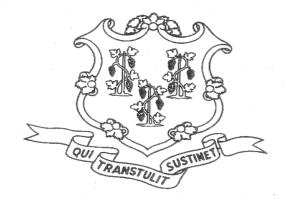
State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2021

Name of Facility (as licensed)		
Gladeview Health Care Center		
Address (No. & Street, City, State, Zip Code)		
60 Boston Post RoadOld Saybrook, CT 06475		
Type of Facility		
Chronic and Convalescent	Rest Home with Nursing	
☑ Nursing Home only □	Supervision only	□ (Specify)
(CCNH)	(RHNS)	
Report for Year Beginning	Report for Year Ending	
10/1/2020	9/30/2021	

License Numbers:	CCNH 2024C	RHNS	(Specify)	Medicare Provider 07-5313
Medicaid Provider Numbers:	CC 2024C	CNH	RHNS	ICF-IID

For Department Use Only

Sequence Number	Signed and	Date	Sequence Number	Signed and Notarized	Date Received
Assigned	Notarized	Received	Assigned		2

Name of Facility (as licensed)					
		License N	1		Page
Bladeview Health Care Center		2024C	9/30/2021		1
	ATION OR FALSI	FICATION OF	v ner's Certification ANY INFORMATION COI AND/OR IMPRISIONMEN		
Cost Report and sup cost report period b	pporting schedules eginning October 1 ef, it is a true, corre	prepared for Gl , 2020 and end ect, and comple	ment and that I have examin adeview Health Care Center ing September 30, 2021, and te statement prepared from th ons.	[facility name], that to the best	for the of my
Schedule of Resident	Statistics, Statemen Facility in accordan	ts of Reported E	attached General Information a xpenditures, Statements of Rev rting Requirements of the Stat	venues and the rel	ated
my knowledge und presented in this Re residents were incu	er the penalty of pe port as a basis for s rred to provide resi	rjury. I also cen securing reimbu dent care in this	ormation provided is true and trify that all salary and non-s resement for Title XIX and/o Facility. All supporting rec ut law and will be made avai	alary expenses r other State ass cords for the exp	isted enses
Signed (Administrator)		Date	Signed (Owner)	Da	nte
Printed Name (Administrator) Paul Knutsen			Printed Name (Owner) Linda Silberstein		
Subscribed and Sworn o before me:	State of	Date	Signed (Notary Public)	Co	omm. Expires
					/ /

General Information

(Notary Seal)

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State of Connecticut Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	Page	of		
			1A	37
Name of Facility	Period Cov	ered:	From	То
Gladeview Health Care Center			10/1/2020	9/30/2021
Address of Facility				
60 Boston Post RoadOld Saybrook, CT 06475	1		I	
Report Prepared By	Phone Nun		Date	
Gladeview Health Care Center	860-388-66	596	2/2/2022	
Item	Total	CCNH	RHNS	(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

		Pho	ne No. of Fac	ility	Report for Ye	ar Ended	Page		of
		860	-388-6696		9/30/2021		2		37
Name of Facility (as shown on license)			Address (No). & S	Street, City, Sta	tte, Zip)			
Gladeview Health Care Center				ost R	oadOld Saybro	ook, CT 0			
	CCNH		RHNS		(Specify)		Medicare I	Provid	er No.
)24C						07-5313		
Type of Facility (Check appropriate box(es))									
Chronic and Convalescent Nursing Home only (CCNH)			t Home with l ervision only			(Specify))		
Type of Ownership (Check appropriate box)									
O Proprietorship O LLC O Pa	artnership	0	Profit Corp.	0	Non-Profit Cor	p. O	Government	0	Trust
If this facility opened or closed during report	year provid	e:		Date	Opened	Date Clo	osed		
Has there been any change in ownership		0	V	•	No	16 17			
or operation during this report year?		0	Yes	U	INO	II res,	explain full	у.	
Administrator									
Name of Administrator					Nursing Ho		001500		
Paul Knutsen					Administrat		001500		
Other Operators/Owners who are assistant ad	ministrators	(6.1	l an mant time a)	ofth	License I	NO.:			
Name	mmstrators	(Iui	i or part time)	01 11	License 1	Jo ·			
Linda Silberstein					License	NO	None		

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General Information and Questionnaire Partners/Members

Name of Facility		License No.	Report for	Report for Year Ended			
Gladeview Health Care Center	sin/LLC	2024C	9/30/2021		3 37		
Legal Name of Partnership/LLC N/A		Business	Address	which	Registere	u	
Name of Partners/Members	Name of Partners/Members Business A			Title	% Ov	wned	
N/A							

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Yea	r Ended	Page	of
Gladeview Health Care Center	2024C	9/30/2021		3Å	37
If this facility is owned or operated as a corpo	ration, provide the	e following infor	mation:		
Legal Name of Corporation	Busine	ess Address	State(s) in Whi	ich Incorp	orated
Gladeview Health Care Center	60 Boston Post R	load	СТ		
	Old Saybrook, C	Т 06475			
	1			1	
Name of Directors, Officers	Busine	ess Address	Title	No. Sl Held by	
Linda Silberstein	60 Boston Post R Old Saybrook, C		President	10	0
Names of Stockholders Owning at Least 10% of Shares					
Same as above					

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General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of
Gladeview Health Care Center	2024C	9/30/2021	3B 37
If this facility is owned or operated as an indiv	idual proprietorship,	provide the following information	tion:
	Owner(s) of Facility	,	
NT/A			
N/A			

General Information and Questionnaire Related Parties*

Name of Facility		License			Report for Year Ended		Page	of		
Gladeview Health Care	Center		2024C		9/30/2021		4	37		
•	eiving compensation from the fa rol, ownership, family or busin				Yes O No	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.				
						-				
	ompanies which provide goods		,							
	roperty or the loaning of funds		•							
	ssociation, common ownership				• Yes • No					
association to any of the	owners, operators, or officials	of this f	facility?			If "Yes," provide th	e following	information:		
		A 1	so Provi	1		Indicate Where		-		
			so Provi ds/Servi			Costs are Included				
Name of Related	Business		Related]		Description of Goods/Services	in Annual Report	Cost	Actual Cost to the		
Individual or Company	Address	Yes	No	%**	Provided	Page # / Line #	Reported	Related Party		
Gladeview LLC	60 Boston Post Road Old Saybrook, CT 06475	0	۲		Lease of Real Property	Pg 22, Line 9	1,093,687	1,093,687		
Linda Silberstein	60 Boston Post Road Old Saybrook, CT 06475	0	۲		Salaries and Benefits	Pg 10, line A3Pg 15, lir	191,467	191,467		
Dawn Ra Corp	225 Boston Post Road Orange, CT 06477	0	۲		Shared Salaries and Benefits (reduced from	Pg 10, line A3Pg 15, lir	53,270	53,270		
		0	Θ							
		0	۲							
		0	۲							
		0	۲							
		0	۲							
		0	۲							

* 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	License No		Report for Year Ended	Page		of	
Gladeview Health Care Center	2024C		9/30/2021	5		37	
	If the facility is licensed as CDH and/or RCH or provides AII			rates, cos			
must be allocated to CCNH and RHNS as follow	1						
Item			Method of Allocation				
Dietary		Number of	meals served to residents				
Laundry		Number of	pounds processed				
Housekeeping		Number of	square feet serviced				
		Number of	hours of routine care provided	oy EACI	Н		
Nursing		employee c	lassification, i.e., Director (or C	harge N	lurse	e),	
		Registered	Nurses, Licensed Practical Nurs	ses, Aide	es ar	ıd	
		Attendants					
Direct Resident Care Consultants			hours of resident care provided	by EAC	Н		
			See listing page 13)				
Maintenance and operation of plant		Square feet					
Property costs (depreciation)		Square feet					
Employee health and welfare		Gross salar					
Management services			e cost center involved				
All other General Administrative expenses		Total of Direct and Allocated Costs					
The preparer of this report must answer the follo	wing question	ons applicab	ble to the cost information provi	ded.			
1. In the preparation of this Report, were all	• Yes	O No	If "No," explain fully why such	ı allocati	ion v	vas not	
costs allocated as required?	0 105	0 110	made.				
N/A							
2. Explain the allocation of related company exp	penses and a	ttach copy c	of appropriate supporting data.				
N/A							
3. Did the Facility appropriately allocate and sel			e	e cost ce	enter	s?	
(e.g., Assisted Living, Home Health, Outpatie	ent Services,	Adult Day	Care Services, etc.)				
	• Yes		If "No," explain fully why such made.	ı allocati	ion v	vas not	
N/A							

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General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Y	ear Ended		Page	of
Gladeview Health Care Center			2024C	9/30/2021			6	37
	Relate	ed * to						
	Ow	ners,						
	-	ators,				Annual		
		icers		Date of	Term of	Amount		ount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Clai	med
Wells Fargo Leasing, PO Box 6434, Carol Stream, IL 60197	0	\odot	Copier	10/04/20	48 months	14,021	14,598	
Neopost, PO Box 6813, Carol Stream, IL 60197-6813	0	۲	Postage machine	04/25/19	39 Months	1,100	886	
	0	۲						
	0	۲						
	0	۲						
	0	۲						
	0	۲						
	0	۲						
	0	۲						
	0	۲						
Is a Mileage Log Book Maintained for All I	Leased V	ehicles	? O Yes		No	Total ***	15,484	

* 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.

General Information and Questionnaire Accounting Basis

Name of Facility				
	License No.	Report for Year Ended		Page of
Gladeview Health Care Center	2024C	9/30/2021		7 37
		were maintained on the following basis:		
	Modified Cash			
Is the accounting basis for this				
1	Yes	If "No," explain.		
previous period? O	No			
Independent Accounting Firm		Address (No. & Street City State 7in Code)		
Name of Accounting Firm 1 Simione, Macca and Larrow		Address (No. & Street, City, State, Zip Code) 4130 Whitney Ave, Hamden, CT 06518		
		225 Pitkin St, East Hartford, CT 06108		
2 Craig J Lubiski and Company3		223 Pitkin St, East Hartford, CT 00108		
5 4				
Services Provided by This Firm (d	escribe fully)	1		
1 401k Audit, tax return			\$	24,359
2 Medicare Cost report			\$	2,300
3			\$	
4			\$	
			Charge for S	ervices Provided
			\$	26,659
Are These Charges Reflected in the Expen	diture Portion of This Report? If Y	es, Specify Expense Classification and Line No.		
• Yes • O No	PG 15 Line 1d			
Legal Services Information				
			Telephone N	umber
Name of Legal Firm or Independen	nt Attorney		1	umoer
Name of Legal Firm or Independen 1 Shipman & Goodwin	nt Attorney		860-251-500	
	nt Attorney		~	0
 Shipman & Goodwin Murtha Cullina Jackson Lewis 	nt Attorney		860-251-500	0 0
 Shipman & Goodwin Murtha Cullina Jackson Lewis 4 	nt Attorney		860-251-500 203-772-770	0 0
 Shipman & Goodwin Murtha Cullina Jackson Lewis 5 			860-251-500 203-772-770	0 0
 Shipman & Goodwin Murtha Cullina Jackson Lewis Address (<i>No. & Street, City, State,</i> 	Zip Code)		860-251-500 203-772-770	0 0
 Shipman & Goodwin Murtha Cullina Jackson Lewis 4 5 Address (<i>No. & Street, City, State,</i> 1 One Constitution Plaza, Hartfold 	<i>Zip Code</i>) ord, CT 06103		860-251-500 203-772-770	0 0
 Shipman & Goodwin Murtha Cullina Jackson Lewis Jackson Lewis Address (<i>No. & Street, City, State,</i> One Constitution Plaza, Hartfe 265 Church St.New Haven, C 	<i>Zip Code</i>) Ford, CT 06103 T 06510		860-251-500 203-772-770	0 0
 Shipman & Goodwin Murtha Cullina Jackson Lewis Jackson Lewis Address (<i>No. & Street, City, State,</i> One Constitution Plaza, Hartfi 265 Church St.New Haven, C 44 South Broadway, 14th floor 	<i>Zip Code</i>) Ford, CT 06103 T 06510		860-251-500 203-772-770	0 0
 Shipman & Goodwin Murtha Cullina Jackson Lewis Jackson Lewis Address (<i>No. & Street, City, State,</i> One Constitution Plaza, Hartfe 265 Church St.New Haven, C 44 South Broadway, 14th floo 	<i>Zip Code</i>) Ford, CT 06103 T 06510		860-251-500 203-772-770	0 0
 Shipman & Goodwin Murtha Cullina Jackson Lewis Jackson Lewis Address (<i>No. & Street, City, State,</i> One Constitution Plaza, Hartfi 265 Church St.New Haven, C 44 South Broadway, 14th floor 	<i>Zip Code</i>) Ford, CT 06103 T 06510 For, White Plains, NY 10601		860-251-500 203-772-770	0 0
 Shipman & Goodwin Murtha Cullina Jackson Lewis Jackson Lewis Address (<i>No. & Street, City, State,</i> One Constitution Plaza, Hartfel 265 Church St.New Haven, C 44 South Broadway, 14th floot Services Provided by This Firm (detection) 	<i>Zip Code</i>) Ford, CT 06103 T 06510 For, White Plains, NY 10601		860-251-500 203-772-770	0 0
 Shipman & Goodwin Murtha Cullina Jackson Lewis Jackson Lewis Address (<i>No. & Street, City, State,</i> One Constitution Plaza, Hartfe 265 Church St.New Haven, C 44 South Broadway, 14th floo Services Provided by This Firm (<i>d</i>) Employee matters 	<i>Zip Code</i>) Ford, CT 06103 T 06510 For, White Plains, NY 10601		\$	0 0 0
 Shipman & Goodwin Murtha Cullina Jackson Lewis Jackson Lewis Address (<i>No. & Street, City, State,</i> One Constitution Plaza, Hartfel 265 Church St.New Haven, C 44 South Broadway, 14th flood Services Provided by This Firm (<i>d</i> Employee matters HIPPA matters/Resident will 	<i>Zip Code</i>) Ford, CT 06103 T 06510 For, White Plains, NY 10601		\$ \$ \$	0 0 0 852 127
 Shipman & Goodwin Murtha Cullina Jackson Lewis Jackson Lewis Address (<i>No. & Street, City, State,</i> One Constitution Plaza, Hartfel 265 Church St.New Haven, C 44 South Broadway, 14th flood 5 Services Provided by This Firm (<i>d</i> Employee matters HIPPA matters/Resident will Supervisory labor issues 	<i>Zip Code</i>) Ford, CT 06103 T 06510 For, White Plains, NY 10601		860-251-500 203-772-770 914-872-806 \$ \$ \$	0 0 0
 Shipman & Goodwin Murtha Cullina Jackson Lewis Jackson Lewis Address (<i>No. & Street, City, State,</i> One Constitution Plaza, Hartfel 265 Church St.New Haven, C 44 South Broadway, 14th floot 5 Services Provided by This Firm (<i>d</i> Employee matters HIPPA matters/Resident will Supervisory labor issues 	<i>Zip Code</i>) Ford, CT 06103 T 06510 For, White Plains, NY 10601		860-251-500 203-772-770 914-872-806 	0 0 0 852 127
 Shipman & Goodwin Murtha Cullina Jackson Lewis Jackson Lewis Address (<i>No. & Street, City, State,</i> One Constitution Plaza, Hartfel 265 Church St.New Haven, C 44 South Broadway, 14th flood 5 Services Provided by This Firm (<i>d</i> Employee matters HIPPA matters/Resident will Supervisory labor issues 	<i>Zip Code</i>) Ford, CT 06103 T 06510 For, White Plains, NY 10601		860-251-500 203-772-770 914-872-806 	0 0 0 852 127 2,250
 Shipman & Goodwin Murtha Cullina Jackson Lewis Jackson Lewis Address (<i>No. & Street, City, State,</i> One Constitution Plaza, Hartfel 265 Church St.New Haven, C 44 South Broadway, 14th floot 5 Services Provided by This Firm (<i>d</i> Employee matters HIPPA matters/Resident will Supervisory labor issues 	<i>Zip Code</i>) Ford, CT 06103 T 06510 For, White Plains, NY 10601		860-251-500 203-772-770 914-872-806 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0 0 0 852 127 2,250 ervices Provided
 Shipman & Goodwin Murtha Cullina Jackson Lewis Jackson Lewis Address (<i>No. & Street, City, State,</i> One Constitution Plaza, Hartfel 265 Church St.New Haven, C 44 South Broadway, 14th flood 5 Services Provided by This Firm (<i>d</i> Employee matters HIPPA matters/Resident will Supervisory labor issues 4 	<i>Zip Code</i>) ord, CT 06103 T 06510 or, White Plains, NY 10601 <i>lescribe fully</i>)	es. Specify Expense Classification and Line No.	860-251-500 203-772-770 914-872-806 	0 0 0 852 127 2,250
 Shipman & Goodwin Murtha Cullina Jackson Lewis Jackson Lewis Address (<i>No. & Street, City, State,</i> One Constitution Plaza, Hartfel 265 Church St.New Haven, C 44 South Broadway, 14th flood 5 Services Provided by This Firm (<i>d</i> Employee matters HIPPA matters/Resident will Supervisory labor issues 4 	<i>Zip Code</i>) ord, CT 06103 T 06510 or, White Plains, NY 10601 <i>lescribe fully</i>)	es, Specify Expense Classification and Line No.	860-251-500 203-772-770 914-872-806 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0 0 0 852 127 2,250 ervices Provided

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Schedule of Resident Statistics

Name of Facility		License N	No.			Report for Year Ended				Page	of	
Gladeview Health Care Center			20)24C			9/30/202	1			8	37
					-	Period 10/	'1 Thru 6/	30		Period 7/	'1 Thru 9/30	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	132	132			132	132						
B. On last day of THIS report period	132	132							132	132		
 Number of Residents A. As of midnight of PREVIOUS report period 	110	110			110	110						
B. As of midnight of THIS report period	80	80							80	80		
3. Total Number of Days Care Provided During Period												
A. Medicare	5,335	5,335			4,578	4,578			757	757		
B. Medicaid (Conn.)	20,291	20,291			14,958	14,958			5,333	5,333		
C. Medicaid (other states)												
D. Private Pay	4,820	4,820			3,404	3,404			1,416	1,416		
E. State SSI for RCH												
F. Other (Specify) Managed care and other	1,457	1,457			1,107	1,107			350	350		
G. Total Care Days During Period (3A thru F)	31,903	31,903			24,047	24,047			7,856	7,856		
Total Number of Days Not Included in Figures in 4. 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	27	27			17	17			10	10		
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	31,930	31,930			24,064	24,064			7,866	7,866		

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			Scl	hed	ule of	Re	sider	nt S	tatis	stics (O	Cont'd)		
Name of Faci	lity			Licer	nse No.				Report	t for Year	Ended		Page	of
Gladeview He	alth Ca	re Cente	er	2	024C				·	9/30/202	1		9	37
	-	-	in the certified b llowing informat	-	pacity dur	ring th	ne repoi	t year	??	0	Yes	۲	No	
	<u> </u>		f Change		Cł	iange	in Bed	s		Ca	pacity Afte	er Change		
Date of		RHNS	-		Lost	lunge		Gaine	d	Cu	pueny mit			
Date of	CUMI	KIINS	(speeny)		LOSI			Jame	u					
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason f	or Change
	(1)	(=)	(0)	(1)	(=)	(0)	(1)	(-)	(0)	001111	Tunits	(2)	110000111	or change
	-	-	in certified bed c 90 days followin	-	-	the re	eport ye	ar (as	reporte	ed in item	4 above) p	provide the num	ber of	
				• 1						00		DIDIC	(Sn)	voifu)
1st chang	TP AT		Change in R	esider	t Days						CNH	RHNS	(Spe	ecify)
2nd char	2													
3rd chan	<u> </u>													
4th chan	ge													
6. Number	of Resid	lents an	d Rates on Septe	mber			r							
			Medicare		Medi	caid				Se	elf-Pay		Other Sta	te Assisted
	Item		CCNH	C	CNH	R	HNS	C	CNH	RF	INS	(Specify)	R.C.H.	ICF-MR
No. of R			3	C	59	K	IIII		18		1115	(specify)	K.C.II.	ICI-IVIIX
Per Dien									10					
a. One b	ed rm.		Various		291.00				415.00					
b. Two l	oed rms.				291.00				375.00					
c. Three	or more	e												
bed r	ms.													
7. Total Nu	mber of	f Physica	al Therapy Treat	ments						то	TAL	CCNH	RHNS	(Specify)
		are - Par									2,751	2,751		
B.			lusive of Part B)											
			e Treatments Treatments											
C	2. Kest Other	lorative	Treatments								53 5,839	53		
		Physical	Therapy Treatm	ents							8,643	8,643		
			Therapy Treatm								.,			
A.	Medica	are - Par	t B								447	447		
B.			lusive of Part B)											
			e Treatments											
G		torative	Treatments											
	Other	neech 7	Therapy Treatme	nte						}	614 1,061	614		
			ational Therapy		ients						1,001	1,001		
		re - Par		licutii	lents						2,016	2,016		
			lusive of Part B)								_,010			
			e Treatments											
		torative	Treatments								32	32		
	Other	-									5,658	5,658		
D.	Total C	Iccupat	ional Therapy T	reatm	ents						7,706	7,706		

State of Connecticut Annual Report of Long-Term Care Facility CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	~	Report for Yea		Page	of
Gladeview Health Care Center	2024C		9/30/2021	Enava	10	37
			Yes		No	
Are time records maintained by all individuals receiving cor	npensation?	0			INO	
	r		Total Cost a	and Hours		
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*	certin	110013	KIINS	Tiours	(speeny)	Tiours
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III						
of Schedule A1)	200,204	2,152				
3. Assistant Administrator (Complete also Sec. IV						
of Schedule A1)	191,467	2,096				
4. Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)	337,396	8,899				
 Dietary Service Head Dietitian 	45,540	1,390				
b. Food Service Supervisor	83,581	2,956				
c. Dietary Workers	430,844	25,709				
6. Housekeeping Service		,				
a. Head Housekeeper	56,093	2,283				
b. Other Housekeeping Workers	196,335	11,262				
7. Repairs & Maintenance Services	42,820	1 407				
a. Engineer or Chief of Maintenance b. Other Maintenance Workers	43,839 51,716	1,407 2,200				
8. Laundry Service	51,710	2,200				
a. Supervisor						
b. Other Laundry Workers	56,470	3,223				
9. Barber and Beautician Services						
10. Protective Services						
 Accounting Services Head Accountant 						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	298,821	3,979				
b. RN	/ -	- ,				
1. Direct Care	695,547	19,777				
2. Administrative**	232,155	6,226				
c. LPN		10.010				
1. Direct Care 2. Administrative**	569,955	18,218				
d. Aides and Attendants	1,669,537	74,693				
e. Physical Therapists	336,214	6,473				
f. Speech Therapists	54,368	1,384	1	1		1
g. Occupational Therapists	142,445	3,836				
h. Recreation Workers	166,718	8,374				
i. Physicians						
1. Medical Director 2. Utilization Review	<u> </u>					
3. Resident Care***	+ +			1		
4. Other (Specify)						
Respitory therapist	652	17				
j. Dentists						
k. Pharmacists	<u> </u> [
1. Podiatrists	101.000					
m. Social Workers/Case Management	194,393	5,797				
n. Marketing o. Other (Specify)						
See Attached Schedule						
A-13. Total Salary Expenditures	6,054,290	212,351			1	

* 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 on Page 28.

Schedule of Other Salaries and Wages (Page 10)

	CC	NH	RH	INS	(Specify)		
Position	\$	Hours	\$	Hours	\$	Hours	
		-	-	-			
			-				
		-	-	-			
Total	¢		¢		¢		
Total	\$ -	-	\$ -	-	\$ -	-	

Schedule of Other Fees (Page 13)

	CCNH		RH	NS	(Specify)		
Service	\$	Hours	\$	Hours	\$	Hours	
Total	\$ -	-	\$ -	-	\$ -	-	

Attachment Page 10/13

State of Connecticut Annual Report of Long-Term Care Facility CSP-11 Rev. 10/2005

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

Nama of Facility				License No.		1	Voor Ended		Derr	of
Name of Facility						-	Year Ended		Page	1
Gladeview Health Care Center				2024C	1	9/30/2021	1	1	11	37
Name	ССИН	Salary Paid	d (Specify)	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
							6	1 5		
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

* 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.

State of Connecticut Annual Report of Long-Term Care Facility CSP-12 Rev. 10/2005

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

		1	155151411	i Aummsua	lions and Other	Related	1 artics			
Name of Facility (as licensed)				License No.		Report for Y	ear Ended		Page	of
Gladeview Health Care Center				2024C		9/30/2021			12	37
		Salary Pai	d							
Name	CCNH	RHNS	(Specify)	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section III - Administrators***										
Paul Knutsen	200,204			Health & Life insurance. Payroll taxes	Day to day operations of the nursing home	2,152	A2			
Section IV - Assistant										
Administrators										
Linda Silberstein	191,467			Health & Life insurance. Payroll taxes	Day to day operations of the nursing home	2,096	A3			

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

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

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

State of Connecticut Annual Report of Long-Term Care Facility CSP-13 Rev. 9/2002

Report for Year Ended Name of Facility License No. Page of 9/30/2021 Gladeview Health Care Center 2024C 13 37 Total Cost and Hours CCNH RHNS Item Hours Hours (Specify) 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 13,794 55 3. Pharmacist 4. Podiatrist 1,291 13 5. Physical Therapy a. Resident Care b. Other 6. Social Worker 7. Recreation Worker 8. Physicians a. Medical Director (entire facility) 48,000 612 b. Utilization Review (Title 18 and 19 only) monthly meeting c. Resident Care** 11,768 147 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 b. Other 10. Occupational Therapist a. Resident Care b. Other 11. Nurses and aides and attendants a. RN 1. Direct Care 2. Administrative*** b. LPN 1. Direct Care 5,996 386,712 2. Administrative*** c. Aides 77,159 1,695 d. Other 12. Other (Specify) See Attached Schedule **B-13** Total Fees Paid in Lieu of Salaries 8,518 538,724

B. Report of Expenditures - Professional Fees

* 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 on Page 28.

*** 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	License No.		Report for Y	ear Ended	Page	of	
Gladeview Health Care Center	2024C		9/30/2021		14	37	
Name & Address of Individual	Full Explanation of Service	Operato	* to Owners, ors, Officers	Explanation of Relationship			
Dr Balsamo, 687 Cambell Ave, West Haven, CT	Physician Services/Medical Director	Yes	No				
06516		0	۲				
Pact LLC 322 East Main St, Branford, CT 06405	Physician Services	0	۲				
HealthDrive Dental Group, One Prestige Dr., Suite 107, Meriden, CT 06450	Dental Services	0	۲				
The Nurse Network, PO Box 982, Southington, CT 06489	Nursing Pool	Nursing Pool O					
HealthDrive Podiatry, One Prestige Dr., Suite 107, Meriden, CT 06450	Physician Services	0	۲				
All American Health Care, 494 Broad St. Suite 302, Newark NJ 07102	Nursing Pool	0	۲				
CareerStaff Unlimited, PO Box 301076, Dallas TX 75303	Nursing Pool	0	۲				
AAA Nursing Care, 3303 Main St, Stratford, CT 06614	Nursing Pool	0	•				
		0	۲				
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* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

5	License No.		Report for Ye	ear Ended	Page	of
Gladeview Health Care Center	2024C	1	9/30/2021		15	37
Item			Total	CCNH	RHNS	(Specify)
1. Administrative and General						
a. Employee Health & Welfare Benefits						
1. Workmen's Compensation		\$	117,420	117,420		
2. Disability Insurance		\$				
3. Unemployment Insurance		\$	45,173	45,173		
4. Social Security (F.I.C.A.)		\$	371,392	371,392		
5. Health Insurance		\$	537,184	537,184		
6. Life Insurance (employees only)						
(not-owners and not-operators)		\$				
7. Pensions (Non-Discriminatory)		\$	22,073	22,073		
(not-owners and not-operators)						
8. Uniform Allowance		\$				
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*		\$	180,000	180,000		
d. Accounting and Auditing		\$	28,909	28,909		
e. Legal (Services should be fully described of	on Page 7)	\$	979	979		
f. Insurance on Lives of Owners and		\$	11,062	11,062		
Operators (Specify)*						
g. Office Supplies		\$	23,462	23,462		
h. Telephone and Cellular Phones						
1. Telephone & Pagers		\$	27,853	27,853		
2. Cellular Phones		\$	5,582	5,582		
i. Appraisal (Specify purpose and		\$				
attach copy)*						
j. Corporation Business Taxes (franchise tax)	\$				
k. Other Taxes (<i>Not related to property - See</i>						
1. Income*		\$	38,186	38,186		
2. Other (<i>Specify</i>)		\$	20,200	20,200		
See Attached Schedule		Ŷ				
3. Resident Day User Fee		\$	556,673	556,673		
Subtotal		\$	1,965,948	1,965,948		

* Facility should self-disallow the expense on Page 28 of the Cost Report.

(Carry Subtotals forward to next page)

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

Attachment Page 15

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

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

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

Name of Facility	License No.		Report for Y	ear Ended	Page	of
Gladeview Health Care Center	2024C		9/30/2021		16	37
	•					
Item			Total	CCNH	RHNS	(Specify)
Subtota	rd:	1,965,948	1,965,948			
1. Travel and Entertainment						
1. Resident Travel and Entertainment		\$				
2. Holiday Parties for Staff		\$				
3. Gifts to Staff and Residents		\$	5,803	5,803		
4. Employee Travel		\$				
5. Education Expenses Related to Seminars an	d Conventions	\$	2,625	2,625		
6. Automobile Expense (not purchase or depre	eciation)	\$				
7. Other (<i>Specify</i>)	,	\$				
See Attached Schedule						
m. Other Administrative and General Expenses						
1. Advertising Help Wanted (all such expenses	;)	\$	28,635	28,635		
2. Advertising Telephone Directory (all such es		\$				
3. Advertising Other (Specify)***	• <i>`</i>	\$	79,270	79,270		
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 servic	e)***					
7. Postage	· ·	\$	3,002	3,002		
* 8. Dues and Membership Fees to Professional		\$	11,214	11,214		
Associations (Specify)						
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Non-A	llowable Org.***	\$	341	341		
9. Subscriptions		\$	1,248	1,248		
10. Contributions***		\$	1,110	1,110		
See Attached Schedule						
11. Services Provided by Contract (Specify and	Complete	\$	180,824	180,824		
Schedule C-2, Page 21 for each firm or indi	-					
12. Administrative Management Services**		\$				
13. Other (<i>Specify</i>)		\$	10,549	10,549		
See Attached Schedule						
C-14 Total Administrative & General Expenditures		\$	2,290,569	2,290,569		

* 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 on Page 28 of the Cost Report.

Attachment Page 16

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	С	CNH	RH	NS	(Speci	fy)
Promotional	\$	79,270				
Total Other Advertising	\$	79,270	\$	-	\$	-

Schedule of Dues

Description	CCNH	R	HNS	(Spe	cify)
Academy of Nutrition and Diet	\$ 136				
ALTCFM	\$ 85				
CAHCF	\$ 9,333				
Other	\$ 60				
Connecticut River Area Health District	\$ 280				
American Health Care Association	\$ 1,320				
Total Dues	\$ 11,214	\$	-	\$	-

Schedule of Contributions

Description	(CCNH	R	HNS	(Spec	ify)
Bacon Academy	\$	500				
Exchange Club	\$	260				
Old Saybrook Ambulance	\$	350				
Total Contributions	\$	1,110	\$	-	\$	

Schedule of Other Administrative and General

Description	CCNH	RHNS	5	(Specify)
Employee physicals	\$ 4,725			
Bank charges	\$ 5,824			
Total Other Administrative and General	\$ 10,549	\$	-	\$ -

State of Connecticut Annual Report of Long-Term Care Facility CSP-17 Rev. 10/97

Gladeview Health Care Center 2024C 9/30/2021 17 37 Name & Address of Individual or Company Supplying Service Cost of Management Service Full Description of Mgmt. Service Indicate Where Costs are Included in Annual Report Page #/Line # N/A Service Full Description of Mgmt. Service Indicate Where Costs N/A Service Full Description of Mgmt. Service Indicate Where Costs N/A Service Full Description of Mgmt. Service Indicate Where Costs N/A Service Full Description of Mgmt. Service Indicate Where Costs Indicate Where Costs Service Full Description of Mgmt. Service Indicate Where Costs N/A Service Service Full Description of Mgmt. Service Indicate Where Costs Indicate Where Costs Service Service Service Service Indicate Where Costs Service Service Service <t< th=""><th>Name of Facility</th><th>License No.</th><th>Report for Year Ended</th><th>Page of</th></t<>	Name of Facility	License No.	Report for Year Ended	Page of
Name & Address of Individual or Company Supplying ServiceManagementFull Description of Mgmt. Serviceare Included in Annual Report Page #/Line #	Gladeview Health Care Center	2024C	9/30/2021	17 37
Name & Address of Individual or Company Supplying ServiceManagementFull Description of Mgmt. Serviceare Included in Annual Report Page #/Line #		Cost of		Indicate Where Costs
Company Supplying ServiceServiceProvidedReport Page #/Line #	Name & Address of Individual or		Full Description of Mgmt. Service	

Schedule C-1 - Management Services*

* 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)

		INO	ote on	Page 5)			
Nan	ne of Facility	Ι	License	No.	Report for Y	ear Ended	Page of
Gladeview Health Care Center			4	2024C	9/30/2021		18 37
	Item			Total	CCNH	RHNS	(Specify)
2.	Dietary						
	a. In-House Preparation & Service						
	1. Raw Food		\$	245,210	245,210		
	2. Non-Food Supplies		\$	53,713	53,713		
	3. Other (<i>Specify</i>)		\$	17,652	17,652		
	Supplements						
	b. Purchased Services (by contract other		\$				
	than through Management Services)						
	(Complete Schedule C-2 att. Page 21)						
	c. Other (<i>Specify</i>)		\$				
2D.	<i>Total Dietary Expenditures</i> (2a + b + c + d)		\$	316,575	316,575		
2E.	Dietary Questionnaire			Total	CCNH	RHNS	(Specify)
F.	Resident Meals: Total no. of meals served per	day:	*	240	240		
G.	Is cost of employee meals included in 2D?	0 1	Yes	\odot	No		
H.	Did you receive revenue from employees?	0 1	Yes	•	No	If yes, specify amt.	
I.	Where is the revenue received reported in the 0	Cost	Report	? (Page/Line]	Item)		
	Is cost of meals provided to persons other	~				If yes, specify	
J.	than employees or residents (i.e., Board Members, Guests) included in 2D?	0 1	Yes	۲	No	cost.	
K.	Is any revenue collected from these people?	0 1	Yes	\odot	No	If yes, specify amt.	
L.	Where is the revenue received reported in the G	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?	0 1	Yes	۲	No	If yes, specify cost.	
N.		0 1	Yes	۲	No	If yes, specify amt.	
0.	Where is the revenue received reported in the 0	Cost	Report	? (Page/Line]	Item)		
	1		1	、 U	,		

* 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		No.	Report for Y	ear Ended	Page of
Gladeview Health Care Center	2	2024C	9/30/2021	1	19 37
Item		Total	CCNH	RHNS	(Specify)
 Laundry In-House Processing* Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.*** 	Lbs. Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.				
processed.***	Amt. \$				
3. Personal clothing of residents	Lbs.				
washed, ironed, and/or processed.***	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	<u>Amt. \$</u> \$				
c. Other (<i>Specify</i>) Laundry Supplies	\$	8,841			
3D. <i>Total Laundry Expenditures</i> (3a + b + c)	\$	8,841	8,841		
3E. Laundry QuestionnaireF. Is cost of employee laundry included in 3D? C	D Yes	O	No	If yes, specify cost.	
G. Did you receive revenue from employees? C) Yes	۲	No	If yes, specify amt.	
H. Where is the revenue received reported in the Cos	st Report?		(Page/Line	E Item)	
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	D Yes	٥	No	If yes, specify cost.	
J. Did you receive revenue from these people? C) Yes	۲	No	If yes, specify amt.	
K. Where is the revenue received reported in the Cos	st Report?		(Page/Line	E 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)

Nan	ne of Facility	License No.	Repo	ort for Year E	nded	Page	of
Gladeview Health Care Center 202				9/30/2021		20	37
	Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced					
	a. In-House Care	by Personnel					
	1. Supplies - Cleaning (Mops,	Amt.	\$	43,649	43,649		
	pails, brooms, etc.)						
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att.	Amt.	\$				
	Page 21)						
	C. Other (<i>Specify</i>)		\$	571	571		
4D.	Total Housekeeping Expenditures (4a +	b + c)	\$	44,220	44,220		
5.	Resident Care (Supplies)**						
	a. Prescription Drugs***						
	1. Own Pharmacy		\$				
	2. Purchased from		\$	171,342	171,342		
	Pharmerica						
	b. Medicine Cabinet Drugs		\$				
	c. Medical and Therapeutic Supplies		\$	215,961	215,961		
	d. Ambulance/Limousine***		\$	7,383	7,383		
	e. Oxygen						
	1. For Emergency Use		\$				
	2. Other***		\$	18,096	18,096		
	f. X-rays and Related Radiological		\$	3,328	3,328		
	Procedures***						
	g. Dental (Not dentists who should be inc	luded under	\$				
	salaries or fees)						
	h. Laboratory***		\$	24,546	24,546		
	i. Recreation		\$	11,283	11,283		
	j. Direct Management Services*		\$				
	k. Indirect Management Services*		\$				
	 Other (Specify)**** 		\$	24,180	24,180		
	See Attached Schedule						
5M.	Total Resident Care Expenditures (5a - 5	j)	\$	476,119	476,119		

* 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 on Page 29 of the Cost Report.

**** ICFMR's should provide a detailed schedule of all Day Program Costs.

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Ortho supplies	\$ 69		
Medical equipment rental	\$ 834		
Cable TV expense	\$ 23,277		
Total Other Resident Care	\$ 24,180	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ende	d			Page	
Gladeview Health Care Cent	er			2024C	9/30/2021	21	37			
		Related ** Operators	,				Total Cost/Page Ref.***			1
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
PointClickCare	Suite 4, Mississauga, ON L5N 8E9		•	r	Computer services			(M11
Paycom	Oklahoma City, OK 73142 PO Box 99, Plainville,	0	٥		Payroll processing				16	M11
CT Waste Processing	CT 06062 8 Piney Branch Road,	0	o		Rubbish removal				22	6f
Sullivan Lawn Service	Ivorytown, CT 130 Pond View Terrace.	0	٢		Groundskeeping Advertising -				22	6f
Trans-Ad	Branford, CT 06405 PO Box 401, Niantic, CT	0	۲		Promotional				16	m3
Septic Works	06357 PO Box 391757,	0	•		Septic cleaning Resident tracking					6a
Patient Ping	Pittburgh, PA 15251 185 US Highway 46, Fairfield, NJ 07004	0	• •		software Advertising - Promotional					m11
Outfront Media Pharmerica	PO Box 409251, Atlanta, GA 30384-9251	0	•		Pharmacy supplies and service					m3 5a2
		0	o							
		0	٥							
		0	o							
		0	٢							<u> </u>
		0	۲							

* 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 Y	ear Ended		Page of
Gladeview Health Care Center	2024C	9/30/2021			22 37
Item		Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$	128,621	128,621		
b. Heat	\$	29,476	29,476		
c. Light & Power	\$	98,283	98,283		
d. Water	\$	59,983	59,983		
e. Equipment Lease (Provide detail on pa	age 6) \$	15,484	15,484		
f. Other (<i>itemize</i>)	\$	96,652	96,652		
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a -	6f) \$	428,499	428,499		
7. Depreciation (complete schedule page 23 ³					
a. Land Improvements	\$				
b. Building & Building Improvements	\$				
c. Non-Movable Equipment	\$	7,916	7,916		
d. Movable Equipment	\$	34,360	34,360		
*7e. Total Depreciation Costs (7a + b + c + d) \$	42,276	42,276		
8. Amortization (Complete att. Schedule Pag	ge 24*)				
a. Organization Expense	\$				
b. Mortgage Expense	\$	10,202	10,202		
c. Leasehold Improvements	\$	11,853	11,853		
d. Other (<i>Specify</i>)	\$				
*8e. Total Amortization Costs (8a + b + c + d) \$	22,055	22,055		
9. Rental payments on leased real property l	ess				
real estate taxes included in item 10b	\$	1,093,687	1,093,687		
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$	106,313	106,313		
c. Personal property taxes	\$	125	125		
11. Total Property Expenses (7e + 8e + 9 + 1	10) \$	1,264,456	1,264,456		

* 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	5	(Specify)
Maintenance supplies	\$ 17,304			
Groundskeeping	\$ 53,058			
Rubbish removal	\$ 26,290			
Total Other Repairs and Maintenance	\$ 96,652	\$	- 5	5 -

State of Connecticut Annual Report of Long-Term Care Facility CSP-23 Rev. 10/2006

					Depreci	iation Sc	hedule					
Name of Facility					License No.			Report for Year En	nded		Page	of
Gladeview Health Care Center					2024	С		9/30/2021			23	37
Property Item	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					Lund	varae	Depreclated	operations	Depreclation	Life	for this rear	Totuis
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
 Disposals (attach schedule) Acquired during this report period (attach schedule) 												
A-4. Subtotal		/										
B. Building and Building Improvements												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attac	ch scheo	dule)										
B-4. Subtotal												
C. Non-Movable Equipment												
1. Acquired prior to this report period					245,617		245,617	208,446			6,947	
2. Disposals (attach schedule)												
3. Acquired during this report period (attac	ch scheo	dule)			18,616						969	
C-4. Subtotal												7,916
	Is a m logb mainta Yes	ook		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
 D. Movable Equipment Motor Vehicles (Specify name, model and year of each vehicle) a. 									1			
b.												
<u> </u>												
2. Movable Equipment												
a. Acquired prior to this report period					436,778		436,778	328,447			29,115	
b. Disposals (attach schedule)			<u> </u>		+30,778		+30,778	520,447			29,115	
c. Acquired during this report period												
(attach schedule)					33,368						5,245	
D-3. Subtotal					55,508						5,245	34,360
E. Total Depreciation												42,276

Schedule of Land Improvements Acquired during this report period

-			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:	•			
		•		ф.
Fotal additions for Land Improv	ement	\$ -		\$ -
Deletions:				
Total deletions for Land Improv	ement	\$ -		\$ -
*Ties to Page 23 Line A3				

*Ties to Page 23, Line A3 **Ties to Page 23, Line A2

Thes to Fage 23, Line A2

Schedule of Building Improvements Acquired during this report period

			Useful			
Acquisition Date	Description of Item	Cost	Life	Depreciation		
Additions:						
Fotal additions for Building Imp	orovemen	\$ -		\$ -		
Deletions:						
Fotal deletions for Building Imp	rovement	\$ -		\$ -		
*Ties to Page 23, Line B3						

**Ties to Page 23, Line B2

1 kg to 1 age 25, 1 me D2

Schedule of Non-Movable Equipment Acquired during this report perio

				Useful	
Acquisition Date	Description of Item		Cost	Life	Depreciation
Additions:					
1/25/2021	Dishwasher	\$	17,871	5	\$ 89
11/4/2020	Refidgeratot	\$	745	10	\$ 7
Total additions for	Non-Movable Equipmen	s	18,616		\$ 96
Deletions:		φ	18,010		\$ 90
Detetions.					
			1		
Total deletions for I	Non-Movable Equipmen	\$	-		\$ -

*Ties to Page 23, Line C3 **Ties to Page 23, Line C2

Attachment Pages 23 24

Schedule of Movable Equipment Acquired during this report perio

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:			-	
10/15/2020	Hi-lo mat - rehab	\$ 5,514	10	\$ 551
10/30/2020	Commercial refridgerator	\$ 4,270	10	\$ 427
12/3/2020	Ice Machine	\$ 3,490	10	\$ 349
1/19/2021	Overbed tables	\$ 5,176	5	\$ 1,035
2/10/2021	Nursing cart laptops	\$ 3,229	3	\$ 1,076
3/15/2021	Nursing cart laptops	\$ 1,274	3	\$ 425
3/10/2021	Shredder	\$ 2,190	5	\$ 438
6/22/2021	Electric beds	\$ 4,871	12	\$ 406
6/23/2021	Bed actuator	1336	10	\$ 134
	Mattresses	2018	5	\$ 404
Total additions for	Movable Equipmen	\$ 33,368		\$ 5,245
Deletions:				
Total deletions for !	Movable Equipmen	\$ -		\$-

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report peri-

Description of Item		<u> </u>		
		Cost	Life	Depreciation
Drapes	\$	3,371	10	\$ 169
Air conditioner upgrades	\$	6,124	10	\$ 306
LED upgrade		4406	10	\$ 220
Deposit on sewer replacement (Not in service at 9/30/21)		3800	10	
· · · · · · · · · · · · · · · · · · ·				
Leasehold Improvemen	\$	17,701		\$ 695
easehold Improvemen	\$	-		\$ -
	Air conditioner upgrades LED upgrade Deposit on sewer replacement (Not in service at 9/30/21)	Air conditioner upgrades \$ LED upgrade Deposit on sewer replacement (Not in service at 9/30/21) Leasehold Improvemen easehold Improvemen \$	Air conditioner upgrades \$ 6,124 LED upgrade 4406 Deposit on sewer replacement (Not in service at 9/30/21) 3800 Leasehold Improvemen \$ 17,701 easehold Improvemen \$ -	Air conditioner upgrades \$ 6,124 10 LED upgrade 4406 10 Deposit on sewer replacement (Not in service at 9/30/21) 3800 10 Leasehold Improvemen \$ 17,701 10 Leasehold Improvemen \$ 17,701 10 Leasehold Improvemen \$ 17,701 10 Leasehold Improvemen \$ 10 10 Leasehold Improvemen \$ 10 10 Leasehold Improvemen \$ - 10

*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
	eview Health Care Center			202	4C	9/30/2021			24	37
		Date Acqui				Accumulated Amort. to Beginning of	Basis for			
				Length of	Cost to Be	Year's	Computing	Rate	Amortization	
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A.	Organization Expense									
	1.									
	2.									
	3.									
A-4.	Subtotal									
B.	Mortgage Expense									
	1. Mortgage cost	12	2011	10	106,134	98,168			10,202	
	2.									
	3.									
B-4.	Subtotal									10,202
C.	Leasehold Improvements and Other									
	1. Acquired prior to this report period	9	2019		926,638	869,220			11,158	
	2. Disposals (attach schedule)									
	3. Acquired during this report period									
	(attach schedule)				17,701				695	
C-4.	Subtotal									11,853
D.	Total Amortization									22,055

* 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	License No.		Report for Year En	ded		Page	of
Gladeview Health Care Center	20240	2	9/30/2021			25	37
11. Property Questionnaire							
Part A							
Is the property either owned by the	ne Facility	0	Yes	٩	No	If "Yes," comple	te Part B.
or leased from a Related Party?*		0	105	0	INU	If "No," complete	e Part C.
*If any owner or operator of this fac							
business association to any person of	or organization fro	om whom l	buildings are leased, the	n it is considered a			
related party transaction. Description			Total				
1. Date Land Purchased			01/01/85				
2. Date Structure Completed			01/01/85				
3. If NOT Original Owner, Date	e of Purchase						
4. Date of Initial Licensure			11/20/87				
5. Total Licensed Bed Capacity							
6. Square Footage							
7. Acquisition Cost							
a. Land			450,000				
b. Building			7,222,138				
Part B - Owner and Related Pa	rties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortg	age
1. Financing							
a. Type of Financing (e.g., f	ixed, variable)		Fixed				
b. Date Mortgage Obtained			12/27/14				
c. Interest Rate for the Cost			3.72%				
d. Term of Mortgage (numb			30				
e. Amount of Principal Borr		(2.1	9,670,400				
f. Principal balance outstand	-	/21	8,638,094				
Complete if Mortgage was l							
During Current Cost Ye							
g. Type of Financing (e.g., f	ixed, variable)						
h. Date of Refinancing i. New Interest Rate							
i. New Interest Rate j. Term of Mortgage (numb	or of yoorg)						
k. Amount of Principal Borr							
1. Principal Outstanding on							
Part C - Arms-Length Leas			mprovements Only	v	L		
Name and Address of Lesso			perty Leased		Term of Lease	Annual Amount	ofLease
	-	110	200000				

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 Ye	ear Ended		Page of
Gladeview Health Care Center	2024C		9/30/2021		_	26 37
Iter	n		Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improv	ement & Non-Movab	ole				
Equipment		¢				
1. First Mortgage Name of Lender		Rate				
		Kate				
Address of Lender						
		¢				
2. Second Mortgage Name of Lender	2. Second Mortgage\$Name of LenderRate					
		Kate				
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 Informa	tion					
1. Original Loan Amo	unt	\$				
2. Loan Origination D	ate					
3. Interest Rate %						
4. Term						
5. CHEFA Interest Ex	pense					
12 B7. Total Building Interest Ex	<i>pense</i> (A1 - A4 + B5) \$				

(Carry Subtotals forward to next page)

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

Name of Facility Gladeview Health Care Center	License No. 2024C		Report for Year Ended 9/30/2021			Page of 27 37
	20210		515012021			21 31
Ite	m		Total	CCNH	RHNS	(Specify)
	Subtotals Bro	ught Forward:				
12. C. Movable Equipment						
1. Automotive Equipment	nt	\$				
A. Item	Rate	Amount				
Lender	I	I				
Address of Lender						
2. Other (Specify)		\$				
A. Item	Rate	Amount				
Lender	I					
Address of Lender						
B. Item	Rate	Amount				
Lender	I					
Address of Lender			•			
12. C. 3. Total Movable Equip	ment Interest					
Expense (C1 + 2) 12. D. Other Interest Expense (S	(nacify)	\$ \$				
12. D. Other Interest Expense ()	pecify)	\$				
13. Total All Interest Expense (1	2B7 + 12C3 + 12D)	\$				
14. Insurance						
a. Insurance on Property (b)	- · ·	\$	13,262	13,262		
b. Insurance on Automobile		\$				
c. Insurance other than Prop		oove) \$				
1. Umbrella (<i>Blanket Co</i>						
2. Fire and Extended Co	verage	\$				
3. Other (<i>Specify</i>)		\$				
14d. Total Insurance Expenditure	es(14a + b + c)	\$	13,262	13,262		
15. Total All Expenditures (A-13		\$	11,435,555	11,435,555		

D. Adjustments to Statement of Expenditures

Item Page Line Total Amount of Decrease CCNH RHNS (Specify) Page 10 - Statries and Wages 0 Dupatient Service Costs \$		e of Fa			Lic	ense No.	Report for Yea	r Ended	Page	of
Item Page Line Amount of Decrease CCNH RHNS (Specify) Page 10 - Stafaries and Wages Image 10 - Stafaries not related to Resident Care S Image 10 - Stafaries not related to Resident Care S Image 10 - Stafaries not related to Resident Care S Image 10 - Stafaries not related to Resident Care S Image 10 - Stafaries not related to Resident Care S Image 10 - Stafaries not related to Resident Care S Image 10 - Stafaries not related to Resident Care S Image 10 - Stafaries not related to Resident Care S Image 10 - Stafaries not related to Resident Care S Image 10 - Stafaries not related to Resident Care S Image 10 - Stafaries not Resident Care Physicians ** S Image 10 - Stafaries not Resident Care Physicians ** S Image 10 - Stafaries not Resident Care Physicians ** S Image 10 - Stafaries not Resident Care Physicians ** S Image 10 - Stafaries not Resident Care Physicians ** S Image 10 - Stafaries not Resident Care Resident Resident Care Resident Care Resident Resident Care Resident Resident Care Resident Resident Care Resident Resident Resident Resident Resident Res	Glade	eview	Healt	h Care Center		2024C	9/30/2021		28	37
Page 10 - Salaries and Wages 1. Outputient Service Costs \$ 2. Salaries not related to Resident Care \$ 3. 10 Al2g Occupational Therapy \$ 4. Other - See attached Schedule \$ 5. 13 B& Resident Care Physicians ** \$ 6. Occupational Therapy \$ - 7. Other - See attached Schedule \$ - 8. Discriminatory Benefits \$ - 9. 15 Ic Bad Debts \$ 180,000 10. Accounting \$ 979 979 11. Telephone \$ 4,502 4,502 13. 15 Life Cellular Telephone \$ 4,502 4,502 14. 16 Gifts, flowers and coffee shops \$ 5,803 5,803 15. Education expenditures to colleges or universities for tuition and related costs inf or owners and employces \$ 16. Travel for purposes of attending conferences or seminars outside the contiental U.S. Other out-of-state - -				Kana Description		Amount of	CONIL	DIDIC	(5	-: 6)
1. Outpatient Service Costs \$ 2. Salaries not related to Resident Care \$ 3. 10 A12g Occupational Therapy \$ 142,445 4. Other - See attached Schedule \$ $=$ <i>Page 13 - Professional Fees</i> $=$ $=$ $=$ 5. 13 Bℜ Resident Care Physicians ** \$ $=$ 6. Occupational Therapy \$ $=$ $=$ 7. Other - See attached Schedule \$ $=$ $=$ 8. Discriminatory Benefits \$ $=$ $=$ $=$ 9. 15 Ic Bad Debts \$ 180,000 180,000 $=$ 10. Accounting \$ $=$						Decrease	CCNH	КПИЗ	(Spe	city)
2. Salaries not related to Resident Care S 3. 10 A12g Occupational Therapy S 142,445 4. Other - See attached Schedule S Page 13 - Professional Fees 5. 13 B&c Resident Care Physicians ** S 6. Occupational Therapy S Cocupational Therapy S 7. Other - See attached Schedule S Pages 15 & 16 - Administrative and General S 8. Discriminatory Benefits S 180,000 180,000 10. Accounting S 100 180,000 11. Telephone S 979 979 11. Telephone S 11,062 11,062 12. 15 IL C Cellular Telephone S 11,062 11,062 13. 15 If Life insurance premiums on the life 11,062 11,062 11,062 14. 16 L3 Giths, flowers and coffee shops S 5,803 5,803 5,803 15. Education expenditures to colleges or universities for tutition and related costs 11,062 11,		10-5	alarie		¢					
3. 10 A12g Occupational Therapy \$ 142,445 142,445 4. Other - Sce attached Schedule \$ 9 78 13 B&c Resident Care Physicians ** \$ 6. Occupational Therapy \$ 9 9 7. Other - Sce attached Schedule \$ 9 8. Discriminatory Benefits \$ 9 9. 15 Is 10 Bad Debts \$ 180,000 10. Accounting \$ 9 979 979 11. Telephone \$ 9 15 110. 100 180,000 10. Legal \$ 979 979 979 979 11. Telephone \$ 4,502 4,502 13. 15 16 110,062 14. 16 13 Gifts, flowers and coffee shops \$ 5,803 5,803 16. 11.062 11.062 14. 16 13 Gifts, flowers and coffee shops \$ 10.062 14. 16 13 15. Education expenditures to col										
4. Other - See attached Schedule \$ Page 13 - Professional Fees 5. 13 B& Resident Care Physicians ** \$ 6. Occupational Therapy \$ 7. Other - See attached Schedule \$ 8. Discriminatory Benefits \$ 9. 15 Ic Bad Debts \$ 10. Accounting \$ \$ 10. Accounting \$ \$ 11. Telephone \$ \$ 12. 15 Ita Cellular Telephone \$ 4,502 13. 15 If Life insurance premiums on the life \$ of Owners, Partners, Operators \$ \$ \$ 13. 15 If Education expenditures to colleges or \$ 14. 16 L3 Gifts, flowers and coffee shops \$ \$ 15. Education expenditures to colleges or \$ \$ 16. Travel for purposes of attending \$ \$ conferences or seminars outside the \$ \$ \$ 17. Automobile Expense (e.g. personal use)		10	A 12 a			142 445	142 445			
Page 13 - Professional Fees Set Resident Care Physicians ** Cocupational Therapy Other - See attached Schedule Pages 15 & 16 - Administrative and General Discriminatory Benefits Discriminatory Benefits Bad Debts Is and Debts Second Debts Is and Debts		10	Al2g	1 10		142,443	142,443			
5. 13 B8c Resident Care Physicians ** \$ 6. Occupational Therapy \$		12 1	Junfas		Э					
6.Occupational TherapySImage: 15 and 16 an			De	Desident Core Dhysicians **	¢					
7.Other - See attached Schedule\$Pages 15 & 16 - Administrative and General $\$ 8.Discriminatory Benefits\$9.15 1cBad Debts\$ 180,00010.Accounting\$10a.Legal\$ 97911.Telephone\$12.15 1h2Cellular Telephone\$ 4,50213.15 1fLife insurance premiums on the lifeof Owners, Partners, Operators\$ 11,06214.16 L3Gifts, flowers and coffee shops\$ 5,80315.Education expenditures to colleges or universities for tuition and related costs for owners and employees\$16.Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative\$17.Automobile Expense (e.g. personal use)\$20.16 M10Fund Raising / Contributions\$ 1,11021.Unallowable Advertising *\$ 79,27022.Barber and Beauty\$23.Other - See attached Schedule\$24.Meals to employees, guests and others who are not residents\$25.Laundry Expenditures\$26.Housekeeping Expenditures\$26.Housekeeping Expenditures\$27.Housekeeping Expenditures\$28.10.00\$29.Barber and Beauty\$24.Meals to employees, guests and others who are not residents\$26.Housek		15	Doc							
Pages 15 & 16 - Administrative and General8.Discriminatory Benefits9.15 Ic10.Accounting10.Accounting10.Legal10a.Legal11.Telephone12.15 If13.15 If14.Cellular Telephone15.If15.If16.Gifts, flowers, Partners, Operators17.State and engle shops18.State and engle shops19.Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative17.Automobile Expense (e.g. personal use)18.16 M319.Income Tax / Corporate Business Tax20.16 M10 Fund Raising / Conferences or seminars21.Unallowable Management Fees22.Barber and Beauty23.Other - See attached Schedule24.Meals to employees, guests and others who are not residents25.Laundry services to employees, guests and others who are not residents26.Housekeeping Expenditures Laundry services to employees, guests and others who are not residents26.Housekeeping Expenditures26.Housekeeping Expenditures26.Housekeeping Expenditures26.Housekeeping Expenditures26.Housekeeping Expenditures26.Housekeeping Expenditures26.Housekeeping Expenditures				* **						
8. Discriminatory Benefits \$ 15 Ic Bad Debts \$ 180,000 10. Accounting \$ 1 <		s 15 8	. 16		¢					
9. 15 1c Bad Debts \$ 180,000 180,000 10a. Legal \$ 979 979 17 10a. Legal \$ 979 979 17 11. Telephone \$		5 1 5 Q	. 10 -		¢					
10. Accounting \$ 979 979 10a. Legal \$ 979 979 11. Telephone \$		15	10			180.000	180.000			
10a. Legal \$ 979 979 11. Telephone \$ 4.502 4.502 12. 15 Ih2 Cellular Telephone \$ 4.502 4.502 13. 15 If Life insurance premiums on the life of Owners, Partners, Operators \$ 11,062 11,062 14. 16 L3 Gifts, flowers and coffee shops \$ 5,803 5,803 15. Education expenditures to colleges or universities for tuition and related costs for owners and employees \$ 5 \$ 5,803 \$ 5,803 16. Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative \$ 5 \$ 5 18. 16 M3 Unallowable Advertising * \$ 79,270 79,270 18. 16 M3 Unallowable Advertising * \$ 79,270 79,270 19. Income Tax / Corporate Business Tax \$ 1,110 1,110 \$ 22. 21. Unallowable Management Fees \$ 2 \$ 2 \$ 2 \$ 2 23. Other - See attached Schedule \$ 2 \$ 2 \$ 2 \$ 2 23. Other - See attached Schedule <td></td> <td>15</td> <td>10</td> <td></td> <td></td> <td>180,000</td> <td>180,000</td> <td></td> <td></td> <td></td>		15	10			180,000	180,000			
11. Telephone \$						979	979			
12. 15 1h2 Cellular Telephone \$ 4,502 4,502 13. 15 16 Life insurance premiums on the life of Owners, Partners, Operators \$ 11,062 11,062 11,062 14. 16 L3 Gifts, flowers and coffee shops \$ 5,803 6,804 77,904 16 17. Automobile Expense (e.g. personal use) 8 79,270 79,270 79,270 79,270 79,270 79,270 79,				*)1)	515			
13. 15 If Life insurance premiums on the life of Owners, Partners, Operators \$ 11,062 11,062 14. 16 L3 Gifts, flowers and coffee shops \$ 5,803 5,803 15. Education expenditures to colleges or universities for tuition and related costs for owners and employees \$ \$ 16. Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative \$ \$ 17. Automobile Expense (e.g. personal use) \$ \$ \$ 18. 16 M3 Unallowable Advertising * \$ 79,270 79,270 19. Income Tax / Corporate Business Tax \$ \$ \$ \$ 20. 16 M10 Fund Raising / Contributions \$ 1,110 1,110 21. Unallowable Management Fees \$ \$ \$ \$ 22. Barber and Beauty \$ \$ \$ \$ \$ 23. Other - See attached Schedule \$ \$ \$ \$ \$ 24. Meals to employees, guests and others		15	1h2			4 502	4 502			
of Owners, Partners, Operators\$11,06211,06214.16L3Gifts, flowers and coffee shops\$5,8035,80315.Education expenditures to colleges or universities for tuition and related costs for owners and employees\$\$16.Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative\$\$17.Automobile Expense (e.g. personal use)\$\$\$18.16M3Unallowable Advertising *\$79,27019.Income Tax / Corporate Business Tax\$\$20.16M10Fund Raising / Contributions\$1,11021.Unallowable Management Fees\$\$22.Barber and Beauty\$\$23.Other - See attached Schedule\$24.Meals to employees, guests and others who are not residents\$25.Laundry expenditures\$26.Housekeeping Expenditures\$27.Laundry services to employees, guests and others who are not residents\$26.Housekeeping Expenditures\$27.Laundry services to employees, guests and others who are not residents\$26.Housekeeping Expenditures\$27.Laundry services to employees, guests and others who are not residents\$					Ψ	4,502	4,502			
14.16L3Gifts, flowers and coffee shops\$5,8035,80315.Education expenditures to colleges or universities for tuition and related costs for owners and employees\$16.Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative\$17.Automobile Expense (e.g. personal use)\$18.16M319.Income Tax / Corporate Business Tax\$20.16M1021.Unallowable Advertising *\$22.Barber and Beauty\$23.Other - See attached Schedule\$24.Meals to employees, guests and others who are not residents\$25.Laundry services to employees, guests and others who are not residents\$26.Housekeeping Expenditures\$	15.	15			\$	11.062	11.062			
15. Education expenditures to colleges or universities for tuition and related costs for owners and employees \$ 16. Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative \$ 17. Automobile Expense (e.g. personal use) \$ 18. 16 M3 Unallowable Advertising * \$ 79,270 19. Income Tax / Corporate Business Tax \$ 20. 16 M10 Fund Raising / Contributions \$ 1,110 21. Unallowable Management Fees \$ 22. Barber and Beauty \$ 23. Other - See attached Schedule \$ 24. Meals to employees, guests and others who are not residents \$ 25. Laundry services to employees, guests and others who are not residents \$ 25. Laundry services to employees, guests and others who are not residents \$ 26. Housekeeping Expenditures \$ 26. Housekeeping services to employees, guests and others who are not residents \$	14	16	1.3				-			
universities for tuition and related costs for owners and employees\$16.Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative\$17.Automobile Expense (e.g. personal use)\$18.16 M3Unallowable Advertising *\$ 79,27019.Income Tax / Corporate Business Tax\$20.16 M10Fund Raising / Contributions\$ 1,11021.Unallowable Management Fees\$22.Barber and Beauty\$23.Other - See attached Schedule\$24.Meals to employees, guests and others who are not residents\$25.Laundry Expenditures\$26.Housekceping Expenditures\$26.Housekceping services to employees, guests and others who are not residents\$		10	15		ψ	5,005	5,005			
for owners and employees\$16.Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative\$17.Automobile Expense (e.g. personal use)\$18.16 M3 Unallowable Advertising *\$ 79,27019.Income Tax / Corporate Business Tax\$20.16 M10 Fund Raising / Contributions\$ 1,11021.Unallowable Management Fees\$22.Barber and Beauty\$23.Other - See attached Schedule\$24.Meals to employees, guests and others who are not residents\$25.Laundry Expenditures\$26.Housekeeping Expenditures\$26.Housekeeping services to employees, guests and others who are not residents\$26.Housekeeping services to employees, guests and others who are not residents\$	10.									
16.Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative\$17.Automobile Expense (e.g. personal use)\$18.16M3Unallowable Advertising *\$20.16M10Fund Raising / Contributions\$21.Unallowable Management Fees\$22.Barber and Beauty\$23.Other - See attached Schedule\$24.Meals to employees, guests and others who are not residents\$25.Laundry Expenditures\$25.Laundry services to employees, guests and others who are not residents\$26.Housekeeping Expenditures\$26.Housekeeping services to employees, guests and others who are not residents\$					\$					
Image: conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative\$17.Automobile Expense (e.g. personal use)\$18.16M319.Income Tax / Corporate Business Tax\$20.16M10Fund Raising / Contributions\$21.Unallowable Management Fees\$22.Barber and Beauty\$23.Other - See attached Schedule\$24.Meals to employees, guests and others who are not residents\$25.Laundry services to employees, guests and others who are not residents\$26.Housekeeping Expenditures\$26.Housekeeping services to employees, guests and others who are not residents\$	16				Ψ					
continental U.S. Other out-of-state travel in excess of one representative\$17.Automobile Expense (e.g. personal use)\$18.16M3Unallowable Advertising *\$19.Income Tax / Corporate Business Tax\$20.16M10Fund Raising / Contributions\$21.Unallowable Management Fees\$22.Barber and Beauty\$23.Other - See attached Schedule\$24.Meals to employees, guests and others who are not residents\$25.Laundry services to employees, guests and others who are not residents\$26.Housekeeping Expenditures\$	10.									
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17.Automobile Expense (e.g. personal use)\$18.16M3Unallowable Advertising *\$19.Income Tax / Corporate Business Tax\$20.16M10Fund Raising / Contributions\$21.Unallowable Management Fees\$22.Barber and Beauty\$23.Other - See attached Schedule\$Page 18 - Dietary Expenditures24.Meals to employees, guests and others who are not residents\$25.Laundry services to employees, guests and others who are not residents\$26.Housekeeping Expenditures and others who are not residents\$					\$					
18.16M3Unallowable Advertising *\$79,27079,27019.Income Tax / Corporate Business Tax\$20.16M10Fund Raising / Contributions\$1,1101,11021.Unallowable Management Fees\$22.Barber and Beauty\$23.Other - See attached Schedule\$Page 18 - Dietary Expenditures24.Meals to employees, guests and others who are not residents\$25.Laundry services to employees, guests and others who are not residents\$26.Housekeeping Expenditures and others who are not residents\$	17.									
19.Income Tax / Corporate Business Tax\$20.16M10Fund Raising / Contributions\$1,11021.Unallowable Management Fees\$22.Barber and Beauty\$23.Other - See attached Schedule\$Page 18 - Dietary Expenditures24.Meals to employees, guests and others who are not residents\$25.Laundry services to employees, guests and others who are not residents\$26.Housekeeping Expenditures and others who are not residents\$		16	M3			79.270	79.270			
20.16M10Fund Raising / Contributions\$1,1101,11021.Unallowable Management Fees\$22.Barber and Beauty\$23.Other - See attached Schedule\$Page 18 - Dietary Expenditures24.Meals to employees, guests and others who are not residents\$25.Laundry Expenditures25.Laundry services to employees, guests and others who are not residents\$26.Housekeeping Expenditures and others who are not residents26.Housekeeping services to employees, guests and others who are not residents\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
21. Unallowable Management Fees \$ 22. Barber and Beauty \$ 23. Other - See attached Schedule \$ Page 18 - Dietary Expenditures • • 24. Meals to employees, guests and others • who are not residents \$ • 25. Laundry Expenditures • 25. Laundry services to employees, guests and others who are not residents \$ Page 20 - Housekeeping Expenditures • • 26. Housekeeping services to employees, guests and others who are not residents \$		16				1.110	1,110			
22. Barber and Beauty \$ 23. Other - See attached Schedule \$ Page 18 - Dietary Expenditures • • 24. Meals to employees, guests and others who are not residents \$ Page 19 - Laundry Expenditures • • 25. Laundry services to employees, guests and others \$ • 26. Housekeeping Expenditures • 26. Housekeeping services to employees, guests and others \$ •						, -	, -			
23. Other - See attached Schedule \$ Image: 18 - Dietary Expenditures 24. Meals to employees, guests and others Image: 19 - Laundry Expenditures Image: 19 - Laundry Expenditures 25. Laundry services to employees, guests and others who are not residents \$ Image: 19 - Laundry Expenditures 26. Housekeeping Expenditures Image: 19 - Laundry Services to employees, guests and others who are not residents \$ 26. Housekeeping services to employees, guests and others who are not residents \$ Image: 10 - Mousekeeping Services to employees, guests and others who are not residents										
Page 18 - Dietary Expenditures Image: Second Se										
24. Meals to employees, guests and others who are not residents \$ Page 19 - Laundry Expenditures \$ • 25. Laundry services to employees, guests and others who are not residents \$ Page 20 - Housekeeping Expenditures \$ • 26. Housekeeping services to employees, guests and others who are not residents \$ 26. Housekeeping services to employees, guests and others who are not residents \$		18 - L	Dietar		*					
who are not residents \$ Page 19 - Laundry Expenditures 25. Laundry services to employees, guests and others who are not residents Page 20 - Housekeeping Expenditures 26. Housekeeping services to employees, guests and others who are not residents 9 26. Housekeeping services to employees, guests and others who are not residents	~									
Page 19 - Laundry Expenditures Image: Constraint of the symbol				1.00	\$					
25. Laundry services to employees, guests and others who are not residents \$ Page 20 - Housekeeping Expenditures \$ 26. Housekeeping services to employees, guests and others who are not residents \$	Page	19 - I	aund							
and others who are not residents \$ Page 20 - Housekeeping Expenditures 26. Housekeeping services to employees, guests and others who are not residents										
Page 20 - Housekeeping Expenditures Image: Constraint of the system 26. Housekeeping services to employees, guests and others who are not residents					\$					
26. Housekeeping services to employees, guests and others who are not residents	Page	20 - I	Touse							
and others who are not residents \$										
					\$					
(1010 m (1010 m 20)		•		Subtotal (Items 1 - 26)		425,171	425,171			

* All except "Help Wanted".

** Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

⁽Carry Subtotal forward to next page)

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Othe	r Salaries A	Adjustment	\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Othe	r Fees Adju	istments	\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other	r A&G Adj	ustments	\$ -	\$-	\$ -

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	D. Adjustments to Statement of Expenditures (cont'd)										
Name	e of Fa	acility		Lic	ense No.	Report for Y	ear Ended	Page	of		
Glade	eview	Healt	h Care Center		2024C	9/30/2021		29	37		
					Total						
Item	Page	Line			Amount of						
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(Spe	ecify)		
			Subtotals Brought Forward	\$	425,171	425,171			• /		
Page	20 - I	Reside	nt Care Supplies***								
27.			Prescription Drugs	\$	171,342	171,342					
28.	20	5d	Ambulance/Limousine	\$	7,383	7,383					
29.	20	5f	X-rays, etc	\$	3,328	3,328					
30.	20	5h	Laboratory	\$	24,546	24,546					
31.	20	5c	Medical Supplies	\$	10,798	10,798					
32.	20	5e2	Oxygen (non emergency)	\$	18,096	18,096					
33.			Occupational Therapy	\$							
34.			Other - See Attached Schedule	\$	24,180	24,180					
Page	22 - N	Mainte	enance and Property								
35.			Excess Movable Equipment Depreciation								
			See Attached Schedule	\$							
36.			Depreciation on Unallowable								
			Motor Vehicles	\$							
37.			Unallowable Property and Real								
			Estate Taxes	\$							
38.			Rental of Building Space or Rooms	\$							
39.			Other - See Attached Schedule	\$							
Page	27 - I	nsura	nce								
40.			Mortgage Insurance	\$							
41.			Property Insurance	\$							
Othe	r - Mi	scella	neous								
42.			Other - Indirect	\$							
43.			Interest Income on Account Rec.	\$							
44.			Other - Miscellaneous Administrative	\$	23,277	23,277					
45.			Management Fees Direct	\$							
46.			Management Fees Indirect	\$							
47.			Other - Direct	\$							
Not I	For Pr	ofit P	roviders Only								
48.			Building/Non Movable Eq. Depreciation								
			Unallowable Building Interest -								
			See Attached Schedule	\$							
49.	Total	Amou	unt of Decrease (Items 1 - 48)	\$	708,121	708,121					

D. Adjustments to Statement of Expenditures (cont'd)

*** Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	С	CNH	RHNS	(Specify)
20	51	Ortho supplies	\$	69		
20	51	Medical equipment rental	\$	834		
20	51	Cable TV expense	\$	23,277		
Total Othe	r Ancillary	Costs	\$	24,180	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Exce	ss Movable	Equipment Depreciation	\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Othe	Total Other Property Adjustments			\$ -	\$ -

Schedule of Other - Indirect Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Othe	r Adjustme	nts	\$ -	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	С	CNH	RHNS	(Specify)
20	5j	Cable TV	\$	23,277		
30	IV8	Misc income				
Total Othe	Total Other Adjustments		\$	23,277	\$ -	\$ -

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Adjustments			\$-	\$-	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Unallowable Building Interest			\$ -	\$ -	\$ -

State of Connecticut Annual Report of Long-Term Care Facility CSP-30 Rev.10/2005

F. Statement of Revenue

Gladeview Health Care Center 2024C 9/30/2021 30 37 Item Total CCNH RHNS (Specify) I. a. Medicaid Room, Board & Routine Care Revenue I. a. Medicaid Room and Board Contractual Allowance ** S 7,768,543 7,768,543 b. Medicaid Room and Board Contractual Allowance ** S 0 1	Name of Facility	F. Statement of Ke		oor Ended		Daga
Item Total CCNII RIINS (Specify) 1. Resident Room, Board & Routine Care Revenue 5 7,768,543 7,768,543 (Specify) 2. a. Medicaid Residents (CT only) \$ 7,768,543 7,768,543 (Specify) 2. a. Medicaid Residents all inclusive) \$ 5 (Cher States Room and Board Contractual Allowance ** \$ (List), 566 (List), 576 (List), 576 <th>-</th> <th>License No. 2024C</th> <th></th> <th>car Ended</th> <th></th> <th>Page of $30 \mid 37$</th>	-	License No. 2024C		car Ended		Page of $30 \mid 37$
I. Resident Room, Board & Routine Care Revenue 7.768,543 7.768,543 1. a. Medicaid Residents (CT only) \$ 7.768,543 7.768,543 b. Medicaid Room and Board Contractual Allowance ** \$ (2.308,029) (2.308,029) 2. a. Medicaid (All other states) \$ \$ \$ b. Other States Room and Board Contractual Allowance ** \$ \$ \$ 3. a. Medicaire Room and Board Contractual Allowance ** \$ \$ \$ b. Other States Room and Board Contractual Allowance ** \$ \$ \$ \$ b. Private-Pay Residents and Other \$ \$ \$ \$ \$ b. Private-Pay Room and Board Contractual Allowance ** \$ \$ \$ \$ \$ 1. a. Prescription Drugs - Medicare \$		20270	71 301 2021			30 37
I. Resident Room, Board & Routine Care Revenue Image: science of the sc		Item	Total	CCNH	RHNS	(Specify)
b. Medicaid Room and Board Contractual Allowance ** \$ \$ \$ a. Medicaid (All other states) \$ \$ \$ b. Other States Room and Board Contractual Allowance ** \$ \$ \$ b. Medicare Residents (all inclusive) \$ \$ \$ \$ \$ \$ \$ b. Medicare Room and Board Contractual Allowance ** \$	I. Resident Room, Board & Routi	ne Care Revenue				
b. Medicaid Room and Board Contractual Allowance ** \$ \$ \$ a. Medicaid (All other states) \$ \$ \$ b. Other States Room and Board Contractual Allowance ** \$ \$ \$ b. Medicare Residents (all inclusive) \$ \$ \$ \$ \$ \$ \$ b. Medicare Room and Board Contractual Allowance ** \$	1. a. Medicaid Residents (CT o	nly)	\$ 7,768,543	7,768,543		
2. a. Medicaid (All other states) \$ \$ b. Other States Room and Board Contractual Allowance ** \$ \$ 3. a. Medicare Rosidents (all inclusive) \$ \$3.635.807 \$3.635.807 b. Medicare Rosidents (all inclusive) \$\$3.635.807 \$3.635.807 \$3.635.807 b. Medicare Room and Board Contractual Allowance ** \$\$\$(1,131,576) \$(1,131,576) \$(1,131,576) 4. a. Private-Pay Room and Board Contractual Allowance ** \$\$\$\$(122,699) \$(122,699) \$(122,699) 11. Other Resident Revenue \$\$ \$(53,12) \$(85,312) \$(85,312) c. Prescription Drugs - Medicare Contractual Allowance ** \$\$\$\$\$(74,219) \$(74,219) \$(74,219) 2. a. Medical Supplies - Medicare Contractual Allowance ** \$\$\$\$\$\$(13,636) \$(17,12) \$(17,12) 3. a. Prescription Drugs - Non-Medicare Contractual Allowance ** \$\$\$\$\$\$\$\$\$(13,636) \$(17,12) \$(17,12) 4. Medical Supplies - Non-Medicare Contractual Allowance ** \$		• ·	\$			
3. a. Medicare Residents (all inclusive) \$\$ 3,635,807 3,635,807 b. Medicare Room and Board Contractual Allowance ** \$\$ (1,131,576) (1,131,576) 4. a. Private-Pay Residents and Other \$\$ 2,958,337 2,958,337 b. Private-Pay Room and Board Contractual Allowance ** \$\$ (2,958,337 2,958,337 b. Prescription Drugs - Medicare \$\$ 85,312 85,312 b. Prescription Drugs - Medicare Contractual Allowance ** \$\$ (85,312) (95,312) c. Prescription Drugs - Non-Medicare Contractual Allowance ** \$\$ (74,219) (74,219) 2. a. Medical Supplies - Non-Medicare Contractual Allowance ** \$\$ (11,712) (74,219) 2. a. Medical Supplies - Medicare Contractual Allowance ** \$\$ (11,712) (11,712) 2. a. Medical Supplies - Medicare Contractual Allowance ** \$\$ (11,712) (11,712) 3. a. Physical Therapy - Medicare Contractual Allowance ** \$\$ (11,712) (11,712) 3. a. Physical Therapy - Medicare Contractual Allowance ** \$\$ (11,712) (11,712) 3. a. Physical Therapy - Medicare Contractual Allowance ** \$\$ (11,712) (11,712) a. Physic	2. a. Medicaid (All other states)	\$			
b. Medicare Room and Board Contractual Allowance ** \$ (1,131,576) (1,131,576) 4. a. Private-Pay Residents and Other \$ 2,958,337 2,958,337 b. Private-Pay Room and Board Contractual Allowance ** \$ (122,699) (122,699) 10. Other Resident Revenue 1 2,958,337 2,958,337 b. Prescription Drugs - Medicare \$ 85,312 85,312 c. Prescription Drugs - Medicare Contractual Allowance ** \$ (85,512) (85,512) c. Prescription Drugs - Non-Medicare Contractual Allowance ** \$ (74,219) (74,219) 2. a. Medical Supplies - Medicare Contractual Allowance ** \$ (13,636) (13,636) b. Medical Supplies - Medicare Contractual Allowance ** \$ (11,712) (11,712) 3. a. Physical Therapy - Medicare Contractual Allowance ** \$ (10,779) (11,712) 3. a. Physical Therapy - Medicare Contractual Allowance ** \$ (10,779) (11,712) 4. d. Physical Therapy - Medicare Contractual Allowance ** \$ (10,779) (11,712) 4. a. Speech Therapy - Medicare Contractual Allowance ** \$ (151,214) (11,712) 4. a. Speech Therapy - Medicare Contractual Allowance ** \$ (13,241) (11,214) b. Spe	b. Other States Room and Bo	ard Contractual Allowance **				
4. a. Private-Pay Residents and Other \$ 2,958,337 2,958,337 b. Private-Pay Room and Board Contractual Allowance ** \$ (122,699) (122,699) 11. Other Resident Revenue • • • • • • • • • • • • • • • • • • •	3. a. Medicare Residents (all in	clusive)	\$ 3,635,807	3,635,807		
b. Private-Pay Room and Board Contractual Allowance ** \$ (122,699) (122,699) II. Other Resident Revenue i i a. Prescription Drugs - Medicare \$ (85,312) (85,312) b. Prescription Drugs - Medicare Contractual Allowance ** \$ (85,312) (85,312) (85,312) d. Prescription Drugs - Non-Medicare \$ 74,219 74,219 (74,219) d. Prescription Drugs - Non-Medicare \$ (13,636) (13,636) (13,636) e. Medical Supplies - Medicare Contractual Allowance ** \$ (11,712) (11,712) a. Medical Supplies - Non-Medicare Contractual Allowance ** \$ (11,712) (11,712) a. Physical Therapy - Medicare Contractual Allowance ** \$ (11,712) (11,712) a. Physical Therapy - Medicare Contractual Allowance ** \$ (11,712) (11,712) a. Physical Therapy - Non-Medicare Contractual Allowance ** \$ (11,712) (11,712) d. Medical Supplies - Non-Medicare Contractual Allowance ** \$ (32,403) (32,403) e. Physical Therapy - Non-Medicare Contractual Allowance ** \$ (32,403) <t< td=""><td>b. Medicare Room and Board</td><td>l Contractual Allowance **</td><td>\$ (1,131,576)</td><td>(1,131,576)</td><td></td><td></td></t<>	b. Medicare Room and Board	l Contractual Allowance **	\$ (1,131,576)	(1,131,576)		
II. Other Resident Revenue a. Prescription Drugs - Medicare \$ \$85,312 \$85,312 b. Prescription Drugs - Medicare Contractual Allowance ** \$ \$(85,312) \$(85,312) c. Prescription Drugs - Non-Medicare \$ \$(74,219) \$(74,219) c. Prescription Drugs - Non-Medicare \$ \$(74,219) \$(74,219) 2. a. Medical Supplies - Medicare Contractual Allowance ** \$ \$(13,636) \$(13,636) b. Medical Supplies - Medicare Contractual Allowance ** \$ \$(11,712) \$(11,712) d. Medical Supplies - Non-Medicare \$ \$(11,712) \$(11,712) \$(11,712) d. Medical Supplies - Non-Medicare Contractual Allowance ** \$ \$(11,712) \$(11,712) \$(11,712) d. Medical Supplies - Non-Medicare Contractual Allowance ** \$ \$(11,712) \$(11,712) \$(11,712) d. Medical Supplies - Non-Medicare Contractual Allowance ** \$ \$(11,712) \$(11,712) \$(11,712) d. Medical Supplies - Non-Medicare Contractual Allowance ** \$ \$(11,712) \$(11,712) \$(11,712) a. Physical Therapy - Non-Medicare Contractual Allowance ** \$(11,214) \$(11,214) \$(11,214) \$(11,214) \$(11,214) </td <td>4. a. Private-Pay Residents and</td> <td>Other</td> <td>\$ 2,958,337</td> <td>2,958,337</td> <td></td> <td></td>	4. a. Private-Pay Residents and	Other	\$ 2,958,337	2,958,337		
1. a. Prescription Drugs - Medicare \$85,312 \$85,312 \$85,312 b. Prescription Drugs - Medicare Contractual Allowance ** \$(85,312) \$(85,312) c. Prescription Drugs - Non-Medicare \$74,219 \$74,219 d. Prescription Drugs - Mon-Medicare Contractual Allowance ** \$(74,219) \$(74,219) 2. a. Medical Supplies - Medicare Contractual Allowance ** \$(13,636) \$(11,712) d. Medical Supplies - Non-Medicare Contractual Allowance ** \$(11,712) \$(11,712) d. Medical Supplies - Non-Medicare Contractual Allowance ** \$(11,712) \$(11,712) d. Medical Supplies - Non-Medicare Contractual Allowance ** \$(11,712) \$(11,712) d. Medical Supplies - Non-Medicare Contractual Allowance ** \$(11,712) \$(11,712) 3. a. Physical Therapy - Medicare Contractual Allowance ** \$(11,712) \$(11,712) b. Physical Therapy - Medicare Contractual Allowance ** \$(151,214) \$(151,214) c. Physical Therapy - Non-Medicare Contractual Allowance ** \$(151,214) \$(151,214) 4. a. Speech Therapy - Medicare Contractual Allowance ** \$(151,214) \$(151,214) c. Speech Therapy - Medicare Contractual Allowance ** \$(22,403) \$(32,403) c. Speech Therapy - Non-Medicare	b. Private-Pay Room and Boa	ard Contractual Allowance **	\$ (122,699)	(122,699)		
b. Prescription Drugs - Medicare Contractual Allowance ** \$ (85,312) (85,312) c. Prescription Drugs - Non-Medicare \$ 74,219 74,219 d. Prescription Drugs - Non-Medicare Contractual Allowance ** \$ (74,219) (74,219) 2. a. Medical Supplies - Medicare Contractual Allowance ** \$ (13,636) (13,636) b. Medical Supplies - Medicare Contractual Allowance ** \$ (11,712) (11,712) d. Medical Supplies - Non-Medicare Contractual Allowance ** \$ (11,712) (11,712) d. Medical Supplies - Non-Medicare Contractual Allowance ** \$ (11,712) (11,712) d. Medical Supplies - Non-Medicare Contractual Allowance ** \$ (11,712) (11,712) d. Medical Supplies - Non-Medicare Contractual Allowance ** \$ (11,712) (11,712) d. Physical Therapy - Medicare Contractual Allowance ** \$ (11,712) (11,712) e. Physical Therapy - Non-Medicare Contractual Allowance ** \$ (15,1214) (15,1214) e. Physical Therapy - Non-Medicare Contractual Allowance ** \$ (15,1214) (15,1214) e. Speech Therapy - Medicare Contractual Allowance ** \$ (22,013) (32,403) d. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (32,403) (32,403) e. Speech Therapy - Non-Medicare Contra	II. Other Resident Revenue					
c. Prescription Drugs - Non-Medicare \$ 74,219 74,219 d. Prescription Drugs - Non-Medicare Contractual Allowance ** \$ (74,219) (74,219) 2. a. Medical Supplies - Medicare Contractual Allowance ** \$ (13,636) (13,636) b. Medical Supplies - Medicare Contractual Allowance ** \$ (13,636) (13,636) c. Medical Supplies - Non-Medicare Contractual Allowance ** \$ (11,712) (11,712) d. Medical Supplies - Non-Medicare Contractual Allowance ** \$ (11,712) (11,712) 3. a. Physical Therapy - Medicare Contractual Allowance ** \$ (301,094) (301,094) c. Physical Therapy - Medicare Contractual Allowance ** \$ (151,214) (151,214) d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ (151,214) (151,214) e. Physical Therapy - Non-Medicare Contractual Allowance ** \$ (151,214) (151,214) 4. a. Speech Therapy - Medicare Contractual Allowance ** \$ (17,847) (7,847) c. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (32,403) (32,403) d. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (32,403) (32,403) c. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (32,6016) (32,6016) c. Occupational Therapy - Medicare	1. a. Prescription Drugs - Medic	care	\$ 85,312	85,312		
d. Prescription Drugs - Non-Medicare Contractual Allowance ** \$ (74,219) (74,219) 2. a. Medical Supplies - Medicare \$ 13,636 13,636 b. Medical Supplies - Medicare Contractual Allowance ** \$ (13,636) (13,636) c. Medical Supplies - Non-Medicare \$ 11,712 11,712 d. Medical Supplies - Non-Medicare Contractual Allowance ** \$ (11,712) (11,712) 3. a. Physical Therapy - Medicare Contractual Allowance ** \$ (11,712) (11,712) b. Physical Therapy - Medicare Contractual Allowance ** \$ (301,094) (301,094) c. Physical Therapy - Medicare Contractual Allowance ** \$ (151,214) (151,214) d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ (151,214) (151,214) 4. a. Speech Therapy - Medicare Contractual Allowance ** \$ (97,847) (97,847) c. Speech Therapy - Medicare Contractual Allowance ** \$ (32,403) (32,403) d. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (32,403) (32,403) c. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (32,403) (32,403) c. Speech Therapy - Medicare Contractual Allowance ** \$ (32,6016) (32,6016) c. Occupational Therapy - Medicare Contractual Allowance ** \$ (32	b. Prescription Drugs - Medic	care Contractual Allowance **	\$ (85,312)	(85,312)		
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b. Medical Supplies - Medicare Contractual Allowance ** \$ (13,636) (13,636) c. Medical Supplies - Non-Medicare \$ 11,712 11,712 d. Medical Supplies - Non-Medicare Contractual Allowance ** \$ (11,712) (11,712) 3. a. Physical Therapy - Medicare Contractual Allowance ** \$ (301,094) (301,094) c. Physical Therapy - Medicare Contractual Allowance ** \$ (301,094) (301,094) c. Physical Therapy - Medicare Contractual Allowance ** \$ (301,094) (301,094) c. Physical Therapy - Non-Medicare \$ 151,214 151,214 d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ (151,214) (151,214) 4. a. Speech Therapy - Medicare Contractual Allowance ** \$ (97,847) (97,847) c. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (32,403) (32,403) d. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (32,403) (32,403) 5. a. Occupational Therapy - Medicare Contractual Allowance ** \$ (32,403) (32,403) 6. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (32,6016) (32,6016) c. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (181,326) (181,326) 6. a. Other (Specify) - Non-Medicare	d. Prescription Drugs - Non-I	Medicare Contractual Allowance **	\$ (74,219)	(74,219)		
c. Medical Supplies - Non-Medicare\$11,71211,712d. Medical Supplies - Non-Medicare Contractual Allowance **\$(11,712)(11,712)3. a. Physical Therapy - Medicare\$410,579410,579410,579b. Physical Therapy - Medicare Contractual Allowance **\$(301,094)(301,094)c. Physical Therapy - Non-Medicare Contractual Allowance **\$(151,214)(151,214)d. Physical Therapy - Non-Medicare Contractual Allowance **\$(151,214)(151,214)4. a. Speech Therapy - Non-Medicare Contractual Allowance **\$(97,847)(97,847)c. Speech Therapy - Non-Medicare Contractual Allowance **\$(97,847)(97,847)c. Speech Therapy - Non-Medicare Contractual Allowance **\$(32,403)(32,403)d. Speech Therapy - Non-Medicare Contractual Allowance **\$(32,603)(32,403)d. Speech Therapy - Non-Medicare Contractual Allowance **\$(32,6016)(32,6016)c. Occupational Therapy - Medicare Contractual Allowance **\$(32,6016)(32,6016)e. Occupational Therapy - Non-Medicare Contractual Allowance **\$(181,326)(181,326)d. Occupational Therapy - Non-Medicare Contractual Allowance **\$(181,326)(181,326)e. Occupational Therapy - Non-Medicare Contractual Allowance **\$(181,326)(181,326)f. a. Other (Specify) - Mon-Medicare\$181,326(181,326)(181,326)f. a. Other (Specify) - Non-Medicare\$10,996,40010,996,400h. Other (Specify) -	2. a. Medical Supplies - Medica	are	\$ 13,636	13,636		
d. Medical Supplies - Non-Medicare Contractual Allowance ** \$ (11,712) (11,712) 3. a. Physical Therapy - Medicare \$ 410,579 410,579 b. Physical Therapy - Medicare Contractual Allowance ** \$ (301,094) (301,094) c. Physical Therapy - Non-Medicare \$ 151,214 151,214 d. Physical Therapy - Non-Medicare \$ (11,712) (11,712) e. Physical Therapy - Non-Medicare \$ (11,712) (301,094) c. Physical Therapy - Non-Medicare Contractual Allowance ** \$ (151,214) (151,214) d. Physical Therapy - Medicare Contractual Allowance ** \$ (97,847) (97,847) c. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (32,403) 32,403 d. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (32,403) (32,403) 5. a. Occupational Therapy - Medicare Contractual Allowance ** \$ (32,6016) (32,6016) c. Occupational Therapy - Medicare Contractual Allowance ** \$ (326,016) (32,6016) c. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (326,016) (32,6016) c. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (11,326) (181,326) d. Occupational Therapy - Non-Medicare \$ 181,326 181,326	b. Medical Supplies - Medica	are Contractual Allowance **	\$ (13,636)	(13,636)		
3. a. Physical Therapy - Medicare \$ 410,579 410,579 b. Physical Therapy - Medicare Contractual Allowance ** \$ (301,094) (301,094) c. Physical Therapy - Non-Medicare \$ 151,214 151,214 d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ (151,214) (151,214) 4. a. Speech Therapy - Medicare Contractual Allowance ** \$ (151,214) (151,214) b. Speech Therapy - Medicare Contractual Allowance ** \$ (97,847) (97,847) c. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (97,847) (97,847) c. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (32,403) (32,403) d. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (32,403) (32,403) 5. a. Occupational Therapy - Medicare Contractual Allowance ** \$ (32,6016) (326,016) b. Occupational Therapy - Medicare Contractual Allowance ** \$ (326,016) (326,016) c. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (326,016) (326,016) c. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (181,326) (181,326) d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (181,326) (181,326) 6. a. Other (Specify) - Non-Medicare	c. Medical Supplies - Non-M	edicare	\$ 11,712	11,712		
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c. Physical Therapy - Non-Medicare \$ 151,214 151,214 151,214 d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ (151,214) (151,214) 4. a. Speech Therapy - Medicare \$ 133,241 133,241 b. Speech Therapy - Medicare Contractual Allowance ** \$ (97,847) (97,847) c. Speech Therapy - Non-Medicare Contractual Allowance ** \$ 32,403 32,403 d. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (32,403) (32,403) 5. a. Occupational Therapy - Medicare Contractual Allowance ** \$ (326,016) (326,016) c. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (326,016) (326,016) c. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (326,016) (326,016) c. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (181,326) (181,326) d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (181,326) (181,326) d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (181,326) (181,326) d. Occupational Therapy - Non-Medicare \$ 10,996,400 10,996,400 10,996,400 HI. Total Resident Revenue { \$ 10,996,400 10,996,400 10,996,400 10,996,400	3. a. Physical Therapy - Medica	are	\$ 410,579	410,579		
d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ (151,214) (151,214) 4. a. Speech Therapy - Medicare \$ 133,241 133,241 b. Speech Therapy - Medicare Contractual Allowance ** \$ (97,847) (97,847) c. Speech Therapy - Non-Medicare \$ 32,403 32,403 d. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (32,403) (32,403) 5. a. Occupational Therapy - Medicare Contractual Allowance ** \$ (32,6016) (32,6016) c. Occupational Therapy - Medicare Contractual Allowance ** \$ (32,6016) (32,6016) c. Occupational Therapy - Medicare Contractual Allowance ** \$ (32,6016) (32,6016) c. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (32,6016) (32,6016) c. Occupational Therapy - Non-Medicare \$ 181,326 181,326 d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (181,326) 181,326 d. Occupational Therapy - Non-Medicare \$ 181,326 181,326 181,326 d. Other (Specify) - Non-Medicare \$ 181,326 181,326 181,326 181,326 HI. Total Resident Revenue (Section I. thru Section II.) \$ 10,996,400 10,996,400 10,996,400 10,996,400 <td< td=""><td>b. Physical Therapy - Medica</td><td>are Contractual Allowance **</td><td>(301,094)</td><td>(301,094)</td><td></td><td></td></td<>	b. Physical Therapy - Medica	are Contractual Allowance **	(301,094)	(301,094)		
4. a. Speech Therapy - Medicare \$ 133,241 133,241 b. Speech Therapy - Medicare Contractual Allowance ** \$ (97,847) (97,847) c. Speech Therapy - Non-Medicare \$ 32,403 32,403 32,403 d. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (32,403) (32,403) (32,403) 5. a. Occupational Therapy - Medicare Contractual Allowance ** \$ (326,016) (326,016) (326,016) c. Occupational Therapy - Medicare Contractual Allowance ** \$ (326,016) (326,016) (326,016) c. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (181,326) (181,326) (181,326) d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (181,326) (181,326) (181,326) e. Other (Specify) - Non-Medicare Contractual Allowance ** \$ (181,326) (181,326) (181,326) f. a. Other (Specify) - Non-Medicare \$ (181,326) (181,326) (181,326) (181,326) f. a. Other (Specify) - Non-Medicare \$ (181,326) (181,326) (181,326) (181,326) (181,326) (181,326) (181,326) (181,326) (181,326) (181,326) (181,326) (181,326) (181,326) (181,326) (181,326)	c. Physical Therapy - Non-M	ledicare	\$ 151,214	151,214		
b. Speech Therapy - Medicare Contractual Allowance ** \$ (97,847) (97,847) c. Speech Therapy - Non-Medicare \$ 32,403 32,403 d. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (32,403) (32,403) 5. a. Occupational Therapy - Medicare Contractual Allowance ** \$ (32,6016) (326,016) b. Occupational Therapy - Medicare Contractual Allowance ** \$ (326,016) (326,016) c. Occupational Therapy - Medicare Contractual Allowance ** \$ (326,016) (326,016) c. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (181,326) 181,326 d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (181,326) (181,326) d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (181,326) (181,326) d. Other (Specify) - Medicare \$ \$ \$ b. Other (Specify) - Non-Medicare \$ \$ \$ HI. Total Resident Revenue (Section I. thru Section II.) \$ 10,996,400 10,996,400 \$ IV. Other Revenue* \$ \$ \$ \$ \$ 1. Meals sold to guests, employees & others \$ \$ \$ \$ \$ \$ 2. Rental of rooms	d. Physical Therapy - Non-M	edicare Contractual Allowance **	(151,214)	(151,214)		
c. Speech Therapy - Non-Medicare \$ 32,403 32,403 d. Speech Therapy - Non-Medicare Contractual Allowance ** \$ (32,403) (32,403) 5. a. Occupational Therapy - Medicare \$ 377,154 377,154 b. Occupational Therapy - Medicare Contractual Allowance ** \$ (326,016) (326,016) c. Occupational Therapy - Medicare Contractual Allowance ** \$ (326,016) (326,016) c. Occupational Therapy - Non-Medicare \$ 181,326 181,326 d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (181,326) (181,326) d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (181,326) (181,326) d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (181,326) (181,326) d. Other (Specify) - Medicare \$ \$ \$ b. Other (Specify) - Non-Medicare \$ \$ \$ HI. Total Resident Revenue (Section I. thru Section II.) \$ 10,996,400 10,996,400 \$ IV. Other Revenue* \$ \$ \$ \$ 1. Meals sold to guests, employees & others \$ \$ \$ \$ 2. Rental of rooms to non-residents \$ \$ \$ \$	^ ^ ^ ^ ^ ^		133,241	133,241		
d. Speech Therapy - Non-Medicare Contractual Allowance **\$ (32,403)(32,403)5. a. Occupational Therapy - Medicare\$ 377,154377,154b. Occupational Therapy - Medicare Contractual Allowance **\$ (326,016)(326,016)c. Occupational Therapy - Non-Medicare\$ 181,326181,326d. Occupational Therapy - Non-Medicare Contractual Allowance **\$ (181,326)(181,326)c. Occupational Therapy - Non-Medicare Contractual Allowance **\$ (181,326)(181,326)d. Occupational Therapy - Non-Medicare Contractual Allowance **\$ (181,326)(181,326)6. a. Other (Specify) - Medicare\$ (181,326)10,996,40010,996,40011. Total Resident Revenue (Section I. thru Section II.)\$ 10,996,40010,996,40010,996,400IV. Other Revenue*\$ 10,996,40010,996,40010,996,40010,996,4002. Rental of rooms to non-residents\$ 10,996,40010,996,40010,996,400				(97,847)		
5. a. Occupational Therapy - Medicare \$ 377,154 377,154 b. Occupational Therapy - Medicare Contractual Allowance ** \$ (326,016) (326,016) c. Occupational Therapy - Non-Medicare \$ 181,326 181,326 d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (181,326) (181,326) 6. a. Other (Specify) - Medicare \$ (181,326) (181,326) b. Other (Specify) - Medicare \$ (181,326) 10,996,400 10,996,400 III. Total Resident Revenue (Section I. thru Section II.) \$ 10,996,400 10,996,400 10,996,400 IV. Other Revenue* \$ 10,996,400 10,996,400 10,996,400 10,996,400 10,996,400 2. Rental of rooms to non-residents \$ 10,996,400 10,996,400 10,996,400 10,996,400			32,403	32,403		
b. Occupational Therapy - Medicare Contractual Allowance ** \$ (326,016) (326,016) c. Occupational Therapy - Non-Medicare \$ 181,326 181,326 d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (181,326) (181,326) 6. a. Other (Specify) - Medicare \$ 6 6 b. Other (Specify) - Non-Medicare \$ 10,996,400 10,996,400 III. Total Resident Revenue \$ 10,996,400 10,996,400 10,996,400 IV. Other Revenue* \$ \$ \$ \$ 1. Meals sold to guests, employees & others \$ \$ \$ \$ 2. Rental of rooms to non-residents \$ \$ \$ \$	· · · ·					
c. Occupational Therapy - Non-Medicare \$ 181,326 181,326 d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (181,326) (181,326) 6. a. Other (Specify) - Medicare \$ 6 6 b. Other (Specify) - Non-Medicare \$ 6 6 III. Total Resident Revenue (Section I. thru Section II.) \$ 10,996,400 10,996,400 IV. Other Revenue* \$ \$ \$ \$ 1. Meals sold to guests, employees & others \$ \$ \$ 2. Rental of rooms to non-residents \$ \$ \$	· · · · · · · · · · · · · · · · · · ·			2		
d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (181,326) (181,326) 6. a. Other (Specify) - Medicare \$ b. Other (Specify) - Non-Medicare \$ III. Total Resident Revenue (Section I. thru Section II.) \$ 10,996,400 10,996,400 IV. Other Revenue* 1 Meals sold to guests, employees & others \$ 2. Rental of rooms to non-residents \$	· · · · · · · · · · · · · · · ·					
6. a. Other (Specify) - Medicare \$	· · · · · · · · · · · · · · · · · · ·			,		
b. Other (Specify) - Non-Medicare\$Image: Constraint of the section of the sec	· · · ·		(181,326)	(181,326)		
III. Total Resident Revenue (Section I. thru Section II.) \$ 10,996,400 10,996,400 IV. Other Revenue* \$ 10,996,400 10,996,400 1. Meals sold to guests, employees & others \$ 10,996,400 10,996,400 2. Rental of rooms to non-residents \$ 10,996,400 10,996,400						
IV. Other Revenue*Image: Constant of the second	1 557					
1. Meals sold to guests, employees & others \$ 2. Rental of rooms to non-residents \$		on I. thru Section II.)	\$ 10,996,400	10,996,400		
2. Rental of rooms to non-residents \$						
	* * *					
3 Telephone S		nts				
	3. Telephone		\$			
4. Rental of Television and Cable Services \$		e Services				
5. Interest Income (Specify) \$ 820 820			820	820		
6. Private Duty Nurses' Fees \$	•					
7. Barber, Coffee, Beauty and Gift shops \$		1ft shops				
8. Other (Specify) \$ 722,579 722,579						
V. Total Other Revenue (1 thru 8) \$ 723,399 723,399	V. Total Other Revenue (1 thru 8)		\$ 723,399	723,399		
VI. Total All Revenue (III +V) \$ 11,719,799 11,719,799	<i>VI. Total All Revenue</i> (III +V)		\$ 11,719,799	11,719,799		

* 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)
Total Oth	er Resident Revenue - Medicare	\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
Total Oth	er Resident Revenue	\$ -	\$-	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH RHNS		(Specify)
30 IV5	Interest Employee loan		\$ 820		
Total Inter	rest Income		\$ 820	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	(CCNH	RHNS	(Specify)
30 iv 8	HHS Covid 19 funding	\$	717,192		
30 iv 8	Visitation Grant	\$	2,599		
30 iv 8	Misc	\$	2,788		
Total Oth	er Revenue	\$	722,579	\$ -	\$ -

State of Connecticut Annual Report of Long-Term Care Facility CSP-31 Rev. 6/95

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	
Gladeview Health Care Center	2024C	9/30/2021	31	37
	Account			Amount
Assets				
A. Current Assets				
1. Cash (on hand and in bar	/		\$	1,749,676
2. Resident Accounts Recei		,	\$	1,285,125
3. Other Accounts Receivab	ole (Excluding Owners	or Related Parties)	\$	758,216
4 Inventories			\$	24,951
5. Prepaid Expenses			\$	226,351
a. <u>Taxes</u>		213,670		
b. Insurance		10,145		
c. Other		2,536		
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlemen	nt Receivable		\$	
8. Other Current Assets (ite	mize)		\$	
			_	
See Schedule				
A-9. Total Current Assets (Lines	A1 thru 8)		\$	4,044,319
B. Fixed Assets	,			
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
Ĩ	Accum. Deprecia	tion Net		
3. Buildings	*Historical Cost		\$	
	Accum. Deprecia	tion Net	*	
4. Leasehold Improvements	<u>^</u>	582,859	\$	63,266
	Accum. Deprecia		÷	00,200
5. Non-Movable Equipmen	*	264,233	\$	47,87
	Accum. Deprecia		Ψ	17,07
6. Movable Equipment	*Historical Cost	470,146	\$	107,339
0. Wovable Equipment	Accum. Deprecia		Ψ	107,55
7. Motor Vehicles	*Historical Cost	1011 502,807 Net	\$	
7. Wotor Venicles		tion Net	Φ	
8 Minor Equipmont Not D	Accum. Deprecia	tion net	\$	
8. Minor Equipment-Not D	epieciable		Φ	
9. Other Fixed Assets (item.	ize)		\$	
See Schedule				
	es B1 thru 9)		\$	

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

(Carry Total forward to next page)

Attachment Page 31-34

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	
Total Othe	r Assets		\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref Line Ref Description

Total Note	s Payable	\$	-

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

Page Ref	Line Ref	Description	
Total Othe	r Current l	Liabilities (Itemize)	\$ -

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

Page Ref	Line Ref	Description	
Total Othe	r Current l	Liabilities (Itemize)	\$ -

State of Connecticut Annual Report of Long-Term Care Facility CSP-32 Rev. 6/95

G. Balance Sheet (cont'd)

		Facility	License No.	Report for Year Ended	Page		of
Glad	levie	ew Health Care Center	2024C	9/30/2021	32		37
			Account		Ar	nount	
				Total Brought Forward:	\$	4,26	52,795
C.	Lea	asehold or like property recor	ded for Equity Purpose	S.			
	1.	Land			\$		
	2.	Land Improvements	*Historical Cost				
			Accum. Depreciation	n Net	\$		
	3.	Buildings	*Historical Cost				
			Accum. Depreciation	n Net	\$		
	4.	Non-Movable Equipment	*Historical Cost				
			Accum. Depreciation	n Net	\$		
	5.	Movable Equipment	*Historical Cost				
			Accum. Depreciation	n Net	\$		
	6.	Motor Vehicles	*Historical Cost				
			Accum. Depreciation	n Net	\$		
	7.	Minor Equipment-Not Depre	eciable		\$		
C-8	То	tal Leasehold or Like Proper	<i>ties</i> (C1 thru 7)		\$		
D.	Inv	vestment and Other Assets					
	1.	Deferred Deposits			\$ 		
	2.	Escrow Deposits			\$ 		
	3.	Organization Expense	*Historical Cost				
			Accum. Depreciation	n Net	\$		
	4.	Goodwill (Purchased Only)			\$ 		
	5.	Investments Related to Resid	lent Care (<i>temize</i>)		\$		
	6.	Loans to Owners or Related	Parties (itemize)		\$		
		Name and Address	Amount	Loan Date			
	7.	Other Assets (itemize)			\$ 		4,965
		Finance fees		4,965			
		See Schedule					
D-8.		tal Investments and Other As			\$ 		4,965
D-9.	То	tal All Assets (Lines A9 + B1	0 + C8 + D8)		\$ 	4,26	57,760

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

G. Balance Sheet (cont'd)

Name of Fac	cility		License No.	Report for Year	Ended	Page		of
Gladeview I	Health	a Care Center	2024C	9/30/2021		33		37
			Account			A	Amount	
Liabilities								
А.	Cu	rrent Liabilities						
	1.	Trade Accounts Payable			9		391	,173
	2.	Notes Payable (itemize)			\$	5		
		See Schedule						
	3.	Loans Payable for Equipm			\$	5		
		Name of Lender	Purpose	Amount	Date Due			
	4.	Accrued Payroll (Exclusive	e of Owners and/or S	Stockholders only)	5	5	423	,275
	5.	Accrued Payroll (Owners a	<i>.</i>		9			
	6.	Accrued Payroll Taxes Pay			9		7	,101
	7.	Medicare Final Settlement			\$			
	8.	Medicare Current Financir	•		\$			
	9.	Mortgage Payable (Curren	e ,		9			
	10	. Interest Payable (Exclusive		elated Parties)	9			
		. Accrued Income Taxes*	v	,	9	3		
		. Other Current Liabilities (i	itemize)		\$		177	,051
		Deferred revenue	14,	563				
		Accrued expenses	13,	330				
		Provider fee payable	149,	158				
				See Schedule				
A-13	. To	tal Current Liabilities (Line	es A1 thru 12)		9	<u> </u>	998	,600

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

(Carry Total forward to next page)

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G. Balance Sheet (cont'd)

Name of Facility	of FacilityLicense No.Report for Year Endediew Health Care Center2024C9/30/2021		Ended	Page	of 27
		9/30/2021		34 Amo	37
·	Account	Total Broug	ght Forward:	Allio	998,600
Liabilities (cont'd)		Total Dioug	gift I of ward.		<i>))</i> 0,000
B. Long-Term Liabilities					
1. Loans Payable-Equipment					
			\$ Date Due		
	1				
2. Mortgages Payable			\$		
3. Loans from Owners or Rela	ated Parties (itemize)	-1	\$		
Name and Address of Lender	Amount	Loan D	Date		
4. Other Long-Term Liabilitie	es (itemize)	1	\$		
See Schedule					
B-5. Total Long-Term Liabilities (I	Lines B1 thru 4)		\$		
C. Total All Liabilities (Lines A-3		998,600			

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

	ne of Facility	License No.	Report for Y	ear Ended	Page	of
Gla	deview Health Care Center	Account	9/30/2021		35	37
A.	Reserves	At	mount			
	1. Reserve for value of leased	land			\$	
	 Reserve for depreciation value to be amortized 		ngs and appurten	ances	\$	
	3. Reserve for depreciation val	ue of leased person	al property (<i>Equ</i>	ity)	\$	
	4. Reserve for leasehold real p	roperties on which	fair rental value	is based	\$	
	5. Reserve for funds set aside	as donor restricted			\$	
	6. Total Reserves				\$	
В.	Net Worth				A	
	1. Owner's Capital				\$	
	2. Capital Stock				\$	1,000
	3. Paid-in Surplus				\$	
	4. Treasury Stock				\$	
	5. Cumulated Earnings				\$	2,983,916
	6. Gain or Loss for Period	10/1/20	20 thru	9/30/2021	\$	284,244
	7. Total Net Worth				\$	3,269,160
C.	Total Reserves and Net Worth				\$	3,269,160
D.	Total Liabilities, Reserves, and	Net Worth			\$	4,267,760

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H. Changes in Total Net Worth

Name of Fa	acility	License No.	Report for Year	Ended	Page	of
Gladeview	Health Care Center	2024C	9/30/2021		36	37
		Account			A	mount
A. Balar	nce at End of Prior Period as s	shown on Report of	09/30/2020	<u> </u>	5	2,983,916
B. Total	Revenue (From Statement of	Revenue Page 30)		(\$	11,719,799
C. Total	Expenditures (From Stateme	nt of Expenditures I	Page 27)	9		11,435,555
D. Net In	ncome or Deficit			C		284,244
E. Balar	nce			<u> </u>	5	3,268,160
F. Addit	tions					
1. A	dditional Capital Contributed	l (itemize)				
	•					
2. O	ther (<i>itemize</i>)					
F-3. Total	Additions				\$	
	ctions				Þ	
	rawings of Owners/Operator	(Dortnors (Specify)		2	r	
	Name and Address (No., City,		Title	Amount	Þ	
1	Valle and Address (100., City,	Siule, Zip)	The	Amount		
	$(1, \dots, W', 4, 1, \dots, f') = (C + f')$				Þ	
2. 0	ther Withdrawings (Specify)		\$			
	Purpose Amount					
	otal Deductions				\$	
H. Balar	nce at End of Period	09/30/	/21	C	5	3,268,160

Name of Facility	License No.	Report for Year Ended	Page of					
Gladeview Health Care Center	2024C	9/30/2021	37 37					
	Check appropriate category							
Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	□ (Specify)						
	Preparer/Reviewer Certificat	tion						
have read the most recent Federal an personnel as to the possible inclusion regulations. All non-reimbursable ex removed in the State rate computatio are properly reported as such in this p	I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. 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.							
Signature of Preparer	Title	Date Signed						
Printed Name of Preparer								
Gladeview Health Care Center								
Addres Address	-	Phone Number						
60 Boston Post Rd. Old Saybrook, CT 0647.		860-388-6696						
Contacted Person Regarding Additional Info	ormation Needed Regarding This Report	Phone Number						
Jason Moore		860-388-6686						
Contact Email Address jmoore@gladeviewcares.com								

I. Preparer's/Reviewer's Certification