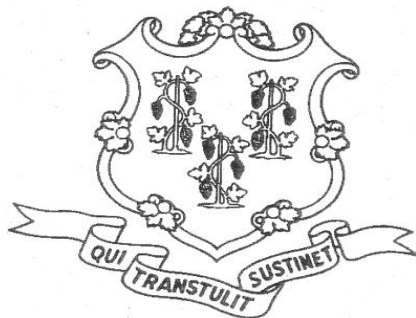


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2023

Name of Facility (as licensed) Lord Chamberlain Nursing & Rehabilitation Center	
Address (No. & Street, City, State, Zip Code) 7003 Main Street, Stratford, CT 06614	
Type of Facility Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input type="checkbox"/> (Specify) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2022	Report for Year Ending 9/30/2023

License Numbers:	CCNH / RHNS 968C	(Specify)	(Specify)	Medicare Provider 07-5339
------------------	---------------------	-----------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH / RHNS 9688	(Specify)	(Specify)
----------------------------	---------------------	-----------	-----------

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Lord Chamberlain Nursing & Rehabilitation Center	968C	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 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 Lord Chamberlain Nursing & Rehabilitation Center [facility name], for the cost report period beginning October 1, 2022 and ending September 30, 2023, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) James Bergers			Printed Name (Owner) Martin Sbriglio		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Other Lines of Business	6
General Information and Questionnaire - Other Lines of Business (Continued)	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Lord Chamberlain Nursing & Rehabilitation Center		Period Covered:	From 10/1/2022	To 9/30/2023
Address of Facility 7003 Main Street, Stratford, CT 06614				
Report Prepared By Ryders Health Management		Phone Number 203-381-1327	Date 1/16/2024	
Item	Total	CCNH / RHNS	(Specify)	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-381-1327		Report for Year Ended 9/30/2023	Page 2	of 37
Name of Facility (as shown on license) Lord Chamberlain Nursing & Rehabilitation Center		Address (No. & Street, City, State, Zip) 7003 Main Street, Stratford, CT 06614		
License Numbers:	CCNH / RHNS 968C	(Specify)	(Specify)	Medicare Provider No. 07-5339
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 checked="" type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator James Bergers		Nursing Home Administrator's License No.:	1673	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire Corporate Owners

Name of Facility Lord Chamberlain Nursing & Rehabilitation	License No. 968C	Report for Year Ended 9/30/2023	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address		State(s) in Which Incorporated	
Lord Chamberlain Nursing & Rehabilitation Center	7003 Main Street, Stratford, CT 06614		CT	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Robert Sbriglio, MD, MPH, NHA	7003 Main Street, Stratford, CT 06614	Secretay	25	
Martin Sbriglio, RN, NHA	7003 Main Street, Stratford, CT 06614	Treasurer	25	
The Dr. Robert Sbriglio 2009 Trust	7003 Main Street, Stratford, CT 06614		25	
The Martin Sbriglio 2009 Trust	7003 Main Street, Stratford, CT 06614		25	
Names of Stockholders Owning at Least 10% of Shares				
Robert Sbriglio, MD, MPH, NHA	7003 Main Street, Stratford, CT 06614	Secretay	25	
Martin Sbriglio, RN, NHA	7003 Main Street, Stratford, CT 06614	Treasurer	25	
The Dr. Robert Sbriglio 2009 Trust	7003 Main Street, Stratford, CT 06614		25	
The Martin Sbriglio 2009 Trust	7003 Main Street, Stratford, CT 06614		25	

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Lord Chamberlain Nursing & Rehabilitation Center	968C	9/30/2023	3B	37

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

Owner(s) of Facility

N/A

General Information and Questionnaire Related Parties*

Name of Facility Lord Chamberlain Nursing & Rehabilitation Center	License No. 968C	Report for Year Ended 9/30/2023	Page 4	of 37
--	---------------------	------------------------------------	-----------	----------

Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
See Attached		<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.
 ** Provide the percentage amount of revenue received from non-related parties.

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Lord Chamberlain Nursing & Rehabilitation Ce	License No. 968C	Report for Year Ended 9/30/2023	Page 5	of 37
--	---------------------	------------------------------------	-----------	----------

If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<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 Lord Chamberlain Nursing & Rehabil	License No. 968C	Report for Year Ended 9/30/2023	Page 6	of 37
Square footage of entire facility.		71,118		
Outpatient Therapy				
Does the Facility provide outpatient therapy services?		No		
<i>If yes, please complete the following:</i>				
Square footage of therapy space.				
Meals on Wheels				
Does the facility provide Meals on Wheels?		No		
<i>If yes, please complete the following:</i>				
Square footage of kitchen				
Number of meals served per week				
No	Are meals included in meals served on page 18 of the Annual Report?			
No	Are direct costs included in the Annual Report?			
<i>If yes, please state where costs are reported.</i>				
No	Are drivers for the program included in the facility's payroll?			
<i>If yes, please complete the following:</i>				
Amount Reported				
Annual Report page and line				
Please state the salary amounts of specific cooks and/or dietary aides				
Please state where the cooks and/or dietary aides are reported in the Annual Report				
Apartments, Independent Living, Assisted Living				
Does the facility have apartments, independent living, and/or assisted living?		No		
<i>If yes, please complete the following:</i>				
Square footage of apartments				
Square footage of independent living				
Square footage of assisted living				
Please identify the services provided:				

General Information and Questionnaire
Other Lines of Business (Continued)

Name of Facility Lord Chamberlain Nu	License No. 968C	Report for Year Ended 9/30/2023	Page 7	of 37
---	---------------------	------------------------------------	-----------	----------

Child Day Care

Does the Facility provide Child Day Care? No

If yes, please complete the following:

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

Adult Day Care

Does the Facility provide Adult Day Care? No

If yes, please complete the following:

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

Schedule of Resident Statistics

Name of Facility Lord Chamberlain Nursing & Rehabilitation Center			License No. 968C		Report for Year Ended 9/30/2023				Page 8	of 37		
	Total All Levels	Total CCNH / RHNS Level	Total	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH / RHNS	(Specify)	(Specify)	Total	CCNH / RHNS	(Specify)	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	190	190			190	190						
B. On last day of THIS report period	190	190							190	190		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	186	186			186	186						
B. As of midnight of THIS report period	176	176							176	176		
3. Total Number of Days Care Provided During Period												
A. Medicare	3,261	3,261			2,591	2,591			670	670		
B. Medicaid (Conn.)	48,989	48,989			36,147	36,147			12,842	12,842		
C. Medicaid (other states)												
D. Private Pay	7,452	7,452			5,445	5,445			2,007	2,007		
E. State SSI for RCH												
F. Other (Specify) Managed Care	6,076	6,076			4,930	4,930			1,146	1,146		
G. Total Care Days During Period (3A thru F)	65,778	65,778			49,113	49,113			16,665	16,665		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	884	884			636	636			248	248		
B. Other Bed Reserve Days	171	171			101	101			70	70		
5. Total Resident Days (3G + 4A + 4B)	66,833	66,833			49,850	49,850			16,983	16,983		

Schedule of Resident Statistics (Cont'd)

Name of Facility Lord Chamberlain Nursing & Rehabilitation Center	License No. 968C	Report for Year Ended 9/30/2023	Page 9	of 37
--	---------------------	------------------------------------	-----------	----------

4. Were there any changes in the certified bed capacity during the report year? 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)	(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	9	131		36				
Per Diem Rate								
a. One bed rm.								
b. Two bed rms.								
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
A. Medicare - Part B	4,437	4,437			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other	15,829	15,829			
D. Total Physical Therapy Treatments	20,266	20,266			
8. Total Number of Speech Therapy Treatments					
A. Medicare - Part B	182	182			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other	798	798			
D. Total Speech Therapy Treatments	980	980			
9. Total Number of Occupational Therapy Treatments					
A. Medicare - Part B	1,774	1,774			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other	16,637	16,637			
D. Total Occupational Therapy Treatments	18,411	18,411			

Annual Report of Long-Term Care Facility

CSP-10 Rev. 3/2023

Report of Expenditures - Salaries & Wages

Name of Facility Lord Chamberlain Nursing & Rehabilitation Center	License No. 968C	Report for Year Ended 9/30/2023	Page 10	of 37
--	---------------------	------------------------------------	------------	----------

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

Item	Total Cost and Hours									
	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours	
A. Salaries and Wages*										
1. Operators/Owners (Complete also Sec. I of Schedule A1)										
2. Administrator(s) (Complete also Sec. III of Schedule A1)	132,893		2,037							
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	131,278		2,143							
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	442,646		17,748							
5. Dietary Service										
a. Head Dietitian	64,773		1,941							
b. Food Service Supervisor	60,204		1,568							
c. Dietary Workers	912,312		48,801							
6. Housekeeping Service										
a. Head Housekeeper	88,553		3,238							
b. Other Housekeeping Workers	458,605		26,054							
7. Repairs & Maintenance Services										
a. Engineer or Chief of Maintenance	50,840		1,471							
b. Other Maintenance Workers	63,841		2,434							
8. Laundry Service										
a. Supervisor										
b. Other Laundry Workers	55,454		3,096							
9. Barber and Beautician Services										
10. Protective Services	409		38							
11. Accounting Services										
a. Head Accountant										
b. Other Accountants										
12. Professional Care of Residents										
a. Directors and Assistant Director of Nurses	223,871		4,034							
b. RN										
1. Direct Care	1,228,399		33,126							
2. Administrative**										
c. LPN										
1. Direct Care	2,444,805		68,012							
2. Administrative**										
d. Aides and Attendants	4,005,639		174,806							
e. Physical Therapists	416,891		12,413							
f. Speech Therapists	106,121		2,239							
g. Occupational Therapists	229,127	(229,127)	5,831		-5,831					
h. Recreation Workers	166,617		7,760							
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	421,420		14,656							
n. Marketing										
o. Other (Specify) See Attached Schedule	66,827		2,341							
<i>A-13. Total Salary Expenditures</i>	<i>11,771,527</i>	<i>(229,127)</i>	<i>435,786</i>		<i>-5,831</i>					

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH / RHNS			(Specify)			(Specify)		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
Respiratory Therapist	\$ 43,725		1,029						
Chauffer	\$ 23,102		1,313						
Total	\$ 66,827	\$ -	2,341	\$ -	\$ -	-	\$ -	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH / RHNS			(Specify)			(Specify)		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
Phillip Simkovitz	\$ 19,275								
Medical Staff - Carlos Schweitzer	\$ 3,672								
Medical Staff - Dr. Karkanista	\$ 3,672								
Total	\$ 26,618	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-

**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
Lord Chamberlain Nursing & Rehabilitation Center				968C		9/30/2023			11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH / RHNS	(Specify)	(Specify)							
Section I - Operators/Owners										
Mr. Martin Sbriglio, RN, NHA								Ryders Health Management, 88 Ryders Lane, Stratford, CT 06614	3,657	254,808
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

**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
Lord Chamberlain Nursing & Rehabilitation Center				968C		9/30/2023			12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH / RHNS	(Specify)	(Specify)							
Section III - Administrators***										
James Bergers	132,893			Non Discriminatory	Administrative	2,037	A2			
Section IV - Assistant Administrators										
Dr. Robert Sbriglio, MD, MPH, NHA	131,278			Non Discriminatory	Administrative	2,143	A3			

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

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

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

Annual Report of Long-Term Care Facility

CSP-13 Rev. 3/2023

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended						Page	of
Lord Chamberlain Nursing & Rehabilitation Center	968C	9/30/2023						13	37
Total Cost and Hours									
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)									
1. Dietitian									
2. Dentist	9,503		127						
3. Pharmacist	3,633		73						
4. Podiatrist									
5. Physical Therapy									
a. Resident Care									
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians									
a. Medical Director (entire facility)	33,968		99						
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)									
Medical Staff	400		4						
9. Speech Therapist									
a. Resident Care	10,080								
b. Other									
10. Occupational Therapist									
a. Resident Care									
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care	253,802		2,319						
2. Administrative***									
b. LPN									
1. Direct Care	852,258		12,268						
2. Administrative***									
c. Aides	100,139		2,672						
d. Other									
12. Other (Specify)									
See Attached Schedule	26,618								
B-13 Total Fees Paid in Lieu of Salaries	1,290,402		17,562						

* 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 Lord Chamberlain Nursing & Rehabilitation Center		License No. 968C		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				
George Goldfarb, MD	Medical Director/Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>				
Dr. Leonard Karkanista, Milford, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>				
Dr. Charles Kochan, Stratford, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>				
Dr. Mogelof, Stratford, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>				
Dr. Phillip Simlovitz, Trumbull, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>				
ValueRx	Pharmacy Consultant	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership			
CT Dental Partners	Dental Consultant	<input type="radio"/>	<input checked="" type="radio"/>				
Swallowing Diagnostics	ST	<input type="radio"/>	<input checked="" type="radio"/>				
JP American Staffing & Health Services	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>				
All American Healthcare Services	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>				
MAS Medical Staffing	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>				
AAA Nursing Care	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>				
Pro Med Staffing	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>				
Amidon Nursing Staffing	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>				
The Nurse Network	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>				
Genie Healthcare	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>				
Mindseeker Professional Services	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>				
Vertical Staffing Group	Nurse 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"/>				

* 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
Lord Chamberlain Nursing & Rehabilitation Cent	968C	9/30/2023					15	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
1. Administrative and General								
a. Employee Health & Welfare Benefits								
1. Workmen's Compensation	\$ 365,917	365,917						
2. Disability Insurance	\$							
3. Unemployment Insurance	\$							
4. Social Security (F.I.C.A.)	\$ 1,046,110	1,046,110						
5. Health Insurance	\$ 1,013,505	1,013,505						
6. Life Insurance (employees only) (not-owners and not-operators)	\$							
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 346,287	346,287						
8. Uniform Allowance	\$ 30,709	30,709						
9. Other (<i>Specify</i>) See Attached Schedule	\$							
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$							
c. Bad Debts*	\$	2,344,608	(2,344,608)					
d. Accounting and Auditing	\$ 10,249	10,249						
e. Legal (<i>Services should be fully described on Page 15b</i>)	\$ 44,433	58,725	(14,292)					
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$							
g. Office Supplies	\$ 22,967	22,967						
h. Telephone and Cellular Phones								
1. Telephone & Pagers	\$ 26,560	26,560						
2. Cellular Phones	\$ 5,607	5,607						
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$							
j. Corporation Business Taxes (<i>franchise tax</i>)	\$							
k. Other Taxes (<i>Not related to property - See Page 22</i>)								
1. Income*	\$							
2. Other (<i>Specify</i>) See Attached Schedule	\$							
3. Resident Day User Fee	\$ 1,152,117	1,152,117						
Subtotal	\$ 4,064,463	6,423,362	(2,358,899)					

* 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
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Other Taxes

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

General Information and Questionnaire
Accounting Basis

Name of Facility Lord Chamberlain Nursing & Reha	License No. 968C	Report for Year Ended 9/30/2023	Page 15b	of 37
---	---------------------	------------------------------------	-------------	----------

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

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

Independent Accounting Firm

Name of Accounting Firm 1 CJLC Consulting, LLC 2 Marcum, LLP 3 4	Address (No. & Street, City, State, Zip Code) 225 Pitkin St., East Hartford, CT 06108 555 Long Warf Dr., New Haven, CT 06511
--	--

Services Provided by This Firm (describe fully)

1 Tax Return, year end financial review, consulting	\$ 8,437
2 Consulting	\$ 1,813
3	\$
4	\$
	Charge for Services Provided
	\$ 10,249

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

Legal Services Information

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

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

Services Provided by This Firm (describe fully)

1	\$
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$

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

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

Name of Facility	License No.	Report for Year Ended					Page	of
Lord Chamberlain Nursing & Rehabilitation Center	968C	9/30/2023					16	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
Subtotals Brought Forward:	4,064,463	6,423,362	(2,358,899)					
l. Travel and Entertainment								
1. Resident Travel and Entertainment	\$ 3,035	3,035						
2. Holiday Parties for Staff	\$ 16,856	16,856						
3. Gifts to Staff and Residents	\$							
4. Employee Travel	\$ 3,237	3,237						
5. Education Expenses Related to Seminars and Conventions	\$ 19,301	19,301						
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 6,524	6,524						
7. Other (<i>Specify</i>) See Attached Schedule	\$	6,865	(6,865)					
m. Other Administrative and General Expenses								
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 20,406	20,406						
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$							
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	45,865	(45,865)					
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	\$ 5,831	5,831						
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 14,140	14,140						
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$							
9. Subscriptions	\$							
10. Contributions*** See Attached Schedule	\$							
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 313,693	313,693						
12. Administrative Management Services**	\$ 867,887	867,887						
13. Other (<i>Specify</i>) See Attached Schedule	\$ 95,895	97,295	(1,401)					
C-14 Total Administrative & General Expenditures	\$ 5,431,267	7,844,297	(2,413,030)					

* 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
Meals & Entertainment	\$ 6,865	\$ (6,865)				
Total Other Travel and Entertainment	\$ 6,865	\$ (6,865)	\$ -	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Adv. & Pub. Relations.Donations	\$ 45,865	\$ (45,865)				
Total Other Advertising	\$ 45,865	\$ (45,865)	\$ -	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
CAHCF	\$ 12,789					
AMDA	\$ 349					
CSMS	\$ 510					
Bridgeport Regional Business Council	\$ 493					
Total Dues	\$ 14,140	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Bank Charges	\$ 20,339					
Bank Charges - Lease	\$ 19,607					
Physician Care Employees	\$ 39,109					
Fees & Licenses	\$ 1,401	\$ (1,401)				
American Express Renewal	\$ 41					
Senior Planning	\$ 10,626					
Unemployment Tax Management	\$ 3,281					
Booking Services	\$ 2,611					
Donations	\$ 281					
Total Other Administrative and General	\$ 97,295	\$ (1,401)	\$ -	\$ -	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Lord Chamberlain Nursing & Rehabilitati	968C	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 #
Ryders Health Management, 88 Ryders Lane, Stratford, CT 06614	867,887	Financial and Managerial Support Services	Page 16, Line 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
Lord Chamberlain Nursing & Rehabilitation Center		968C	9/30/2023				18	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
2. Dietary								
a. In-House Preparation & Service								
1. Raw Food	\$ 466,947	466,947						
2. Non-Food Supplies	\$ 104,258	104,258						
3. Other (Specify) _____	\$							
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$							
c. Other (Specify) _____	\$							
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 571,205	571,205						
2E. Dietary Questionnaire		Total	CCNH / RHNS		(Specify)	(Specify)		
F. Resident Meals:	Total no. of meals served per day:*							
G. Is cost of employee meals included in 2D?	<input 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
Lord Chamberlain Nursing & Rehabilitation Center		968C	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. \$	806	806					
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	224,887	224,887					
c. Other (Specify) Laundry Supplies	\$	1,227	1,227					
3D. Total Laundry Expenditures (3a + b + c)	\$	226,920	226,920					
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
Lord Chamberlain Nursing & Rehabilitation C		968C	9/30/2023				20	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
4.	Housekeeping							
	a. In-House Care	Sq. Ft. Serviced by Personnel						
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	94,769	94,769				
	b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel						
		Amt. \$						
	C. Other (<i>Specify</i>)	\$						
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	94,769	94,769				
5.	Resident Care (Supplies)**							
	a. Prescription Drugs***							
	1. Own Pharmacy	\$						
	2. Purchased from ValueRx	\$		394,816	(394,816)			
	b. Medicine Cabinet Drugs	\$	84,269	84,269				
	c. Medical and Therapeutic Supplies	\$						
	d. Ambulance/Limousine***	\$		143	(143)			
	e. Oxygen							
	1. For Emergency Use	\$						
	2. Other***	\$		41,553	(41,553)			
	f. X-rays and Related Radiological Procedures***	\$		7,092	(7,092)			
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$						
	h. Laboratory***	\$		50,453	(50,453)			
	i. Recreation	\$	27,390	27,390				
	j. Direct Management Services*	\$						
	k. Indirect Management Services*	\$						
	l. Cable TV	\$						
	m. Other (Specify)**** See Attached Schedule	\$	561,043	606,906	(45,863)			
	n. Physical Therapy Expense	\$		20,085	(20,085)			
	o. Speech Therapy Expense	\$						
5P.	Total Resident Care Expenditures (5a - 5o)	\$	672,702	1,232,707	(560,005)			

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

Schedule of Other Resident Care

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Medical Supplies	\$ 528,992					
Medical Supplements	\$ 20,275					
Medical Waste	\$ 812					
Medical Equipment	\$ 10,963					
Medical Equipment Rental	\$ 45,863	\$ (45,863)				
Total Other Resident Care	\$ 606,906	\$ (45,863)	\$ -	\$ -	\$ -	\$ -

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

Name of Facility Lord Chamberlain Nursing & Rehabilitation Center			License No. 968C		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
Unitex	Parkway, Mt. Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services	186,973			19	3b
Med-Apparel	Parkway, Mt. Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services	37,914			19	3b
Point Click Care	PO Box 8500, Philadelphia, PA 19178	<input type="radio"/>	<input checked="" type="radio"/>		Computer Software Support Services	66,779			16	m11
ADP	1 ADP Plaza, Milford, CT 06460	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing Services	107,564			16	m11
All American Waste	PO Box 630, East Windsor, CT 06088	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	52,555			22	6a
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended					Page	of
Lord Chamberlain Nursing & Rehabilitation C	968C	9/30/2023					22	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$ 219,863	219,863						
b. Heat	\$ 134,067	134,067						
c. Light & Power	\$ 149,382	149,382						
d. Water	\$ 45,262	45,262						
e. Equipment Lease (Provide detail on page 22b)	\$ 31,032	31,032						
f. Other (itemize)	\$							
See Attached Schedule								
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 579,606	579,606						
7. Depreciation (complete schedule page 23*)								
a. Land Improvements	\$							
b. Building & Building Improvements	\$ 376,332	376,332						
c. Non-Movable Equipment	\$ 72,336	72,336						
d. Movable Equipment	\$ 117,312	117,312						
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 565,980	565,980						
8. Amortization (Complete att. Schedule Page 24*)								
a. Organization Expense	\$							
b. Mortgage Expense	\$							
c. Leasehold Improvements	\$							
d. Other (Specify)	\$							
*8e. Total Amortization Costs (8a + b + c + d)	\$							
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 368,396	368,396						
10. Property Taxes								
a. Real estate taxes paid by owner	\$							
b. Real estate taxes paid by lessor	\$ 318,579	318,579						
c. Personal property taxes	\$ 40,074	40,074						
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,293,029	1,293,029						

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

Schedule of Other Repairs and Maintenance

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Total Other Repairs and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of
Lord Chamberlain Nursing & Rehabilitation Center			968C	9/30/2023			22b	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
LEAF	<input type="radio"/>	<input checked="" type="radio"/>	Copiers			17,541	17,541	
Wells Fargo	<input type="radio"/>	<input checked="" type="radio"/>	Copiers			2,675	2,675	
BBI	<input type="radio"/>	<input checked="" type="radio"/>	Copiers			10,816	10,816	
	<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"/>						
							Total ***	31,032

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes No

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

Depreciation Schedule

Name of Facility Lord Chamberlain Nursing & Rehabilitation Center			License No. 968C		Report for Year Ended 9/30/2023			Page 23	of 37				
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
A. Land Improvements													
1. Acquired prior to this report period			50,531		50,531	15,099	S/L	Various					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
B. Building and Building Improvements													
1. Acquired prior to this report period			5,798,107		5,798,107	4,010,468	S/L	Various					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			24,263		24,263		S/L	Various	1,683				
B-4. Subtotal										1,683			
C. Non-Movable Equipment													
1. Acquired prior to this report period			1,683,210		1,683,210	1,370,275	S/L	Various					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			82,667		82,667		S/L	Various	9,397				
C-4. Subtotal										9,397			
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.			x			261,849		261,849	248,751	S/L	Various		
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						2,716,570		2,716,570	2,535,615	S/L	Various		
b. Disposals (attach schedule)													
Acquired during this report period (attach schedule):													
c. Administrative													
d. Standard Resident						48,949		48,949		S/L	Various	5,473	
e. Specialized Resident													
Total Acquired during this report period						48,949		48,949				5,473	
D-3. Subtotal													5,473
E. Total Depreciation													16,553

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
12/9/2022	Tile Flooring	\$ 2,574	10	\$ 215
1/4/2023	Roof Repair	\$ 2,038	10	\$ 153
3/15/2023	Upgrading Network Server	\$ 5,368	10	\$ 313
3/30/2023	Window Bay Repairs	\$ 2,149	5	\$ 215
4/30/2023	Repair Backflow Lines Hot Water Heater	\$ 3,575	5	\$ 298
4/30/2023	Repair Backflow Relief Values	\$ 3,192	5	\$ 266
5/8/2023	Upgrading Network Server	\$ 5,368	10	\$ 224
Total additions for Building Improvements		\$ 24,263		\$ 1,683 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/12/2022	Overhead Doors Repairs	\$ 2,451	5	\$ 490
10/21/2022	Dryer Repairs	\$ 1,565	5	\$ 313
10/25/2022	Pump	\$ 12,407	10	\$ 1,241
12/2/2022	Fire Alarm	\$ 1,959	5	\$ 327
1/12/2023	Chute Doors	\$ 7,253	10	\$ 544
1/23/2023	Generator	\$ 2,500	5	\$ 208
2/7/2023	Fire Sprinkler Repairs	\$ 19,083	5	\$ 2,544
2/7/2023	Door	\$ 1,255	10	\$ 84
2/9/2023	Dryer Exhaust Motor	\$ 2,911	5	\$ 388
3/3/2023	Water Main Leak Repairs	\$ 11,665	5	\$ 1,361
3/3/2023	Repair Water Main Break	\$ 2,909	5	\$ 339
3/16/2023	Motor	\$ 1,420	5	\$ 166
4/30/2023	Washer Repairs	\$ 2,282	5	\$ 190
5/4/2023	Linens	\$ 3,917	3	\$ 544
5/11/2023	Relief Value Replacement	\$ 6,106	5	\$ 509
6/29/2023	Fan Motor	\$ 1,294	5	\$ 65
7/24/2023	Smoke Sensor Head	\$ 1,690	5	\$ 85
Total additions for Non-Movable Equipment		\$ 82,667		\$ 9,397 *

Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ -

ges 23 24

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

**



Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
10/7/2022	Cordless Phones	Standard Resident	\$ 1,561	5	\$ 312
10/13/2022	Mattresses	Standard Resident	\$ 1,579	5	\$ 316
10/18/2022	Actuator	Standard Resident	\$ 1,207	5	\$ 241
11/30/2022	Isolation Carts	Standard Resident	\$ 1,143	5	\$ 191
12/15/2022	Bed Railings	Standard Resident	\$ 1,152	10	\$ 96
12/31/2022	Bowl Cut Mixers	Standard Resident	\$ 4,563	5	\$ 684
1/17/2023	Televisions	Standard Resident	\$ 1,701	5	\$ 255
1/20/2023	Meal Delivery Cart	Standard Resident	\$ 3,116	5	\$ 467
1/31/2023	Computers	Standard Resident	\$ 1,688	3	\$ 375
2/14/2023	Computers	Standard Resident	\$ 1,304	3	\$ 290
2/28/2023	Computers	Standard Resident	\$ 1,328	3	\$ 258
3/13/2023	Isolation Carts	Standard Resident	\$ 2,249	5	\$ 262
3/19/2023	Isolation Carts	Standard Resident	\$ 3,069	5	\$ 358
3/31/2023	Computers	Standard Resident	\$ 1,129	3	\$ 188
3/31/2023	Computers	Standard Resident	\$ 1,043	3	\$ 174
4/30/2023	Monitor & Stand	Standard Resident	\$ 2,547	5	\$ 212
4/30/2023	Speaker	Standard Resident	\$ 1,710	5	\$ 143
6/14/2023	Beds	Standard Resident	\$ 4,224	10	\$ 141
7/10/2023	Computers	Standard Resident	\$ 1,709	3	\$ 142
7/24/2023	Televisions	Standard Resident	\$ 2,211	5	\$ 111
7/31/2023	Software Modern Email Security	Standard Resident	\$ 1,777	3	\$ 99
8/11/2023	Televisions	Standard Resident	\$ 2,514	5	\$ 84
9/7/2023	Televisions	Standard Resident	\$ 2,979	5	\$ 50
9/14/2023	Speaker	Standard Resident	\$ 1,445	5	\$ 24
Total additions for Movable Equipment			\$ 48,949		\$ 5,473 *
Deletions:					
Total deletions for Movable Equipment			\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Lord Chamberlain Nursing & Rehabilitation Center			968C		9/30/2023			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Lord Chamberlain Nursing & Rehabil	License No. 968C	Report for Year Ended 9/30/2023	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description		Total			
1. Date Land Purchased		05/21/05			
2. Date Structure Completed		1968/1976/1994			
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity		190			
6. Square Footage		71,118			
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)		Variable	Variable		
b. Date Mortgage Obtained		02/01/15	11/20/11		
c. Interest Rate for the Cost Year		3.56%	3.64%		
d. Term of Mortgage (number of years)		7			
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of _____					
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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
Lord Chamberlain Nursing & Rehabil		968C	9/30/2023				26	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
12. Interest								
A. Building, Land Improvement & Non-Movable Equipment								
1. First Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
2. Second Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
3. Third Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
4. Fourth Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
B. CHEFA Loan Information								
1. Original Loan Amount		\$						
2. Loan Origination Date								
3. Interest Rate %								
4. Term								
5. CHEFA Interest Expense								
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$						

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended				Page	of	
Lord Chamberlain Nursing & Reha		968C		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) Interest Expense				\$	101,907	101,907				
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	101,907	101,907				
14. Insurance										
a. Insurance on Property (buildings only)				\$	36,340	36,340				
b. Insurance on Automobiles				\$	6,914	6,914				
c. Insurance other than Property (as specified above)										
1. Umbrella (Blanket Coverage)				\$	199,938	199,938				
2. Fire and Extended Coverage				\$						
3. Other (Specify)				\$						
14d. Total Insurance Expenditures (14a + b + c)				\$	243,192	243,192				
15. Total All Expenditures (A-13 thru C-14)				\$	22,041,568	25,249,561	(3,202,162)	(5,831)		

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Lord Chamberlain Nursing & Rehabilitati	968C	9/30/2023		30	37
Item	Total	CCNH / RHNS	(Specify)	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 23,474,350	23,474,350			
b. Medicaid Room and Board Contractual Allowance **	\$ (8,675,009)	(8,675,009)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,729,426	1,729,426			
b. Medicare Room and Board Contractual Allowance **	\$ 530,903	530,903			
4. a. Private-Pay Residents and Other	\$ 5,561,619	5,561,619			
b. Private-Pay Room and Board Contractual Allowance **	\$ (884,491)	(884,491)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 389,460	389,460			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (389,460)	(389,460)			
c. Prescription Drugs - Non-Medicare	\$ 78,996	78,996			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$ 21,812	21,812			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (21,812)	(21,812)			
c. Medical Supplies - Non-Medicare	\$ 56,714	56,714			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 603,811	603,811			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (603,811)	(603,811)			
c. Physical Therapy - Non-Medicare	\$ 344,554	344,554			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 56,057	56,057			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (56,057)	(56,057)			
c. Speech Therapy - Non-Medicare	\$ 36,952	36,952			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 214,442	214,442			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (214,442)	(214,442)			
c. Occupational Therapy - Non-Medicare	\$ 282,345	282,345			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (<i>Specify</i>) - Medicare	\$				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 123,294	123,294			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 22,659,655	22,659,655			
IV. Other Revenue*					
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>)	\$ 37	37			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 24,671	24,671			
V. Total Other Revenue (1 thru 8)	\$ 24,707	24,707			
VI. Total All Revenue (III +V)	\$ 22,684,362	22,684,362			

* 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)
	Respiratory Therapy	\$ 12,735		
	Oxygen	\$ 6,506		
	X-Ray	\$ 6,076		
	Lab	\$ 34,885		
	Contractual Allowances	\$ (60,202)		
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
	Optum Care Stipend	\$ 117,815		
	Misc Private Charges	\$ 1,306		
	Respiratory Therapy - Private	\$ 1,215		
	Oxygen - Private Pay	\$ 1,198		
	X-Ray - Managed Care	\$ 260		
	Lab - Managed Care	\$ 1,500		
Total Other Resident Revenue		\$ 123,294	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH / RHNS	(Specify)	(Specify)
	Interest Income		\$ 37		
Total Interest Income			\$ 37	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
	Handivan	\$ 24,671		
Total Other Revenue		\$ 24,671	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Lord Chamberlain Nursing & Rehabilitation	968C	9/30/2023	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	760,674
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	5,336,757
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	11,000
5. Prepaid Expenses			\$	162,788
a. Exchange	37,248			
b. Prepaid Insurance	9,262			
c. Prepaid Expenses	116,279			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	14,986
Loans & Exchanges	(78,706)			
Refunds	93,691			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	6,286,205
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	50,531	\$	34,748
	Accum. Depreciation	15,783	Net	
3. Buildings	*Historical Cost	5,822,370	\$	1,436,254
	Accum. Depreciation	4,386,116	Net	
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	1,765,877	\$	323,266
	Accum. Depreciation	1,442,611	Net	
6. Movable Equipment	*Historical Cost	2,765,519	\$	126,740
	Accum. Depreciation	2,638,779	Net	
7. Motor Vehicles	*Historical Cost	261,849	\$	1,949
	Accum. Depreciation	259,899	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	6,000
Work in Progress	6,000			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,928,957

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		Due from Bel-Air Manor	\$ 56,134
		Due from Cheshire House	\$ 9,316
		Due from Douglas Manor	\$ 753
		Due from Greentree Manor	\$ 297,537
		Due from Mystic Healthcare	\$ 416,391
		Due from Ryders Health Management	\$ 483,495
		Due from Lighthouse Home Health	\$ 695,364
		Due from Ryders Rehab	\$ 77,459
Total Other Assets			\$ 2,036,449

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

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

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

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Lord Chamberlain Nursing & Rehabilitt	968C	9/30/2023	32	37
Account			Amount	
Total Brought Forward:			\$	8,215,162
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<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>)			\$	843,612
Investment on Subsidiary		1,000		
Due to/from Subsidiary		(1,193,836)		
See Schedule		2,036,449		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	843,612
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	9,058,775

* 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
Lord Chamberlain Nursing & Rehabilitation C		968C	9/30/2023	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	2,872,757
2. Notes Payable (<i>itemize</i>)				\$	2,020,704
LOC-M&T Bank		2,020,704			
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>)				\$	321,423
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
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>)				\$	3,175,670
Patient Fund	83,524	Property Tax Payable	405,589		
Accrued Expenses	401,898				
Accrued User Fee Tax	1,901,866				
Accrued PTO	382,793	See Schedule			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	8,390,554

* 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 Lord Chamberlain Nursing & Rehabilitation	License No. 968C	Report for Year Ended 9/30/2023		Page 34	of 37
Account				Amount	
Total Brought Forward:				8,390,554	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 3,815,596	
Due to Aaron Manor		311,752			
Due to LC Realty		3,503,843			
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 3,815,596	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 12,206,150	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Lord Chamberlain Nursing & Rehabil	968C	9/30/2023	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<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. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	10,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(592,176)
6. Gain or Loss for Period			\$	(2,565,199)
	10/1/2022	thru	9/30/2023	
7. Total Net Worth			\$	(3,147,375)
C. Total Reserves and Net Worth			\$	(3,147,375)
D. Total Liabilities, Reserves, and Net Worth			\$	9,058,775

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Lord Chamberlain Nursing & Rehabilitation	968C	9/30/2023	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2022			\$	(1,001,853)
B. Total Revenue (From Statement of Revenue Page 30)			\$	22,684,362
C. Total Expenditures (From Statement of Expenditures Page 27)			\$	25,249,561
D. Net Income or Deficit			\$	(2,565,199)
E. Balance			\$	(3,567,052)
F. Additions				
1. Additional Capital Contributed (itemize)				
2. Other (itemize) Out of Period Adjustment				
F-3. Total Additions			\$	419,677
G. Deductions				
1. Drawings of Owners/Operators/Partners (Specify)			\$	
Name and Address (No., City, State, Zip)		Title	Amount	
2. Other Withdrawings (Specify)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	(3,147,375)
				09/30/23

I. Preparer's/Reviewer's Certification

Name of Facility Lord Chamberlain Nursing &	License No. 968C	Report for Year Ended 9/30/2023	Page 37	of 37
<i>Check appropriate category</i>				
Chronic and Convalescent Nursing <input checked="" type="checkbox"/> Home (CCNH) & RHNS Combined	<input type="checkbox"/> (Specify)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Gennaro Evangelista				
Address Address			Phone Number	
88 Ryders Lane, Stratford, CT 06614			203-381-1327	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Gennaro Evangelista			203-381-1327	
Contact Email Address				
gevangelista@rydershealth.com				