

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2021

Name of Facility (as licensed) Grove Manor Nursing Home, Incorporated	
Address (No. & Street, City, State, Zip Code) 145 Grove Street, Waterbury, CT 06710	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2020	Report for Year Ending 9/30/2021

License Numbers:	CCNH 474-c	RHNS	(Specify)	Medicare Provider 075096
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Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
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For Department Use Only

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

General Information

Name of Facility (as licensed) Grove Manor Nursing Home, Incorporated	License No. 474-c	Report for Year Ended 9/30/2021	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Grove Manor Nursing Home, Incorporated [facility name], for the cost report period beginning October 1, 2020 and ending September 30, 2021, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

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

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Grove Manor Nursing Home, Incorporated	Period Covered:	From 10/1/2020	To 9/30/2021	
Address of Facility 145 Grove Street, Waterbury, CT 06710				
Report Prepared By Raymond Rossi	Phone Number 203-754-3137	Date 2/5/2022		
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

Phone No. of Facility 203-753-7205		Report for Year Ended 9/30/2021	Page 2	of 37
Name of Facility (as shown on license) Grove Manor Nursing Home, Incorporated		Address (No. & Street, City, State, Zip) 145 Grove Street, Waterbury, CT 06710		
License Numbers:	CCNH 474-c	RHNS	(Specify)	Medicare Provider No. 075096
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
<input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Ryan Aliciene		Nursing Home Administrator's License No.:	36.001498	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire Corporate Owners

Name of Facility Grove Manor Nursing Home, Incorporated	License No. 474-c	Report for Year Ended 9/30/2021	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Grove manor Nursing Home, Incorporated	145 Grove Street, Waterbury, CT 06710	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Rose Schaefer	145 Grove Street, Waterbury, CT 06710	Pres/ Treas	1486	
Ryan Aliciene	145 Grove Street, Waterbury, CT 06710	VP/Asst Treas	386	
Janet Aliciene	145 Grove Street, Waterbury, CT 06710	VP/Sec	1128	
Names of Stockholders Owning at Least 10% of Shares				
Rose Schaefer	145 Grove Street, Waterbury, CT 06710	Pres/ Treas	1,486 49.54%	
Ryan Aliciene	145 Grove Street, Waterbury, CT 06710	VP/Asst Treas	386 12.86%	
Janet Aliciene	145 Grove Street, Waterbury, CT 06710	VP/Sec	1,128 37.60%	

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility Grove Manor Nursing Home, Incorporated	License No. 474-c	Report for Year Ended 9/30/2021	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

N/A Only one level of service

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

N/A Only one level of service

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

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of	
Grove Manor Nursing Home, Incorporated			474-c	9/30/2021			6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease		Amount Claimed	
	Yes	No							
Al's Beverage Service, 3 Revay Rd., Windsor, CT 06088	<input type="radio"/>	<input checked="" type="radio"/>	Ice Machine	09/01/14	Open Ended	1,531		1,533	
Great American Financial Services, PO Box 609 Cedar Rapids, IA 52406	<input type="radio"/>	<input checked="" type="radio"/>	Copier/Printer	09/24/21	63 Months	6,204		5,849	
Quench USA, 630 Allendale Rd., King of Prussia, PA 19406	<input type="radio"/>	<input checked="" type="radio"/>	Water Cooler	10/01/14	Open Ended	893		893	
Euro Performance Cars, 800 S Colony Rd., Wallingford, CT 06492	<input type="radio"/>	<input checked="" type="radio"/>	2019 Audi	09/19/19	39 Months	9,478		9,478	
Euro Performance Cars, 800 S Colony Rd., Wallingford, CT 06492	<input type="radio"/>	<input checked="" type="radio"/>	2019 Audi	03/22/19	36 Months	10,067		10,067	
Eagle Leasing, Po Box 923, Orange, CT 06477	<input type="radio"/>	<input checked="" type="radio"/>	20' Container	02/08/21	12 Months	5,628		2,993	
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input checked="" type="radio"/> No	Total ***	30,813

* 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 Grove Manor Nursing Home, Incon	License No. 474-c	Report for Year Ended 9/30/2021	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 Dibble & Rossi CPA's, PC 2 H.A. Business Services 3 4	Address (No. & Street, City, State, Zip Code) 515 Watertown Ave., Waterbury, CT 06708 PO Box 291, Thomaston, CT 06787
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Services Provided by This Firm (*describe fully*)

1 Preparation of Financial Statements, Income Tax Returns and CT and Medicare Cost Reports	\$ 16,500
2 Bookkeeping Services, Medicaid and Medicare Patient Billing	\$ 33,470
3	\$
4	\$
	Charge for Services Provided
	\$ 49,970

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

- Yes No Accounting And Auditing Page 15, Line 1d

Legal Services Information

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

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

1
2
3
4
5

Services Provided by This Firm (*describe fully*)

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

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

- Yes No

Schedule of Resident Statistics

Name of Facility Grove Manor Nursing Home, Incorporated			License No. 474-c		Report for Year Ended 9/30/2021				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	60	60			60	60							
B. On last day of THIS report period	60	60							60	60			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	45	45			45	45							
B. As of midnight of THIS report period	36	36							36	36			
3. Total Number of Days Care Provided During Period													
A. Medicare	272	272			236	236			36	36			
B. Medicaid (Conn.)	14,264	14,264			10,706	10,706			3,558	3,558			
C. Medicaid (other states)													
D. Private Pay													
E. State SSI for RCH													
F. Other (Specify) Managed care	58	58			57	57			1	1			
G. Total Care Days During Period (3A thru F)	14,594	14,594			10,999	10,999			3,595	3,595			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	170	170			156	156			14	14			
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	14,764	14,764			11,155	11,155			3,609	3,609			

Schedule of Resident Statistics (Cont'd)

Name of Facility Grove Manor Nursing Home, Incorporated			License No. 474-c			Report for Year Ended 9/30/2021			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid			Self-Pay			Other State Assisted				
	CCNH		CCNH	RHNS		CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents													
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.													
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									68	68			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									48	48			
2. Restorative Treatments													
C. Other									55	55			
D. Total Physical Therapy Treatments									171	171			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									20	20			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									1	1			
2. Restorative Treatments													
C. Other									8	8			
D. Total Speech Therapy Treatments									29	29			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									180	180			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									65	65			
2. Restorative Treatments													
C. Other									96	96			
D. Total Occupational Therapy Treatments									341	341			

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Grove Manor Nursing Home, Incorporated	474-c	9/30/2021	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	112,591	2,124				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	131,778	2,511				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers						
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	22,266	1,362				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	120,138	2,327				
b. RN						
1. Direct Care	24,363	690				
2. Administrative**	295,319	7,986				
c. LPN						
1. Direct Care	356,655	11,675				
2. Administrative**						
d. Aides and Attendants	468,861	33,337				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	30,993	1,573				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	67,757	2,174				
n. Marketing						
o. Other (Specify) See Attached Schedule	334	20				
<i>A-13. Total Salary Expenditures</i>	1,631,055	65,779				

* 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)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Medical Records	\$ 334	20				
Total	\$ 334	20	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Audiology Consult	\$ 12	1				
Swallowing Diagnostics	\$ 720	18				
Miscellaneous Waterbury Hospital	\$ 1,476	36				
Miscellaneous Hartford Hospital	\$ 669	17				
Total	\$ 2,877	72	\$ -	-	\$ -	-

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

Name of Facility				License No.	Report for Year Ended				Page	of
Grove Manor Nursing Home, Incorporated				474-c	9/30/2021				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
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).										
Ryan Aliciene	131,778					2,511				

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

** Include all employment worked during the cost year.

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Grove Manor Nursing Home, Incorporated				474-c	9/30/2021			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Janet Aliciene	112,591					2,124				
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Grove Manor Nursing Home, Incorporated	474-c	9/30/2021	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	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						
3. Pharmacist	5,019	108				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	21,243	304				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	15,900	166				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	7,353	55				
b. Other						
10. Occupational Therapist						
a. Resident Care	40,016	364				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	104,921	1,606				
2. Administrative***						
b. LPN						
1. Direct Care	38,492	580				
2. Administrative***						
c. Aides	39,884	1,337				
d. Other						
12. Other (Specify)						
See Attached Schedule	2,877	72				
B-13 Total Fees Paid in Lieu of Salaries	275,705	4,592				

* 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 Grove Manor Nursing Home, Incorporated		License No. 474-c		Report for Year Ended 9/30/2021	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Swallowing Diagnostics, Avon, CT	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>			
Waterbury Hospital, Waterbury, Ct	Other Medical Consult	<input type="radio"/>	<input checked="" type="radio"/>			
Hartford Hospital, Hartford, Ct	Other Medical Consult	<input type="radio"/>	<input checked="" type="radio"/>			
Claim, LLC, Farmington, CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
All-American Healthcare, Newark, NJ	RN,LPN, CNA Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Nurse Network, Plantsville, CT	RN, LPN Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Paul Onakpoma, Naugatuck, CT	RN Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Gale Healthcare, Winter Park, FL	RN,LPN,CNA Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Key Personnel, North Haven, CT	LPN, CNA Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Norton & Associates, Cohasset, MA	LPN,CNA Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Five Star Care, Lakewood NJ	CNA Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Harmony Home Healthcare, East Haven, CT	CNA Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Healthdrive Audiology, Wellesley, MA	Audiology Consult	<input type="radio"/>	<input checked="" type="radio"/>			
Omnicare, Detroit, MI	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Grove Manor Nursing Home, Incorporated	474-c	9/30/2021	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 25,653	25,653		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 27,217	27,217		
4. Social Security (F.I.C.A.)	\$ 112,077	112,077		
5. Health Insurance	\$ 90,145	90,145		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 4,991	4,991		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 4,344	4,344		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 36,000	36,000		
d. Accounting and Auditing	\$ 49,970	49,970		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 11,993	11,993		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 10,275	10,275		
2. Cellular Phones	\$ 11,404	11,404		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 13,612	13,612		
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$ 3	3		
3. Resident Day User Fee	\$ 303,403	303,403		
Subtotal	\$ 701,087	701,087		

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Grove Manor Nursing Home, Incorporated	474-c	9/30/2021	16	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	701,087	701,087		
l. Travel and Entertainment				
1. Resident Travel and Entertainment \$				
2. Holiday Parties for Staff \$				
3. Gifts to Staff and Residents \$	412	412		
4. Employee Travel \$				
5. Education Expenses Related to Seminars and Conventions \$	1,298	1,298		
6. Automobile Expense (<i>not purchase or depreciation</i>) \$	10,615	10,615		
7. Other (<i>Specify</i>) See Attached Schedule \$				
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>) \$	26,986	26,986		
2. Advertising Telephone Directory (<i>all such expenses</i>)*** \$				
3. Advertising Other (<i>Specify</i>)*** \$ See Attached Schedule	6,530	6,530		
4. Fund-Raising*** \$				
5. Medical Records \$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** \$				
7. Postage \$				
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule \$	350	350		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$				
9. Subscriptions \$				
10. Contributions*** \$ See Attached Schedule				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>) \$	61,359	61,359		
12. Administrative Management Services** \$				
13. Other (<i>Specify</i>) See Attached Schedule \$	9,872	9,872		
C-14 Total Administrative & General Expenditures \$	818,509	818,509		

* 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.

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Other Advertising	\$ 4,500		
Public Relations	\$ 2,030		
Total Other Advertising	\$ 6,530	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CT Association of Healthcare Facilities	\$ 350		
Total Dues	\$ 350	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Licenses	\$ 1,723		
Fines and Citations	\$ 6,304		
Late Charges	\$ 818		
Bank Charges	\$ 977		
Resident Supplies	\$ 50		
Total Other Administrative and General	\$ 9,872	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Grove Manor Nursing Home, Incorporated	License No. 474-c	Report for Year Ended 9/30/2021	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #

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

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

Name of Facility Grove Manor Nursing Home, Incorporated		License No. 474-c	Report for Year Ended 9/30/2021	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 7,609	7,609		
2.	Non-Food Supplies	\$ 6,731	6,731		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 469,031	469,031		
c. Other (Specify) _____		\$			
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 483,371	483,371		
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
F.	Resident Meals: Total no. of meals served per day:*				
G.	Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.
K.	Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.
N.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
O.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Grove Manor Nursing Home, Incorporated	474-c	9/30/2021	19	37
Item	Total	CCNH	RHNS	(Specify)
3. Laundry				
a. In-House Processing*	Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$			
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
	Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
	Amt. \$			
4. Repair and/or purchase of linens.***	Lbs.			
	Amt. \$			
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	\$	49,131	49,131	
c. Other (<i>Specify</i>) Laundry Supplies	\$	638	638	
3D. Total Laundry Expenditures (3a + b + c)	\$	49,769	49,769	
3E. Laundry Questionnaire				
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
K. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Grove Manor Nursing Home, Incorporated		474-c	9/30/2021		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel	23,837	23,837		
	a. In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	4,647	4,647		
	b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel	23,837	23,837		
		Amt. \$	104,331	104,331		
	C. Other (<i>Specify</i>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	108,978	108,978		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from Omnicare	\$	19,469	19,469		
	b. Medicine Cabinet Drugs	\$	64,883	64,883		
	c. Medical and Therapeutic Supplies	\$	543	543		
	d. Ambulance/Limousine***	\$				
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	12,990	12,990		
	f. X-rays and Related Radiological Procedures***	\$	4,866	4,866		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory***	\$	3,573	3,573		
	i. Recreation	\$	13,594	13,594		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (Specify)**** See Attached Schedule	\$	28,464	28,464		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	148,382	148,382		

* 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.

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

Name of Facility Grove Manor Nursing Home, Incorporated				License No. 474-c	Report for Year Ended 9/30/2021	Page of 21 37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Pointclickcare	Detroit, MI	<input type="radio"/>	<input checked="" type="radio"/>		Computer Services	22,528				
Med-Apparel Service	Perth Amboy, NJ	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Service	11,008				
Unitex Textile	Mount Vernon NY	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Service	38,122				
Healthcare Services	Philadelphia, PA	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping Service	104,081				
Healthcare Services	Philadelphia, PA	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Services	469,031				
USA Hauling	East Windsor, CT	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	18,768				
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Grove Manor Nursing Home, Incorporated	474-c	9/30/2021			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 22,813	22,813				
b. Heat	\$ 24,920	24,920				
c. Light & Power	\$ 36,452	36,452				
d. Water	\$ 8,456	8,456				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 30,813	30,813				
f. Other (<i>itemize</i>)	\$ 49,186	49,186				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 172,640	172,640				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 2,640	2,640				
b. Building & Building Improvements	\$ 73,006	73,006				
c. Non-Movable Equipment	\$ 404	404				
d. Movable Equipment	\$ 17,087	17,087				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 93,137	93,137				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 64,068	64,068				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 9,271	9,271				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 166,476	166,476				

* 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	(Specify)
Maintenance Purchased Services	\$ 49,186		
Total Other Repairs and Maintenance	\$ 49,186	\$ -	\$ -

Depreciation Schedule

Name of Facility Grove Manor Nursing Home, Incorporated			License No. 474-c			Report for Year Ended 9/30/2021			Page 23	of 37		
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
A. Land Improvements												
1. Acquired prior to this report period			96,611		96,611	80,346	SL	Various	2,640			
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal										2,640		
B. Building and Building Improvements												
1. Acquired prior to this report period			1,932,438		1,932,438	1,442,555	SL	Various	67,899			
2. Disposals (attach schedule)			(52,923)		(52,923)	(26,163)	SL	Various	2,646			
3. Acquired during this report period (attach schedule)			83,824						2,461			
B-4. Subtotal										73,006		
C. Non-Movable Equipment												
1. Acquired prior to this report period			103,367		103,367	101,750	SL	Various	404			
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal										404		
		Is a mileage logbook maintained?	Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year							
D. Movable Equipment												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period					214,628		214,628	89,375	SL	Various	16,340	
b. Disposals (attach schedule)					(4,150)		(4,150)	(4,150)	SL	Various	461	
c. Acquired during this report period (attach schedule)					3,434				SL	Various	286	
D-3. Subtotal												17,087
E. Total Depreciation												93,137

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
5/21/2021	1st Floor Bathroom Floor	\$ 1,650	20	\$ 28
6/9/2021	Hallway Protectors	\$ 2,624	5	\$ 175
3/15/2021	Hydraulic Cylinder for Elevator	\$ 76,572	20	\$ 2,233
7/28/2021	Fire Suppressions UpGrade	\$ 2,978	20	\$ 25
Total additions for Building Improvement		\$ 83,824		\$ 2,461 *
Deletions:				
10/31/2011	Elevator Cylinder	\$ (50,948)	20	\$ 2,547
10/1/2014	Tile 1st Floor Bathroom	\$ (1,975)	20	\$ 99
Total deletions for Building Improvement		\$ (52,923)		\$ 2,646 **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
5/13/2021	4 Laptop Computers	\$ 3,434	5	\$ 286
Total additions for Movable Equipmen		\$ 3,434		\$ 286 *
Deletions:				
4/1/2016	Notebooks	\$ (1,617)	5	\$ 163
5/1/2016	Notebook Install	\$ (1,367)	5	\$ 161
5/1/2016	Notebooks	-1166	5	137
Total deletions for Movable Equipmen		\$ (4,150)		\$ 461 **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*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
Grove Manor Nursing Home, Incorporated			474-c		9/30/2021			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Grove Manor Nursing Home, Incorporated	License No. 474-c	Report for Year Ended 9/30/2021	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased		1956/1969		
2. Date Structure Completed		01/01/69		
3. If NOT Original Owner, Date of Purchase		01/01/69		
4. Date of Initial Licensure		Unavailable		
5. Total Licensed Bed Capacity		60		
6. Square Footage		23,837		
7. Acquisition Cost				
a. Land		43,809		
b. Building		755,334		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of _____				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Grove Manor Nursing Home, Incorpo		474-c	9/30/2021		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Grove Manor Nursing Home, Inco		474-c		9/30/2021		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify) Line of Credit Capital Leases Credit Card				\$ 5,388	5,388		
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 5,388	5,388		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 55,093	55,093		
b. Insurance on Automobiles				\$ 5,435	5,435		
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$ 60,528	60,528		
15. Total All Expenditures (A-13 thru C-14)				\$ 3,920,801	3,920,801		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Grove Manor Nursing Home, Incorporated			474-c	9/30/2021	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 40,016	40,016		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 36,000	36,000		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	13	Gifts, flowers and coffee shops	\$ 412	412		
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.	16	16	Automobile Expense (e.g. personal use)	\$ 10,615	10,615		
18.	16	1m3	Unallowable Advertising *	\$ 6,530	6,530		
19.	15	1j	Income Tax / Corporate Business Tax	\$ 13,612	13,612		
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 15,036	15,036		
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 who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 122,221	122,221		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Fines and Citations	\$ 6,304		
16	m13	Late Charges	\$ 818		
15	1k2	Use tax	\$ 3		
20	5i	Cable	7911		
Total Other A&G Adjustments			\$ 15,036	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Grove Manor Nursing Home, Incorporated				474-c	9/30/2021	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 122,221	122,221		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 19,469	19,469		
28.			Ambulance/Limousine	\$			
29.	20	5f	X-rays, etc	\$ 4,866	4,866		
30.	20	5h	Laboratory	\$ 3,573	3,573		
31.	20	5c	Medical Supplies	\$ 543	543		
32.	20	500	Oxygen (non emergency)	\$ 12,990	12,990		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10c	Unallowable Property and Real Estate Taxes	\$ 3,654	3,654		
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 19,545	19,545		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.	27	14b	Property Insurance	\$ 5,435	5,435		
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 192,296	192,296		

*** 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	CCNH	RHNS	(Specify)
Total Other Ancillary Costs			\$ -	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	6e	Automobile Leases	\$ 19,545		
Total Other Property Adjustments			\$ 19,545	\$ -	\$ -

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

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			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Grove Manor Nursing Home, Incorporated	474-c	9/30/2021			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 4,911,060	4,911,060				
b. Medicaid Room and Board Contractual Allowance **	\$ (1,803,094)	(1,803,094)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 97,465	97,465				
b. Medicare Room and Board Contractual Allowance **	\$ 70,054	70,054				
4. a. Private-Pay Residents and Other	\$ 20,831	20,831				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 8,596	8,596				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (4,589)	(4,589)				
c. Prescription Drugs - Non-Medicare	\$ 3,181	3,181				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (2,639)	(2,639)				
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 21,253	21,253				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (11,346)	(11,346)				
c. Physical Therapy - Non-Medicare	\$ 15,950	15,950				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (15,227)	(15,227)				
4. a. Speech Therapy - Medicare	\$ 11,650	11,650				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (6,219)	(6,219)				
c. Speech Therapy - Non-Medicare	\$ 350	350				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (350)	(350)				
5. a. Occupational Therapy - Medicare	\$ 46,425	46,425				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (24,784)	(24,784)				
c. Occupational Therapy - Non-Medicare	\$ 25,700	25,700				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (24,291)	(24,291)				
6. a. Other (<i>Specify</i>) - Medicare	\$ 1,687	1,687				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 260	260				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 3,341,923	3,341,923				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 350,403	350,403				
V. Total Other Revenue (1 thru 8)	\$ 350,403	350,403				
VI. Total All Revenue (III + V)	\$ 3,692,326	3,692,326				

* 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)
30	Lab	\$ 845		
30	Lab Allowance	\$ (451)		
30	Medicare B Retro Ancillaries	\$ 2,413		
30	Medicare B Retro Ancillaries Allowance	\$ (1,288)		
30	Xray	\$ 360		
30	Xray Allowance	\$ (192)		
Total Other Resident Revenue - Medicare		\$ 1,687	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30	Oxygen Private	\$ 180		
30	Lab	\$ 475		
30	Lab Allowance	\$ (395)		
Total Other Resident Revenue		\$ 260	\$ -	\$ -

Interest Income

Account

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

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30	PPP Loan Forgiveness	\$ 350,000		
30	Various Government Grants	\$ 27,159		
30	Loss on Assets Scrapped	\$ (26,756)		
Total Other Revenue		\$ 350,403	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Grove Manor Nursing Home, Incorporated	474-c	9/30/2021	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	161,798
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	382,226
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	31,788
a. Insurance	31,788			
b. _____				
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	35,014
Due From Shareholder	35,014			

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	610,826
B. Fixed Assets				
1. Land			\$	43,809
2. Land Improvements	*Historical Cost	96,611	\$	13,625
	Accum. Depreciation	82,986		Net
3. Buildings	*Historical Cost	1,963,339	\$	473,941
	Accum. Depreciation	1,489,398		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	103,367	\$	1,213
	Accum. Depreciation	102,154		Net
6. Movable Equipment	*Historical Cost	213,912	\$	111,598
	Accum. Depreciation	102,314		Net
7. Motor Vehicles	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	(49,885)
F/S vs C/R Difference in Fixed Assets	(49,885)			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	594,301

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

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

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

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

G. Balance Sheet (cont'd)

Name of Facility Grove Manor Nursing Home, Incorporated	License No. 474-c	Report for Year Ended 9/30/2021	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 1,205,127	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
3. Buildings		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
4. Non-Movable Equipment		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
5. Movable Equipment		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
6. Motor Vehicles		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

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

See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 1,205,127	

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

G. Balance Sheet (cont'd)

Name of Facility Grove Manor Nursing Home, Incorporated	License No. 474-c	Report for Year Ended 9/30/2021	Page 34	of 37
Account			Amount	
Total Brought Forward:			1,379,336	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 220,918
Name and Address of Lender	Amount	Loan Date		
Rose Schaefer	220,918			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$

See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 220,918
C. Total All Liabilities (Lines A-13 + B-5)				\$ 1,600,254

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

Name of Facility	License No.	Report for Year Ended	Page	of
Grove Manor Nursing Home, Incorporated	474-c	9/30/2021	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	3,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(152,843)
6. Gain or Loss for Period			\$	(245,284)
	10/1/2020	thru	9/30/2021	
7. Total Net Worth			\$	(395,127)
C. Total Reserves and Net Worth			\$	(395,127)
D. Total Liabilities, Reserves, and Net Worth			\$	1,205,127

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Grove Manor Nursing Home, Incorporated	474-c	9/30/2021	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2020			\$	(152,843)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	3,692,326
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	3,920,801
D. Net Income or Deficit			\$	(228,475)
E. Balance			\$	(381,318)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i> Difference in Depreciation (16,809)				
F-3. Total Additions			\$	(16,809)
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period		09/30/21	\$	(398,127)

I. Preparer's/Reviewer's Certification

Name of Facility Grove Manor Nursing Home, Incorporated	License No. 474-c	Report for Year Ended 9/30/2021	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Raymond E. Rossi, Jr.				
Address Address		Phone Number		
515 Watertown Avenue, Waterbury, CT 06708		203-754-3134		
Contacted Person Regarding Additional Information Needed Regarding This Report		Phone Number		
Ryan Aliciene		203-753-7205		
Contact Email Address				
ray@pdrcpas.com				