility's payroll?			
<i>If yes, please complete the following:</i>				
Amount Reported				
Annual Report page and line				
Please state the salary amounts of specific cooks and/or dietary aides				
Please state where the cooks and/or dietary aides are reported in the Annual Report				
<b>Apartments, Independent Living, Assisted Living</b>				
Does the facility have apartments, independent living, and/or assisted living? <span style="float:right; border: 1px solid black; padding: 2px;">No</span>				
<i>If yes, please complete the following:</i>				
Square footage of apartments				
Square footage of independent living				
Square footage of assisted living				
Please identify the services provided:				

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

Name of Facility Governor's House Sin	License No. 2200-C	Report for Year Ended 9/30/2023	Page 7	of 37
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**Child Day Care**

Does the Facility provide Child Day Care?  No

*If yes, please complete the following:*

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

**Adult Day Care**

Does the Facility provide Adult Day Care?  No

*If yes, please complete the following:*

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

### Schedule of Resident Statistics

Name of Facility Governor's House Simsbury OPCO LLC			License No. 2200-C		Report for Year Ended 9/30/2023				Page 8	of 37		
	Total All Levels	Total CCNH / RHNS Level	Total (Specify)	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH / RHNS	(Specify)	(Specify)	Total	CCNH / RHNS	(Specify)	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	70	70			70	70						
B. On last day of THIS report period	70	70							70	70		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	60	60			60	60						
B. As of midnight of THIS report period	64	64							64	64		
3. Total Number of Days Care Provided During Period												
A. Medicare	4,375	4,375			3,518	3,518			857	857		
B. Medicaid (Conn.)	16,948	16,948			12,426	12,426			4,522	4,522		
C. Medicaid (other states)												
D. Private Pay	2,615	2,615			1,995	1,995			620	620		
E. State SSI for RCH												
F. Other (Specify) Managed Care	381	381			300	300			81	81		
G. Total Care Days During Period (3A thru F)	24,319	24,319			18,239	18,239			6,080	6,080		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	45	45			26	26			19	19		
B. Other Bed Reserve Days	17	17			10	10			7	7		
5. <b>Total Resident Days (3G + 4A + 4B)</b>	24,381	24,381			18,275	18,275			6,106	6,106		

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

Name of Facility Governor's House Simsbury OPCO LLC	License No. 2200-C	Report for Year Ended 9/30/2023	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?  Yes  No  
 If "YES", provide the following information:

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

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

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH / RHNS	CCNH / RHNS	(Specify)	CCNH / RHNS	(Specify)	(Specify)	R.C.H.	ICF-MR
No. of Residents	11	45		8				
Per Diem Rate								
a. One bed rm.		#####		590.00				
b. Two bed rms.				540.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
A. Medicare - Part B	1,513	1,513			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other	2,759	2,759			
<b>D. Total Physical Therapy Treatments</b>	<b>4,272</b>	<b>4,272</b>			
8. Total Number of Speech Therapy Treatments					
A. Medicare - Part B	301	301			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other	714	714			
<b>D. Total Speech Therapy Treatments</b>	<b>1,015</b>	<b>1,015</b>			
9. Total Number of Occupational Therapy Treatments					
A. Medicare - Part B	1,670	1,670			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other	3,166	3,166			
<b>D. Total Occupational Therapy Treatments</b>	<b>4,836</b>	<b>4,836</b>			

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

CSP-10 Rev. 3/2023

**Report of Expenditures - Salaries & Wages**

Name of Facility Governor's House Simsbury OPCO LLC	License No. 2200-C	Report for Year Ended 9/30/2023	Page 10	of 37
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Are time records maintained by all individuals receiving compensation?  Yes  No

Item	Total Cost and Hours									
	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours	
<b>A. Salaries and Wages*</b>										
1. Operators/Owners (Complete also Sec. I of Schedule A1)										
2. Administrator(s) (Complete also Sec. III of Schedule A1)	126,533		2,267							
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)										
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	342,484		10,073							
5. Dietary Service										
a. Head Dietitian										
b. Food Service Supervisor										
c. Dietary Workers	305,972		16,628							
6. Housekeeping Service										
a. Head Housekeeper										
b. Other Housekeeping Workers	85,594		4,566							
7. Repairs & Maintenance Services										
a. Engineer or Chief of Maintenance										
b. Other Maintenance Workers	86,653		2,864							
8. Laundry Service										
a. Supervisor										
b. Other Laundry Workers										
9. Barber and Beautician Services										
10. Protective Services										
11. Accounting Services										
a. Head Accountant										
b. Other Accountants										
12. Professional Care of Residents										
a. Directors and Assistant Director of Nurses	123,955		2,221							
b. RN										
1. Direct Care	136,167		2,381							
2. Administrative**	750,186		12,955							
c. LPN										
1. Direct Care	585,434		16,751							
2. Administrative**										
d. Aides and Attendants	1,080,653		50,833							
e. Physical Therapists										
f. Speech Therapists										
g. Occupational Therapists										
h. Recreation Workers	113,577		5,511							
i. Physicians										
1. Medical Director										
2. Utilization Review										
3. Resident Care***										
4. Other (Specify)										
j. Dentists										
k. Pharmacists										
l. Podiatrists										
m. Social Workers/Case Management	97,903		2,667							
n. Marketing										
o. Other (Specify) See Attached Schedule	165,681		4,041							
<i>A-13. Total Salary Expenditures</i>	4,000,792		133,758							

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH / RHNS			(Specify)			(Specify)		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
Admission Salaries	\$ 165,681		4,041						
<b>Total</b>	\$ 165,681	\$ -	4,041	\$ -	\$ -	-	\$ -	\$ -	-

Schedule of Other Fees (Page 13)

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



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

Name of Facility				License No.	Report for Year Ended			Page	of	
Governor's House Simsbury OPCO LLC				2200-C	9/30/2023			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH / RHNS	(Specify)	(Specify)							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										
Shiela Finkelstein	5,925					600	A4			

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

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

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

Name of Facility (as licensed)				License No.		Report for Year Ended			Page	of
Governor's House Simsbury OPCO LLC				2200-C		9/30/2023			12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH / RHNS	(Specify)	(Specify)							
<b>Section III - Administrators***</b>										
Carole Lowry	40,213				Full administrative management of everyday functions of	767	A2			
David Greenwald	86,320				Full administrative management of everyday functions of	1,500	A2			
<b>Section IV - Assistant Administrators</b>										

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

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

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

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

Name of Facility	License No.	Report for Year Ended						Page	of
Governor's House Simsbury OPCO LLC	2200-C	9/30/2023						13	37
Total Cost and Hours									
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>									
1. Dietitian	40,412		898						
2. Dentist									
3. Pharmacist									
4. Podiatrist									
5. Physical Therapy									
a. Resident Care	246,220		3,621						
b. Other									
6. Social Worker	13,909		556						
7. Recreation Worker									
8. Physicians									
a. Medical Director (entire facility)	36,000		108						
b. Utilization Review (Title 18 and 19 only) monthly meeting									
c. Resident Care**									
d. Administrative Services facility									
1. Infection Control Committee (Quarterly meetings)									
2. Pharmaceutical Committee (Quarterly meetings)									
3. Staff Development Committee (Once annually)									
e. Other (Specify)									
9. Speech Therapist									
a. Resident Care	57,841		1,015						
b. Other									
10. Occupational Therapist									
a. Resident Care	272,032	(272,032)	4,946						
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care	62,229		770						
2. Administrative***	77,845		608						
b. LPN									
1. Direct Care	203,884		1,593						
2. Administrative***									
c. Aides	416,135		9,678						
d. Other									
12. Other (Specify)									
See Attached Schedule									
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>1,426,507</b>	<b>(272,032)</b>	<b>23,793</b>						

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

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

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

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

Name of Facility Governor's House Simsbury OPCO LLC		License No. 2200-C		Report for Year Ended 9/30/2023	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Nutrasource RD LLC, 10 Crawfords Corner, Holmdel NJ	Dietician	<input type="radio"/>	<input checked="" type="radio"/>			
Health Drive Dental, 100 Crossing Blvd, Framingham, MA	Dental Service	<input type="radio"/>	<input checked="" type="radio"/>			
CT Dental, 300 Church St, Wallingford, CT	Dental Service	<input type="radio"/>	<input checked="" type="radio"/>			
Preferred Therapy Solutions, PO Box 69363, Baltimore, Maryland	PT/ST/OT	<input type="radio"/>	<input checked="" type="radio"/>			
InHouse Care LLC, 276 Highland Ave, Waterbury, CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Hartford Healthcare, PO Box 412744, Boston, MA	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Five Star Care, 410 Melville Ave, Lakewood, NJ	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Career Staff Unlimited, PO Box 301076, Dallas TX	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Empro Staffing, PO Box 190331, Brooklyn, MY	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			

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

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

Name of Facility	License No.	Report for Year Ended					Page	of
Governor's House Simsbury OPCO LLC	2200-C	9/30/2023					15	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
<b>1. Administrative and General</b>								
a. Employee Health & Welfare Benefits								
1. Workmen's Compensation	\$ 108,876	108,876						
2. Disability Insurance	\$							
3. Unemployment Insurance	\$ 43,898	43,898						
4. Social Security (F.I.C.A.)	\$ 294,242	294,242						
5. Health Insurance	\$ 310,456	310,456						
6. Life Insurance (employees only) (not-owners and not-operators)	\$							
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 173,912	173,912						
8. Uniform Allowance	\$							
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 63,582	63,582						
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$							
c. Bad Debts*	\$ 281,170	281,170	(281,170)					
d. Accounting and Auditing	\$ 64,029	64,029						
e. Legal ( <i>Services should be fully described on Page 15b</i> )	\$ 103,146	103,146						
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$							
g. Office Supplies	\$ 34,733	34,733						
h. Telephone and Cellular Phones								
1. Telephone & Pagers	\$ 6,445	6,445						
2. Cellular Phones	\$ 61	61						
i. Appraisal ( <i>Specify purpose and        attach copy</i> )*	\$							
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$ 57,000	57,000	(56,750)					
k. Other Taxes ( <i>Not related to property - See Page 22</i> )								
1. Income*	\$							
2. Other ( <i>Specify</i> ) See Attached Schedule	\$							
3. Resident Day User Fee	\$ 411,277	411,277						
<b>Subtotal</b>	\$ 1,952,827	1,952,827	(337,920)					

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

(Carry Subtotals forward to next page)

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

**Schedule of Other Employee Benefits**

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Employee Relations	\$ 41,617					
Union Dues	\$ 1,950					
Union Training Fund	\$ 20,015					
<b>Total</b>	\$ 63,582	\$ -	\$ -	\$ -	\$ -	\$ -

**Schedule of Other Taxes**

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

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility Governor's House Simsbury OPCO	License No. 2200-C	Report for Year Ended 9/30/2023	Page 15b	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm 1 CJLC LLC 2 A/R Solutions 3 Jonathan Aschendorf 4 Pease Bell	Address (No. & Street, City, State, Zip Code) 225 Pitkin Street East Hartford, CT 06108
---	--

Services Provided by This Firm (*describe fully*)

1 Medicaid Cost Report and Accounting Services	\$ 14,400
2 Billing Support	\$ 12,447
3 Bookkeeper	\$ 24,581
4 Taxes	\$ 12,600
	<b>Charge for Services Provided</b>
	\$ 64,029

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

- Yes     No    15/1d

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 Susan Halperin 2 Bienstock PLC 3 Ford Harrison 4 5	Telephone Number
--	------------------

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

1
2
3
4
5

Services Provided by This Firm (*describe fully*)

1 Employee Matters	\$ 3,000
2 Employee Matters	\$ 4,500
3 Employee Matters	\$ 94,998
4 Various Legal Fees	\$ 648
5	\$
	<b>Charge for Services Provided</b>
	\$ 103,146

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

- Yes     No    15/1e

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

Name of Facility	License No.	Report for Year Ended					Page	of
Governor's House Simsbury OPCO LLC	2200-C	9/30/2023					16	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
<b>Subtotals Brought Forward:</b>	1,952,827	1,952,827	(337,920)					
<b>l. Travel and Entertainment</b>								
1. Resident Travel and Entertainment \$								
2. Holiday Parties for Staff \$								
3. Gifts to Staff and Residents \$								
4. Employee Travel \$	45,235	45,235						
5. Education Expenses Related to Seminars and Conventions \$	1,347	1,347						
6. Automobile Expense (not purchase or depreciation) \$								
7. Other (Specify) \$								
See Attached Schedule								
<b>m. Other Administrative and General Expenses</b>								
1. Advertising Help Wanted (all such expenses) \$	2,219	2,219						
2. Advertising Telephone Directory (all such expenses)*** \$								
3. Advertising Other (Specify)*** \$	5,110	5,110	(5,110)					
See Attached Schedule								
4. Fund-Raising*** \$								
5. Medical Records \$								
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** \$								
7. Postage \$	2,774	2,774						
* 8. Dues and Membership Fees to Professional Associations (Specify) \$	4,379	4,379						
See Attached Schedule								
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$								
9. Subscriptions \$	7,768	7,768						
10. Contributions*** \$	200	200	(200)					
See Attached Schedule								
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual) \$								
12. Administrative Management Services** \$	306,833	306,833						
13. Other (Specify) \$	212,226	212,226	(2,985)					
See Attached Schedule								
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 2,540,918	2,540,918	(346,215)					

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



## Schedule of Other Travel and Entertainment

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

## Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Business Promotion	\$ 989	\$ (989)				
Marketing Events	\$ 4,121	\$ (4,121)				
<b>Total Other Advertising</b>	\$ 5,110	\$ (5,110)	\$ -	\$ -	\$ -	\$ -

## Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
CAHCF	\$ 4,379					
<b>Total Dues</b>	\$ 4,379	\$ -	\$ -	\$ -	\$ -	\$ -

## Schedule of Contributions

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Donations	\$ 200	\$ (200)				
<b>Total Contributions</b>	\$ 200	\$ (200)	\$ -	\$ -	\$ -	\$ -

## Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Finance Charge	\$ 1,856	\$ (1,856)				
Internet	\$ 11,171					
Repairs	\$ 1,064					
Background Check	\$ 3,095					
Fees & Registration	\$ 6,588					
Licenses & Permits	\$ 830					
Computer Services	\$ 86,812					
Small Computer Equipment	\$ 13					
Payroll Service	\$ 16,532					
Late Fees	\$ 1,129	\$ (1,129)				
Bank Charges	\$ 665					
Miscellaneous Expense	\$ 7,608					
Maintenance Service Contracts	\$ 74,863					
<b>Total Other Administrative and General</b>	\$ 212,226	\$ (2,985)	\$ -	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page of
Governor's House Simsbury OPCO LLC	2200-C	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 #
ARK HealthCare Management	306,833	Management Services	16/m12

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Governor's House Simsbury OPCO LLC		2200-C	9/30/2023				18	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
2. Dietary								
a. In-House Preparation & Service								
1. Raw Food	\$ 174,900	174,900						
2. Non-Food Supplies	\$ 20,266	20,266						
3. Other (Specify) _____	\$							
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 98,170	98,170						
c. Other (Specify) _____ Supplies	\$ 16,102	16,102						
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 309,438</b>	<b>309,438</b>						
2E. Dietary Questionnaire		Total	CCNH / RHNS		(Specify)	(Specify)		
F. Resident Meals:	Total no. of meals served per day:*	3	3					
G. Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No						
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.				
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)								
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.				
K. Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.				
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)								
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.				
N. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.				
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)								

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Governor's House Simsbury OPCO LLC		2200-C	9/30/2023				19	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
3. Laundry								
a. In-House Processing*		Lbs.						
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$						
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.						
		Amt. \$						
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.						
		Amt. \$						
4. Repair and/or purchase of linens.***		Lbs.						
		Amt. \$						
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$						
c. Other (Specify) Linen Service		\$	72,744	72,744				
<b>3D. Total Laundry Expenditures (3a + b + c)</b>		\$	72,744	72,744				
3E. Laundry Questionnaire								
F. Is cost of employee laundry included in 3D?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.				
G. Did you receive revenue from employees?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.				
H. Where is the revenue received reported in the Cost Report? (Page/Line Item)								
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.				
J. Did you receive revenue from these people?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.				
K. Where is the revenue received reported in the Cost Report? (Page/Line Item)								

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility		License No.	Report for Year Ended				Page	of	
Governor's House Simsbury OPCO LLC		2200-C	9/30/2023				20	37	
Item			Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
4.	Housekeeping	Sq. Ft. Serviced by Personnel							
a.	In-House Care								
1.	Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt.	\$						
b.	Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel							
		Amt.	\$ 125,554	125,554					
C.	Other ( <i>Specify</i> )		\$ 32,186	32,186					
	Supplies								
4D.	<b>Total Housekeeping Expenditures</b> (4a + b + c)		\$ 157,740	157,740					
5.	Resident Care (Supplies)**								
a.	Prescription Drugs***								
1.	Own Pharmacy		\$						
2.	Purchased from		\$ 137,236	137,236	(137,236)				
b.	Medicine Cabinet Drugs		\$						
c.	Medical and Therapeutic Supplies		\$						
d.	Ambulance/Limousine***		\$ 23,023	23,023	(23,023)				
e.	Oxygen								
1.	For Emergency Use		\$						
2.	Other***		\$ 12,179	12,179	(12,179)				
f.	X-rays and Related Radiological Procedures***		\$ 6,439	6,439	(6,439)				
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )		\$						
h.	Laboratory***		\$ 45,886	45,886	(45,886)				
i.	Recreation		\$ 5,507	5,507					
j.	Direct Management Services*		\$						
k.	Indirect Management Services*		\$						
l.	Cable TV		\$ 32,970	32,970					
m.	Other (Specify)**** See Attached Schedule		\$ 160,251	160,251	(6,294)				
n.	Physical Therapy Expense		\$						
o.	Speech Therapy Expense		\$						
5P.	<b>Total Resident Care Expenditures</b> (5a - 5o)		\$ 423,491	423,491	(231,057)				

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



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

Name of Facility Governor's House Simsbury OPCO LLC			License No. 2200-C		Report for Year Ended 9/30/2023				Page of 21   37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH / RHNS	(Specify)	(Specify)	Pg	Line
Paines Recycling & Rubbish Removal		<input type="radio"/>	<input checked="" type="radio"/>		Trash Services	20,574			16	m13
D.W. Burr Landscaping & Design Inc		<input type="radio"/>	<input checked="" type="radio"/>		Yard Maintenance	53,010			22	6f
Air-Temp		<input type="radio"/>	<input checked="" type="radio"/>		HVAC Services	18,495			22	6f
Facilities Compliance Fire Protection		<input type="radio"/>	<input checked="" type="radio"/>		Fire Saftey Compliance Services	73,039			22	6f
Facility Compliance Services, LLC		<input type="radio"/>	<input checked="" type="radio"/>		Maintenance Services	13,718			22	6f
Chief of Staff		<input type="radio"/>	<input checked="" type="radio"/>		Dietary Services	98,170			18	2b
B Linen Service		<input type="radio"/>	<input checked="" type="radio"/>		Linen Services	72,744			19	3c
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended					Page	of
Governor's House Simsbury OPCO LLC	2200-C	9/30/2023					22	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$ 45,555	45,555						
b. Heat	\$ 23,264	23,264						
c. Light & Power	\$ 193,402	193,402						
d. Water	\$ 42,928	42,928						
e. Equipment Lease ( <i>Provide detail on page 22b</i> )	\$							
f. Other ( <i>itemize</i> )	\$ 201,221	201,221	(14,620)					
See Attached Schedule								
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$ 506,370	506,370	(14,620)					
7. Depreciation ( <i>complete schedule page 23*</i> )								
a. Land Improvements	\$							
b. Building & Building Improvements	\$ 19,687	19,687						
c. Non-Movable Equipment	\$							
d. Movable Equipment	\$ 21,035	21,035						
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	\$ 40,722	40,722						
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )								
a. Organization Expense	\$ 431	431						
b. Mortgage Expense	\$							
c. Leasehold Improvements	\$							
d. Other ( <i>Specify</i> )	\$							
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	\$ 431	431						
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 147,193	147,193						
10. Property Taxes								
a. Real estate taxes paid by owner	\$ 109,300	109,300						
b. Real estate taxes paid by lessor	\$							
c. Personal property taxes	\$ 10,557	10,557						
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	\$ 308,202	308,202						

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





## General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Governor's House Simsbury OPCO LLC			License No. 2200-C			Report for Year Ended 9/30/2023		Page 22b	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed		
	Yes	No							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input checked="" type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
							<b>Total ***</b>		

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes       No

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



Schedule of Land Improvements Acquired during this report period

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
9/17/2022	HVAC	\$ 6,431	10	\$ 643
12/31/2022	HVAC	\$ 7,201	10	\$ 600
12/31/2022	Air Quality Repairs	\$ 10,100	10	\$ 842
1/31/2023	Air Quality Fix	\$ 5,345	10	\$ 401
1/31/2023	Locks	\$ 718	10	\$ 54
2/28/2023	HVAC	\$ 1,033	10	\$ 69
2/21/2023	Fire Protection	\$ 2,765	10	\$ 184
3/6/2023	Hot Water Tank	\$ 4,500	10	\$ 263
7/31/2023	Sprinkler Valve	\$ 5,051	10	\$ 126
7/2/2023	Sprinkler Repairs	\$ 9,008	10	\$ 225
7/2/2023	Sprinkler Repairs	\$ 5,327	10	\$ 133
7/2/2023	Sprinklers	\$ 4,723	10	\$ 118
7/5/2023	Sink	\$ 2,377	10	\$ 59
1/4/2023	Doors and Frames	\$ 21,123	10	\$ 1,584
4/28/2023	Sealcoat - Asphalt Repair	\$ 5,785	10	\$ 289
8/2/2023	Artisan Building & Remodeling	\$ 42,540	10	\$ 709
9/13/2023	Artisan Building & Remodeling	\$ 17,237	10	\$ 144
9/13/2023	Artisan Building & Remodeling	\$ 17,237	10	\$ 144
<b>Total additions for Building Improvements</b>		\$ 168,501		\$ 6,587 *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				

<b>Total additions for Non-Movable Equipment</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

**Schedule of Movable Equipment Acquired during this report period**

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
<b>Additions:</b>					
10/25/2022	Sonicwall	Administrative	\$ 2,845	5	\$ 569
12/31/2022	2 Computers	Administrative	\$ 830	5	\$ 138
1/6/2023	Movable Equipment	Administrative	\$ 5,001	5	\$ 750
2/13/2023	Ice Machine	Administrative	\$ 4,706	5	\$ 627
2/28/2023	Bussani Mobility Team	Administrative	\$ 2,906	5	\$ 387
2/15/2023	Movable Equipment	Administrative	\$ 4,706	5	\$ 627
7/2/2023	Heat Timer	Administrative	\$ 4,303	5	\$ 215
7/1/2023	Boiler Relief Valve	Administrative	\$ 2,110	5	\$ 106
3/1/2023	Esthus Civil & Mechanical	Administrative	\$ 8,103	5	\$ 945
11/21/2022	Bed	Standard Resident	\$ 1,688	5	\$ 309
1/26/2023	Bed	Standard Resident	\$ 2,680	5	\$ 402
1/31/2023	Ikea	Administrative	\$ 307	5	\$ 46
2/17/2023	Office Furniture	Administrative	\$ 4,915	5	\$ 655
2/3/2023	Movable Equipment	Administrative	\$ 3,128	5	\$ 417
2/27/2023	The Warehouse Store	Administrative	\$ 4,706	5	\$ 627
2/27/2023	Movable Equipment	Administrative	\$ 3,129	5	\$ 417
2/27/2023	Movable Equipment	Administrative	\$ 307	5	\$ 41
4/27/2023	Clocks	Administrative	\$ 120	5	\$ 12
<b>Total additions for Movable Equipment</b>		PICK A CATEGORY	\$ 56,492		\$ 7,294 *
<b>Deletions:</b>					
<b>Total deletions for Movable Equipment</b>			\$ -		\$ - **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

**Schedule of Leasehold Improvements Acquired during this report period**

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

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Governor's House Simsbury OPCO LLC			2200-C		9/30/2023			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1. Start Up Costs	10	2020	15	6,464	862			431	
2.									
3.									
A-4. Subtotal									431
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									431

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

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

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

Name of Facility Governor's House Simsbury OPCO LI	License No. 2200-C	Report for Year Ended 9/30/2023	Page 25	of 37
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11. Property Questionnaire

**Part A**

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

Yes  No

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

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

Description	Total				
1. Date Land Purchased					
2. Date Structure Completed					
3. If <b>NOT</b> Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	70				
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					

**Part B - Owner and Related Parties**

1st Mortgage    2nd Mortgage    3rd Mortgage    4th Mortgage

1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of _____				
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

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

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Governor's House Simsbury OPCO L		2200-C	9/30/2023				26	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
12. Interest								
A. Building, Land Improvement & Non-Movable Equipment								
1. First Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
2. Second Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
3. Third Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
4. Fourth Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
B. CHEFA Loan Information								
1. Original Loan Amount		\$						
2. Loan Origination Date								
3. Interest Rate %								
4. Term								
5. CHEFA Interest Expense								
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)		\$						

(Carry Subtotals forward to next page)



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

Name of Facility		License No.		Report for Year Ended				Page	of	
Governor's House Simsbury OPCO		2200-C		9/30/2023				27	37	
Item				Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Subtotals Brought Forward:										
12. C. Movable Equipment										
1. Automotive Equipment				\$						
A. Item		Rate	Amount							
Lender										
Address of Lender										
2. Other (Specify)				\$						
A. Item		Rate	Amount							
Lender										
Address of Lender										
B. Item		Rate	Amount							
Lender										
Address of Lender										
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$						
12. D. Other Interest Expense (Specify)				\$	4,244	4,244				
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	4,244	4,244				
14. Insurance										
a. Insurance on Property (buildings only)				\$	55,759	55,759				
b. Insurance on Automobiles				\$						
c. Insurance other than Property (as specified above)										
1. Umbrella (Blanket Coverage)				\$						
2. Fire and Extended Coverage				\$						
3. Other (Specify)				\$						
14d. Total Insurance Expenditures (14a + b + c)				\$	55,759	55,759				
15. Total All Expenditures (A-13 thru C-14)				\$	9,806,205	9,806,205	(863,924)			

**F. Statement of Revenue**

Name of Facility		License No.		Report for Year Ended		Page	of
Governor's House Simsbury OPCO LLC		2200-C		9/30/2023		30	37
Item	Total	CCNH / RHNS	(Specify)	(Specify)			
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>							
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 10,266,157	10,266,157					
b. Medicaid Room and Board Contractual Allowance **	\$ (4,192,371)	(4,192,371)					
2. a. Medicaid ( <i>All other states</i> )	\$						
b. Other States Room and Board Contractual Allowance **	\$						
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 2,050,823	2,050,823					
b. Medicare Room and Board Contractual Allowance **	\$ 587,575	587,575					
4. a. Private-Pay Residents and Other	\$ 1,498,456	1,498,456					
b. Private-Pay Room and Board Contractual Allowance **	\$ (848)	(848)					
<b>II. Other Resident Revenue</b>							
1. a. Prescription Drugs - Medicare	\$ 66,868	66,868					
b. Prescription Drugs - Medicare Contractual Allowance **	\$						
c. Prescription Drugs - Non-Medicare	\$ 48,772	48,772					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$						
2. a. Medical Supplies - Medicare	\$						
b. Medical Supplies - Medicare Contractual Allowance **	\$						
c. Medical Supplies - Non-Medicare	\$						
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$						
3. a. Physical Therapy - Medicare	\$ 330,705	330,705					
b. Physical Therapy - Medicare Contractual Allowance **	\$ (94,175)	(94,175)					
c. Physical Therapy - Non-Medicare	\$ 103,643	103,643					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (185,239)	(185,239)					
4. a. Speech Therapy - Medicare	\$ 78,575	78,575					
b. Speech Therapy - Medicare Contractual Allowance **	\$						
c. Speech Therapy - Non-Medicare	\$ 34,639	34,639					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$						
5. a. Occupational Therapy - Medicare	\$ 373,339	373,339					
b. Occupational Therapy - Medicare Contractual Allowance **	\$						
c. Occupational Therapy - Non-Medicare	\$ 99,686	99,686					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$						
6. a. Other ( <i>Specify</i> ) - Medicare	\$ (463,286)	(463,286)					
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ (58,009)	(58,009)					
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 10,545,310	10,545,310					
<b>IV. Other Revenue*</b>							
1. Meals sold to guests, employees & others	\$						
2. Rental of rooms to non-residents	\$						
3. Telephone	\$						
4. Rental of Television and Cable Services	\$						
5. Interest Income ( <i>Specify</i> )	\$ 291	291					
6. Private Duty Nurses' Fees	\$						
7. Barber, Coffee, Beauty and Gift shops	\$						
8. Other ( <i>Specify</i> )	\$ 883,782	883,782					
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 884,073	884,073					
<b>VI. Total All Revenue</b> (III +V)	\$ 11,429,383	11,429,383					

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

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

**Schedule of Other Resident Revenue - Medicare**

**Related Exp**

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
30/II6a	Lab-Med A	\$ 23,709		
30/II6a	Radiology-Med A	\$ 5,056		
30/II6a	C/A Medicare A-Ancillaries	\$ (95,632)		
30/II6a	C/A Medicare A-Therapy	\$ (396,419)		
<b>Total Other Resident Revenue - Medicare</b>		\$ (463,286)	\$ -	\$ -

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

**Related Exp**

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
30/II6b	Lab Medicaid	\$ 4,033		
30/II6b	Lab-Other	\$ 97		
30/II6b	Lab-Managed Care	\$ 10,088		
30/II6b	Radiology-Medicaid	\$ 75		
30/II6b	Radiology-Managed Care	\$ 1,560		
30/II6b	Flu Vaccine Revenue	\$ 6,239		
30/II6b	Other Vaccine Revenue	\$ 2,352		
30/II6b	C/A Medicaid-Ancillaries	\$ (32,928)		
30/II6b	C/A Managed Care-Ancillaries	\$ (49,525)		
<b>Total Other Resident Revenue</b>		\$ (58,009)	\$ -	\$ -

**Interest Income**

Page Ref	Account	Account Balance	CCNH / RHNS	(Specify)	(Specify)
30IV5	Interest Income		\$ 291		
<b>Total Interest Income</b>			\$ 291	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
30IV8	Miscellaneous Income	\$ 5,050		
30IV8	Non-Patient Food	\$ (241)		
30IV8	Other Income	\$ 878,973		
<b>Total Other Revenue</b>		\$ 883,782	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Governor's House Simsbury OPCO LLC	2200-C	9/30/2023	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	2,013,604
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,585,394
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	88,479
a. _____				
b. _____				
c. _____				
d. See Schedule		88,479		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
_____				
_____				
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	3,687,477
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost 384,654		\$	354,899
	Accum. Depreciation 29,755	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost 124,432		\$	82,000
	Accum. Depreciation 42,432	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	36,308
_____				
See Schedule		36,308		
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	473,207

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

(Carry Total forward to next page)



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

Name of Facility	License No.	Report for Year Ended	Page	of
Governor's House Simsbury OPCO LLC	2200-C	9/30/2023	32	37
Account			Amount	
Total Brought Forward:			\$	4,160,684
<b>C. Leasehold or like property recorded for Equity Purposes.</b>				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
<b>D. Investment and Other Assets</b>				
1. Deferred Deposits			\$	14,870
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	6,464		
	Accum. Depreciation	1,293	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address	Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )			\$	
_____				
_____				
See Schedule				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	20,041
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	4,180,726

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Governor's House Simsbury OPCO LLC		2200-C	9/30/2023	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,632,616
2. Notes Payable ( <i>itemize</i> )				\$	
_____					
_____					
See Schedule					
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	140,968
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	89,162
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	(48,464)
_____					
_____					
_____					
See Schedule (48,464)					
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				\$	<b>1,814,282</b>

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

(Carry Total forward to next page)

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

Name of Facility Governor's House Simsbury OPCO LLC		License No. 2200-C	Report for Year Ended 9/30/2023	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,814,282	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )					\$
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable					\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )					\$
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities ( <i>itemize</i> )					\$
_____					
_____					
See Schedule					
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)					\$
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)					\$ 1,814,282



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

Name of Facility	License No.	Report for Year Ended	Page	of
Governor's House Simsbury OPCO LI	2200-C	9/30/2023	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	410,046
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	333,220
6. Gain or Loss for Period			\$	1,623,178
	10/1/2022	thru	9/30/2023	
7. Total Net Worth			\$	2,366,444
<b>C. Total Reserves and Net Worth</b>			\$	2,366,444
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	4,180,726

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Governor's House Simsbury OPCO LLC	2200-C	9/30/2023	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2022			\$	2,204,350
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	11,429,383
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	9,806,205
D. Net Income or Deficit			\$	1,623,178
E. Balance			\$	3,827,528
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
2. Other ( <i>itemize</i> )				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )			\$	
Name and Address ( <i>No., City, State, Zip</i> )		Title	Amount	
2. Other Withdrawings ( <i>Specify</i> )			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. <b>Balance at End of Period</b>			\$	3,827,528
				09/30/23

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

Name of Facility Governor's House Simsbury OPCO LLC	License No. 2200-C	Report for Year Ended 9/30/2023	Page 37	of 37
<i>Check appropriate category</i>				
Chronic and Convalescent Nursing <input checked="" type="checkbox"/> Home (CCNH) & RHNS Combined	<input type="checkbox"/> (Specify)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
CJLC LLC				
Address Address		Phone Number		
225 Pitkin St., East Hartford, CT 06108		860-610-9009		
Contacted Person Regarding Additional Information Needed Regarding This Report		Phone Number		
CJLC		860-610-9009		
Contact Email Address				
annualreports@cjlc.com				