State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2021

Name of Facility (as licensed)	
JACC Healthcare Center of Danielson	
Address (No. & Street, City, State, Zip Code)	
111 Westcott Road, Danielson, CT 06239	
Type of Facility	
Chronic and Convalescent ☑ Nursing Home only (CCNH)	Rest Home with NursingSupervision onlyI (Specify)(RHNS)
Report for Year Beginning 10/1/2020	Report for Year Ending 9/30/2021

License Numbers:	CCNH 383940364	RHNS	(Specify)		Medicare Provider 07-5423
Medicaid Provider Numbers: CCNH		RHNS	ICF-IID		
	20454				

For Department Use Only

Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received
	Ttoturized		1 100-Barren		

G	eneral In	formation			
Name of Facility (as licensed)	License N	0.	Report for Year Ended	Page	of
JACC Healthcare Center of Danielson	383940	364	9/30/2021	1	37
Administ MISREPRESENTATION OR FALSIFIC COST REPORT MAY BE PUNISHAB FEDERAL LAW.	CATION OF		ATION CONTAINED IN		
I HEREBY CERTIFY that I have read the Cost Report and supporting schedules pre- for the cost report period beginning Octor of my knowledge and belief, it is a true, records of the provider(s) in accordance	repared for JA ober 1, 2020 a correct, and c	CC Healthcare nd ending Septe omplete stateme	Center of Danielson [facilember 30, 2021, and that t	lity name], to the best	
I hereby certify that I have directed the prep Schedule of Resident Statistics, Statements Balance Sheet of this Facility in accordance year ended as specified above.	of Reported Ex	penditures, State	ements of Revenues and the	related	
I have read this Report and hereby certif my knowledge under the penalty of perju- presented in this Report as a basis for se- residents were incurred to provide reside recorded have been retained as required request.	ury. I also cen curing reimbu ent care in this	rtify that all sala ursement for Tit s Facility. All s	ry and non-salary expense le XIX and/or other State upporting records for the	es assisted expenses	
{a} Subject to Desk Audit Review					
Signed (Administrator)	Date	Signed (Ov	vner)	Date	
Printed Name (Administrator) Brian Nyberg		Printed Nat	me (Owner)		

rmation \sim 1 Inf

Brian Nyberg Comm. Expires Signed (Notary Public) State of Date Subscribed and Sworn to before me: 1 Address of Notary Public

1

(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	ent		Page	of	
				1A	37
Name of Facility		Period Cov	ered:	From	То
JACC Healthcare Center of Danielson				10/1/2020	9/30/2021
Address of Facility 111 Westcott Road, Danielson, CT 06239					
Report Prepared By		Phone Nur		Date	
Marcum LLP		203-781-96	00	2/14/2022	
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.

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General Information and Questionnaire Type of Facility - Organization Structure

		one No. of Fac 0) 774-9540	ility	Report for Year 9/30/2021	r Ended	Page 2		of 37
Name of Facility (as shown on license)	100		. & .	Street, City, Stat	e. Zin)			
JACC Healthcare Center of Danielson				ad, Danielson, C		9		
CCNH	1	RHNS		(Specify)		Medicare I	Provid	ler No.
License Numbers: 383940364						07-5423		
Type of Facility (Check appropriate box(es))								
Chronic and Convalescent Nursing Home only (CCNH)		t Home with loervision only		~ /	Specify)		
Type of Ownership (Check appropriate box)								
O Proprietorship O LLC O Partnership	0	Profit Corp.	0	Non-Profit Corp	. 0	Government	0	Trust
If this facility opened or closed during report year provid	le:		Date	e Opened I	Date Clo	sed		
Has there been any change in ownership		37		N- I	f IIV.aa II	ovuloin full	* *	
or operation during this report year?	0	Yes	0	No I	I res,	explain full	у	
Administrator								
Name of Administrator				Nursing Hor				
Brian Nyberg				Administrato		1943		
Other Operators/Owners who are assistant administrators	. (f.,1	1 ou nont time?	of th	License No	0.:[
Name	s (101	i or part time,	01 11	License N	0.1			
N/A				License in				

General Information and Questionnaire Partners/Members

Name of FacilityIJACC Healthcare Center of DanielsonI		License No. 383940364	Report for Y 9/30/2021	lear Ended	Page of 3 37
		Business A 111 Westcott Ro Danielson, CT (Address State(s) and Which I Dad, CT		or Town(s) in egistered
Name of Partners/Members	Business Ac	ldress		Title	% Owned
JACC Healthcare Group LLC	130 Main Street, Thom 06787	Member		0.25	
Shimshon Fisher	111 Westcott Road, Da 06239	nielson, CT	Member		0.75

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Ye	ar Ended	Page of
JACC Healthcare Center of Danielson	383940364	3A 37		
If this facility is owned or operated as a corp		9/30/2021 he following inf	ormation:	i
Legal Name of Corporation		ess Address	State(s) in W	hich Incorporated
N/A			<u>1</u>	
				No. Shares
Name of Directors, Officers	Busin	ess Address	Title	Held by Each
N/A				
Names of Stockholders Owning at Least				
10% of Shares				
N/A				
IN/A				

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of
JACC Healthcare Center of Danielson	383940364	9/30/2021	3B 37
If this facility is owned or operated as an individua	l proprietorship, p	rovide the following informat	ion:
Own	ner(s) of Facility		
N/A			

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General Information and Questionnaire Related Parties*

Name of Facility		License	No.		Report for Year Ended		Page	of
JACC Healthcare Center	r of Danielson	38	394036	54	9/30/2021		4	37
	· · · · · · · · · · · · · · · · · · ·	. '1'	1.4.1.41.			YO HX7 H 11.1	N Y / A 1	1 1
	viving compensation from the fa	-		-		If "Yes," provide th		
marriage, ability to conti	rol, ownership, family or busine	ess assoc	ciation?	0	Yes O No	complete the inform	nation on Pa	ge 11 of the report.
Are any individuals or c	ompanies which provide goods	or servi	ces,					
including the rental of p	roperty or the loaning of funds	to this fa	acility,					
related through family a	ssociation, common ownership,	control	, or bus	iness	⊙ Yes O No			
association to any of the	owners, operators, or officials	of this f	acility?			If "Yes," provide th	e following	information:
		Als	o Provi	des		Indicate Where		
		Good	ls/Servi	ces to		Costs are Included		
Name of Related	Business		lelated]		Description of Goods/Services	in Annual Report	Cost	Actual Cost to th
Individual or Company	Address	Yes	No	%**	Provided	Page # / Line #	Reported	Related Party
Shimshon Fisher	111 Westcott Road, Danielson, CT 06239	0	۲		Loan	Page 34, Line B3	505,500	505,500
Shimshon Fisher	111 Westcott Road, Danielson, CT 06239	0	۲		Loan	Page 32, Line D6	1,000,000	1,000,000
		0	۲					
		0	۲					
		0	٥					
		0	٥					
		0	٥					
		0	٥					
		0	0					

* 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 5 37		
JACC Healthcare Center of Danielson	383940364		9/30/2021		_	
If the facility is licensed as CDH and/or RCH o		IDS or TB	services with special Medicai	d rates, costs		
must be allocated to CCNH and RHNS as follo			_			
Item			Method of Allocation			
Dietary			meals served to residents			
Laundry			pounds processed			
Housekeeping			square feet serviced			
			hours of routine care provided			
Nursing			elassification, i.e., Director (or			
		Registered	Nurses, Licensed Practical Nu	rses, Aides and		
		Attendants				
Direct Resident Care Consultants		Number of	hours of resident care provide	d by EACH		
		specialist ((See listing page 13)			
Maintenance and operation of plant		Square feet	t			
Property costs (depreciation)		Square feet	t			
Employee health and welfare		Gross salar	ies			
Management services		Appropriat	e cost center involved			
All other General Administrative expenses		Total of Direct and Allocated Costs				
The preparer of this report must answer the foll	lowing quest	ions applic	able to the cost information pro	ovided.		
1. In the preparation of this Report, were all			If "No," explain fully why suc		IS	
costs allocated as required?	• Yes	O No	not made.			
N/A						
2. Explain the allocation of related company ex	penses and	attach copy	of appropriate supporting data	1.		
N/A	1					
3. Did the Facility appropriately allocate and se	elf-disallow	direct and i	ndirect costs to non-nursing he	ome cost centers	s?	
(e.g., Assisted Living, Home Health, Outpat						
(0.g., Assisted Living, Home Health, Outpat		, maan Da		h alloaction		
	• Yes	O No	If "No," explain fully why suc	n allocation wa	IS	
			not made.			
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
JACC Healthcare Center of Danielson			383940364	9/30/2021			6	37
	Relate	d * to						
	Owr							
	Opera					Annual		
	Offi	-		Date of	Term of	Amount	Amo	
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Clai	med
ECOLAB, Inc. 370 N. Wabasha Street, St. Paul, MN 55102/Greatamerica Financial/Pitney Bowes	0	\odot	Dishmachine/Copier/Postage Meter	Rountine Leases	Rountine Leases	6,247	6,247	
	0	۲						
	0	\odot						
	0	۲						
	0	۲						
	0	٥						
	0	۲						
	0	Θ						
	0	٥						
	0	٥						
Is a Mileage Log Book Maintained for All L	eased V.	ehicles	? O Yes	۲	No	Total ***	6,247	

* 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

r			
Name of FacilityLicense NJACC Healthcare Center of Daniels383	No. Report for Year En 8940364 9/30/2021	ded	Page of 7 37
The records of this facility for the period cover		the following basis:	
⊙ Accrual O Cash O Modified	Cash		
Is the accounting basis for this			
period the same as for the • Yes	If "No," explai	n.	
previous period? O No			
N/A			
Independent Accounting Firm	Address (Nio & Sta	reet, City, State, Zip Code)	
Name of Accounting Firm		arf Drive, New Haven, CT 0651	1
1 Marcum LLP		Brooklyn, NY 11219	1
2 Saul N. Friedman & Co.	1333 6011 81, 1	Srooklyn, NY 11219	
3 Gershon Biegeleisen, CP			
4 Services Provided by This Firm (<i>describe full</i>			
	y)		\$ 12,324
1 Cost Reports / Medicaid Rate Consulting			
2 Monthly Financials / Bookkeeping			\$ 33,000
3 Accounting Fees (Disallow Page 28)			\$ 4,600
4		1	\$
		Cha	rge for Services Provided
			\$ 49,924
Are These Charges Reflected in the Expenditure Portion		assification and Line No.	
⊙ Yes O No Page 15 I	Line 1d		
Legal Services Information		1	
Name of Legal Firm or Independent Attorney			ephone Number
1 See Attached Page 7a		See	Attached Page 7a
2 3			
3			
4			
5			
Address (No. & Street, City, State, Zip Code)			
1 See Attached Page 7a			
2			
3			
4			
5 Services Provided by This Firm (<i>describe full</i>	(v)		
	<i>J J</i>		\$
1 See Attached Page 7a			\$\$
2			\$
3			\$
4			\$
5			
		Cha	rge for Services Provided
			\$
Are These Charges Reflected in the Expenditure Portion		assification and Line No.	
• Yes O No Page 15,	Line ie		

State of Connecticut Annual Report of Long-Term Care Facility CSP-7 Rev. 6/95

General Information and Questionnaire Accounting Basis

Nam	e of Facility	License No.	Report for Year Ended		Page	of
	Healthcare Center of Danielson		9/30/2021		7a	37
The	records of this facility for the per	iod covered by this report were r	naintained on the following basis:			
-		Modified Cash				
	e accounting basis for this					
11		Yes	If "No," explain.			
	ious period? O	No		_		_
N/A						
Ind	ependent Accounting Firm					
Nam	ne of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
1						
2						
3 4						
-	ices Provided by This Firm (descr	ribe fully)				
1				\$		
2				\$		
3				\$		
4				\$		
					Services Provid	ed
Are	These Charges Reflected in the Expe	nditure Portion of This Report? If Y	es, Specify Expense Classification and Line No.	\$		
	Yes O No	Page 15 Line 1d				
	al Services Information			Trates 1	Muschar	
	ne of Legal Firm or Independent A	Attorney		Telephone 732-456-65		
1	Censor Law			973-325-1		
2 3	Chiesa Shahinian Dorsi & Dorsi			203-934-6		
4	Ford Harrison			860-740-1		
5	Goldman, Gruder & Woods			203-899-8	900	
6	Kevin Wakely, St. Marshall					
7	Murtha Cullina LLP			203-772-7		
8	Treasurer, State of CT			860-702-3	000	
9	Ashley Rotondo ress (No. & Street, City, State, .	Zin Code)				
1	250 Ocean Ave, Lakewood, NJ					
2	1 Boland Dr #2, West Orange, N					
3	537 Washington Ave, West Have					
4	PO Box 890836, Charlotte, NC 2					
5	200 Connecticut Ave, Norwalk,					
6	PO Box 7, Canterbury, CT 0633:					
7 8	265 Church Street, New Haven, Local Probate Court	CI 00510				
_	local Probate Court vices Provided by This Firm (descr	ribe fully)				
1	General Legal			\$	46,337	
4	Labor Relations			\$	5,355	
6	State Marshall (Disallow Page 28)			\$	1,141	
7	CHOW/Labor Relations			\$	4,667	
8	Conservatorship (Disallow Page 28	3)		S	6,030	
9	Notary Svs			\$	80	
				Charge for	Services Provid	led
				S		
Are	These Charges Reflected in the Expe	enditure Portion of This Report? If Y	es, Specify Expense Classification and Line No.	0.e.		
	Yes O No	Page 15, Line 1e				
1						

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Schedule of Resident Statistics

Name of Facility			License 1	No.			Report fo	r Year Ende	d		Page	of
JACC Healthcare Center of Danielson			383940364			9/30/202	1			8	37	
					Period 10/1 Thru 6/30 Period 7/					/1 Thru 9/30		
	Total All	Total CCNH	Total RHNS	Total								
	Levels	Level	Level	(Specify)	Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
 Certified Bed Capacity On last day of PREVIOUS report period 	190	190			190	190						
B. On last day of THIS report period	190	190							190	190		
 Number of Residents A. As of midnight of PREVIOUS report period 	156	156			156	156						
B. As of midnight of THIS report period	123	123							123	123		
3. Total Number of Days Care Provided During Period												
A. Medicare	7,442	7,442			6,252	6,252			1,190	1,190		
B. Medicaid (Conn.)	34,637	34,637			25,554	25,554			9,083	9,083		
C. Medicaid (other states)												
D. Private Pay	2,732	2,732			1,804	1,804			928	928		
E. State SSI for RCH												
F. Other (Specify) Managed Care, Hospice, Other	3,121	3,121			2,405	2,405			716	716		
G. Total Care Days During Period (3A thru F)	47,932	47,932			36,015	36,015			11,917	11,917		
Total Number of Days Not Included in Figures in 3G 4. for Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	47,932	47,932			36,015	36,015			11,917	11,917		

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

Name of Facility License No. Report for Yace Endod Page of 930/2021 9 37 4. Were there any changes in the certified bed capacity during the report year? O Yes © No 9 37 4. Were there any changes in the certified bed capacity during the report year? O Yes © No 0 No				Sch	edu	le of	Re	sider	nt S	tatis	tics (C	Cont'd)		
JACC Healthcare Center of Danielson 383940364 9/30/2021 9 37 4. Were there any changes in the conflict block capacity during the report year? O. Yes O. No No If "YES", provide the following information: Capacity After Change Capacity After Change Reason for Change Date of CCNH RHNS (Specify) Lost Gained Reason for Change (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) Reason for Change (1) (2) (3) (1) (2) (3) CNH RHNS (Specify) 1st change Item Item Item Item Item Item Item 1st change Change in Resident Day Item Self-Pay Other State Assided 1st change Medicaid Self-Pay Other State Assided 1st change Item CONH RHNS CONH RHNS (Specify) 1st change Residents and Rates on September 30 of Cost Year Item Item Item 1st change State State State Item 1st change State State	Name of Faci	lity			Lice	ise No.				Report	for Year	Ended		Page	of
4. Were there any changes in the certified bed capacity during the report year? O Yes © No H"YES", provide the following information: Price of Change Change in Beds Capacity ARer Change (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) <		•	nter of I	Danielson	383	940364					9/30/202	.1		9	37
Place of Change Place of Change Counce in Resident Cancel Cancel (M) Cancel (M) <td>4. Were the</td> <td>ere any c</td> <td>changes</td> <td>in the certified b</td> <td></td> <td>pacity du</td> <td>uring (</td> <td>he repo</td> <td>ort yea</td> <td>ar?</td> <td>0</td> <td>Yes</td> <td>٥</td> <td>No</td> <td></td>	4. Were the	ere any c	changes	in the certified b		pacity du	uring (he repo	ort yea	ar?	0	Yes	٥	No	
Date of Change CCNH RHNS (Specify) Lost Gained Reason for Change (1) (2) (3) (1) (2) (3) (1) (2) (3) CCNH RHNS (Specify) Reason for Change (1) (2) (3) (1) (2) (3) (1) (2) (3) CCNH RHNS (Specify) Reason for Change (1) (2) (3) (1) (2) (3) (1) (2) (3) CCNH RHNS (Specify) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (3) (2) (3) (3) (3) (1) (2) (3) (3) (1) (2) (3) (3) (1) (2) (3) (2)	If "YES"				:10n:						a	1. 1.0	CI		
Change (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) CNM RHNS (Specify) Reason for Change Image						Ch	ange				Ca	pacity Afte	r Change		
1 (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (1) (2) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3)	Date of	CCNH	RHNS	(Specify)		Lost		(Jaine	d					
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8. Total Number of Speech Therapy TreatmentsImage: Constraint of ConstraintsImage: Co			Physical	Therapy Treat	nents										
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B. Medicaid (Exclusive of Part B)Image: Construct TreatmentsImage: C												357	357		
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C. Other963963963D. Total Speech Therapy Treatments1,5171,51719. Total Number of Occupational Therapy Treatments666A. Medicare - Part B66365366B. Medicaid (Exclusive of Part B)66661. Maintenance Treatments643643662. Restorative Treatments6666C. Other4,4414,44166												197	197		
D. Total Speech Therapy Treatments1,5171,5179. Total Number of Occupational Therapy Treatments663663A. Medicare - Part B653653B. Medicaid (Exclusive of Part B)6636631. Maintenance Treatments6636632. Restorative Treatments663643C. Other4,4414,441			torative	Treatments											
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B. Medicaid (Exclusive of Part B)Image: C. OtherImage: C. Other					l'reat:	ments								- <u></u>	
1. Maintenance Treatments6436432. Restorative TreatmentsC. Other4,4414,441					_		_	_				653	653	A	
2. Restorative Treatments	В.											643	642		
C. Other 4,441 4,441												043	C+0		
	C		lorative	ritamients			_					4.441	4.441		
			Occunat	ional Therapy T	reatn	nents									

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

Report of Expenditures - Salaries & Wages

Name of Facility JACC Healthcare Center of Danielson	License No. 383940364		Report for Yea 9/30/2021	r Ended	Page 10	of 37
Are time records maintained by all individuals receiving con		•	Yes	0	No	
			Total Cost a	and Houre		
		_	Total Cost a			
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*	COM	Tiouro		17 = 2 - 1		
1. Operators/Owners (Complete also Sec. I	10 10 10 10 10 10 10 10 10 10 10 10 10 1					HALL AND
of Schedule A1)						
2. Administrator(s) (Complete also Sec. III				W14 - So 1	Bury 린 V드	
of Schedule A1)	187,454	2,516				
3. Assistant Administrator (Complete also Sec. IV				승규는 감독 -	The Artest of State	50.20.2 kg
of Schedule A1)						
4. Other Administrative Salaries (telephone	Hen and the	a _ s 2				
operator, clerks, receptionists, etc.)	539,413	24,710				
5. Dietary Service			and the second	A THE DALK		
a. Head Dietitian	69,743	2,002				
b. Food Service Supervisor	61,149	2,160				
c. Dietary Workers	673,238	34,284		in the second second		
6. Housekeeping Service			248200 - 2 × 2			A SUBIL
a. Head Housekeeper b. Other Housekeeping Workers	365,445	18,475				
7. Repairs & Maintenance Services	303,443	10,473	a silana silan	18 ST 8 1	-	Distance in the
a. Engineer or Chief of Maintenance	79,607	2,236				the second second
b. Other Maintenance Workers	101,208	5,354				
8. Laundry Service	101,200	1.0.27	10001	hr. 2		LW L
a. Supervisor						
b. Other Laundry Workers	210,803	10,671				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services				Mas≘u =X =1		a cinera
a. Head Accountant						
b. Other Accountants		_		-		Concession in the local division of the loca
12. Professional Care of Residents			W11917-22		1920 2010 2010	Dia 1
a. Directors and Assistant Director of Nurses	221,988	4,246				
b. RN		10 50 5	3 M.		The second second	
1. Direct Care	1,095,718	10,735				
2. Administrative**	252,406	15,802		· · · · · · · · · · · · · · · · · · ·	51 west of 51	
c. LPN	1,567,846	50,457				
Direct Care Administrative**	49,949	1.611	Fet			
d. Aides and Attendants	2,589,717	142,115				
e. Physical Therapists	282,871	11,988				
f. Speech Therapists	114,885	2,654				
g. Occupational Therapists	276,653	9,047				
h. Recreation Workers	147,767	7,734				
i. Physicians						
1. Medical Director						
2. Utilization Review						
 Resident Care*** 						
4. Other (Specify)		nt solon	C SKAMIN STA	11.22	<u>a an an</u>	
j. Dentists						
k. Pharmacists						
1. Podiatrists						
m. Social Workers/Case Management	97,670	4,248				
n. Marketing			10 percent			
o. Other (Specify)			LAN MARK			
See Attached Schedule	8,985,530	363,045				

* 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)

	CCI	NH	R	HNS	(Specify)
Position	\$	Hours	\$	Hours	\$	Hours
	3 4 5					=
and the second						
- The second sec						
			1			in second
			-	the second s		
	 		A COLORADOR		100 - 10 - 10	1 A 11
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		- Aller				
and the second second					11 0	
		- S.			11 2910	
in the second					1.0	
Fotal	\$ 1.00	÷	\$ -	-	\$	

Schedule of Other Fees (Page 13)

		CCN	H		RHI	NS		(Spec	cify)
Service		\$	Hours	\$		Hours		\$	Hours
State of the second									
Various Consulting	\$	19,434	170					n lug	
Nurse Consulting	\$	13,295	267	-					
Therapy Management	\$	54,000	844/Est						
									-
				-					
							-		
				1					
Fotal	S	86,729	437	\$			\$	1000	

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

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

Assistant Administrators and Other Related Parties*

Name of Facility				License No.			Year Ended		Page	of
JACC Healthcare Center of Danie	lson			383940364		9/30/2021			11	37
		Salary Pai	d	Fringe Benefits and/or Other		Total	Line Where		Total	
Name	CCNH	RHNS	(Specify)	Payments (describe fully)	Full Description of Services Rendered	Hours Worked	Claimed on Page 10	Name and Address of All Other Employment**	Hours Worked	Compensation Received
Section I - Operators/Owners				· · · · · · · · · · · · · · · · · · ·						
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

* 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'	irties*
-----------------------------------------------------	---------

			License No.		Report for Y	ear Ended		Page	of
son			383940364		9/30/2021			12	37
	Salary Paio	1	Fringe Benefits			1			
				Full Description of			Name and Address of All		Compensation
CCNH	RHNS	(Specify)	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
126,771			Non Discrim	Administrator	1,804	A2			
18,594			Non Discrim	Administrator	272	A2			
42,089			Non Discrim	Administrator	440	A2	8		
	CCNH 126,771 18,594	CCNH RHNS 126,771	Salary Paid CCNH RHNS (Specify) 126,771 - - 18,594 - -	Son 383940364 Salary Paid Salary Paid Fringe Benefits and/or Other Payments (describe fully) CCNH RHNS (Specify) 126,771 Image: Colspan="3">Non Discrim 18,594 Image: Colspan="3">Non Discrim	383940364 Salary Paid Salary Paid Fringe Benefits and/or Other Payments (describe fully) CCNH RHNS (Specify) 126,771 Image: Colspan="3">Non Discrim 18,594 Image: Colspan="3">Non Discrim	son 383940364 9/30/2021 Salary Paid Salary Paid Salary Paid Salary Paid Salary Paid Services Rendered Services Rendered Services Rendered Non Discrim Administrator 1,804	son 383940364 9/30/2021 Salary Paid Fringe Benefits and/or Other Payments (describe fully) Full Description of Services Rendered Total Hours Worked Line Where Claimed on Page 10 126,771 Mon Discrim Administrator 1,804 A2 18,594 Non Discrim Administrator 272 A2	son 383940364 9/30/2021 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** 126,771 Image: Salary Paid Non Discrim Administrator 1,804 A2 18,594 Image: Salary Paid Non Discrim Administrator 272 A2	son 383940364 9/30/201 12 Image: Salary Pair Salary Pair Salary Pair Salary Pair Salary Pair Salary Pair Sand/or Other Payments and/or Other Payments (describe fully) Fringe Benefits and/or Other Payments (describe fully) Full Description of Services Rendered Line Where Claimed on Page 10 Name and Address of All Hours Worked Total Hours Vorked 126,771 Image: Salary Pair Salary Payments (describe fully) Mon Discrim Administrator 1,804 A2 Image: Salary Pair Salary Payments (describe fully) Image: Salary Payme

*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

B. Report of Expenditures - Professional Fees

Name of Facility	License No. 38394	0264	Report for Year Ended 9/30/2021		Page 13	of 37
ACC Healthcare Center of Danielson	38394	0364		1 7 7	15	
		Total Cost and Hours				
				0		
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee	1					
for service basis in lieu of salary						
(For all such services complete Schedule B1)	代				free and all	
1. Dietitian						
2. Dentist	16,224	70				
3. Pharmacist	22,474	288				
4. Podiatrist					-	
5. Physical Therapy	MI AF TOUR		(* <u></u>	the second second		
a. Resident Care	11,160	31				
b. Other						
6. Social Worker						
7. Recreation Worker				-	-	
8. Physicians				1999 - Sat		
a. Medical Director (entire facility)	66,000	123	Contraction of the local distribution of the			
b. Utilization Review			MEX.		1. Q (CER) 20 - 51 - 4	
(Title 18 and 19 only) monthly meeting						
c. Resident Care**	8,000	10				in the second
d. Administrative Services facility 1. Infection Control Committee					1200 at 1 at 1	
(Quarterly meetings)						
2. Pharmaceutical Committee						
(Quarterly meetings)	1					
3. Staff Development Committee			1			
(Once annually)			1			
e. Other (Specify)		y <u></u> y =50.03				
9. Speech Therapist				1	1	all the
a. Resident Care						
b. Other						
10. Occupational Therapist		P Coltra				
a. Resident Care						
b. Other						
11. Nurses and aides and attendants	A 12 10 10					
a. RN				E Shine Shi	19782 MB 462	
1. Direct Care	681	24				
2. Administrative***	~					
b. LPN	1 2 . OM M 3	: VA 1 4 3~				1. XV, 1.1.1
1. Direct Care			·			
2. Administrative***						
c. Aides						
d. Other						The second second
12. Other (Specify)					12 Julies 28	
See Attached Schedule	86,729	437				
B-13 Total Fees Paid in Lieu of Salaries	211,268	983			antion Page 17	

* 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*

lame of Facility License No.			Report for Y	Year Ended	Page	of	
JACC Healthcare Center of Danielson		383940364		9/30/2021		14	37
Name & Address of Individual	Full Explanation of Service		Operato	Related** to Owners, Operators, Officers Exp Yes No		Explanation of Relatio	
Health Drive, 888 Worcester St. Ste. 130, Wellesley, MA 02482-3744	Dent	al svs for Res	0	0	N/A		
ProCare, 110 Bi-County Blvd, East Farmingdale, NY 11735	Pharm	acist Consultant	0	0	N/A		
James Alessandro, P.O. Box 6, Pomfret Ctr, CT 06259		lical Director	0	0	N/A		
Lisa Meadows, 11 Fox Hill Drive, Stafford Springs, CT 06076		OS Oversight	0	0	N/A		
Swallowing Dysphagia Experts, 21 Waterville Rd, Avon,CT 06001		ving Evaluations	0	•	N/A		
Swallowing Dysphagia Experts, 21 Waterville Rd, Avon,CT 06001		ving Evaluations	0	•	N/A		
Dr. P. Subakeesan, 255 Cabrini Blvd #7H, Manhattan, NY 10040		ary Program Phys	0	۲	N/A		
Dr. Wilcon, 187 Deerfield Rd, Pomfret Ctr, CT 06259	Assist	ant Medical Dir	0	0	N/A		
			0	٥			
			0	٥			
			0	۲			
			0	۲			
			0	۲			
			0	۲			
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			0	Θ			

* 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 Ye	ear Ended	Page	of
ACC Healthcare Center of Danielson 383940364		9/30/2021		15	37
	- 0				
Item		Total	CCNH	RHNS	(Specify)
. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	228,057	228,057		
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	83,960	83,960		
4. Social Security (F.I.C.A.)	\$	683,002	683,002		
5. Health Insurance	\$	1,747,585	1,747,585		-
6. Life Insurance (employees only)		- 1 V			
(not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory)	\$	519,173	519,173		1
(not-owners and not-operators)					
8. Uniform Allowance	\$	30,222	30,222		
9. Other (<i>Specify</i>)	\$	169,409	169,409		
See Attached Schedule			344/4 A	12-12-1-14	
b. Personal Retirement Plans, Pensions, and	\$				
Profit Sharing Plans for Owners and	Ť		Same and	5	
Operators (Discriminatory)*					-51 1-7
Operators (Discriminatory)					145.564 3
c. Bad Debts*	\$	203,617	203,617		
d. Accounting and Auditing	\$	49,924	49,924		
e. Legal (Services should be fully described on Page 7)	\$	63,610	63,610		
f. Insurance on Lives of Owners and	\$				
Operators (Specify)*					
g. Office Supplies	\$	28,699	28,699		
h. Telephone and Cellular Phones		The Carl of Sale	3 P. 489	and the second	
1. Telephone & Pagers	\$	47,979	47,979		
2. Cellular Phones	\$				
i. Appraisal (Specify purpose and	\$				
attach copy)*					WWW TO BE
j. Corporation Business Taxes (franchise tax)	\$				
k. Other Taxes (Not related to property - See Page 22)		2-012-2 ¹ -14			19 1 . 19 19 2
1. Income*	\$				
2. Other (<i>Specify</i>)	\$				
See Attached Schedule	Ý				
3. Resident Day User Fee	\$	885,026	885,026		
Subtotal	\$	4,740,263	4,740,263		

* 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	C	CONH	RHN	NS .	(Specify)
		-			
Employee Benefits	\$	126,135			
Union Training	\$	43,274	Filmender		
		-	ă en l		
		- C. 714			
			line a bi	1. V.	
		- 1 2 - 1 1			0.1
				- 1	
			<u> </u>		1. I.I.I.
			"	1	
				vin ^{n n}	
				e hee	
Total	\$	169,409	\$		\$ -

Schedule of Other Taxes

Description	CCN	H	RHN	S	(Sp	ecify)
		-				
						N
		15				
Total	\$	- \$	3	÷	\$	n in i ge

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

Name of Facili		License No.	Report for Y	Year Ended	Page	of
JACC Healthca	are Center of Danielson	383940364	9/30/2021		16	37
	Item		Total	CCNH	RHNS	(Specify)
		ls Brought Forward:	4,740,263	4,740,263		
1. Travel an	nd Entertainment	5 Drought x ormanic	1,7 10,200			all wall be
	dent Travel and Entertainment	\$				
	day Parties for Staff	\$				
	s to Staff and Residents	\$				
	bloyee Travel	\$		17,309		
	cation Expenses Related to Seminars an			108,397		
	omobile Expense (not purchase or depri					-
	er (Specify)	\$				
	Attached Schedule		1.2.20	lles effort "en		A. W.S.
	Iministrative and General Expenses				A STREET	
	ertising Help Wanted (all such expense.	s') \$				
	ertising Telephone Directory (all such e					
	ertising Other (Specify)***	\$		23,549		
	Attached Schedule		AND A REAL	STORY X		
	d-Raising***	\$				
	lical Records	\$	2,762	2,762		
6. Barb	per and Beauty Supplies (if this service	is supplied \$				
	ctly and not by contract or fee for servic		167. 5 Sec. 1			
7. Post		\$	6,784	6,784		
	s and Membership Fees to Professional	\$	2,453	2,453		
Asso	ociations (Specify)		N EV INO N			330 9140
See	Attached Schedule					
8a. Dues	s to Chamber of Commerce & Other Non-A	llowable Org.*** \$				
9. Subs	scriptions	\$	13,553	13,553		
10. Cont	tributions***	\$	284,386	284,386		
See.	Attached Schedule					
11. Serv	rices Provided by Contract (Specify and	Complete \$	123,470	123,470		
Sche	edule C-2, Page 21 for each firm or indi	ividual)			JE STREET	
12. Adm	ninistrative Management Services**	\$	294,735	294,735		
	er (Specify)	\$	56,986	56,986		
See .	Attached Schedule				24 N. 18399 1	
C-14 Total Ad	ministrative & General Expenditures	\$	5,674,647	5,674,647		

* 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	С	CNH	R	HNS	(Spe	cify)
						_
				_		
the second se						-
Fotal Other Travel and Entertainment	\$	-	\$	-	\$	

......

Schedule of Other Advertising

Description	CCNH	R	HNS	(Spe	ecify)
	10 2				_
Advertising - Promotional	\$ 23,549	-			-
Total Other Advertising	\$ 23,549	\$		\$	

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Annual Membership Fees	\$ 1,787		
Association Dues	\$ 350		
Yearly Update Dues - Briggs	\$ 158		
Association of Nutrition	\$ 158		
Total Dues	\$ 2,453	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Charitable	\$ 284,386		
Total Contributions	\$ 284,386	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank Charges	\$ 4,433		
Licenses & Permits	\$ 3,631		
Small Equipment Purchase	\$ 23,913		
Penalties - Bed tax (Disallow Page 28)	\$ 21,142		
Employee Physicals	\$ 3,867		
Total Other Administrative and General	\$ 56,986	\$ -	\$ -

Name of Facility	License No.	Report for Year Ended	Page of
JACC Healthcare Center of Danielson	383940364	9/30/2021	17 37
	Cost of		Indicate Where Costs
Name & Address of Individual or	Management	Full Description of Mgmt. Service	are Included in Annual
Company Supplying Service	Service	Provided	Report Page #/Line #
Sam Krohn	224,717	Oversees day to day operations	Page 16, Line M12
Jennifer Simon LLC	70,018	Back Office Work	Page 16, Line M12

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)

		Ν	ote or	1 Page 5)			
Nam	e of Facility		License	No.	Report for Y		Page of
JAC	C Healthcare Center of Danielson		38	3940364	9/30/202	1	18 37
	Item			Total	CCNH	RHNS	(Specify)
2.	Dietary a. In-House Preparation & Service						
	1. Raw Food		\$	336,535	336,535	5	
	2. Non-Food Supplies		\$				
	3. Other (<i>Specify</i>)	;	\$			ALL SALE TO	
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	498	498	3	
	c. Other (<i>Specify</i>)		\$	38,225	38,225	5	
	Other Dietary Supplies						
2D.	Total Dietary Expenditures (2a + b + c + d)		\$	375,258	375,258	3	
	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?	0	Yes	0	No		
Н.	Did you receive revenue from employees?	0	Yes	۲	No	If yes, specify amt.	
I.	Where is the revenue received reported in the	Cos	st Repor	t? (Page/Line	Item)		
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	0	Yes	٥	No	If yes, specify cost.	
к.	Is any revenue collected from these people?	0	Yes	۲	No	If yes, specify amt.	
L.	Where is the revenue received reported in the	Cos	st Repor	t? (Page/Line	Item)		
М.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?		Yes		No	If yes, specify cost.	
N.	Is any revenue collected from employees?	0	Yes	۲	No	If yes, specify amt.	
0.	Where is the revenue received reported in the	Cos	st Repor	t? (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		Report for Y	/ear Ended	Page	of
JACC Healthcare Center of Danielson	383	3940364	9/30/2021		19	37
Item		Total	CCNH	RHNS	(Sp	ecify)
 3. Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items 	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) c. Other (Specify) 	Amt. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	5,845 6,384		i nationality in the second seco		
3D. Total Laundry Expenditures (3a + b + c)	\$	12,229	12,229			
3E. Laundry QuestionnaireF. Is cost of employee laundry included in 3D? C) Yes	٢	No	If yes, specify cost.		
G. Did you receive revenue from employees? C) Yes	٥	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?) Yes	۲	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)

	e of Facility	License No.	Repo		nded	Page	of
JAC	C Healthcare Center of Danielson	383940364		9/30/2021		20	37
	Item	r		Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced			1		
	a. In-House Care	by Personnel					
	1. Supplies - Cleaning (Mops,	Amt.	\$	31,145	31,145		
	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 (Specify)		\$				
							HI HAMON
4D.	Total Housekeeping Expenditures (4a +	b+c)	\$	31,145	31,145		
5.	Resident Care (Supplies)**						
	a. Prescription Drugs***						
	1. Own Pharmacy		\$				
	2. Purchased from		\$	414,153	414,153		
	b. Medicine Cabinet Drugs		\$	7,237	7,237		
	c. Medical and Therapeutic Supplies		\$	186,123	186,123		
	d. Ambulance/Limousine***		\$	24,511	24,511		
	e. Oxygen				FIRST, P.		
	1. For Emergency Use		\$				
	2. Other***		\$	4,494	4,494		
	f. X-rays and Related Radiological		\$	13,726	13,726		
	Procedures***			Section (Section)			
	g. Dental (Not dentists who should be inc	luded under	\$				
	salaries or fees)						A VIS SAPA
	h. Laboratory***		\$	25,532	25,532		
	i. Recreation		\$	42,117	42,117		
	j. Direct Management Services*		\$				
	k. Indirect Management Services*		\$				
	1. Other (Specify)****		\$	30,301	30,301		
	See Attached Schedule			18			
5M.	Total Resident Care Expenditures (5a - 5	j)	\$	748,194	748,194		

* 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	RH	NS	(Specify	y)
		-			
Med Equip Rental	\$ 14,5	578			
Patient Expenses	\$ 3,0	549			
Patient Consolidated Bill	\$ 10,4	472			
Physical Therapy Suppliies	\$	704			
Occupational Therapy Supplies	\$	712			
Speech Therapy Supplies	\$	186			
			_		_
					_
and the second					
		<u></u>			_
					_
					-
Total Other Resident Care	\$ 30,5	301 \$		\$	140

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

Name of Facility JACC Healthcare Center of Da	nielson			License No. 383940364	Report for Year Ender 9/30/2021	d			Page 21	of 37
		Related ** to Operators,					Total Cost	/Page Ref.**	*	
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
		0	۲							
		0	۲							
		0	۲							
		0	o							
		0	0							
		0	o							
		0	o							
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		0	o							
		0	o							
		0	o							
		0	0							
		0	•							
		0	0							

* 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
JACC Healthcare Center of Danielson	383940364	9/30/2021			22	37
Item		Total	CCNH	RHNS	(Specif	fy)
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	72,340	72,340			
b. Heat	\$	155,106	155,106			
c. Light & Power	\$	981	981			
d. Water	\$	75,170	75,170			
e. Equipment Lease (Provide detail on pa	age 6) \$	6,247	6,247			
f. Other (itemize)	\$	51,318	51,318			
See Attached Schedule		TALS" & LINUE				
6g. Total Maint. & Operating Expense (6a -	6f) \$	361,162	361,162			
7. Depreciation (complete schedule page 23	*)					
a. Land Improvements	\$					
b. Building & Building Improvements	\$	117,077	117,077			
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	15,813	15,813			
*7e. Total Depreciation Costs (7a + b + c + d) \$	132,890	132,890			
8. Amortization (Complete att. Schedule Pag	ge 24*)					
a. Organization Expense	\$					
b. Mortgage Expense	\$					_
c. Leasehold Improvements	\$	10,599	10,599			
d. Other (Specify)	\$					
*8e. Total Amortization Costs (8a + b + c + d) \$	10,599	10,599			
9. Rental payments on leased real property le	ess					
real estate taxes included in item 10b	\$	936,027	936,027			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	130,998	130,998			
c. Personal property taxes	\$	3,076	3,076			
11. Total Property Expenses (7e + 8e + 9 + 1	10) \$	1,213,590	1,213,590			

* 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

CCNH	RHNS	(Specify)
-		
\$ 21,153		
\$ 1,223		
\$ 28,303		
\$ 639		
\$ 51.318	¢	\$ -
	\$ 21,153 \$ 1,223 \$ 28,303 \$ 639	- \$ 21,153 \$ 1,223 \$ 28,303 \$ 639

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Depreciation Schedule

Name of Facility			_		License No.	ation St	moudio	Report for Year E	nded		Page	of
JACC Healthcare Center of Danielson					38394()364		9/30/2021	Inded		23	37
JACC Heatmeare Center of Dameison						5504	1			r	25	57
					Historical Cost	Less		Accumulated Depreciation to	Method of			
					Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
Property Item					Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
A. Land Improvements					Lanu	value	Depreciated	T car s Operations	Depreciation	Life	Tor This Tear	Totals
-												
1. Acquired prior to this report period												
2. Disposals (attach schedule)	1 1	1.1.										
3. Acquired during this report period (atta	ch sch	edule)					0-10-50 million	Real of the local data				
A-4. Subtotal							2 0175 CA.					
B. Building and Building Improvements									0.17		105.005	
1. Acquired prior to this report period					882,239		882,239	352,069	S/L	Various	107,335	
2. Disposals (attach schedule)					101.01						0.710	
 Acquired during this report period (attach schedule) Subtotal 			104,748				S/L	Various	9,742			
						-				Dis Mari		117,077
C. Non-Movable Equipment												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sch	edule)	_									
C-4. Subtotal					100 24 24	s S 3	No. State of the second					
	Is a n	nileage										
		book		te of	Historical			Accumulated				
		ained?		isition	Cost	Less		Depreciation to	Method of			
			-		Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
	Yes	No	Month	Year	Land	Value	Depreciated	1 0 0	Depreciation	Life	for This Year	Totals
D. Movable Equipment	1200	1200		1				15 0 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		10.0 × 10.0		
1. Motor Vehicles (Specify name, model	and the second	Ľ.	-	1232	STATISTICS.		1818 B33	물 범진학 명별	8.1.3.fi			
and year of each vehicle)		12	把強心	2,51	24-10-5-20-5		all all	15.1 ft - 2. St. 3				
a.												
b												
с.												
d.												
2. Movable Equipment						the matter	SHE SE			1 7 8 VEL		
a. Acquired prior to this report period			Var	Var	98,709		98,709	33,062	S/L	Various	15,813	
b. Disposals (attach schedule)		1 38										
c. Acquired during this report period	Etal)	100	122									
(attach schedule)		100										10 3 2 2 2 2 2 2 2
D-3. Subtotal				nán, e	1000 - A - AG		W. Te ve				101231 5 1	15,813
E. Total Depreciation	1-22	4.9			1 12 14 21		0122		and a marke	220 231		132,890

Schedule of Land Improvements Acquired during this report period

				Useful		
Acquisition Date	Description of Item	C	ost	Life	Depreciatio	on
Additions:					· · · · · · · · · · · · · · · · · · ·	
						-
			i i i i i i i i i i i i i i i i i i i	The second second	1	TE
						_
		S			\$ -	_
Total additions for Land Impro	vements	2	- 161		- u	_
Deletions:						_
				- ULAR		_
S 8.						
					-	-
Total deletions for Land Improv	vements	\$			\$ -	-
*Ties to Page 23, Line A3	vements	Ψ			+	-

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Dep	reciation
Additions:					
	See Attached	\$ 104,748	Var	\$	9,742
		6			
Fotal additions for	r Building Improvements	\$ 104,748		\$	9,742
Deletions:				-	
					ndar
Fotal deletions for	Building Improvements	S -		\$	2

*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	Co	st	Useful Life	Depreciatio	n
Additions:						
			-			
the second states			-			
Contraction of the second						-
Fotal additions for Non-Movab	le Equipment	S			\$ -	
Deletions:						_
						_
						_
						-
						-
						-
 Total deletions for Non-Movab	le Equipment	\$	•		s =	-
*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:				
	Various Additions			
Total additions for	Movable Equipment	s -		\$ -
	Movable Equipment	9		*
Deletions:				
		the second		1
Total deletions for	Movable Equipment	s -		\$ -

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

equisition Date Description of Item		ost	Useful Life	Depreciation	
				-	_
		_		-	-
				-	1
provement	S	1.45		\$	
			A 12 - 2 - 1 - 1		_
	at all show the second				
					-
		_			
provement	S			S	
	provement	nprovement S	provement S	Description of Item Cost Life Image:	Description of Item Cost Life Deprecta Image: Image

...............

*Ties to Page 24, Line C3 **Ties to Page 24, Line C2

JACC Healthcare Center of Danielson

Cost Report Year 2021

Medicaid Cost Report - Amortization Summary	Historical Cost	Method	Life	9/30/2020 Depreciation Expense	9/30/2020 Accumulated Depreciation	9/30/2021 Depreciation Expense	9/30/2021 Accumulated Depreciation	NBV
Leasehold Improvement 2016 Additions							•	
Leasehold Acquisition Cost	18,516	S/L	5	3,703	18,516	3,703	22,220	(3,704)
Total Additions 2016	18,516			3,703	18,516	3,703	22,220	(3,704)
2017 Additions								
Leasehold Acquisition Cost	5,169	S/L	8	646	2,369	646	3,016	2,153
Leasehold Acquisition Cost	50,000	S/L	8	6,250	21,354	6,250	27,605	22,395
Total Additions 2017	55,169			6,896	23,723	6,896	30,621	24,548
Total Leasehold Improvement	73,685			10,599	42,239	<u> </u>	52,841 _	20,844
Total for 2021	73,685			10,599	42,239	10.599	52,841	20.844

JACC Healthcare Center of Danielson

Cost Report Year 2021

Cost Report Year 2021 Medicaid Cost Report - Depreciation Summary		Mash - J	112-	9/30/2020 Depreciation	9/30/2020 Accumulated	9/30/2021 Depreciation	9/30/2021 Accumulated	NBV
	Historical Cost	Method	Life	Expense	Depreciation	Expense	Depreciation	
Building Improvement								
2016 Additions		- 0					10.050	6 700
Sign	16,750		10	1,675	8,375	1,675	10,050	6,700
Dining Room Renovations	50,000	S/L	20	2,500	12,500	2,500	15,000	35,000
Total Additions 2016	66,750			4,175	20,875	4,175	25,050	41,700
2017 Additions								
Renovation	50,000		8	6,250	23,958	6,250	30,208	19,792
HD Supply	5,655		8	707	2,652	707	3,359	2,295
Asbestos Abatement	8,000		8	1,000	3,667	1,000	4,667	3,333
Renovation		S/L	8	12,860	47,153	12,860	60,013	42,867
Renovation	37,720	S/L	8	4,715	17,288	4,715	22,003	15,717
Architectual Drawings	5,800	S/L	8	725	2,658	725	3,383	2,417
Commercial Doors	4,165	S/L	8	521	1,910	521	2,431	1,734
American Express	3,060	S/L	8	383	1,404	383	1,787	1,273
New Counter Tops	5,315	S/L	8	664	2,435	664	3,099	2,216
American Express	2,110		8	264	968	264	1,232	878
Renovation	64,300		8	8,038	28,803	8,038	36,841	27,459
American Express	2,888		8	361	1,264	361	1,625	1,264
American Express	1,194		8	149	522	149	671	523
Commercial Doors	5,285		8	661	2,258	661	2,919	2,366
American Express	1,413		8	177	590	177	767	646
Renovation	222,285		8	27,786	90,304	27,786	118,090	104,195
P&J Sprinkler	3,162		8	395	1,251	395	1,646	1,516
Asbestos Abatement	34,650		8	4,331	13,354	4,331	17,685	16,965
New Windows	6,762	S/L	8	845	3,179	845	4,024	2,738
Total Additions 2017	566,643			70,832	245,618	70,832	316,450	250,194
2018 Additions								
	14,850	c /ı	8	1,856	5,568	1,856	7,424	7,426
Asbestos Removal	130,000		8	16,250	48,750	16,250	65,000	65,000
Shower Rooms Renovation Project AC Units	27,703		8	3,463	10,389	3,463	13,852	13,851
					C4 707	21 500		06 277
Total Additions 2018	172,553			21,569	64,707	21,569	86,276	86,277
2019 Additions								
Water heater invoice attached	28,422		10	2,842	5,684	2,842	8,526	19,896
Rebate for above	(2,500)		10	(250)	(500)	(250)	(750)	(1,750)
acme contractor asbestos removal	2,200		10	220	440	220	660	1,540
patterson design resident rooms new flooring	10,000		5	2,000	4,000	2,000	6,000	4,000
patterson design resident rooms new flooring	20,000		5	4,000	8,000	4,000	12,000	8,000
acme contractor asbestos removal	2,200		10	220	440	220	660	1,540
encore new heads for sprinkler sysytem invoice attached	5,879	-	10	588	1,176	588	1,764	4,115
H& E enterprises new doors	2,200	S/L	10	220	440	220	660	1,540

H& E enterprises tile installation in kitchen	2,700 S/L	10	270	540	270	810	1,890
Total Additions 2019	71,101		10,110	20,220	10,110	30,330	40,771
2020 Additions							
Various Additions	5,192 S/L	8	649	649	649	1,298	3,894
Total Additions 2020	5,192		649	649	649	1,298	3,894
2021 Additions							
W3W Hall Flooring	14,850 S/L	10	2	jaj.	1,485	1,485	13,365
W3E Hall Flooring	13,294 S/L	10	j#	820.	1,329	1,329	11,965
Flooring Nursing St	16,275 S/L	10	×	5 a .7	1,628	1,628	14,647
Flooring Nursing St	5,800 S/L	10			580	580	5,220
2 A/C Units	22,000 S/L	15	2	90	1,467	1,467	20,533
Tile for flooring	32,529 S/L	10	С.	.a.:	3,253	3,253	29,276
Total Additions 2021	104,748		¥		9,742	9,742	95,006
Total Building Improvement	986,987		107,335	352,069	117,077	469,146	517,842

Moveable Equipment

2015 4 4/20							
2015 Additions Grab Bars	5,151 S/L	15	343	2,058	343	2,401	2,750
Time Clock	1,952 S/L	10	343 195	1,170	195	1,365	587
Server	2,825 S/L	5	153	2,825	195	2,825	207
Wireless Routers	1,535 S/L	5	9 	1,535	-	1,535	
		5					
Total Additions 2015	11,463		538	7,589	538	8,127	3,336
2016 Additions							
Freezer	1,569 S/L	15	105	525	105	630	939
Oxygen Concentrator	4,977 S/L	7	711	3,555	711	4,266	711
Ice Machine	5,110 S/L	10	511	2,555	511	3,066	2,044
Total Additions 2016	11,656		1,327	6,635	1,327	7,962	3,694
2017 Additions							
Compact Water Booster	2,527 S/L	7	361	1,263	361	1,624	902
Water Cooler	2,066 S/L	7	295	934	295	1,229	837
Ice Bin	722 S/L	7	103	326	103	429	293
Garbage Disposal	1,379 S/L	7	103	624	197	821	558
Computer Equipment	35 S/L	7	5	17	5	22	13
compater equipment	55 5/2						
Total Additions 2017	6,730		961	3,165	961	4,126	2,604
2018 Additions							
Ultrasound Equipment	2,887 S/L	7	412	1,236	412	1,648	1,239
Floor Wax Machine	1,999 S/L	7	286	858	286	1,144	855
Total Additions 2018	4,886			2,094	698	2,792	2,094
	4,000		050	2,001	000	_,	L /00 /
2019 Additions							
Beds	1,375 S/L	5	275	413	275	688	687
Bladder Scanner	9,230 S/L	5	1,846	2,615	1,846	4,461	4,769
Ice Machine	5,053 S/L	10	505	842	505	1,347	3,706
Floor Lift	1,336 S/L	5	267	312	267	579	757
Total Additions 2019	16,994		2,893	4,182	2,893	7,075	9,919
2020 Additions							
Various Additions	46,979 S/L	5	9,396	9,396	9,396	18,792	28,187
Total Additions 2020	46,979		9,396	9,396	9,396	18,792	28,187

- 22

Total Moveable Equipment

98,707

<u>15,813</u> <u>33,060</u> <u>15,813</u> <u>48,873</u> <u>49,834</u>

<u>Total for 2021</u>	1,085,694			123.148	385,129	132,890	518,019	567.676
	Prior Year	Current Year						
Net Book Value per Trial Balance	583,239	558,772						
Net Book Value per C/R Depreciation	595,818	567,675						
Variance	(12,579)	(8,902)	6					
Software (Net)		(1)						
CR vs. TB Adjustment page 31 of the Cost Report	(12,579)	(8,902)	-					
		Per Marcum						
	Per TB	Above	Variance					
Building Improvement	116,597	117,077						
Moveable Equipment	12,617	15,813						
Depreciation Adjustment - Page 36 of the Cost Report	129,214	132,890	(3,676)					

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

Amortization Schedule*

Nam	e of Facility License No. Report for Year Ended				Page	of				
JACO	C Healthcare Center of Danielson			38394	0364	9/30/2021			24	37
						Accumulated				
	Date					Amort. to				
		Acqui	sition			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									and set of the
	1.									
	2.									
	3.									
A-4.	Subtotal	AND NOT								
B.	Mortgage Expense									
	1.									
	2.									
	3.									
B-4.	Subtotal							12:40		
C.	Leasehold Improvements and Other									
	1. Acquired prior to this report period	Var	Var	Various	73,685	42,238	S/L	Vario	10,599	
	2. Disposals (attach schedule)									
	3. Acquired during this report period		1.1							and many
	(attach schedule)									
C-4.	Subtotal		Santa		[사람, 공동, 영문, 영문]	201 AT 1/2 1	V WERLETSLEWISSING			10,599
D.	Total Amortization					3 -15-2		1.8		10,599

* 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 FacilityLicense NJACC Healthcare Center of Danielson3839	o. 40364	Report for Year En 9/30/2021	nded		Page of 25 37
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility	0		0	N	If "Yes," complete Part B.
or leased from a Related Party?*	0	Yes	۲	No	If "No," complete Part C.
*If any owner or operator of this facility is related	d by family, n	narriage, ownership, ab	ility to control or		-
business association to any person or organization					
a related party transaction.			1000		
Description		Total			
1. Date Land Purchased					
2. Date Structure Completed	_				
3. If NOT Original Owner, Date of Purcha	se				
4. Date of Initial Licensure					독일 때문 물 빛에넣게
5. Total Licensed Bed Capacity					
6. Square Footage					
7. Acquisition Cost					
a. Land			- N. C. C. M. S.		
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				<u> </u>	o É <u>an an Annaichtean a</u> s an Annaichtean an Annaichtean an Annaichtean an Annaichtean an Annaichtean an Annaichtean Annaichtean an Ann
a. Type of Financing (e.g., fixed, varial	ole)				
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 Refinance	1	이번 전 등 2위	· 도장하다 전문(sy-Wilson	
During Current Cost Year	1.5				
g. Type of Financing (e.g., fixed, varial	ole)				
h. Date of Refinancing					
i. New Interest Rate			· · · · · · · · · · · · · · · · · · ·		
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed	0.65				
1. Principal Outstanding on Note Paid-					
Part C - Arms-Length Leases for Rea				T-ma of I agos	Annual Amount of Lease
Name and Address of Lessor		perty Leased		Term of Lease 10 Years	936,027
Danielson Senior Holdings, LLC, 13 Freedom	111 Westc		09/01/15	10 Years	950,027
Drive, Lakewood, NJ 08701	Danielson,	CT 06239-9292			

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	ar Ended		Page of
JACC Healthcare Center of Danielsor 383940364		9/30/2021			26 37
Item		Total	CCNH	RHNS	(Specify)
12. Interest					
A. Building, Land Improvement & Non-Movable	•				
Equipment	<u>_</u>				
1. First Mortgage	\$ Rate				1
Name of Lender	Rate				
Address of Lender					
2. Second Mortgage	\$				
Name of Lender	Rate				
					V AND STREET
Address of Lender				Retails.	
3. Third Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
4. Fourth Mortgage	\$				
Name of Lender	Rate		No Parts		
Address of Lender			A Charles		
B. CHEFA Loan Information				e	
1. Original Loan Amount	\$				
2. Loan Origination Date					
3. Interest Rate %					
4. Term				we win	
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 FacilityLicenseJACC Healthcare Center of Daniel3839	No. 40364		Report for Y 9/30/2021	ear Ended		Page of 27 37
Item			Total	CCNH	RHNS	(Specify)
	totals Brou	ight Forward:				
12. C. Movable Equipment		¢				
1. Automotive Equipment		\$	ien an e source			
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)	,	\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
B. Rem	Kate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Inter	rest					
Expense $(C1 + 2)$		\$		0.004		
12. D. Other Interest Expense (Specify) Misc Interest		2	8,204	8,204		S.MASASULADO MANA
Mise interest						
13. Total All Interest Expense (12B7 + 12	2C3 + 12D) \$	8,204	8,204		
14. Insurance						
a. Insurance on Property (buildings of	only)	\$	129,172	129,172		
b. Insurance on Automobiles		\$				
c. Insurance other than Property (as s	specified a					
1. Umbrella (<i>Blanket Coverage</i>)		\$				
2. Fire and Extended Coverage		\$				
3. Other (<i>Specify</i>)		\$	6,471	6,471		
Director and Office Insurance						
14d. Total Insurance Expenditures (14a +	<i>b</i> + <i>c</i>)	\$	135,643	135,643		
15. Total All Expenditures (A-13 thru C-		\$	17,756,870	17,756,870		

D. Adjustments to Statement of Expenditures

	e of Fa		e Center of Danielson		ense No. 383940364	Report for Yea 9/30/2021	r Ended	Page 28	of 37
JACC		moart			Total				
Item	Page	Line			Amount of				
	No.		Item Description		Decrease	CCNH	RHNS	(Spe	ecify)
			es and Wages	-	Decrease	COLUI		(~)	
1.	<u>10-0</u>		Outpatient Service Costs	\$					No. of Concession, Name
2.			Salaries not related to Resident Care	\$					
<u> </u>	10	4120	Occupational Therapy	\$	276,653	276,653			
4.	10	AIZg	Other - See attached Schedule	\$	270,055	270,000			
	12 1	Duafas	sional Fees	Ψ		1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	1.0/h 1.0		1 1 - 200
Fuge 5.	13 - 1	rojes	Resident Care Physicians **	\$	No. of Concession, Name				- A-11-
<u> </u>			Occupational Therapy	\$					
7.			Other - See attached Schedule	\$	86,729	86,729			
	- 15 0	1(Administrative and General	φ	80,729	00,729		a station	DUH 20
	s 15 &	: 10 -		\$	112000 112000 X116	Station Station and		110.00	IN PROPERTY
8.	10	1	Discriminatory Benefits	\$	203,617	203,617			
9,		1c	Bad Debts	ۍ \$	4,600	4,600			
10.	15	1d	Accounting	ۍ \$		7,171			
10a.			Legal	ۍ \$	7,171	/,1/1			
11.			Telephone	ۍ \$					
12.			Cellular Telephone	9				1,000	
13.			Life insurance premiums on the life	۵			3. No. 11		
			of Owners, Partners, Operators	\$					
14.			Gifts, flowers and coffee shops	\$					
15.			Education expenditures to colleges or					NI HATLO	
			universities for tuition and related costs			Markey Law Strate		ALC: SHOT	
			for owners and employees	\$				A REPORT	
16.			Travel for purposes of attending						
			conferences or seminars outside the						
			continental U.S. Other out-of-state		Min de constatuels	CAN SMATTER		N THE W	
			travel in excess of one representative	\$					_
17.			Automobile Expense (e.g. personal use)	\$					
18.	16	m2/3	Unallowable Advertising *	\$	23,549	23,549			
19.			Income Tax / Corporate Business Tax	\$					
20.	16	m10	Fund Raising / Contributions	\$	284,386	284,386			
21.			Unallowable Management Fees	\$					
22.			Barber and Beauty	\$					
23.			Other - See attached Schedule	\$	135,859	135,859			
Page	18 - L	Dietar	y Expenditures			1 ml 10 1 2 10			1000
24.			Meals to employees, guests and others				110 12 131	a le surres	
			who are not residents	\$					
Page	19 - I	aund	ry Expenditures			a data da	General and	in Sec.	
25.			Laundry services to employees, guests				Contraction of the second		
			and others who are not residents	\$					
Page	20 - H	Iouse	keeping Expenditures			Set and Di			
26.		1	Housekeeping services to employees, guests						
			and others who are not residents	\$					
			Subtotal (Items 1 - 26)	_	1,022,564	1,022,564			

* 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	RHI	VS	(Speci	fy)
	·							
	. K			1.1	-			
			distant second				_	_
otal Othe	er Salaries	Adjustment	\$	-	\$	-	\$	173

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
		Consultant Services	\$ 86,729		
Fotal Othe	r Fees Adj	ustments	\$ 86,729	\$ -	\$

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	(CCNH	RHNS	5	(Specify)
16	m13	Fines & Penalties	\$	21,142			
15	1A9	Employee Food	\$	9,735			
15	1A9	Employee Incentives	\$	82,311			
15	1A9	Employee Gifts and Holiday Decor	\$	22,671		_	
					_		
Total Othe	r A&G Ad	justments	\$	135,859	\$		\$ -

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	_		D. Adjustments to Statemel	 			D	- f
	e of Fa			ense No.	Report for Y	ear Ended	Page	of
JACO	C Heal	thcare	Center of Danielson	 383940364	9/30/2021		29	37
				Total				
Item	Page	Line		Amount of				
No.	No.	No.	Item Description	Decrease	CCNH	RHNS	(Sp	ecify)
			Subtotals Brought Forward	\$ 1,022,564	1,022,564			
Page	20 - F	Reside	nt Care Supplies***		3 Bal		168-31	
27.	20	5a2	Prescription Drugs	\$ 414,153	414,153			
28.	20	5d	Ambulance/Limousine	\$ 24,511	24,511			
29.	20	5f	X-rays, etc	\$ 13,726	13,726			
30.	20	5h	Laboratory	\$ 25,532	25,532			
31.			Medical Supplies	\$				
32.	20	5e2	Oxygen (non emergency)	\$ 4,494	4,494			
33.			Occupational Therapy	\$				
34.			Other - See Attached Schedule	\$ 38,246	38,246			
Page	22 - N	Mainte	enance and Property				18_3_M	
35.			Excess Movable Equipment Depreciation				R MILLER	51,215
			See Attached Schedule	\$				
36.			Depreciation on Unallowable				8 ME	
			Motor Vehicles	\$				
37.			Unallowable Property and Real	104. Shi				
			Estate Taxes	\$ 				
38.			Rental of Building Space or Rooms	\$				
39.			Other - See Attached Schedule	\$ 				
Page	27 - 1	nsura	ince	24 the second				
40.			Mortgage Insurance	\$				
41.	27		Property Insurance	\$ 6,471	6,471			
Othe			neous		Contraction of the second			- 24 - 1 × 4
42.			Other - Indirect	\$ · · · · · · · · · · · · · · · · · · ·				
43.			Interest Income on Account Rec.	\$				
44.			Other - Miscellaneous Administrative	\$ 				
45.			Management Fees Direct	\$				
46.			Management Fees Indirect	\$				
47.			Other - Direct	\$ 23,025	23,025			
	For Pr	ofit P	roviders Only			No. No. V.		
48.			Building/Non Movable Eq. Depreciation			or Real Yes		
			Unallowable Building Interest -		Lucian			
			See Attached Schedule	\$				
49.	Total	Amo	unt of Decrease (Items 1 - 48)	\$ 1,572,722	1,572,722			

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	CCNH		RHNS	(Sp	ecify)
20	5i	Cable TV	\$ 12,4	84			
20	51	Med Equipment Rental	\$ 14,5	78			
20	51	Patient Consolidated Bill	\$ 10,4	72			
20	51	Occupational Therapy Supplies	\$ 7	12			1
					-	-	
						-	
				-			
Total Othe	er Ancillary	v Costs	\$ 38,2	46 \$	\$	\$	14

Schedule of Excess Movable Equipment Depreciation

age Ref	Line Ref	Description	CCNH	RHNS	(Specify)
	1.1				
				luni luni r	
1. 1					
tal Exce	ss Movable	Equipment Depreciation	\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description		CCNH	RHNS	(Spe	ecify)
							211
			8				
							110
						_	
					-	The second	
					· · · · · · · · · · · · · · · · · · ·		
				S 1 1 1 1 1 1 1 1			
otal Othe	r Property	Adjustments		\$ -	\$ -	\$	•

Schedule of Other - Indirect Adjustments

Page Ref	Line Ref	Description	CCN	H	RI	INS	(Sp	ecify)
							-	
					_	_		
						-		_
					h.,			
otal Othe	r Adjustme	nts	\$	*	\$	(#)	\$	(*

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref Description	CCNH	RHNS	(Specify)
		10 10 10 10 10 10 10 10 10 10 10 10 10 1		
otal Othe	er Adjustments	\$ -	\$ -	\$ -

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
	IV 8	Miscellaneous Revenue	\$ 23,025		
				I See House	
				u)	
					1
fotal Othe	r Adjustm	ents	\$ 23,025	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
					1.00
h	2				
					A 1
otal Unal	lowable Bu	ilding Interest	S -	\$ -	\$ -

JACC Healthcare Center of Danielson Disallowance Schedule for Cable TV 9/30/2021

Total Cable TV Expense acct #	<u>Amount</u> 16,084 TB Linked
Monthly Allowable amount Months in Cost Report Year Total Allowable Cost	\$ 300 <u>12</u> \$ 3,600
Disallowed Cable TV	\$ 12,484

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F. Statement of Revenue

F. Statement of Re	ven		D 1 1		D
Name of Facility JACC Healthcare Center of Danielson 383940364		Report for Y 9/30/2021	ear Ended		Page of 30 37
JACC Healthcare Center of Dameison 383940304	_	9/30/2021			50 51
Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue			Sector Sector		
1. a. Medicaid Residents (CT only)	\$	12,254,825	12,254,825		
b. Medicaid Room and Board Contractual Allowance **	\$	(2,965,840)	(2,965,840)		
2. a. Medicaid (All other states)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (all inclusive)	\$	2,713,812	2,713,812		
b. Medicare Room and Board Contractual Allowance **	\$	456,434	456,434		
4. a. Private-Pay Residents and Other	\$	2,398,391	2,398,391		
b. Private-Pay Room and Board Contractual Allowance **	\$	24,260	24,260		
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$	369,269	369,269		
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$	1,778	1,778		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$	502,429	502,429		
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$	37,918	37,918		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$	119,821	119,821		
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$	19,029	19,029		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$	560,601	560,601		
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$	72,389	72,389		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (Specify) - Medicare	\$	1,449,755	1,449,755		
b. Other (Specify) - Non-Medicare	\$	47,688	47,688		
III. Total Resident Revenue (Section I. thru Section II.)	\$	18,062,559	18,062,559		and the second of
IV. Other Revenue*		anti "witten	ELLA ALCON		
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 (Specify)	\$	1,211	1,211		-
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$		0.01-014		
8. Other (Specify)	\$	2,517,511	2,517,511		
V. Total Other Revenue (1 thru 8)	\$	2,518,722	2,518,722		
VI. Total All Revenue (III +V)	\$	20,581,281	20,581,281		

* 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 II 6a	Lab - MA	\$ 2,729		
30 Il 6a	IV Therapy - MA	\$ 11,548		n in a
30 II 6a	X-Ray - MA	\$ 1,535,121		
30 Il 6a	Contractual Allow (Ancill) MA	\$ (99.674)		
30 II 6a	Contract Allow (Ancill) Med B	\$ 31		
30 11 6a	Sequester Med B			
Total Oth	er Resident Revenuc - Medicare	\$ 1,449,755	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		*		
30 ll 6b	Contractual Allow (Ancill) PVT	\$ 163		
30 II 6b	X Ray - MD	\$ 75		
30 II 6b	Contractual Allow (Ancill) MD	\$ (137,288)		
30 II 6b	Contractual Allowance (BC/BSD)	\$ (430)		
30 II 6b	Contract Allow(Ancill) MGD Care	\$ (43,679)		
30 Il 6b	Medicaid Rate Adj - COVID 19	\$ 205,707		
30 II 6b	Ancillary - cash receipts	\$ 23,140		
				1
113			_	
Total Oth	er Resident Revenue	\$ 47,688	\$	\$ -

Interest Income

Account

Page Ref	Account	Balance	(CONH	R	HNS	(Sp	ecify)
				-	_		-	
30 IV 5	Interest Income		\$	1,211				
					_			
Total Inte	erest Income		\$	1,211	\$		3	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV 8	Miscellaneous Revenue	\$ 23,025		
30 IV 8	Prior Period ancillary MNG CARE	\$ 52,780	in the state of the	
30 IV 8	Medicare Stimulis - COVID 19	\$ 116,369		
30 IV 8	Employee Retention Credit	\$ 2,325,337		
			- 151	
Total Oth	er Revenue	\$ 2,517,511	s	\$ -

G. Balance Sheet

	of Facility	License No.		ort for Year Ended	l	Page	of
JACC H	Healthcare Center of Danielson		9/30	/2021		31	37
		Account				An	nount
Assets							
	urrent Assets						1 2 1 6 2 0 1
	Cash (on hand and in banks				\$		4,316,281
	Resident Accounts Receivab				\$		3,459,568
3.		(Excluding Owners o	or Relate	ed Parties)	\$		
4	Inventories				\$		
5.	Prepaid Expenses				\$		53,383
	a. Prepaid Workers Comp			33,616			
	b. Prepaid Insurance			19,767	35		
	C						
	d. See Schedule						<u> </u>
	Interest Receivable				\$		
7.	Medicare Final Settlement F	Receivable			\$		(5,973
8.	Other Current Assets (itemiz				\$		78,090
	Allow - Doubtful PVT Accour	nts		55,790 3,920	7		
	Utilities Deposits Prior Owner Revenue			18,380			
	See Schedule			10,000	1		
A-9. T	otal Current Assets (Lines Al	thru 8)			\$		7,901,349
B. Fi	ixed Assets						
1.	Land				\$		
2.	Land Improvements	*Historical Cost			\$		
	1	Accum. Depreciat	ion	Net			
3.	Buildings	*Historical Cost		986,987	\$		517,841
		Accum. Depreciat	ion	469,146 Net			
4.	Leasehold Improvements	*Historical Cost			\$		
		Accum. Depreciat	ion	Net			
5.	Non-Movable Equipment	*Historical Cost			\$		
		Accum. Depreciat	ion	Net			
6	Movable Equipment	*Historical Cost		98,707	\$		49,834
0.	Movable Equipment	Accum. Depreciat	ion	48,873 Net	ľ		,
7	Motor Vehicles	*Historical Cost			\$		
/.	Witter v enteres	Accum. Depreciat	ion	Net			
8.	Minor Equipment-Not Depr		1011	1100	\$		
	Other Fixed Assets (<i>itemize</i>				\$		(8,903
).	F/S vs. C/R	/		(8,903)	L L		(-)
				(0,202)			
	See Schedule						

* 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

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

Class Dort in

Page Ref	Line Ref	Description		
			and the second se	112041
			and the second second	
Total Othi	r Current	anets (lismim)	5	
a bran contra	C. S. MOLERAL	and (mannay	Line Line	

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

Page Ref Line Ref Description

Schedule of Other Assets Page 32 Line D7

Page Ref Line Ref Description

Lude Rei	PHUE BEEL	description.		
-32	D7	Due To/Hom Price Owner	\$	
32		Disc from landford	\$	(2,092)
32	D7	Lour & Exchange	5	492.688
32	D7	Lesse Acquisition Costs	5	73,685
32	D7	Accum Amort Lease Aqu Costs	\$	(52,837)
32	D7	Replacement reserves	5	75,690
				-
	-			
			- S., U.	
				_
_				
			114 B 814	
	-			
Total Othe	Assets		1	570,608

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref.	Line Ref.	Description		
				<u> </u>
			and the second	
Total Note	Payable			5 -

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

Page Ref	Line Ref	Description	
33	ALC: N	Due to Medicaid	\$ 97,000
	A12	Accrued Provider Tax Payable	\$ 234,674
33	A12	Payroll gamishments	\$ (70) \$ 30,250
	AI2	Accrued accounting fees	\$ 30,250
- 33	A12	Accrued Health & Welfate	\$ 23,412
33	A12	Union Dues Witholding	\$ 3,010
	A12	Accrued Employee his	<u>\$ 657</u> -279;
- 33	A12	Resident funds refund	-279
33	A12	Patient Refund	-53720
Total Othe	r Current	Linhilities (Itemize)	\$ 332,412

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

Page Ref Line Ref Description

			_
			_
Total Othe	r Current l	Liabilities (licuize)	5 .

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
JAC	CH	ealthcare Center of Danielson	383940364	9/30/2021		32		37
			Account			Ar	nount	
				Total Brought Forward:	\$		8,46	50,121
C.	Lea	asehold or like property record						
	1.	Land			\$			
	2.	Land Improvements	*Historical Cost					
			Accum. Depreciatio	n Net	\$			
	3.	Buildings	*Historical Cost					
			Accum. Depreciatio	n Net	\$			
	4.	Non-Movable Equipment	*Historical Cost					
			Accum. Depreciatio	n Net	\$			
	5.	Movable Equipment	*Historical Cost					
			Accum. Depreciatio	n Net	\$			
	6.	Motor Vehicles	*Historical Cost					
			Accum. Depreciatio	n Net	\$ \$			
	7. Minor Equipment-Not Depreciable							
C-8	To	tal Leasehold or Like Properti	es (C1 thru 7)		\$			
D.	Inv	estment and Other Assets						
	1.	Deferred Deposits			\$			
	2.	Escrow Deposits			\$			
	3.	Organization Expense	*Historical Cost					
			Accum. Depreciatio	n Net	\$ \$			
		Goodwill (Purchased Only)						
	5.	Investments Related to Resident Care (itemize)						_
	6.	Loans to Owners or Related P			\$	the state of the	1,00	00,000
		Name and Address	Amount	Loan Date	-			
					1			
					6			
		Due from Norwhich and	1					
		Windham	1,000,000			내다. 그는		70 (00
	7.	Other Assets (itemize)			\$		5'	70,608
					2			
		~ ~ 1 1 1			1			
		See Schedule		570,608	0		1 //	70 (00
		tal Investments and Other Ass			\$			70,608
D-9.	10	tal All Assets (Lines A9 + B10	1 + C8 + D8)		\$		10,0.	30,729

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

License No. Report for Year Ended Page of Name of Facility 33 37 9/30/2021 JACC Healthcare Center of Danielson 383940364 Amount Account Liabilities **Current Liabilities** Α. 2,038,469 \$ Trade Accounts Payable 1. \$ 2. Notes Payable (*itemize*) See Schedule \$ 3. Loans Payable for Equipment (Current portion) (itemize) Date Due Name of Lender Purpose Amount Accrued Payroll (Exclusive of Owners and/or Stockholders only) \$ 333,444 4. \$ 5. Accrued Payroll (Owners and/or Stockholders only) \$ 6. Accrued Payroll Taxes Payable 14,835 \$ Medicare Final Settlement Payable 7. \$ Medicare Current Financing Payable 8. \$ Mortgage Payable (Current Portion) 9. \$ 10. Interest Payable (Exclusive of Owner and/or Related Parties) \$ 11. Accrued Income Taxes* \$ 332,412 12. Other Current Liabilities (itemize) See Schedule 332,412 Total Current Liabilities (Lines A1 thru 12) \$ 2,719,160 A-13.

G. Balance Sheet (cont'd)

* 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	License No.	Report for Year	Ended	Page	of
JACC Healthcare Center of Danielson	383940364	9/30/2021		34	37
	Account				
		Total Brough	nt Forward:		2,719,160
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment	(itemize)	¥	\$		
Name of Lender	Purpose	Amount	Date Due		
		Υ.			
2. Mortgages Payable			\$		
3. Loans from Owners or Rel	ated Parties (itemize)		\$		505,500
Name and Address of Lender	Amount	Loan Da	ate		
	505,500				
4. Other Long-Term Liabiliti	es (itemize)		\$		2,312,500
Long-Term Liabilities 2,312,500					
See Schedule					
B-5. Total Long-Term Liabilities (\$		2,818,000
C. Total All Liabilities (Lines A-13 + B-5)					5,537,160

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

	e of Facility License No. Report for Year Ended C Healthcare Center of Danielson 383940364 9/30/2021	Page 35	1	of 37
JAC	Account		mount	51
А.	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 (Equity)	\$ 		
	4. Reserve for leasehold real properties on which fair rental value is based	\$		
	5. Reserve for funds set aside as donor restricted	\$ 		
	6. Total Reserves	\$ 		
В.	Net Worth 1. Owner's Capital	\$	42	24,404
	2. Capital Stock	\$		
	3. Paid-in Surplus	\$		
	4. Treasury Stock	\$		
	5. Cumulated Earnings	\$	1,24	1,077
	6. Gain or Loss for Period 10/1/2020 thru 9/30/2021	\$	2,82	8,088
	7. Total Net Worth	\$	4,49	93,569
C.	Total Reserves and Net Worth	\$	4,49	93,569
D.	Total Liabilities, Reserves, and Net Worth	\$ 	10,03	0,729

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year I	Ended	Page		of
JACC Healthcare Center of Danielson	n 383940364	9/30/2021		36		37
	А	mount				
A. Balance at End of Prior Period a	\$		7,330			
B. Total Revenue (From Statemen	\$	20,58				
				\$		3,193
D. Net Income or Deficit				\$		8,088
E. Balance				\$	5,48	5,418
 F. Additions Additional Capital Contribution Expenditures Per Page 2 Dep Adjustment Total Expenditures 2. Other (<i>itemize</i>) Pior Period Adjustment 	27 \$17,756,870 \$(3,677) \$17,753,193	(991,849)				
F-3. Total Additions				\$	(99	1,849
G. Deductions						
1. Drawings of Owners/Opera	tors/Partners (Specify)			\$		
Name and Address (No., C	100,00012	Title	Amount	n la "Leinen		
				\$		
2. Other Withdrawings (Specify)						
Purpose		Amou	int			
				¢		
3. Total Deductions	00/00/	0.1		\$	A A (12 560
H. Balance at End of Period	09/30/	21		\$	4,45	93,569

Name of Facility	License No.	Report for Year Ended	Page	of			
JACC Healthcare Center of Danielson	383940364	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 Certifica	tion					
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.							
Signature of Preparer	Title Phinoipar	Date Signed					
Printed Name of Preparer							
Matthew S. Bavolack							
Addres Address		Phone Number					
555 Long Wharf Drive, New Haven, CT 06	511	203-781-9600					
Contacted Person Regarding Additional Inf	ormation Needed Regarding This Report	Phone Number					
Sam Fisher		860-774-9540					
Contact Email Address							
sfisher@davisplacehcc.com							

I. Preparer's/Reviewer's Certification



Workpaper Index:400.2Prepared By:Reviewed By:Workpaper Date:2/10/2022Run Date:2/10/2022Name of Workpaper:VHCL CKLST

Provider Name:	JACC Healthcare Center of Danielson
Provider Number:	20454
Period Ended:	9/30/21

VEHICLE COMPLIANCE CHECKLIST

PURPOSE:

To determine that vehicles comply with the published February 15, 2000 guidelines developed to assist providers in understanding what transportation costs are allowable and how the costs must be documented.

		Yes	No	Support Filed at?	Finding Issued?
1	Are all vehicles registered and insured in the facility's name? Request insurance cards and current vehicle registration.				
2	Are all purchase and lease agreements made in the facility's name?				
3	Were mileage logs obtained for facility vehicles claimed for reimbursement				
4	Were the number of vehicles allowed for reimbursement determined?				
5	Was personal use of the facility vehicles determined?				
6	Has the maximum cost allowed for depreciation purposes or the maximum allowablemonthly lease expense been determined?				
7	Were all newly acquired vehicle additions for the cost years specified to supporting invoices and cancelled checks verified?				
8	Were all motor vehicle additions physically inspected?			*	

Conclusion:

Client: Engagement: Period Ending: Frial Balance:	JACC Mgmt - SNF Cost Reports Medicaid - JACC Healthcare Center of Dani 9/30/2021 A.01 - TB-CCNH	elson		
Account	Description	UNADJ JE Ref # 9/30/2021	AJE FINAL 9/30/2021	1st PP-FINAL 9/30/2020
100010	Petty Cash	0.00	0.00	0.00
100015	ZBA - Cash Operating	(3.00)	(3.00)	(3.00)
100020	Cash - Operating	4,387,876.00	4,387,876,00	3,717,854_00
100025	Cash - Payroll	80,014.00	80,014,00	121,387.00
100030	Cash - Prior Owner	(152,706,00)	(152,706.00)	(152,706.00)
100051	Resident Trust - Petty	1,100.00	1,100.00	1,100,00
100070	A/R - Medicaid	1,224,516.00	1,224,516,00	1,463,858,00
100075	A/R - Medicare A	581,179.00	581,179.00	638,837.00
100080	A/R - Managed Care	97,299.00	97,299,00	99,291.00
100085	A/R - Private	46,925.00	46,925.00	225,286.00
100090	A/R - Medicare B	326,565.00	326,565.00	308,921.00
100095	A/R Other	76,465.00	76,465.00	0.00
100105	Allowance - Doubtful Accounts	(10,943.00)	(10,943.00)	687.00
100106	Allow - Doubtful PVT Accounts	55,790.00	55,790.00	55,790.00
100175	Due To/From Prior Owner	(16,526.00)	(16,526,00)	(21,650,00
100315	Due From JACC	0.00	0.00	0.00
100325	Due from landlord	(2,092.00)	(2,092,00)	3,394.00
100327	Due To/ From Medicare	(5,973.00)	(5,973.00)	(5,973.00
100328	Due to Medicaid	(97,000.00)	(97,000.00)	0.00
100371	ERC Receivable	1,117,562,00	1,117,562.00	0.00
100375	Loan & Exchange	492,688.00	492,688.00	395,000.00
100380	Due from Norwhich and Windham	1,000,000.00	1,000,000.00	1,000,000.00 0.00
100400	Prepaid Expenses	0.00	0.00	33,738.00
100400.01	Prepaid Workers Comp	33,616.00	33,616.00	
100410	Prepaid Insurance	19,767.00	19,767.00	34,093.00
100500	Leasehold Improvements	980,226.00	980,226,00	875,478.00 64,731.00
100510	Furniture Fixtures & Equipment	64,731.00	64,731.00	21,746.00
100530	Computer Equip & Software	21,746.00	21,746.00 0.00	21,740.00
100590	Construction in Progress	0,00	(463,653,00)	(347.056.00
100600	Accum Depr- Leasehold Improv	(463,653.00)	(33,635,00)	(29,399.00
100610	Accum Depr - FF & E	(33,635_00) (10,643.00)	(10,643.00)	(2,261.00
100630	Accum Depr - Comp Equip & Soft	3,920.00	3,920.00	3,920.00
100700	Utilities Deposits	0.00	0.00	46,789.00
100701	Prepaid partnership tax	73,685.00	73,685.00	73,685,00
100710 100715	Lease Acquisition Costs Accum Amort Lease Aqu Costs	(52,837.00)	(52,837.00)	(42,239.00
100715	Replacement reserves	75,690.00	75,690.00	35,697.00
200000	Accounts Payable	(2,038,469.00)	(2,038,469.00)	(1,898.885.00
200000	Accrued Provider Tax Payable	(234,674,00)	(234,674.00)	(269,246.00
200013	Accrued Payroll	(182,896.00)	(182,896.00)	(314,435.00
200020.01	Accrued Bonus payroll	0.00	0.00	0.00
200022	Accrued PTO	(150,548.00)	(150,548.00)	(150,548.00
200023	Accrued Sick pay	0.00	0.00	0.00
200024	Payroll garnishments	70.00	70.00	70_00
200025	Accrued Payroll Taxes	(14,835.00)	(14,835.00)	(24,677.00
200030	Accrued Expense Other	0.00	0.00	0.00
200030.04	Accrued accounting fees	(30,250.00)	(30,250.00)	0.00
200035	Accrued Health & Welfare	(23,412.00)	(23,412.00)	(65,080.00
200040	Accrued Water & Sewer	0.00	0.00	0.00
200045	Union Dues Witholding	(3,010.00)	(3,010.00)	(2,992.00
200050	Accrued Employee Ins.	(657.00)	(657.00)	(657.00
200068	Resident funds refund	2,795.00	2,795.00	1,370.00
200069	Patient Refund	53,726.00	53,726.00	64,785.00
200275	Due To JACC	0.00	0.00	0.00
200375	Due To/From Shimshon Fisher	(505,500.00)	(505,500_00)	(490,500.00
200400	Due to 3rd Party A	0.00	0.00	(4,500.00
200410	Due to amex	0.00	0.00	0.00
200500	Due to 3rd Party B	0.00	0.00	(513,250.00
250000	Long-term Liabilities	(2,312,500.00)	(2,312,500_00)	(2,312,500.00
300005	Distributions	894,849.00	894,849.00	130,747.00
32000	Retained Earnings	0.00	0.00	0.00
320000	Retained Earnings	(1,241,077.00)	(1,241,077.00)	1,121,148.00
330000	Owner's Capital Room & Board - PVT	(1,319,253.00) (898,198.00)	(1,319,253.00) (898,198.00)	(1,450,000.00) (1,052,870.00)

	Description	UNADJ	JE Ref # AJE FINAL	1st PP-FINAL
Account	Description		9/30/2021	9/30/2020
ada ay ara		9/30/2021	1,283.00	(1,359.00)
400035	Physical Therapy - PVT	1,283.00 1,207.00	1,207.00	(1,207.00)
400040 400045	Occupational Therapy - PVT Speech Therapy - PVT	(2,415.00)	(2,415.00)	0.00
400045	Contractual Allow (Ancill) PVT	(163.00)	(163.00)	226.00
400070	Pr. Yr. Revenue Adjustments PVT	(176,319.00)	(176,319,00)	(218,606.00)
400100	Room & Board - MD	(12,525,381.00)		(16,997,221.00)
400100.01	Hospice Revenue	(214,759.00)	(214,759.00)	(334,812.00)
400110	Equipment Rental - MD	0.00	0.00 (511.00)	0.00 (15,508.00)
400120	Pharmacy - MD	(511.00) 0.00	0.00	(1,228,00)
400125 400130	IV Therapy - MD X Ray - MD	(75.00)	(75.00)	0.00
400135	Physical Therapy - MD	(63,149.00)	(63,149.00)	(119,105.00)
400140	Occupational Therapy - MD	(58,266.00)	(58,266.00)	(136,037.00)
400145	Speech Therapy - MD	(15,529.00)	(15,529.00)	(21,009.00)
400155	Contractual Allow (R&B) - MD	2,965,840.00	2,965,840.00	4,675,753.00
400160	Contractual Allow (Ancill) MD	137,288.00	137,288.00	293,054.00 221,186.00
400170	Pr. Yr. Revenue Adjustments MD	270,556.00 (2,459,600.00)	270,556.00 (2,459,600.00)	(1,542,619.00)
400200 400200.01	Room & Board - Med A Managed Medicare	(2,439,600.00) (876,525.00)	(876,525.00)	(1,318,165.00)
400200.01	Lab - MA	(2,729.00)	(2,729.00)	(2,559.00)
400220	Pharmacy - MA	(369,269.00)	(369,269.00)	(118,703.00)
400225	IV Therapy - MA	0.00	0.00	(200.00)
400230	X-Ray - MA	(11,548.00)	(11,548.00)	
400235	Physical Therapy - MA	(344,852.00)	(344,852.00)	(465,089.00)
400240	Occupational Therapy MA	(373,036.00)	(373,036.00) (56,520.00)	(516,343.00) (72,566.00)
400245 400250	Speech Therapy - MA Ambulance - MA	(56,520.00) 0.00	(30,320.00)	0.00
400255	Contractual Allow (R&B) - Med A	(456,434.00)	(456,434.00)	
400260	Contractual Allow (Ancill) MA	(1,535,121.00)	(1,535,121.00)	(783,116.00)
400265	Contractual Allowance (BC/BSD)	430.00	430.00	514.00
400269	Sequester Med A	488.00	488.00	35,872.00
400270	Pr. Yr. Revenue Adjustments MA	(254,700.00)	(254,700.00)	
400271	Managed Medicare	(120,002.00) 0.00	(120,002.00) 0.00	(167,373.00) 0.00
400271.01 400276	Managed Medicare IV Therapy - M MA	0.00	0.00	(1,537.00)
400278	Occupational Therapy - M MA	0.00	0.00	0.00
400289	Contractual Allow (Ancill) M MA	0.00	0.00	1,537.00
400290	Write Off Uncollectible PO Receivable	0.00	0.00	0.00
400291	Bad debt	203,617.00	203,617.00	414,932.00
400320	Pharmacy - Hospice	0.00	0.00	0.00 0.00
400360	Contract Allow(Ancill) Hospice	0.00 (112,588.00)	0.00 (112,588.00)	(88,984.00)
400400	Room & Board - Managed Care Pr. Yr. Room & Board - Managed Care	(112,588.00)	0.00	0.00
400410 400420	Pharmacy - Managed Care	(1,267.00)	(1,267.00)	
400425	IV - Managed Care	0.00	0.00	0.00
400430	X-Ray - Managed Care	0.00	0.00	(75.00)
400435	Physical Therapy - Managed Care	23,948.00	23,948.00	21,100.00
400440	Occupational Therapy - Managed	(15,330.00)	(15,330.00)	
400445	Speech Therapy - Managed Care	(1,085.00)	(1,085.00) (24,260.00)	
400455	Contract Allow (R&B) - MGD Care	(24,260.00) 43,679.00	43,679.00	34,587.00
400460 400470	Contract Allow(Ancill) MGD Care Pr. Yr. Revenue Adjustments MGD	45,075.00	0.00	11,197.00
400635	Physical Therapy - Medicare B	(157,577.00)	(157,577.00)	(221,783.00)
400635.01	MEDACARE B FLU SHOTA	0.00	0.00	0.00
400640	Occupational Therapy - Med B	(187,565.00)	(187,565.00)	
400645	Speech Therapy - Medicare B	(63,301.00)		
400660	Contract Allow (Ancill) Med B	99,674.00	99,674.00 (31.00)	136,868.00 3,072.00
400669	Sequester Med B	(31.00) 0.00	0.00	0.00
400850 400860	Cable Revenue Miscellaneous Revenue	(23,025.00)		
400880	Interest income	(1,211.00)	(1,211.00)	
400900	Consulting Fee	0.00	0.00	0.00
400900.9	Prior Period ancillary MNG CARE	0.00	0.00	0.00
400900.90	Prior Period ancillary MNG CARE	(52,780.00)		
400901	Prior Owner Revenue	18,380.00	18,380.00 0.00	18,380.00 (10,500.00)
400996	Optum Covid Emergency Payment	0.00 (205,707 00)		
400997 400998	Medicaid Rate Adj - COVID 19 Medicare Stimulis - COVID 19	(116,369.00)		
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	Description	UNADI	IE Bof #	AJE	FINAL	1st PP-FINAL
Account	Description	UNADJ	JE Ref#	AJE		9/30/2020
		9/30/2021			9/30/2021 0.00	9/30/2020
400999 444444	HUD RESERVE DRAW Ancillary - cash receipts	0.00 (23,140.00)			(23,140.00)	(12,324.00)
500000	Salary & Wages	(20,140.00)			0.00	0.00
500100	Salaries Administrator	187,454.00			187,454.00	165,647.00
500105	Salaries Executive Director	0.00			0.00	0.00
500110	Rent - Offsite Office	5,100.00			5,100.00	5,100.00
500115	Salaries Admissions	91,104.00			91,104.00	72,448.00
500130	Customer service aide	15,355.00			15,355.00	27,140.00
500150	Salary Office	288,250.00 17,309.00			288,250.00 17,309.00	300,513.00 17,455.00
500180 500200	Travel & Mileage Bank Charges	4,433.00			4,433.00	5,827.00
500200	Dues & Subscriptions	16,006.00		(13,553.00)	2,453.00	11,933.00
000240			AJE - 2	(13,553.00)		
500260	Office Supplies	26,217.00			26,217.00	21,331.00
500270	Software / Tech Support	85,220.00			85,220.00	76,778.00
500280	Postage	6,784.00			6,784.00	5,569.00
500300	Printing	2,482.00			2,482.00	2,198.00
500310	Rental of Equipment	6,247.00			6,247.00 49,924.00	8,172.00 31,862.00
500320	Accounting Fees Contract Services - Office	49,924.00 70,018.00			70,018.00	76,079.00
500330 500340	Legal Fees	63,610.00			63,610.00	47,945.00
500350	Payroll Processing Fee	38,250.00			38,250.00	40,776.00
500355	Charitable	284,386.00			284,386.00	155,974.00
500360	Consulting Other	86,729.00			86,729.00	71,415.00
500365	Guaranteed payments	0.00			0.00	111,633.00
500370	Software Maintenance	0.00			0.00	0.00
500385	New Hire Expense	0.00			0.00	0.00
500400	Business License Fees	0.00			0.00 3,631.00	704.00 500.00
500420	Licenses & Permits	3,631.00 47,979.00			47,979.00	43,683.00
500440 500445	Telephone Small Equipment Purchase	23,913.00			23,913.00	50,442.00
500445	Insurance Non-Property	6,471.00			6,471.00	8,964.00
500460	Meetings & Seminars	4,014.00			4,014.00	253.00
500475	Advertising Help Wanted	0.00			0.00	0.00
500480	Advertising - Promotional	23,549.00			23,549.00	35,398.00
500485	Business Development	0.00			0.00	0.00
500490	Fines & Penalties	0.00			0.00	114.00 2,727.00
500510	Taxes - Real Estate	2,478.00 3,076.00			2,478.00 3,076.00	2,510.00
500520 500530	Taxes - Personal Insurance - Property	129,172.00			129,172.00	129,739.00
500550	Provider Fee Expense	885,026.00			885,026.00	1,145,601.00
500630	Advertising - Promotional	0.00			0.00	0.00
500710	Taxes- sales tax	0.00			0.00	0.00
500810	Business Consulting	224,717.00			224,717.00	200,000.00
500850	Medical Director Fees	66,000.00			66,000.00	66,000.00
500900	Rent Expense - Building	930,927.00			930,927.00	932,278.00
500910	Real estate tax	128,520.00			128,520.00 0.00	131,520.00 0.00
500950	Management Fees	0.00 12,617.00			12,617.00	11,232.00
501100 501300	Deprec FF & E Depr - Leasehold Improvements	116,597.00			116,597.00	109,428.00
501550	Amort Lease Aquisition Costs	10,598.00			10,598.00	10,599.00
502000	Interest Working Capital	0.00			0.00	0.00
502150	Interest - Other	8,204.00			8,204.00	2,799.00
502151	Penalties - Bed tax	21,142.00			21,142.00	0.00
502200	Strike Contingency	0.00			0.00	0.00
503000	Non-Operating Expense	0.00			0.00	0.00 2,942.00
510000	Employee Benefits	15,362.00			15,362.00 683,002.00	750,609.00
510010 510020	Payroll Taxes FICA Payroll Taxes FUTA	683,002.00 74,520.00			74,520.00	90,444.00
510020	Payroll Taxes SUTA	9,440.00			9,440.00	10,379.00
510030	Workers' Compensation	228,057.00			228,057.00	219,381.00
510050	Group Health / Dental	156,485.00			156,485.00	132,926.00
510080	Employee Benefits - Non Pr	126,135.00			126,135.00	40,788.00
510110	Employee Physicals	3,867.00			3,867.00	2,285.00
510115	Uniform Allowance	30,222.00			30,222.00	22,156.00
510120	Union Health & Welfare	1,575,738.00			1,575,738.00 0.00	1,699,043.00 0.00
510125	Union Health&Welfare Settlement	0.00 43,274.00			43,274.00	72,236.00
510130	Union Training	-0,274.00				,

	FINAL 9/30/2021	010010000
		9/30/2020
510140 Union Pension 519,173.00	519,173.00	580,516.00
510145 Union Pension Settlement 0.00	0.00	0.00
520005 Dietary Expense (8.00)	(8.00)	
520100 Raw Food 334,882.00	334,882.00	393,111.00
520110 Food - Other 1,981.00	1,981.00	8,090.00
520120 Food Supplements 1,653.00	1,653.00	5,044.00
520140 Dietary Supplies 36,252.00	36,252.00	34,922.00
520160 Contracted Services - dietary 498.00	498.00	498.00 0.00
520165 Contract Serv - Dietician 0.00	0.00 61,149.00	66.533.00
520300 Salaries Dietary Supervisor 61,149.00	69,743.00	73,977.00
520350 Salaries Dietician 69,743.00	673,238.00	667,008.00
	505.00	0.00
	30,640.00	33,684.00
	0.00	0.00
530140Contracted Services - housekeeping0.00530400Saleries Housekeeping Super0.00	0.00	0.00
530450 Salaries Housekeeping Super 365,445.00	365,445.00	442,385.00
	210,803.00	210,270.00
540100 Laundry Supplies 6,384.00	6,384.00	7,324.00
540120 Contract Services - Laundry 0.00	0.00	1,299.00
540140 Linen Purchases 5,845.00	5,845.00	9,828.00
550005 Maintenance 0.00	0.00	0.00
550030 Security 0.00	0.00	0.00
550100 Maintenance Supplies 43,023.00	43,023.00	44,389.00
550110 Repairs & Maintenance 29,317.00	29,317.00	18,940.00
550120 Contract Services - maintenance 21,153.00	21,153.00	19,443.00
550130 Minor Equipment 0.00	0.00	0.00
550140 Pest Control 0.00	0.00	0.00
550145 Groundskeeping / Snow 1,223.00	1,223.00	992.00
550150 Gas & Electric 155,106.00	155,106.00	158,616.00
550160 Fuel Oil 981.00	981.00	1,038.00
550170 Cable TV 16,084.00	16,084.00	15,489.00
550180 Water & Sewer 75,170.00	75,170.00	78,862.00
550190 Trash Removal 28,303.00	28,303.00	27,703.00
550195 Medical Waste 639.00	639.00 79,607.00	623.00 79,481.00
550200 Salaries Maintenance Supervisor 79,607.00	101,208.00	108,640.00
550250 Salaries Maintenance 101,208.00	0.00	75.00
562010 Nursing Supervisor 0.00 562040 Salaries - CNAs 0.00	0.00	50.00
	64,491.00	56,617.00
562100 Medical Supplies 64,491.00 562110 PPD Medical Supplies 121,632.00	121,632.00	187,013.00
562120 Diapers / Disposables 0.00	0.00	0.00
562140 Tube Feeding (Non Part 0.00	0.00	0.00
562160 Oxygen Supplies 4,494.00	4,494.00	12,899.00
562165 Oxygen respiratory therapy 0.00	0.00	4,871.00
562180 Contract Nursing 681.00	681.00	0.00
564050 Contracted Services 0.00	0.00	56.00
564100 Contracted Services - Pharmacy 22,474.00	22,474.00	· 31,560.00
564120 Over The Counter Drugs 7,237.00	7,237.00	4,908.00
564140 Prescription Drugs 414,153.00	414,153.00	376,726.00
566050 Contracted Services - Physician 8,000.00	8,000.00	8,000.00
566060 Contract Svcs - Dental 16,224.00	16,224.00	16,224.00
566100 Medical Records 2,762.00	2,762.00	3,516.00
566140 Patient Transportation 24,511.00	24,511.00	38,976.00
566160 Med Equip Rental 14,578.00	14,578.00	15,176.00
566180 Patient Expenses 3,649.00	3,649.00	6,128.00
566190 Lab Fees 25,532.00	25,532.00	18,442.00
566200 X-Ray Services 13,726.00	13,726.00	14,584.00
566205 Inhalation Expense 0.00	0.00	0.00 6,104.00
566210 Patient Consolidated Bill 10,472.00	10,472.00 11,160.00	33,235.00
570040 Rehab Contracted Services 11,160.00	704.00	4,012.00
570060 Physical Therapy Supplies 704.00 570080 Speech Therapy Consultant 186.00 (186.00)	0.00	4,012.00
570080 Speech Therapy Consultant 186.00 (186.00) AJE - 1 (186.00)	0.00	0.00
400.00	186.00	0.00
570085 Speech Therapy Supplies 0.00 186.00 AJE - 1 186.00	100.00	0.00
	712.00	901.00
570110Occupational Therapy Supplies712.00570160Respiratory Therapy Suppl0.00	0.00	
Groups Hoppinitory Horapy Capp.		

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Section Activities Supples 12,980,00 11,140,00 Section 600,00 52,246,00 62,244,00 Section 62,246,00 62,224,00 62,244,00 Section 33,261,00 33,281,00 33,281,00 33,281,00 Section 14,202,00 33,281,00 33,281,00 33,224,00 Section 14,202,00 14,343,00 13,224,00 13,224,00 Section 12,2748,00 13,224,00 13,224,00 13,224,00 13,224,00 Section Section 12,2748,00 12,274,400 13,224,00 62,670,00 Section Section 62,584,40 62,574,40 12,554,470 52,567,00 Section Section 53,544,00 63,544,00 63,544,00 53,544,00 53,544,00 53,544,00 53,544,00 53,544,00 53,544,00 53,544,00 53,544,00 53,544,00 54,507,00 73,707,700,70 73,570,70 73,570,70 73,570,70 73,570,70 73,570,70 73,570,70 73,570,70 73,570,70 7			9/30/2021			9/30/2021	9/30/2020
B90100 Activities Supplies 12.99.00 11,140.00 600.00 600.00 600.00 62.244.00 62.244.00 62.244.00 62.244.00 62.244.00 62.244.00 62.244.00 62.244.00 62.244.00 62.244.00 62.244.00 62.244.00 62.244.00 62.244.00 62.244.00 62.244.00 62.244.00 62.244.00 62.244.00 62.244.00 62.244.00 62.244.00 62.244.00 62.244.00 62.244.00 62.244.00 62.244.00 62.244.00 62.244.00 62.244.00 62.244.00 62.244.00 62.244.00 62.644.00 62.644.00 62.644.00 62.644.00 62.644.00 62.644.00 62.644.00 62.644.00 62.644.00 62.644.00 62.644.22.00 62.644.22.00 62.644.22.00 62.644.22.00 62.644.00 62.644.22.00 62.644.00 62.643.22.00 62.644.00 62.643.22.00 62.644.00 62.643.22.00 62.643.22.00 62.643.22.00 62.643.22.00 62.643.22.00 62.643.22.00 62.643.22.00 62.643.22.00 62.643.22.00 62.643.22.00 62.643.22.00 62.643.22.00 <t< td=""><td>580005</td><td>Activities</td><td>12,435.00</td><td></td><td></td><td>12,435.00</td><td>3,000.00</td></t<>	580005	Activities	12,435.00			12,435.00	3,000.00
58070 Salaries Social Savios Super 52,248.00 52,440.00 52,440.00 580900 Salaries Social Savios Super 52,248.00 45,422.00 44,532.00 580905 Salaries Social Savios Super 53,221.00 33,221.00 53,221.00 580905 Salaries Recession Supervisor 33,221.00 118,244.00 122,440.00 580905 Salaries Acasian University 123,2748.00 138,222.00 63,842.00 600050 Salaries Acasian University 138,224.00 63,847.40 74,432.20 600050 Salaries NNs 45,85,84.00 22,546.00 0.00 600700 Salaries RNs 45,85,84.00 22,546.00 1,867,44.00 1,707,652.00 600710 Salaries RNs 45,85,42.00 2,853,342.00 2,853,342.00 2,863,342.00 2,863,342.00 2,863,342.00 2,864,840.0 44,322.00 600710 Salaries RNs 45,854,70.00 1,867,740.00 1,867,740.00 1,867,740.00 1,867,740.00 1,867,740.00 1,867,740.00 1,867,740.00 1,867,750.00 2,867,70.00 <td< td=""><td></td><td>Activities Supplies</td><td>12,998.00</td><td></td><td></td><td>12,998.00</td><td>11,140.00</td></td<>		Activities Supplies	12,998.00			12,998.00	11,140.00
950910 Salarines Social Sarvice Starr 45.42.00 45.42.00 45.42.00 45.42.00 45.42.00 45.42.00 55.916.00 650960 Salaries Recreation 114.506.00 117.598.00 60.00 80.00 127.989.00 600300 LPN-ADMIN 40.94.90 49.94.00 49.84.00 68.270.00 68.270.00 68.270.00 68.270.00 68.270.00 68.270.00 68.270.00 68.270.00 68.270.00 68.270.00 68.270.00 68.270.00 68.270.00 68.270.00 69.274.00 68.270.00 69.270.00 69.270.00 69.270.00 69.270.00 69.270.00 69.270.00 69.270.00 69.270.00 69.070.00 59.970.00 69.070.00 59.970.00 69.070.00 59.970.00 69.070.00 69.070.00 69.070.00 69.070.00 60.070 69.070.00 69.070.00 69.070.00 69.070.00 69.070.00 69.070.00 69.070.00 69.070.00 69.070.00 69.070.00 60.070 69.070.00 69.070.00 69.070.00 69.070.00 60.00 60.00 60.00 <			600.00			600.00	
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Septem Sames Revealed 114.506.00 117.656.00 000360 LFN-ADMIN 44.944.00 43.94.00 82.420.00 000360 LFN-ADMIN 44.944.00 82.240.00 06.67.00 000500 Salaries Director Nursing 132.748.00 123.748.00 132.223.00 000500 Salaries RN sepretivor 635.844.00 23.844.00 64.43.220.00 000710 Salaries CMX shufter 23.947.00 44.94.93.00 54.07.00 000710 Salaries CMX shufter 23.95.477.00 29.947.00 24.94.94.80.00 0007100.00 Salaries CMX shufter 103.93.00 0.00 60.00 000710.00 T23.55.01.04.04.04.01 120.94.94.94.90 64.93.20.00 000710.00 T23.56.01.04.04.01 120.00 0.00 0.00 000710.00 Salaries Shufter Shufter 10.00 0.00 0.00 000710.00 Salaries Shufter Shufter 10.30 0.00 0.00 000710.00 Salaries Shufter Shufter 10.00 0.00 0.00 00	580910	Salaries Social Service Staff	45,422.00			45,422.00	
000300 LPN - ADMI 49.940.00 94.940.00 92.460.00 000600 Salaries Director Nursing 132.748.00 93.748.00 93.748.00 000600 Salaries Assistant DON 85.240.00 85.748.00 93.748.00 93.748.00 000700 Salaries NK Supervisor 635.844.00 45.9574.00 93.847.00 654.5874.00 93.957.00 000710 Salaries INK Supervisor 635.844.00 45.9574.00 1.545.977.00 1.240.438.00 000710 Salaries INFoldentiation 2.55.947.00 1.240.438.00 69.280.00 69.280.00 69.280.00 69.280.00 69.280.00 69.280.00 69.280.00 69.280.00 69.280.00 69.280.00 69.280.00 69.280.00 69.280.00 69.280.00 69.00 69.00 69.00 69.00 69.00 69.00 69.00 69.00 69.280.00 69.280.00 69.280.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00	580950	Salaries Recreation Supervisor	33,261.00				
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R0010 Downer's Capital 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
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R0014 Work Comp PP Revenue 0.00 0.00 0.00 R0015 Wound Vac 0.00 0.00 0.00 0.00 R0016 Background Checks 0.00 0.00 0.00 0.00 R0017 CPR Class 0.00 0.00 0.00 0.00 R0018 Physical Plant Conultant 0.00 0.00 0.00 0.00 R0019 Purchasing Consultant 0.00 0.00 0.00 0.00 R0020 State and Federal Compliance 0.00 0.00 0.00 0.00 R0021 Respiratory Therapist 0.00 0.00 0.00 0.00 R0022 Employee Professional License 0.00 0.00 0.00 0.00							
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R0019 Purchasing Consultant 0.00 0.00 0.00 R0020 State and Federal Compliance 0.00 0.00 0.00 R0021 Respiratory Therapist 0.00 0.00 0.00 R0022 Employee Professional License 0.00 0.00 0.00							
R0020 State and Federal Compliance 0.00 0.00 0.00 R0021 Respiratory Therapist 0.00 0.00 0.00 0.00 R0022 Employee Professional License 0.00 0.00 0.00 0.00							
R0021 Respiratory Therapist 0.00 0.00 0.00 R0022 Employee Professional License 0.00 0.00 0.00		-					
R0022Employee Professional License0.000.000.00							
RUUZO Fallent Specific Rental 0.00 0.00 0.00							
	R0023	ration opeonic rental	0.00			0.00	0.00

Account	Description	UNADJ JE Ref #	AJE	FINAL	1st PP-FINAL
		9/30/2021		9/30/2021	9/30/2020
R0024	Unallowable Food, Travel and Gifts	0.00		0.00	0.00
R0025	Holiday Party	0.00		0.00	0.00
R0026	Business Entity Tax	0.00		0.00	0.00
R0027	Accounting Software	0.00		0.00	0.00
R0028	Prior Period Expenses	0.00		0.00	0.00
R0029	Chamber of Commerce Dues	0.00		0.00	0.00
R0030	Annual Credit Card Fees	0.00		0.00	0,00
Total		0.00	0.00	0.00	0.00
	Net (Income) Loss	0.00	0.00	0.00	0.00

Client: Engagement: Period Ending: Trial Balance:	JACC Mgmt - SNF Cost Reports Medicaid - JACC Healthcare Center of Dani 9/30/2021 A.01 - TB-CCNH	ielson				
Workpaper:	A.03 - TB Combined Detail LS				50141	
Account	Description	9/30/2021	JE Ref #	AJE	FINAL 9/30/2021	1st PP-FINAL 9/30/2020
		5/50/2021			0/00/2021	
Group : [10-A]	Salaries and Wages					
Subgroup : [2] 500100	AdmInIstrators Salaries Administrator	187,454.00		0.00	187,454.00	165,647,00
Subtotal [2] Admin		187,454.00	2	0.00	187,454.00	165,647.00
Cubaraum (14)	Other Administrative Salarles					
Subgroup : [4] 500115	Salaries Admissions	91,104.00		0.00	91,104,00	72,448_00
500130	Customer service aide	15,355.00		0_00	15,355.00	27,140.00
500150	Salary Office	288,250.00 59,947.00		0.00	288,250.00 59,947.00	300,513.00 59,260.00
600730.01 600730.02	7900-C.N.A/Scheduler 7950-C.N.A/Central Supply	30,158.00		0.00	30,158.00	45,835.00
600780	Salaries Medical Records	54,599.00		0.00	54,599.00	36,906.00
Subtotal [4] Other	Administrative Salaries	539,413.00	5	0.00	539,413.00	542,102.00
Subgroup : [5A]	Head Dietitian					
520350	Salaries Dietician	69,743.00	2	0.00	69,743.00	73,977.00
Subtotal [5A] Head	i Dietitian	69,743.00	-	0.00	69,743.00	73,977.00
Subgroup : [5B]	Food Service Supervisor					
520300	Salaries Dietary Supervisor	61,149.00	-	0.00	<u>61,149.00</u> 61,149.00	66,533.00 66,533.00
Subtotal [5B] Food	Service Supervisor	61,149.00	÷	0.00	01,149.00	00,000
Subgroup : [5C]	Dietary Workers				070 000 00	007 000 00
520370	Salaries Dietary	673,238.00 673,238.00	5	0.00	<u>673,238.00</u> 673,238.00	667,008,00 667,008,00
Subtotal [5C] Dieta	ary workers	013,230.00		0.00	0101200100	
Subgroup : [6B]	Other Housekeeping Workers	005 445 00		0.00	365,445.00	442,385.00
530450 Subtotal I6BI Othe	Salaries Housekeeping r Housekeeping Workers	365,445.00	2	0.00	365,445.00	442,385.00
			-			
Subgroup : [7A]	Engineer or Chlef of Maintenance Salaries Maintenance Supervisor	79,607.00		0.00	79,607.00	79,481.00
550200 Subtotal [7A] Engli	neer or Chief of Maintenance	79,607.00		0.00	79,607.00	79,481.00
Subgroup : [7B] 550250	Other Maintenance Workers Salaries Maintenance	101,208.00		0.00	101,208.00	108,640.00
	r Maintenance Workers	101,208.00		0.00	101,208.00	108,640.00
Subaroup (1991	Other Laundry Workers					
Subgroup : [8B] 530550	Salaries Laundry	210,803.00		0.00	210,803.00	210,270.00
Subtotal [8B] Othe	r Laundry Workers	210,803.00		0.00	210,803.00	210,270.00
Subgroup : [12A]	Director of Nurses/Assistant Director					
600600	Salaries Director of Nursing	132,748.00		0.00	132,748.00	138,223,00
500650	Salaries Assistant DON	89,240.00	5	0.00	89,240.00 221,988.00	68,670.00 206,893.00
SUDTOTAI [12A] DIRE	ector of Nurses/Assistant Director	221,300.00		0.00	11,000,00	
	RNs - Direct Care	0.00		0.00	0.00	75.00
562010 600700	Nursing Supervisor Salaries RN Supervisor	635,844.00		0.00	635,844.00	644,322.00
600710	Salaries RN's	459,874.00		0.00	459,874.00	545,067.00
Subtotal [12B1] RN	Ns - Direct Care	1,095,718.00	÷	0.00	1,095,718.00	1,189,464.00
Subaroup : [12B2]	RNs - Administrative					
600660	6600-Nursing Administration	22,546.00		0.00	22,546.00	0.00
600750	Salaries Staff Developement	25,613.00 77,507.00		0.00	25,613.00 77,507.00	0.00 78,067.00
500760 500762	Salaries MDS Supervisor Salaries MDS	126,740.00		0.00	126,740.00	145,031.00
	Is - Administrative	252,406.00		0.00	252,406.00	223,098.00
Subarous (14904)	L PNa Direct Care					
600720	LPNs - Direct Care Salaries LPN's	1,567,846.00	-	0.00	1,567,846.00	1,707,662.00
Subtotal [12C1] LP	PNs - Direct Care	1,567,846.00		0.00	1,567,846.00	1,707,662.00
Subaroup · [12C2]	LPNs - Administrative					
600350	LPN - ADMIN	49,949.00		0.00	49,949.00	82,480.00
Subtotal [12C2] LP	Ns - Administrative	49,949.00		0.00	49,949.00	82,480.00
Subgroup : [12D]	Aldes and Attendants					
562040	Salaries - CNAs	0_00		0.00	0.00	50.00
600730	Salaries CNA's	2,553,242.00 36,475.00		0.00	2,553,242.00 36,475.00	2,940,436.00 27,306.00
600792 500870	Salaries Transportation Salaries Restorative Aides	0.00		0.00	0.00	(666.00)
	es and Attendants	2,589,717.00	3	0.00	2,589,717.00	2,967,126.00
		10	-			
Subgroup : [12E]	Physical Therapists Salaries PT	241,126.00		41,745.00	282,871.00	346,774,00
			AJE - 3	41,745.00	0.00	0.00
600860	Salaires Rehab Aides	0.00		0.00	0.00	0,00

1st PP-FINAL

9/30/2020

346,774.00

101,376.00

101,376.00

388,075.00

388,075.00

55,916.00

127,595.00

183,511.00

54,009.00

46,832.00

100,841.00

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Client: Engagement: Period Ending: Trial Balance: Workpaper:	JACC Mgmt - SNF Cost Reports Medicaid - JACC Healthcare Center of Danielson 9/30/2021 A.01 - TB-CCNH A.03 - TB Combined Detail LS	
Account	Description	UNADJ
		9/30/2021
Subtotal [12E] Ph	ysical Therapists	241,126.00
Subgroup : [12F] 600850	Speech Therapists Salaries ST	97,930.00
Subtotal [12F] Sp	eech Therapists	97,930.00
Subgroup : [12G] 600830	Occupational Therapists Salaries OT	235,826.00
Subtatal [12C] Oc	cupational Therapists	235,826.00

Group : [13-B]

Professional Fees

Subgroup : [12H]	Recreation Workers			
580950	Salaries Recreation Supervisor	33,261.00		0.00
580960	Salaries Recreation	114,506.00	17_mm	0.00
Subtotal [12H] Red	creation Workers	147,767.00	1	0.00
Subgroup : [12M]	Social Workers/Case Management			
580900	Salaries Social Service Super	52,248.00		0.00
580910	Salaries Social Service Staff	45,422.00		0.00
Subtotal [12M] So	cial Workers/Case Management	97,670.00		0.00
Subgroup : [120]	Other			
600800	Salaries Director Rehab	99,527.00		(99,527.00)
			AJE - 3	(99,527.00)
600855	resportory lherapisl	0.00		0.00
Subtotal [120] Oth		99,527.00		(99,527.00)
Total [10-A] Salari		8,985,530.00		0.00
	-		_	

Subgroup : [2] 566060 Subtotal [2] Dent	Dentist Contract Svcs - Dental	<u> </u>		0.00	16,224.00
Subgroup : [3] 564100 Subtotal [3] Phar	Pharmacist Contracted Services - Pharmacy	22,474.00 22,474.00	=	0.00	22,474.00 22,474.00
Subgroup : [5A] 570040 Subtotal [5A] PT	PT - Resident Care Rehab Contracted Services - Resident Care	<u> </u>		0.00	11,160.00 11,160.00
Subgroup : [8A] 500850 Subtotal [8A] Me	Medical Director Medical Director Fees dical Director	<u> </u>	=	0.00	66,000.00 66,000.00
Subgroup : [8C] 566050 Subtotal [8C] Re	Resident Care Contracted Services - Physician Sident Care	8,000.00 8,000.00	7 <u></u>	0.00	8,000.00 8,000.00
Subgroup : [9A] 570080	ST - Resident Care Speech Therapy Consultant	186.00	AJE - 1	(186.00) (186.00)	0.00
Subtotal [9A] ST	- Resident Care	186.00		(186.00)	0.00

JE Ref #

AJE - 3

AJE - 3

AJE - 3

AJE

(0.00) **41,745.00**

16,955.00 16,955.00

16,955.00

40,827.00

40,827.00

40,827.00

FINAL 9/30/2021

282,871.00

114,885.00

114,885.00

276,653.00

276,653.00

33,261.00

114,506.00

147,767.00

52,248.00

45,422.00

97,670.00

0.00

0.00

0.00

8,985,530.00

Subtotal [9A] ST - Resident Care	186.00	AJE - 1	(186.00)	0.00	0.00
Subgroup : [11A1] RN's - Direct Care	681.00		0.00	681-00	0.00
562180 Contracl Nursing Subtotal [11A1] RN's - Direct Care	681.00		0.00	681.00	0.00
Subgroup : [12] Other					
500360 Consulting Other	86,729,00		0.00	86,729.00	71,415.00
564050 Contracted Services	0.00		0.00	0.00	56.00
Subtotal [12] Other	86,729.00		0.00	86,729.00	71,471.00
Total [13-B] Professional Fees	211,454.00		(186.00)	211,268.00	226,490.00
Group : [15] Expenditures Other than Salaries Subgroup : [1A1] Workmen's Compensation					
510040 Workers' Compensation	228,057.00		0.00	228,057.00	219,381.00
Subtotal [1A1] Workmen's Compensation	228,057.00		0.00	228,057.00	219,381.00
Subgroup : [1A3] Unemployment Insurance					
510020 Payroll Taxes FUTA	74,520.00		0.00	74,520.00	90,444.00
510030 Payroll Taxes SUTA	9,440.00	· · · · ·	0.00	9,440.00	10,379.00
Subtotal [1A3] Unemployment Insurance	83,960.00	2	0.00	83,960.00	100,823.00

Subgroup : [1A4]	Social Security (FICA)				
510010	Payroll Taxes FICA	683,002.00	0.00	683,002.00	750,609.00
Subtotal [1A4] Socia	al Security (FICA)	683,002.00	0.00	683,002.00	750,609.00

Stabbo Engloyee Braits 15,000 0.00 1,500,00 2,240,00 Stabbo 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,272,280,00 1,282,280,00 1,282,280,00	Client: Engagement: Period Ending: Trial Balance:	JACC Mgmt - SNF Cost Reports Medicaid - JACC Healthcare Center of Danlelson 9/30/2021 A.01 - TB-CCNH					
Bondback Bondback Bondback Bondback Bondback Bindback Enginee Ereflex Bondback Bindback Enginee Ereflex Bondback Bindback Enginee Ereflex Bondback Bindback Fig. Statubilit Bondback Bindback Fig. Statubilit Bondback Bindback Fig. Statubilit Bondback Bindback Statubilit Statubilit Bondback Bindback Statubilit Statubilit <th></th> <th></th> <th>UNADJ</th> <th>JE Ref #</th> <th>AJE</th> <th>FINAL</th> <th>1st PP-FINAL</th>			UNADJ	JE Ref #	AJE	FINAL	1st PP-FINAL
Stabo Engloyee Breats 15,332.00 0.00 15,332.00 2,255.00 152,253.00 2,255.00 152,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00 150,253.00	Hoodan		9/30/2021	3		9/30/2021	9/30/2020
10000 Croop Tealing 160,465.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00 102,82,80.00	Subgroup : [1A5]		15 362 00		0.00	15 362 00	2 942 00
10100 Lunon Health A Welfare 1,57,78.00 0.00 1,57,78.00 1,680,6800 Subjected [XA] Health Insurance 7,477,856.00 1,207,850.00 1,209,785.00 1,209,785.00 Subjected [XA] Health Insurance 510,772.00 0.00 510,173.00 560,511.00 Subjected [XA] Health Insurance 50,272.00 0.00 30,222.00 22,550.00 Subjected [XA] Health Insurance 50,222.00 0.00 30,222.00 22,550.00 Subjected [XA] Health Insurance 50,222.00 0.00 30,222.00 22,550.00 Subjected [XA] Health Insurance 50,222.00 0.00 42,750.00 22,550.00 Subjected [YA] Health Insurance 50,222.00 0.00 42,750.00 22,250.00 Subjected [YA] Health Insurance 50,222.00 0.00 42,750.00 22,250.00 Subjected [YA] Health Insurance 50,222.00 0.00 42,750.00 22,250.00 Subjected [YA] Health Insurance 50,222.00 0.00 42,770.00 12,77,70.00 12,750.00 12,750.00 12,752.00 12,752.00 12,72,750.00 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>132,926.00</td>							132,926.00
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Stotica Usion Persion 619,773.00 0.00 519,773.00 0.00 519,773.00 600,00 699,773.00 600,00 699,773.00 690,00 699,773.00 690,00 699,773.00 690,00 699,773.00 690,00 699,773.00 690,00 699,773.00 690,00 699,773.00 690,00 699,773.00 690,00 699,773.00 690,00 699,773.00 690,00 699,773.00 690,00 699,773.00 690,00 699,773.00 690,00 799,773.00 720,00 722,250,00 722,250,00 722,250,00 722,250,00 722,250,00 722,250,00 722,250,00 722,250,00 722,250,00 722,250,00 722,250,00 722,250,00 722,250,00 722,250,00 722,250,00 722,250,00 722,250,00 722,250,00 722,250,00 722,250,00 722,250,00 722,250,00 722,250,00 722,250,00 722,250,00 723,250,00 723,250,00 723,250,00 723,250,00 723,250,00 723,250,00 723,250,00 724,250,00 724,250,00 724,250,00 <th< td=""><td>Subtotal [1A5] Hea</td><td>Ith Insurance</td><td>1,747,585.00</td><td></td><td>0.00</td><td>1,747,585.00</td><td>1,834,911.00</td></th<>	Subtotal [1A5] Hea	Ith Insurance	1,747,585.00		0.00	1,747,585.00	1,834,911.00
Subtral [1A7] Pensions S19,173.00 S89,2200 S19,173.00 S89,2500 S22,190 S89,2500 S22,190 S89,2500 S22,190 S23,190 S33,190 S33,190 <t< td=""><td>Subgroup : [1A7]</td><td>Pensions</td><td></td><td></td><td></td><td></td><td></td></t<>	Subgroup : [1A7]	Pensions					
Jonatolia Jonatolia Jonatolia Jonatolia Stords Uniform Allowance 30,222.00 0.00 30,222.00 22,190.0 Stords Uniform Allowance 30,222.00 0.00 30,222.00 22,190.0 Stords Uniform Allowance 30,222.00 0.00 30,222.00 22,190.0 Stords Uniform Allowance 30,222.00 0.00 126,195.00 20,720.00 Stords Unifor Training 43,271.00 0.00 126,195.00 126,292.00 Stords 203.017.00 0.00 126,195.00 126,292.00 126,292.00 Stords 203.017.00 0.00 230,017.00 414,632.00 Stords 129,310.00 0.00 43,822.00 0.00 44,832.00 Stords Legal ness 63,924.00 0.00 43,882.00 13,882.00 Stords Legal ness 63,910.00 0.00 24,720.00 13,882.00 Stords Legal ness 28,217.00 0.00 24,780.00 13,882.00 <td>510140</td> <td></td> <td></td> <td>14</td> <td></td> <td></td> <td></td>	510140			14			
51015 Lulion Allowance 30,222.00 0.00 30,222.00 22,150.00 Subgrow : [1A] Other 00,00 30,222.00 0.00 30,222.00 22,150.00 Subgrow : [1A] Other 00,00 30,222.00 22,150.00 22,150.00 Subgrow : [1A] Other 00,00 13,251.00 72,240.00 72,240.00 Subtobility (TA) (Inform Allowance 00,00 13,251.00 72,240.00 72,240.00 Subtobility (TC) Bat Date 203,617.00 0.00 45,351.00 74,44,932.00 Subtobility (TC) Bat Date 203,617.00 0.00 45,351.00 74,44,932.00 Subtobility (TC) Bat Date 203,617.00 0.00 45,351.00 74,945.00 Subtobility (TC) Bat Date 203,241.00 0.00 45,351.00 74,945.00 Subtobility (TC) Legal 63,972.00 0.00 45,351.00 74,945.00 Subtobility (TC) Legal 63,970.00 0.00 45,351.00 74,945.00 Subtobility (TC)<	Subtotal [1A7] Pen	sions	519,173.00		0.00	515,115,00	300,310.00
Subscript (1A4) Uniterm Allowance 90,222,00 0.08 30,222,00 22,148,00 Subscript (1A4) Uniterm Allowance 90,222,00 0.08 30,222,00 22,148,00 Subscript (1A4) Uniterm Allowance 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00 100,00	Subgroup : [1A8]				0.00	20 222 00	22 456 00
Concurrency (M) Concurrency (M) Concurrency (M) Concurrency (M) Storegory (M) Deer Propose Benefits - Non Fr 125/130 00 0.00 127/100 01 Storegory (LA) Other Totology (LA) Other 100/100 (LA) Other 100/100 (LA) Other 100/100 (LA) Other Storegory (LD) Bad babts 203/100 (LA) Other 0.00 123/100 (LA) Other 113/22/200 (LA) Other Storegory (LD) Bad babts 203/100 (LA) Other 0.00 203/17/200 (LA) Other 113/22/200 (LA) Other Storegory (LD) Accounting and Auditing 45/22/200 (LA) Other 0.00 (LA) Other 31/82/200 (LA) Other Storegory (LD) Accounting and Auditing 45/22/200 (LA) Other 0.00 (LA) Other 31/82/200 (LA) Other Storegory (LD) Accounting and Auditing 45/22/200 (LA) Other 0.00 (LA) Other 31/82/200 (LA) Other Storegory (LD) Accounting and Auditing 45/22/200 (LA) Other 0.00 (LA) Other 31/82/200 (LA) Other Storegory (LD) Other Supplies 0.22/100 (LA) Other 0.00 (LA) Other 31/82/200 (LA) Other Storegory (LK) Other Supplies 0.22/17/20							22,156.00
51030 Employme Banefils - Non Pr 126,155.00 0.00 128,155.00 42,722002 Subtord (LA) Other 109,400,00 109,400,00 0.00 40,2720,00 72,22002 Subtord (LA) Other Bad bets 203,617.00 0.00 40,272,000 444,832,00 Subtord (LB) Bad bets 203,617.00 0.00 203,617.00 444,832,00 Subtord (LB) Bad bets 203,817.00 0.00 49,924.00 31,862,00 Subtord (LB) Accounting and Auditing 49,924.00 0.00 49,924.00 31,862,00 Subtord (LB) Accounting and Auditing 49,924.00 0.00 49,924.00 31,862,00 Subtord (LB) Accounting and Auditing 49,924.00 0.00 43,810,00 47,945,00 Subtord (LB) Accounting and Auditing 49,924.00 0.00 43,810,00 47,945,00 Subtord (LB) Accounting Fee 53,610,00 0.00 43,810,00 47,945,00 Subtord (LB) Accounting Fee 63,610,00 0.00 24,899,00 24,920,00 2,931,00 Subtord (LB) Accounting Fee 20,217,00	Subtotal [1A0] offi			-			
Dit No. Construction	Subgroup : [1A9]		126 125 00		0.00	126 135 00	40 788 00
Subtrait [149] Other 169,409.00 0.00 169,409.00 113,828.00 Subgroup: [16] Bid debt 203,017.00 0.00 203,197.00 414,832.00 Subgroup: [16] Bid debt 203,017.00 0.00 203,197.00 414,832.00 Subtrait [16] Accounting and Autiling 40,024.00 0.00 49,024.00 31,682.00 Subtrait [16] Legal Eagle Fies 63,610.00 -0.00 65,610.00 47,945.00 Subtrait [17] Accounting and Autiling 40,024.00 0.00 40,274.00 31,682.00 Subtrait [17] Accounting and Autiling 40,024.00 0.00 65,610.00 47,945.00 Subtrait [16] Legal 63,610.00 -0.00 65,610.00 47,945.00 Subtrait [16] Legal 53,610.00 -0.00 28,610.00 24,210.00 21,95.00 Subtrait [16] Legal 26,699.00 0.00 47,979.00 23,829.01 Subtrait [16] Merce Supplies 20,170.00 45,853.00 24,829.00 23,849.00 23,849.00 23,849.00 23,849.00 23,849.00 23,849.0						·	72,236.00
Bad dent 203,017.00 203,017.00 0.00 203,017.00 203,017.00 203,017.00 203,017.00 414,032.00 Subproup : [10] Accounting and Auditing 49,024.00 0.00 203,017.00 414,032.00 Subproup : [10] Accounting and Auditing 49,024.00 0.00 49,024.00 31,682.00 Subproup : [110] Legal Fees 63,610.00 0.00 63,010.00 47,945.00 Subproup : [110] Office Supplies 26,217.00 0.00 22,217.00 21,331.00 Subproup : [111] Clephone and Telegraph 28,699.00 0.00 22,699.00 22,699.00 Subproup : [111] Telephone and Telegraph 47,979.00 0.00 24,242.00 24,242.00 Subproup : [111] Telephone and Telegraph 47,279.00 0.00 47,279.00 45,859.00 Subproup : [111] Telephone and Telegraph 47,249.00 0.00 47,279.00 45,859.00 Subproup : [141] Telephone and Telegraph 47,240.00 0.00 17,456.00 1,445.00.00 Subproup : [141] Telephone and Telegraph		-					113,024.00
Bad dent 203,017.00 203,017.00 0.00 203,017.00 203,017.00 203,017.00 203,017.00 414,032.00 Subproup : [10] Accounting and Auditing 49,024.00 0.00 203,017.00 414,032.00 Subproup : [10] Accounting and Auditing 49,024.00 0.00 49,024.00 31,682.00 Subproup : [110] Legal Fees 63,610.00 0.00 63,010.00 47,945.00 Subproup : [110] Office Supplies 26,217.00 0.00 22,217.00 21,331.00 Subproup : [111] Clephone and Telegraph 28,699.00 0.00 22,699.00 22,699.00 Subproup : [111] Telephone and Telegraph 47,979.00 0.00 24,242.00 24,242.00 Subproup : [111] Telephone and Telegraph 47,279.00 0.00 47,279.00 45,859.00 Subproup : [111] Telephone and Telegraph 47,249.00 0.00 47,279.00 45,859.00 Subproup : [141] Telephone and Telegraph 47,240.00 0.00 17,456.00 1,445.00.00 Subproup : [141] Telephone and Telegraph	0.1						
Subtoral (1C) Bad Debts 203,617.00 0.00 203,617.00 414,932.00 Subgroup : (1D) Accounting and Auditing 40,924.00 0.00 46,924.00 31,982.00 Subgroup : (1D) Accounting and Auditing 40,924.00 0.00 46,924.00 31,982.00 Subgroup : (1G) Constraint and Auditing 40,924.00 0.00 46,924.00 31,982.00 Subgroup : (1G) Office Supplies 0.00 63,610.00 47,945.00 47,945.00 Subgroup : (1G) Office Supplies 2,620.00 0.00 26,810.00 21,931.00 Subgroup : (1G) Office Supplies 2,462.00 0.00 26,899.00 23,852.00 Subgroup : (1H) Telephone and Telegraph 47,070.00 0.00 47,978.00 43,852.00 Substoral (1H) Telephone and Telegraph 47,070.00 0.00 47,479.00 43,853.00 Subgroup : (1H) Telephone and Telegraph 47,070.00 0.00 47,479.00 43,853.00 Subgroup : (1H) Telephone and Telegraph 47,070.00 0.00 47,479.00 43,853.00 Subgroup : (1H) Telephone and Telegraph 47,070.00 0.00			203,617.00		0.00	203,617.00	414,932.00
Solo20 Accounting Fees 49,924.00 49,922.00 0.00 49,922.00 49,922.00 31,862.00 31,862.00 Subgroup: [16] Legal Fees 0.3010.00 0.00 49,922.00 31,862.00 Subgroup: [16] Office Supplies 0.3010.00 0.00 63,810.00 47,945.00 Subgroup: [16] Office Supplies 26,217.00 0.00 24,22.00 2,1331.00 Subgroup: [16] Office Supplies 26,217.00 0.00 2,422.00 2,189.00 Subgroup: [16] Office Supplies 24,622.00 0.00 47,973.00 43,685.00 Subtolat [16] (Flephone and Telegraph 47,070.00 0.00 47,973.00 43,685.00 Subtolat [16] (Flephone and Telegraph 47,079.00 0.00 47,973.00 43,685.00 Subtolat [16] (Flephone and Telegraph 47,073.00 0.00 47,673.00 43,685.00 Subtolat [16] (Flephone and Telegraph 47,079.00 0.00 47,479.20.0 43,685.00 Subtolat [16] (Flephone and Telegraph 47,079.00 0.00 47,479.20.0 43,685.00 <t< td=""><td></td><td></td><td></td><td></td><td>0.00</td><td>203,617.00</td><td>414,932.00</td></t<>					0.00	203,617.00	414,932.00
Solo20 Accounting Fees 49,924.00 49,922.00 0.00 49,922.00 49,922.00 31,862.00 31,862.00 Subgroup: [16] Legal Fees 0.3010.00 0.00 49,922.00 31,862.00 Subgroup: [16] Office Supplies 0.3010.00 0.00 63,810.00 47,945.00 Subgroup: [16] Office Supplies 26,217.00 0.00 24,22.00 2,1331.00 Subgroup: [16] Office Supplies 26,217.00 0.00 2,422.00 2,189.00 Subgroup: [16] Office Supplies 24,622.00 0.00 47,973.00 43,685.00 Subtolat [16] (Flephone and Telegraph 47,070.00 0.00 47,973.00 43,685.00 Subtolat [16] (Flephone and Telegraph 47,079.00 0.00 47,973.00 43,685.00 Subtolat [16] (Flephone and Telegraph 47,073.00 0.00 47,673.00 43,685.00 Subtolat [16] (Flephone and Telegraph 47,079.00 0.00 47,479.20.0 43,685.00 Subtolat [16] (Flephone and Telegraph 47,079.00 0.00 47,479.20.0 43,685.00 <t< td=""><td>Cubacaus (ID)</td><td>Assounting and Auditing</td><td></td><td></td><td></td><td></td><td></td></t<>	Cubacaus (ID)	Assounting and Auditing					
Subtola (15) Accounting and Auditing 49,324.00 0.00 49,324.00 31,482.01 Subgroup: (15) Legal Faces 63,010.00 0.00 63,810.00 47,945.02 Subproup: (16) Office Supplies 63,010.00 0.00 63,810.00 47,945.02 Subproup: (16) Office Supplies 26,217.00 0.00 26,217.00 21,331.00 Subproup: (17) Telephone 2,422.00 0.00 2,482.00 2,482.00 Subproup: (17) Telephone 47,978.00 0.00 47,978.00 43,883.02 Subproup: (17) Telephone 47,978.00 0.00 47,978.00 43,883.02 Subproup: (17) Resident Day User Fee 885,028.00 0.00 885,028.00 1,45,601.00 Subproup: (16) Expenditures Other than Sularies (contd) - Admin. and General Subproup: (17) 300.00 17,309.00 17,455.007 Subproup: (16) Expenditures Other than Sularies (contd) - Admin. and General Subproup: (17) 300.00 17,455.007 0.00 17,455.007 0.00 17,455.007<			49,924.00	_	0.00	49,924.00	31,862.00
S00240 Legial Frees 63,810.00 47,248.00 Subbral [15] Legal 63,810.00 47,248.00 47,248.00 Subproup : [16] Office Supplies 26,217.00 2,000 22,417.00 2,183.00 Subgroup : [16] Office Supplies 28,699.00 2,426.200 2,198.05 Subproup : [16] Telephone and Telegraph 47,979.00 0.00 47,979.00 Subproup : [16] Ferdeder Fee 885,028.00 0.00 47,979.00 43,683.00 Subproup : [17] Ferdeder Tavel 47,979.00 0.00 47,979.00 43,683.00 Subproup : [17] Realteent Day User Fee 885,028.00 0.00 885,028.00 1,145,611.00 Subproup : [16] Expenditures Other than Salaries 4,740,263.00 0.00 17,459.00 Subproup : [16] Expenditures Other than Salaries (cont'd) - Admin. and General Subproup : [16] Subproup : [16] Expense 17,459.00 0.00 17,459.00 0.00 17,459.00 23,500 0.00 17,459.00 23,500 0.00 17,459.00 25,500 <td></td> <td></td> <td>49,924.00</td> <td>_</td> <td>0.00</td> <td>49,924.00</td> <td>31,862.00</td>			49,924.00	_	0.00	49,924.00	31,862.00
S00240 Legial Frees 63,810.00 47,248.00 Subbral [15] Legal 63,810.00 47,248.00 47,248.00 Subproup : [16] Office Supplies 26,217.00 2,000 22,417.00 2,183.00 Subgroup : [16] Office Supplies 28,699.00 2,426.200 2,198.05 Subproup : [16] Telephone and Telegraph 47,979.00 0.00 47,979.00 Subproup : [16] Ferdeder Fee 885,028.00 0.00 47,979.00 43,683.00 Subproup : [17] Ferdeder Tavel 47,979.00 0.00 47,979.00 43,683.00 Subproup : [17] Realteent Day User Fee 885,028.00 0.00 885,028.00 1,145,611.00 Subproup : [16] Expenditures Other than Salaries 4,740,263.00 0.00 17,459.00 Subproup : [16] Expenditures Other than Salaries (cont'd) - Admin. and General Subproup : [16] Subproup : [16] Expense 17,459.00 0.00 17,459.00 0.00 17,459.00 23,500 0.00 17,459.00 23,500 0.00 17,459.00 25,500 <td>Subaroup / [1E]</td> <td>Legal</td> <td></td> <td></td> <td></td> <td></td> <td></td>	Subaroup / [1E]	Legal					
Construct Construct Construct S00200 Office Supplies 26,217.00 21,331.00 24,22.00 2,098.00 S00200 Office Supplies 26,217.00 0.00 24,42.00 2,098.00 23,628.00 23,628.00 23,628.00 23,628.00 23,628.00 23,628.00 23,628.00 23,628.00 23,628.00 23,628.00 23,628.00 23,628.00 23,628.00 23,628.00 23,628.00 23,628.00 23,628.00 23,628.00 23,628.00 23,628.00 43,833.00 43,833.00 43,833.00 43,833.00 43,833.00 14,55.00 53,28,972.00 53,28,972.00 53,28,972.00 53,28,972.00 53,28,972.00 53,28,972.00 53,28,972.00 53,28,972.00 53,28,972.00 53,28,972.00 53,28,972.00 53,28,972.00 53,28,972.00 53,28,972.00 53,28,972.00 53,28,972.00 53,28,972.00 53,28,972.00 53,28,972.00 53,28,972.00 53,28,972.00 53,28,972.00 53,28,972.00 53,28,972.00 53,28,972.00 53,28,972.00 53,28,972.00 53,28,972.00 53,28,972.00 53,28,972.00	500340						47,945.00
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50220 Office Supplies 25,217.00 0.00 26,217.00 21,331.00 500200 Printing 24,82.00 0.00 24,869.00 23,828.00 Subtotal [1G] Office Supplies 28,699.00 0.00 24,680.0 23,828.00 Subtotal [1H] Telephone and Telegraph 47,979.00 0.00 47,979.00 43,883.00 Subtotal [1H] Telephone and Telegraph 47,979.00 0.00 47,979.00 43,883.00 Subtotal [1H] Telephone and Telegraph 47,979.00 0.00 47,979.00 43,883.00 Subtotal [1K3] Resident Day User Fee 885,026.00 0.00 885,026.00 1,145,601.05 Subtotal [1K3] Resident Day User Fee 885,026.00 0.00 4,740,283.00 1,145,801.00 Group : [16] Expenditures Other than Salaries (cont'd) - Admin, and General Subtotal [14] Employee Travel 17,309.00 17,435.00 17,435.00 Subtotal [14] Employee Travel 17,309.00 0.00 14,453.00 0.00 14,453.00 0.00 Subtotal [14] Calendersense 100,437.00 0.00 14,458.00 23,549.00	Subgroup : [1G]	Office Supplies					
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500280 Postage 6,784.00 0.00 6,784.00 5,569.00 Subtotal [M7] Postage 6,784.00 0.00 6,784.00 5,569.00 Subtotal [M7] Postage 6,784.00 0.00 6,784.00 5,569.00 Subgroup : [M8] Dues and Membership Fees to Professional Associations 16,006.00 (13,553.00) 2,453.00 11,933.00 Subtotal [M8] Dues and Membership Fees to Professional Associatio 16,006.00 AJE - 2 (13,553.00) 2,453.00 11,933.00 Subgroup : [M9] Subscriptions 0.00 AJE - 2 13,553.00 2,453.00 11,933.00 Subtotal [M9] Subscriptions 0.00 AJE - 2 13,553.00 13,553.00 0.00 Subgroup : [M19] Subscriptions 0.00 AJE - 2 13,553.00 13,553.00 0.00 Subgroup : [M10] Contributions 0.00 AJE - 2 13,553.00 13,553.00 0.00 Subgroup : [M10] Contributions 284,386.00 0.00 284,386.00 155,974.00	Subtotal [M5] Medi	ical Records	2,762.00	-	0.00	2,762.00	3,516.00
Subtotal [M7] Postage 17,84,00 0.00 6,784,00 5,569,00 Subtotal [M7] Postage 6,784,00 6,784,00 5,569,00 5,569,00 Subgroup : [M8] Dues as Subscriptions Dues as Subscriptions 16,006,00 (13,553,00) 2,453,00 11,933,00 Subtotal [M8] Dues and Membership Fees to Professional Associatio 16,006,00 (13,553,00) 2,453,00 11,933,00 Subgroup : [M9] Subscriptions Subscriptions 0.00 AJE - 2 13,553,00 13,553,00 0.00 Subtotal [M9] Subscriptions 0.00 AJE - 2 13,553,00 13,553,00 0.00 Subtotal [M9] Subscriptions 0.00 AJE - 2 13,553,00 13,553,00 0.00 Subtotal [M9] Subscriptions 0.00 AJE - 2 13,553,00 13,553,00 0.00 Subgroup : [M10] Contributions 0.00 284,386,00 0.00 284,386,00 155,974,00 Subgroup : [M10] Contributions 284,386,00 0.00 284,386,00 155,974,00 155,974,00	Subgroup : [M7]	Postage					
Subgroup : [M8] Dues and Membership Fees to Professional Associations 16,006.00 (13,553.00) 2,453.00 11,933.00 Subtotal [M8] Dues and Membership Fees to Professional Associatio 16,006.00 AJE - 2 (13,553.00) 2,453.00 11,933.00 Subtotal [M8] Dues and Membership Fees to Professional Associatio 16,006.00 AJE - 2 (13,553.00) 2,453.00 11,933.00 Subgroup : [M9] Subscriptions 0.00 AJE - 2 13,553.00 13,553.00 0.00 Subtotal [M9] Subscriptions 0.00 AJE - 2 13,553.00 13,553.00 0.00 Subgroup : [M10] Contributions 0.00 284,386.00 0.00 284,386.00 155,974.00 Statistic 284,386.00 0.00 284,386.00 155,974.00 155,974.00	500280						5,569.00
500240 Dues & Subscriptions 16,006.00 (13,553.00) 2,453.00 11,933.00 Subtotal [M8] Dues and Membership Fees to Professional Associatio 16,006.00 AJE - 2 (13,553.00) 2,453.00 11,933.00 Subgroup : [M9] Subscriptions 0.00 AJE - 2 (13,553.00) 2,453.00 11,933.00 Subgroup : [M9] Subscriptions 0.00 AJE - 2 13,553.00 13,553.00 0.00 Subtotal [M9] Subscriptions 0.00 AJE - 2 13,553.00 13,553.00 0.00 0.00 Subgroup : [M10] Contributions 0.00 284,386.00 0.00 284,386.00 155,974.00 500355 Charitable 284,386.00 0.00 284,386.00 155,974.00	Subtotal [M7] Post	age	6,784.00	÷	0.00	6,764.00	5,563.00
Subscriptions 0.00 AJE - 2 (13,553.00) 2,453.00 11,933.00 Substata [M8] Dues and Membership Fees to Professional Associatio 16,006.00 AJE - 2 (13,553.00) 2,453.00 11,933.00 Subscriptions 0.00 AJE - 2 (13,553.00) 2,453.00 11,933.00 Subscriptions 0.00 AJE - 2 13,553.00 13,553.00 0.00 Subscriptions 0.00 AJE - 2 13,553.00 13,553.00 0.00 Subscriptions 0.00 AJE - 2 13,553.00 13,553.00 0.00 Subgroup : [M10] Contributions 284,386.00 0.00 284,386.00 155,974.00 500355 Charilable 284,386.00 0.00 284,386.00 155,974.00	Subgroup : [M8]	Dues and Membership Fees to Professional Ass					11 000 00
Subtotal [M8] Dues and Membership Fees to Professional Associatio 16,006.00 (13,553.00) 2,453.00 11,933.00 Subgroup : [M9] R0001 Subscriptions Subscriptions 0.00 13,553.00 13,553.00 0.00 Subtotal [M9] Subscriptions 0.00 AJE - 2 13,553.00 13,553.00 0.00 Subgroup : [M10] Subgroup : [M10] Contributions Contributions 0.00 284,386.00 155,974.00	500240	Dues & Subscriptions	16,006.00			2,453.00	11,933.00
Subgroup : [M9] R0001 Subscriptions Subscriptions 0.00 13,553.00 13,553.00 0.00 Subtotal [M9] Subscriptions 0.00 AJE - 2 13,553.00 13,553.00 0.00 Subgroup : [M10] 500355 Contributions Charilable 284,386.00 0.00 284,386.00 155,974.00	Subtotal [M8] Dues	s and Membership Fees to Professional Associati	0 16,006.00	70L-2		2,453.00	11,933.00
R0001 Subscriptions 0.00 13,553.00 13,553.00 0.00 Subtotal [M9] Subscriptions 0.00 AJE - 2 13,553.00 13,553.00 0.00 Subtotal [M9] Subscriptions 0.00 13,553.00 13,553.00 0.00 Subgroup : [M10] Contributions 0.00 284,386.00 155,974.00 500355 Charilable 284,386.00 0.00 284,386.00 155,974.00			0	5			
AJE - 2 13,553.00 13,553.00 Subtotal [M9] Subscriptions 0.00 13,553.00 13,553.00 Subgroup : [M10] 500355 Charilable 284,386.00 0.00 284,386.00 155,974.00	Subgroup : [M9] R0001		0.00		13,553.00	13,553.00	0.00
Subscriptions 0.00 284,386.00 155,974.00 500355 Charilable 284,386.00 0.00 284,386.00 155,974.00				AJE - 2	13,553.00		10
500355 Charilable 284,386.00 0.00 284,386.00 155,974.00	Subtotal [M9] Subs	scriptions	0.00		13,553.00	13,553.00	0.00
500355 Charilable 284,386.00 0.00 284,386.00 155,974.00	Subgroup : [M10]	Contributions					
	500355	Charilable		-			155,974.00
	Subtotal [M10] Cor	ntributions	204,386.00		0,00	204,000.00	100,074.00

Client:	JACC Mgmt - SNF Cost Reports				
Engagement:	Medicaid - JACC Healthcare Center of Danie	lson			
Period Ending:	9/30/2021				
Trial Balance:	A.01 - TB-CCNH A.03 - TB Combined Detail LS				
Workpaper:			JE Ref # AJE	FINAL	1st PP-FINAL
Account	Description	UNADJ	JE Ref # AJE	9/30/2021	9/30/2020
		9/30/2021		9/30/2021	3/30/2020
Subgroup : [M11]	Services Provided by Contract				
500270	Software / Tech Support	85,220.00	0.00	85,220.00	76,778.00
500350	Payroll Processing Fee	38,250.00	0.00	38,250.00	40,776.00
500365	Guaranteed payments	0.00	0,00	0.00	111,633.00
Subtotal [M11] Ser	vices Provided by Contract	123,470.00	0.00	123,470.00	229,187.00
	Adult Interferentian Management Considera				
Subgroup : [M12] 500330	Administrative Management Services Contract Services - Office	70,018,00	0,00	70,018.00	76,079.00
500810	Business Consulting	224,717.00	0.00	224,717.00	200,000.00
	ninistrative Management Services	294,735.00	0.00	294,735.00	276,079.00
Subgroup : [M13]	Other	4 400 00	0.00	4,433.00	5,827.00
500200 500400	Bank Charges Business License Fees	4,433_00 0.00	0.00	4,433.00	704.00
500400	Licenses & Permils	3,631.00	0.00	3,631.00	500.00
500445	Small Equipment Purchase	23,913.00	0.00	23,913.00	50,442.00
500490	Fines & Penalties	0.00	0.00	0.00	114.00
502151	Penalties - Bed lax	21,142.00	0.00	21,142.00	0.00
510110	Employee Physicals	3,867.00	0.00	3,867.00	2,285.00
Subtotal [M13] Oth		56,986.00	0.00	56,986.00	59,872.00 795,236.00
Total [16] Expendit	tures Other than Salaries (cont'd) - Admin. and	d Ger 934,384.00	0.00	934,384.00	135,238.00
Group - [49]	Dietary Basis for Allocation of Costs				
Group : [18] Subgroup : [2A1]	Raw Food				
520100	Raw Food	334,882.00	0.00	334,882.00	393,111.00
520120	Food Supplements	1,653.00	0,00	1,653.00	5,044.00
Subtotal [2A1] Rav		336,535.00	0.00	336,535.00	398,155.00
Subgroup : [2B]	Purchased Services	400.00	0.00	498.00	498.00
520160	Contracted Services - dietary	498,00	0,00	498.00	498.00
Subtotal [2B] Purc	nased Services	490.00	0.00	400.00	400100
Subgroup : [2C]	Other				
520005	Dielary Expense	(8,00)	0.00	(8.00)	0.00
520110	Food - Olher	1,981.00	0.00	1,981.00	8,090.00
520140	Dietary Supplies	36,252,00	0.00	36,252.00	34,922.00
Subtotal [2C] Othe		38,225.00	0.00	38,225.00	43,012.00
Total [18] Dietary E	Basis for Allocation of Costs	375,258.00	0.00	375,258.00	441,665.00
0	Laundry-Basis for Allocation of Costs		10		
Group : [19] Subgroup : [3A4]	Repair and/or purchased linens				
540140	Linen Purchases	5,845.00	0.00	5,845.00	9,828.00
	air and/or purchased linens	5,845.00	0.00	5,845.00	9,828.00
Subgroup : [3B]	Purchased Services	0.00	0.00	0.00	1,299.00
540120	Contract Services - Laundry	0.00	0.00	0.00	1,299.00
Subtotal [3B] Purc	HASEN DELAIGES	0.00		0100	
Subgroup : [3C]	Other				
540100	Laundry Supplies	6,384.00	0.00	6,384.00	7,324.00
Subtotal [3C] Othe		6,384.00	0.00	6,384.00	7,324.00
Total [19] Laundry	Basis for Allocation of Costs	12,229.00	0.00	12,229.00	18,451.00
0	Unuskaming and Resident Care Brain for	Allocation of Costs			
Group : [20] Subgroup : [4A1]	Housekeeping and Resident Care Basis for In-House Care Supplies	niocation of costs			
530005	Housekeeping	505.00	0.00	505.00	0.00
530120	Housekeeping Supplies	30,640.00	0.00	30,640.00	33,684.00
		31,145.00	0.00	31,145.00	33,684.00
Subtotal [4A1] In-H	iouse care outplies	011110100			
Subgroup : [5A2]	Purchased from	·	0.00	414 452 00	376 706 00
Subgroup : [5A2] 564140	Purchased from Prescription Drugs	414,153.00	0.00	414,153.00	376,726.00
Subgroup : [5A2] 564140	Purchased from Prescription Drugs	·	0.00	414,153.00	376,726.00 376,726.00
Subgroup : [5A2] 564140 Subtotal [5A2] Pur	Purchased from Prescription Drugs	414,153.00			376,726.00
Subgroup : [5A2] 564140 Subtotal [5A2] Pur Subgroup : [5B]	Purchased from Prescription Drugs chased from	414,153.00	0.00	7,237.00	4,908.00
Subgroup : [5A2] 564140 Subtotal [5A2] Pur Subgroup : [5B] 564120	Purchased from Prescription Drugs chased from Medicine CabInet Drugs	414,153.00 414,153.00	0.00	414,153.00	376,726.00
Subgroup : [5A2] 564140 Subtotal [5A2] Pur Subgroup : [5B] 564120 Subtotal [5B] Medi	Purchased from Prescription Drugs chased from Medicine Cabinet Drugs Over The Counter Drugs cine Cabinet Drugs	414,153.00 414,153.00 7,237.00	0.00	7,237.00	4,908.00
Subgroup : [5A2] 564140 Subtotal [5A2] Pur Subgroup : [5B] 564120 Subtotal [5B] Medi Subgroup : [5C]	Purchased from Prescription Drugs chased from Medicine Cabinet Drugs Over The Counter Drugs cine Cabinet Drugs Medical and Therapeutic Supplies	414,153.00 414,153.00 7,237.00 7,237.00	0.00 0.00 0.00	<u>414,153.00</u> 7,237.00 7,237.00	376,726.00 4,908.00 4,908.00
Subgroup : [5A2] 564140 Subtotal [5A2] Pur Subgroup : [5B] 564120 Subtotal [5B] Medi Subgroup : [5C] 562100	Purchased from Prescription Drugs chased from Medicine Cabinet Drugs Over The Counter Drugs cine Cabinet Drugs Medical and Therapeutic Supplies Medical Supplies	414,153.00 414,153.00 7,237.00 7,237.00 64,491.00	0.00 0.00 0.00	414,153.00 7,237.00 7,237.00 64,491.00	376,726.00 4,908.00 4,908.00 56,617.00
Subgroup : [5A2] 564140 Subtotal [5A2] Pur Subgroup : [5B] 564120 Subtotal [5B] Medi Subgroup : [5C] 562100 562100	Purchased from Prescription Drugs chased from Medicine Cabinet Drugs Over The Counter Drugs cine Cabinet Drugs Medical and Therapeutic Supplies Medical Supplies PPD Medical Supplies	<u>414,153.00</u> <u>414,153.00</u> <u>7,237.00</u> <u>7,237.00</u> <u>64,491.00</u> <u>121,632.00</u>	0.00 0.00 0.00 0.00	414,153.00 7,237.00 7,237.00 64,491.00 121,632.00	376,726.00 4,908.00 4,908.00 56,617.00 187,013.00
Subgroup : [5A2] 564140 Subtotal [5A2] Pur Subgroup : [5B] 564120 Subtotal [5B] Medi Subgroup : [5C] 562100 562100	Purchased from Prescription Drugs chased from Medicine Cabinet Drugs Over The Counter Drugs cine Cabinet Drugs Medical and Therapeutic Supplies Medical Supplies	414,153.00 414,153.00 7,237.00 7,237.00 64,491.00	0.00 0.00 0.00	414,153.00 7,237.00 7,237.00 64,491.00	376,726.00 4,908.00 4,908.00 56,617.00
Subgroup : [5C] 562100 562110 Subtotal [5C] Medi	Purchased from Prescription Drugs chased from Medicine Cabinet Drugs Over The Counter Drugs cine Cabinet Drugs Medical and Therapeutic Supplies PPD Medical Supplies cal and Therapeutic Supplies	<u>414,153.00</u> <u>414,153.00</u> <u>7,237.00</u> <u>7,237.00</u> <u>64,491.00</u> <u>121,632.00</u>	0.00 0.00 0.00 0.00	414,153.00 7,237.00 7,237.00 64,491.00 121,632.00	376,726.00 4,908.00 4,908.00 56,617.00 187,013.00
Subgroup : [5A2] 564140 Subtotal [5A2] Pur Subgroup : [5B] 564120 Subtotal [5B] Medi Subgroup : [5C] 562100 562110 Subtotal [5C] Medi Subgroup : [5D]	Purchased from Prescription Drugs chased from Medicine Cabinet Drugs Over The Counter Drugs cine Cabinet Drugs Medical and Therapeutic Supplies Medical Supplies PPD Medical Supplies cal and Therapeutic Supplies	<u>414,153.00</u> <u>414,153.00</u> <u>7,237.00</u> <u>7,237.00</u> <u>64,491.00</u> <u>121,632.00</u>	0.00 0.00 0.00 0.00	414,153.00 7,237.00 7,237.00 64,491.00 121,632.00	376,726.00 4,908.00 4,908.00 56,617.00 187,013.00
Subgroup : [5A2] 564140 Subtotal [5A2] Pur Subgroup : [5B] 564120 Subtotal [5B] Medi Subtotal [5B] Medi 562100 562100 Subgroup : [5C] Medi Subgroup : [5D] 566140	Purchased from Prescription Drugs chased from Medicine Cabinet Drugs Over The Counter Drugs cine Cabinet Drugs Medical and Therapeutic Supplies Medical Supplies PPD Medical Supplies cal and Therapeutic Supplies cal and Therapeutic Supplies PDI Medical Supplies cal and Therapeutic Supplies	414,153.00 414,153.00 7,237.00 7,237.00 64,491.00 121,632.00 186,123.00	0.00 0.00 0.00 0.00 0.00 0.00	414,153.00 7,237.00 7,237.00 64,491.00 121,632.00 186,123.00	376,726.00 4,908.00 4,908.00 56,617.00 187,013.00 243,630.00
Subgroup : [5A2] 564140 Subtotal [5A2] Pur Subgroup : [5B] 564120 Subtotal [5B] Medi Subgroup : [5C] 562100 562110	Purchased from Prescription Drugs chased from Medicine Cabinet Drugs Over The Counter Drugs cine Cabinet Drugs Medical and Therapeutic Supplies Medical Supplies PPD Medical Supplies cal and Therapeutic Supplies cal and Therapeutic Supplies PDI Medical Supplies cal and Therapeutic Supplies	414,153.00 414,153.00 7,237.00 7,237.00 64,491.00 121,632.00 186,123.00 24,511.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	414,153.00 7,237.00 7,237.00 64,491.00 121,632.00 186,123.00 24,511.00	376,726.00 4,908.00 4,908.00 56,617.00 187,013.00 243,630.00 38,976.00
Subgroup : [5A2] 564140 Subtotal [5A2] Pur Subgroup : [5B] 564120 Subtotal [5B] Medi Subgroup : [5C] 562100 562110 Subtotal [5C] Medi Subgroup : [5D] 566140 Subtotal [5D] Amb Subgroup : [5E2]	Purchased from Prescription Drugs chased from Medicine Cabinet Drugs Over The Counter Drugs cine Cabinet Drugs Medical and Therapeutic Supplies Medical Supplies cal and Therapeutic Supplies	414,153.00 414,153.00 7,237.00 7,237.00 64,491.00 121,632.00 186,123.00 24,511.00 24,511.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	414,153.00 7,237.00 7,237.00 64,491.00 121,632.00 186,123.00 24,511.00 24,511.00	376,726.00 4,908.00 4,908.00 56,617.00 187,013.00 243,630.00 38,976.00 38,976.00
Subgroup : [5A2] 564140 Subtotal [5A2] Pur Subgroup : [5B] 564120 Subtotal [5B] Medi Subgroup : [5C] 562100 562110 Subtotal [5C] Medi Subgroup : [5D] 566140 Subtotal [5D] Amb	Purchased from Prescription Drugs chased from Medicine Cabinet Drugs Over The Counter Drugs cine Cabinet Drugs Medical and Therapeutic Supplies Medical Supplies PPD Medical Supplies cal and Therapeutic Supplies Ambulance/Limousine Patient Transportation ulance/Limousine	414,153.00 414,153.00 7,237.00 7,237.00 64,491.00 121,632.00 186,123.00 24,511.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	414,153.00 7,237.00 7,237.00 64,491.00 121,632.00 186,123.00 24,511.00	376,726.00 4,908.00 4,908.00 56,617.00 187,013.00 243,630.00 38,976.00

Client: Engagement: Period Ending: Trial Balance:	JACC Mgmt - SNF Cost Reports Medicaid - JACC Healthcare Center of Danielso 9/30/2021 A.01 - TB-CCNH	on				
Workpaper: Account	A.03 - TB Combined Detail LS Description	UNADJ	JE Ref #	AJE	FINAL	1st PP-FINAL
		9/30/2021			9/30/2021	9/30/2020
Subtotal [5E2] Oxy	∕gen - Other	4,494.00		0.00	4,494.00	17,770.00
Subgroup : [5F] 566200	X-Rays and related radiological X-Ray Services	13,726.00		0.00	13,726.00	14,584.00
	ys and related radiological	13,726.00		0.00	13,726.00	14,584.00
Subgroup : [5H]	Laboratory					
566190 Subtotal [5H] Labo	Lab Fees	25,532.00		0.00	25,532.00	18,442.00 18,442.00
	-					
Subgroup : [5]] 550170	Recreation Cable TV	16,084.00		0.00	16,084.00	15,489.00
580005	Activities	12,435.00		0.00	12,435.00	3,000,00
580100 580120	Activities Supplies Entertainment Contracted	12,998.00 600.00		0.00	12,998.00 600.00	11,140.00 2,440.00
Subtotal [5] Recre		42,117.00		0.00	42,117.00	32,069.00
Subgroup : [5L]	Other					
566160	Med Equip Rental	14,578.00		0.00	14,578.00	15,176.00
566180	Patient Expenses	3,649.00		0.00	3,649.00	6,128.00
566210 570060	Patient Consolidated Bill Physical Therapy Suppliies	10,472.00 704.00		0.00 0.00	10,472.00 704.00	6,104.00 4,012.00
570085	Speech Therapy Supplies	0.00		186.00	186.00	0.00
570110	Occupational Therapy Supplies	712.00	AJE - 1	186.00 0.00	712.00	901.00
Subtotal [5L] Othe	r	30,115.00		186.00	30,301.00	32,321.00
Total [20] Houseke	eeping and Resident Care Basis for Allocation of	C(779,153.00	,	186.00	779,339.00	813,110.00
Group : [22]	Maintenance and Property					
Subgroup : [6A]	Repairs and Maintenance				40,000,00	44.280.00
550100	Maintenance Supplies	43,023.00 29,317.00		0.00	43,023.00 29,317.00	44,389.00 18,940.00
550110 Subtotal [6A] Repa	Repairs & Maintenance airs and Maintenance	72,340.00		0.00	72,340.00	63,329.00
Subgroup ([6D]	Heat					
Subgroup : [6B] 550150	Gas & Electric	155,106.00		0.00	155,106.00	158,616.00
Subtotal [6B] Heat		155,106.00		0.00	155,106.00	158,616.00
Subgroup : [6C]	Light & Power					
550160	Fuel Oil	981.00	,	0.00	981.00	1,038.00
Subtotal [6C] Ligh	t & Power	981.00	,	0.00	301.00	
Subgroup : [6D]	Water	75 470 00		0.00	75,170.00	78,862.00
550180 Subtotal [6D] Wate	Waler & Sewer	75,170.00		0.00	75,170.00	78,862.00
Subgroup : [6E] 500310	Equipment Lease Renial of Equipment	6.247.00		0.00	6,247.00	8,172.00
Subtotal [6E] Equi		6,247.00		0.00	6,247.00	8,172.00
Subgroup : [6F] 550120	Other Contract Services - maintenance	21,153.00		0.00	21,153.00	19,443.00
550145	Groundskeeping / Snow	1,223.00		0,00	1,223.00	992.00
550190	Trash Removal	28,303.00		0.00	28,303.00 639.00	27,703.00 623.00
550195 Subtotal [6F] Othe	Medical Waste r	<u>639.00</u> 51,318.00		0.00	51,318.00	48,761.00
Subgroup : [7B] 501300	Building & Building Improvements Depr - Leasehold Improvements	116,597.00		0.00	116,597.00	109,428.00
	ding & Bullding Improvements	116,597.00		0.00	116,597.00	109,428.00
Subgroup : [7D]	Movable Equipment					
501100	Deprec FF & E	12,617.00		0.00	12,617.00	11,232.00
Subtotal [7D] Mov	able Equipment	12,617.00		0.00	12,617.00	11,232.00
Subgroup : [8C]	Leasehold Improvements					
501550	Amort Lease Aquisition Costs	10,598.00	3	0.00	10,598.00	10,599.00
Subtotal [8C] Leas	sehold Improvements	10,598.00	2	0.00	10,598.00	10,000.00
Subgroup : [9]	Rental Payments	- 100.07		0.00	E 400.00	E 100.00
500110 500900	Rent - Offsite Office Rent Expense - Building	5,100.00 930,927.00		0.00 0.00	5,100.00 930,927.00	5,100.00 932,278-00
Subtotal [9] Renta		936,027.00		0.00	936,027.00	937,378.00
					a	
Subgroup : [10B] 500510	Real estate taxes paid by lessor Taxes - Real Estate	2,478.00		0.00	2,478.00	2,727.00
500910	Real estate tax	128,520.00		0.00	128,520.00	131,520.00
Subtotal [10B] Rea	al estate taxes paid by lessor	130,998.00		0.00	130,998.00	109,247.00

Subgroup : [10C] Personal property taxes

Client: Engagement: Period Ending: Trial Balance:	JACC Mgmt - SNF Cost Reports Medicaid - JACC Healthcare Center of Danielson 9/30/2021 A.01 - TB-CCNH	7				
Workpaper:	A.03 - TB Combined Detail LS					
Account	Description	9/30/2021	JE Ref #	AJE	FINAL 9/30/2021	1st PP-FINAL 9/30/2020
500520	Taxes - Personal	3,076.00		0.00	3,076.00	2,510.00
	sonal property taxes	3,076.00		0.00	3,076.00	2,510.00
Total [22] Maintena	ance and Property	1,571,075.00	_	0.00	1,571,075.00	1,564,172.00
Group : [27]	Interest and Insurance					
Subgroup : [12D]	Other Interest Expense					
502150	Interest - Other	8,204.00		0.00	8,204.00	2,799.00
Subtotal [12D] Oth	er Interest Expense	8,204.00		0.00	0,204.00	2,155.00
Subgroup : [14A]	Insurance on Property					
500530	Insurance - Property	129,172,00	2	0.00	129,172.00	129,739,00
Subtotal [14A] Inst	urance on Property	129,172.00	5 .	0.00	129,172.00	129,135.00
Subgroup : [14C3]	Other					
500450	Insurance Non-Property	6,471.00		0.00	6,471.00	8,964.00 8,964.00
Subtotal [14C3] Ot Total [27] Interest		6,471.00	3	0.00	6,471.00	141,502.00
i Diai [27] interest		140,047100	_			
Group : [30]	Statement of Revenue					
Subgroup : [1A]	Medicaid Residents (CT only)	(40 505 204 00)		0.00	(12,525,381.00)	(16,997,221,00)
400100 400170	Room & Board - MD Pr, Yr, Revenue Adjustments MD	(12,525,381.00) 270,556.00		0.00	270,556.00	221,186.00
	icaid Residents (CT only)	(12,254,825.00)		0.00	(12,254,825.00)	(16,776,035.00)
Subgroup : [1B] 400155	Medicaid room and board contractual allowance Contractual Allow (R&B) - MD	2,965,840.00		0_00	2,965,840.00	4,675,753.00
	icaid room and board contractual allowance	2,965,840.00		0.00	2,965,840.00	4,675,753.00
Subgroup : [3A] 400200	Medicare Residents (All Inclusive) Room & Board - Med A	(2,459,600.00)		0.00	(2,459,600.00)	(1,542,619.00)
400269	Sequester Med A	488.00		0.00	488.00	35,872.00
400270	Pr. Yr. Revenue Adjustments MA	(254,700.00)	6	0.00	(254,700.00)	(215,036.00)
Subtotal [3A] Medi	icare Residents (All Inclusive)	(2,713,812.00)		0.00	(2,713,812.00)	(1,721,783.00)
Subgroup : [3B]	Medicare room and board contractual allowanc	8				
400255	Contractual Allow (R&B) - Med A	(456,434.00)		0.00	(456,434.00)	(139,254.00)
Subtotal [3B] Med	Icare room and board contractual allowance	(456,434.00)	S	0.00	(456,434.00)	(139,254.00)
Subgroup : [4A]	Private-pay residents and other					
400000	Room & Board - PVT	(898,198.00)		0.00	(898,198.00)	(1,052,870.00)
400070	Pr. Yr. Revenue Adjustments PVT	(176,319,00) (214,759.00)		0.00	(176,319.00) (214,759.00)	(218,606.00) (334,812.00)
400100.01 400200.01	Hospice Revenue Managed Medicare	(876,525.00)		0.00	(876,525.00)	(1,318,165,00)
400271	Managed Medicare	(120,002.00)		0.00	(120,002.00)	(167,373.00)
400400	Room & Board - Managed Care	(112,588.00)		0.00	(112,588.00) 0_00	(88,984.00) 11,197.00
400470 Subtotal [44] Brive	Pr. Yr. Revenue Adjustments MGD ate-pay residents and other	(2,398,391.00)		0.00	(2,398,391.00)	(3,169,613.00)
Subtotal [4A] FINA	ate-pay residents and other	[2,000,001.00]		0.000		
Subgroup : [4B]	Private-pay room and board contractual allowar			0.00	(04.000.00)	(7,412.00)
400455 Subtotal [48] Brive	Contract Allow (R&B) - MGD Care ate-pay room and board contractual allowance	(24,260.00)	/	0.00	(24,260.00) (24,260.00)	(7,412.00)
Subtotal [46] Fille	ate-pay room and board contractual anowance		8	0.00	- And the second	
Subgroup : [5A]	Prescription Drugs - Medicare	1000 000 001		0.00	(260,260,00)	(118,703.00)
400220 Subtotal (5A) Pros	Pharmacy - MA cription Drugs - Medicare	(369,269.00)		0.00	(369,269.00) (369,269.00)	(118,703.00)
Subtotal [SA] Fies	comption proga - medicare					
Subgroup : [5C]	Prescription Drugs - Non-medicare	(514.00)		0.00	(511.00)	(15 508 00)
400120 400420	Pharmacy - MD Pharmacy - Managed Care	(511.00) (1,267.00)		0.00	(1,267.00)	(15,508.00) (4,983.00)
	cription Drugs - Non-medicare	(1,778.00)	5 ===	0.00	(1,778.00)	(20,491.00)
		. <u>.</u>				
Subgroup : [7A] 400235	Physical Therapy - Medicare Physical Therapy - MA	(344,852.00)		0.00	(344,852.00)	(465,089.00)
400235	Physical Therapy - Medicare B	(157,577.00)		0.00	(157,577.00)	(221,783.00)
	sical Therapy - Medicare	(502,429.00)	_	0.00	(502,429.00)	(686,872.00)
Subaraus (70)	Physical Therapy - Non-medicare					
Subgroup : [7C] 400035	Physical Therapy - NOT-medicale Physical Therapy - PVT	1,283.00		0.00	1,283.00	(1,359.00)
400135	Physical Therapy - MD	(63,149.00)		0.00	(63,149.00)	(119,105.00)
400435	Physical Therapy - Managed Care	23,948.00		0.00	23,948.00 (37,918.00)	(99,364.00)
Subtotal [7C] Phys	sical Therapy - Non-medicare	(37,918.00)	_	0.00	[37,310.00]	[00,004,00]
Subgroup : [8A]	Speech Therapy - Medicare					(70 500 00)
400245	Speech Therapy - MA	(56,520.00)		0.00	(56,520.00) (63,301.00)	(72,566,00) (87,562.00)
400645 Subtotal ISA1 Spee	Speech Therapy - Medicare B ech Therapy - Medicare	(63,301.00) (119,821.00)		0.00	(119,821.00)	(160,128.00)
Cantoral ford ober	son morapy - moriouro					
Subgroup : [8C]	Speech Therapy - Non-medicare	(2,415.00)		0.00	(2,415.00)	0.00
400045 400145	Speech Therapy - PVT Speech Therapy - MD	(15,529.00)		0.00	(15,529,00)	(21,009.00)

Client: Engagement: Period Ending: Trial Balance: Workpaper:	JACC Mgmt - SNF Cost Reports Medicaid - JACC Healthcare Center of Danielso 9/30/2021 A.01 - TB-CCNH A.03 - TB Combined Detail LS	n				
Account	Description	UNADJ	JE Ref #	AJE	FINAL	1st PP-FINAL
400445 Subtotal [8C] Spee	Speech Therapy - Managed Care sch Therapy - Non-medicare	9/30/2021 (1,085.00) (19,029.00)		0.00	9/30/2021 (1,085.00) (19,029.00)	9/30/2020 3,804.00 (17,205.00)
Subgroup : [9A] 400240 400640 Subtotal [9A] Occu	Occupational Therapy - Medicare Occupational Therapy MA Occupational Therapy - Med B upational Therapy - Medicare	(373,036.00) (187,565.00) (560,601.00)	14 13	0.00 0.00 0.00	(373,036.00) (187,565.00) (560,601.00)	(516,343.00) (295,423.00) (811,766.00)
Subgroup : [9C] 400040 400140 400440 Subtotal [9C] Occu	Occupational Therapy - Non-medicare Occupational Therapy - PVT Occupational Therapy - MD Occupational Therapy - Managed upational Therapy - Non-medicare	1,207.00 (58,266.00) (15,330.00) (72,389.00)		0.00 0.00 0.00 0.00	1,207.00 (58,266.00) (15,330.00) (72,389.00)	(1,207.00) (136,037.00) (6,784.00) (144,028.00)
Subgroup : [10A] 400215 400225 400230 400260 400660 400669 Subtotal [10A] Oth	Other - Medicare Lab - MA IV Therapy - MA X-Ray - MA Contractual Allow (Ancili) MA Contract Allow (Ancili) Med B Sequester Med B ter - Medicare	(2,729,00) 0,00 (11,548,00) (1,535,121,00) 99,674,00 (31,00) (1,449,755,00)		0.00 0.00 0.00 0.00 0.00 0.00 0.00	(2,729,00) 0.00 (11,548,00) (1,535,121.00) 99,674.00 (31.00) (1,449,755.00)	(2,559.00) (200,00) (5,590.00) (783,116.00) 136,868.00 3,072.00 (651,525.00)
Subgroup : [10B] 400060 400125 400130 400160 400265 400265 400289 400430 400460 400997 444444 Subtotal [10B] Oth	Other - Non-medicare Contractual Allow (Ancili) PVT IV Therapy - MD X Ray - MD Contractual Allow (Ancili) MD Contractual Allow (Ancili) MD IV Therapy - M MA Contractual Allow (Ancili) M MA X-Ray - Managed Care Contract Allow (Ancili) M GD Care Medicaid Rate Adj - COVID 19 Ancillary - cash receipts ter - Non-medicare	(163.00) 0.00 (75.00) 137,288.00 430.00 0.00 0.00 43,679.00 (205,707.00) (23,140.00) (47,688.00)		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(163.00) 0.00 (75.00) 137,288.00 430.00 0.00 0.00 43,679.00 (205,707.00) (23,140.00) (47,688.00)	226,00 (1,228.00) 0,00 293,054.00 514.00 (1,537.00) 1,537.00 (75.00) 34,587.00 (889,644.00) (12,324.00) (574,890.00)
Subgroup:[15] 400870 Subtotal [15] Inter	Interest Income Interest income est Income	(1,211.00)		0.00	(1,211.00)	(5,712.00) (5,712.00)
Subgroup : [18] 400860 400900.90 400996 400998 999200 Subtotal [18] Othe Total [30] Stateme		(23,025.00) (52,780.00) (116,369.00) (2,325,337.00) (2,517,511.00) (20,581,281.00)		0.00 0.00 0.00 0.00 0.00 0.00 0.00	(23,025.00) (52,780.00) 0.00 (116,369.00) (2,325,337.00) (2,517,511.00) (20,581,281.00)	(14,661.00) 0.00 (10,500.00) (1,188,523.00) 0.00 (1,213,684.00) (21,642,712.00)
Group : [31-32] Subgroup : [A1] 100015 100020 100025 100030 100051 Subtotal [A1] Casi	Assets Cash ZBA - Cash Operating Cash - Operating Cash - Payroll Cash - Prior Owner Resident Trust - Petty	(3.00) 4,387,876.00 80,014.00 (152,706.00) 1,100.00 4,316,281.00	1	0.00 0.00 0.00 0.00 0.00 0.00	(3.00) 4,387,876.00 80,014.00 (152,706.00) 1,100.00 4,316,281.00	(3.00) 3,717,854.00 121,387.00 (152,706.00) 1,100.00 3,687,632.00
Subgroup : [A2] 100070 100075 100080 100095 100095 100095 100105 100371 Subtotal [A2] Resi	Resident Accounts Receivable A/R - Medicard A/R - Medicare A A/R - Managed Care A/R - Private A/R - Medicare B A/R Other Allowance - Doubtful Accounts ERC Receivable dent Accounts Receivable	1,224,516.00 581,179.00 97,299.00 46,925.00 326,565.00 76,465.00 (10,943.00) 1,117,562.00 3,459,568.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	1,224,516.00 581,179.00 97,299.00 46,925.00 326,565.00 76,465.00 (10,943.00) 1,117,562.00 3,459,568.00	1,463,858.00 638,837.00 99,291.00 225,286.00 308,921.00 0.00 687.00 0.00 2,736,880.00
Subgroup : [A5] 100400.01 100410 100701 Subtotal [A5] Prep	Prepald Expenses Prepaid Workers Comp Prepaid Insurance Prepaid partnership lax ald Expenses	33,616.00 19,767.00 0.00 53,383.00		0.00 0.00 0.00 0.00	33,616.00 19,767.00 0.00 53,383.00	33,738.00 34,093.00 46,789.00 114,620.00
Subgroup : [A7] 100327 Subtotal [A7] Med	Medicare Final Settlement Recelvable Due To/ From Medicare icare Final Settlement Recelvable	(5,973.00) (5,973.00)		0.00	(5,973.00)	(5,973.00) (5,973.00)

/orkpaper: Account ubgroup : [A8] 00106 00700 00901 ubtotal [A8] Other ubgroup : [B4] 00500	A.01 - TB-CCNH A.03 - TB Combined Detail LS Description Other Current Assets Allow - Doubtful PVT Accounts Utilities Deposits Prior Owner Revenue Current Assets Leasehold Improvements Leasehold Improvements	UNADJ 9/30/2021 55,790.00 3,920.00	JE Ref #	AJE		
Account ubgroup : [A8] 00106 00901 ubtotal [A8] Other ubgroup : [B4] 00500 00600	Description Other Current Assets Allow - Doubtful PVT Accounts Utilities Deposits Prior Owner Revenue Current Assets Leasehold Improvements	9/30/2021 55,790.00 3,920.00	JE Ref #	AJE		
ubgroup : [A8] 00106 00700 00901 ubtotal [A8] Other ubgroup : [B4] 00500 00500	Other Current Assets Allow - Doubtful PVT Accounts Uliities Deposits Prior Owner Revenue Current Assets Leasehold Improvements	9/30/2021 55,790.00 3,920.00	JE Ref #	AJE	CINIAI	1st PP-FINAL
ubgroup : [B4] 00500 00901 ubtotal [A8] Other 00500 00600	Allow - Doubtful PVT Accounts Utilities Deposits Prior Owner Revenue Current Assets Leasehold Improvements	55,790.00 3,920.00			FINAL	
ubgroup : [B4] 00500 00901 ubtotal [A8] Other 00500 00600	Allow - Doubtful PVT Accounts Utilities Deposits Prior Owner Revenue Current Assets Leasehold Improvements	3,920.00			9/30/2021	9/30/2020
00700 00901 ubtotal [A8] Other ubgroup: [B4] 00500 00600	Utilities Deposits Prior Owner Revenue Current Assets Leasehold Improvements	3,920.00		0.00	55,790.00	55,790.00
00901 ubtotal [A8] Other ubgroup : [B4] 00500 00600	Prior Owner Revenue Current Assets Leasehold Improvements			0.00	3,920.00	3,920,00
ubtotal [A8] Other ubgroup : [B4] 00500 00600	Current Assets Leasehold Improvements				18,380,00	18,380.00
ubgroup : [B4] 00500 00600	Leasehold Improvements	18,380.00		0.00	78,090.00	78,090.00
00500 00600		78,090.00		0.00	76,090.00	10,090.00
00500 00600						
00600		980,226.00		0.00	980,226.00	875,478.00
		(463,653.00)		0.00	(463,653.00)	(347,056.00)
ubtotal [64] Lease	Accum Depr- Leasehold Improv	516,573.00		0.00	516,573.00	528,422.00
	nota improvements			0100		
ubgroup : [B6]	Movable Equipment					
	Furniture Fixtures & Equipment	64,731.00		0.00	64,731.00	64,731.00
	Computer Equip & Software	21,746.00		0.00	21,746.00	21,746.00
	Accum Depr - FF & E	(33,635.00)		0.00	(33,635,00)	(29,399.00)
	Accum Depr - Comp Equip & Soft	(10,643.00)		0,00	(10,643.00)	(2,261.00)
ubtotal [B6] Movat		42,199.00	+	0.00	42,199.00	54,817.00
			2			
ubgroup : [D6]	Loans to Owners or Related Partles					
	Due from Norwhich and Windham	1,000,000.00		0.00	1,000,000.00	1,000,000.00
	to Owners or Related Parties	1,000,000.00		0.00	1,000,000.00	1,000,000.00
	Other Assets					
	Due To/From Prior Owner	(16,526.00)		0.00	(16,526.00)	(21,650.00)
	Due from landlord	(2,092.00)		0.00	(2,092.00)	3,394,00
00375	Loan & Exchange	492,688.00		0_00	492,688.00	395,000.00
00710	Lease Acquisition Costs	73,685.00		0,00	73,685.00	73,685.00
00715	Accum Amort Lease Aqu Costs	(52,837.00)		0.00	(52,837.00)	(42,239.00)
00800	Replacement reserves	75,690.00	-	0.00	75,690.00	35,697.00
ubtotal [D7] Other	Assets	570,608.00		0.00	570,608.00	443,887.00
otal [31-32] Assets		10,030,729.00	-	0.00	10,030,729.00	8,638,375.00
	Liabilities					
	Trade Accounts Payable				10 000 100 001	(4 000 005 00)
	Accounts Payable	(2,038,469.00)	-	0.00	(2,038,469.00)	(1,898,885.00)
ubtotal [A1] Trade	Accounts Payable	(2,038,469.00)		0.00	(2,038,469.00)	(1,898,885.00)
	Accrued Payroll	(400,000,00)		0.00	(182,896.00)	(314,435.00)
	Accrued Payroll	(182,896.00)		0.00	(150,548.00)	(150,548.00)
	Accrued PTO	(150,548.00) (333,444.00)	-	0.00	(333,444.00)	(464,983.00)
ubtotal [A4] Accru	ed Payroll	(333,444.00)		0.00	(000)111100/	
ubgroup : [A6]	Accrued Payroll Taxes Payable					
	Accrued Payroll Taxes	(14,835.00)		0.00	(14,835.00)	(24,677.00)
	ed Payroll Taxes Payable	(14,835.00)		0.00	(14,835.00)	(24,677.00)
antern frielineere		A	-			
ubgroup : [A12]	Other Current Liabilities					
	Due to Medicaid	(97,000.00)		0.00	(97,000.00)	0.00
00015	Accrued Provider Tax Payable	(234,674.00)		0,00	(234,674.00)	(269,246.00)
00024	Payroll gamishments	70.00		0.00	70.00	70.00
00030.04	Accrued accounting fees	(30,250.00)		0,00	(30,250.00)	0.00
00035	Accrued Health & Welfare	(23,412.00)		0,00	(23,412.00)	(65,080.00)
	Union Dues Witholding	(3,010,00)		0.00	(3,010.00)	(2,992.00)
	Accrued Employee Ins.	(657.00)		0,00	(657_00)	(657.00)
00068	Resident funds refund	2,795.00		0,00	2,795.00	1,370.00
	Palient Refund	53,726.00	-	0.00	53,726.00	64,785.00
ubtotal [A12] Othe	r Current Liabilities	(332,412.00)	-	0.00	(332,412.00)	(271,750.00)
diptotal [A is] one						
				0.00	(FOF E00 00)	(490,500.00)
ubgroup : [B3]	Loans from Owners or Related Parties	(505,500.00)		0.00	(505,500.00)	(490,500.00)
ubgroup : [B3] 00375	Due To/From Shimshon Fisher	IFOF FOD ACT		0.00	[003,000.00]	[430,500.00]
ubgroup : [B3] 00375		(505,500.00)				
ubgroup : [B3] 00375 ubtotal [B3] Loans	Due To/From Shirnshon Fisher from Owners or Related Parties	(505,500.00)				
ubgroup : [B3] 00375 ubtotal [B3] Loans ubgroup : [B4]	Due To/From Shimshon Fisher from Owners or Related Parties Other Long-Term Llabilities			0.00	0.00	(4.500.00)
ubgroup : [B3] 00375 ubtotal [B3] Loans ubgroup : [B4] 00400	Due To/From Shimshon Fisher from Owners or Related Parties Other Long-Term Llabilities Due to 3rd Party A	0.00		0.00	0,00	(4,500.00) (513,250.00)
ubgroup : [B3] 00375 ubtotal [B3] Loans ubgroup : [B4] 00400 00500	Due To/From Shimshon Fisher from Owners or Related Parties Other Long-Term Llabilities Due to 3rd Party A Due to 3rd Party B	0.00		0.00	0.00	(513,250.00)
ubgroup : [B3] 00375 ubtotal [B3] Loans ubgroup : [B4] 00400 00500 50000	Due To/From Shimshon Fisher from Owners or Related Parties Other Long-Term Liabilities Due to 3rd Party A Due to 3rd Party B Long-term Liabilities	0.00 0.00 (2,312,500.00)	_	0.00	0.00 (2,312,500.00)	(513,250.00) (2,312,500.00)
ubgroup : [B3] 00375 ubtotal [B3] Loans ubgroup : [B4] 00400 00500 50000 ubtotal [B4] Other	Due To/From Shimshon Fisher from Owners or Related Parties Other Long-Term Liabilities Due to 3rd Party A Due to 3rd Party B Long-term Liabilities Long-term Liabilities	0.00 0.00 (2,312,500.00) (2,312,500.00)	-	0.00 0.00 0.00	0.00 (2,312,500.00) (2,312,500.00)	(513,250.00) (2,312,500.00) (2,830,250.00)
ubgroup : [B3] 00375 ubtotal [B3] Loans ubgroup : [B4] 00400 00500 50000	Due To/From Shimshon Fisher from Owners or Related Parties Other Long-Term Liabilities Due to 3rd Party A Due to 3rd Party B Long-term Liabilities Long-term Liabilities	0.00 0.00 (2,312,500.00)	-	0.00	0.00 (2,312,500.00)	(513,250.00) (2,312,500.00)
ubgroup : [B3] 00375 ubtotal [B3] Loans ubgroup : [B4] 00400 00500 50000 ubtotal [B4] Other otal [33-34] Liabilit	Due To/From Shimshon Fisher from Owners or Related Parties Other Long-Term Llabilities Due to 3rd Party A Due to 3rd Party B Long-term Liabilities Long-Term Liabilities ies	0.00 0.00 (2,312,500.00) (2,312,500.00)	-	0.00 0.00 0.00	0.00 (2,312,500.00) (2,312,500.00)	(513,250.00) (2,312,500.00) (2,830,250.00)
ubgroup : [B3] 00375 ubtotal [B3] Loans ubgroup : [B4] 00400 00500 50000 ubtotal [B4] Other otal [33-34] Liabilit Group : [35]	Due To/From Shimshon Fisher from Owners or Related Parties Other Long-Term Liabilities Due to 3rd Party A Due to 3rd Party B Long-term Liabilities Long-Term Liabilities Ies Equity	0.00 0.00 (2,312,500.00) (2,312,500.00)		0.00 0.00 0.00	0.00 (2,312,500.00) (2,312,500.00)	(513,250.00) (2,312,500.00) (2,830,250.00)
ubgroup : [B3] 00375 ubtotal [B3] Loans ubgroup : [B4] 00400 00500 50000 jubtotal [B4] Other otal [33-34] Liabilit group : [35] ubgroup : [B1]	Due To/From Shimshon Fisher from Owners or Related Parties Other Long-Term Liabilities Due to 3rd Party A Due to 3rd Party B Long-term Liabilities Long-Term Liabilities les Equity Owners' Capital	0.00 0.00 (2,312,500.00) (2,312,500.00) (5,537,160.00)		0.00 0.00 0.00 0.00	0.00 (2,312,500.00) (2,312,500.00) (5,537,160.00)	(513,250.00) (2,312,500.00) (2,830,250.00) (5,981,045.00)
ubgroup : [B3] 00375 ubtotal [B3] Loans ubgroup : [B4] 00400 00500 50000 ubtotal [B4] Other otal [33-34] Liabilit isroup : [35] ubgroup : [B1] 00005	Due To/From Shimshon Fisher from Owners or Related Parties Other Long-Term Llabilities Due to 3rd Party A Due to 3rd Party B Long-term Liabilities Long-Term Liabilities tes Equity Owners' Capital Distributions	0.00 0.00 (2,312,500.00) (2,312,500.00) (5,537,160.00) 894,849.00		0.00 0.00 0.00 0.00	0.00 (2,312,500.00) (2,312,500.00) (5,537,160.00) 894,849.00	(513,250.00) (2,312,500.00) (2,830,250.00) (5,981,045.00) 130,747.00
ubgroup : [B3] 00375 ubtotal [B3] Loans ubgroup : [B4] 00400 00500 50000 ubtotal [B4] Other otal [33-34] Liabilit iroup : [35] ubgroup : [B1] 00005 30000	Due To/From Shimshon Fisher from Owners or Related Parties Other Long-Term Liabilities Due to 3rd Party A Due to 3rd Party B Long-term Liabilities Long-Term Liabilities les Equity Owners' Capital Distributions Owner's Capital	0.00 0.00 (2,312,500.00) (2,537,160.00) (5,537,160.00) 894,849.00 (1,319,253.00)		0.00 0.00 0.00 0.00 0.00	0.00 (2,312,500.00) (2,312,500.00) (5,537,160.00) (5,537,160.00) 894,849.00 (1,319,253.00)	(513,250.00) (2,312,500.00) (2,830,250.00) (5,981,045.00) 130,747.00 (1,450,000.00)
ubgroup : [B3] 00375 ubtotal [B3] Loans ubgroup : [B4] 00400 00500 50000 ubtotal [B4] Other otal [33-34] Liabilit isroup : [35] ubgroup : [B1] 00005	Due To/From Shimshon Fisher from Owners or Related Parties Other Long-Term Liabilities Due to 3rd Party A Due to 3rd Party B Long-term Liabilities Long-Term Liabilities les Equity Owners' Capital Distributions Owner's Capital	0.00 0.00 (2,312,500.00) (2,312,500.00) (5,537,160.00) 894,849.00		0.00 0.00 0.00 0.00	0.00 (2,312,500.00) (2,312,500.00) (5,537,160.00) 894,849.00	(513,250.00) (2,312,500.00) (2,830,250.00) (5,981,045.00) 130,747.00
ubgroup : [B3] 00375 ubtotal [B3] Loans ubgroup : [B4] 00400 00500 50000 ubtotal [B4] Other otal [33-34] Liabilit iroup : [35] ubgroup : [B1] 00005 30000 ubtotal [B1] Owne	Due To/From Shimshon Fisher from Owners or Related Parties Other Long-Term Liabilities Due to 3rd Party A Due to 3rd Party B Long-term Liabilities Long-term Liabilities les Equity Owners' Capital Distributions Owner's Capital rs' Capital	0.00 0.00 (2,312,500.00) (2,537,160.00) (5,537,160.00) 894,849.00 (1,319,253.00)		0.00 0.00 0.00 0.00 0.00	0.00 (2,312,500.00) (2,312,500.00) (5,537,160.00) (5,537,160.00) 894,849.00 (1,319,253.00)	(513,250.00) (2,312,500.00) (2,830,250.00) (5,981,045.00) 130,747.00 (1,450,000.00)
ubgroup : [B3] 00375 ubtotal [B3] Loans 00400 00500 50000 ubtotal [B4] Other otal [33-34] Liabilit Group : [35] ubgroup : [B1] 00005 30000 ubtotal [B1] Owne ubgroup : [B5]	Due To/From Shimshon Fisher from Owners or Related Parties Other Long-Term Llabilities Due to 3rd Party A Due to 3rd Party B Long-term Liabilities Long-Term Liabilities tes Equity Owners' Capital Distributions Owner's Capital Capital Cumulated Earnings	0.00 0.00 (2,312,500.00) (2,312,500.00) (5,537,160.00) (5,537,160.00) (4,319,253.00) (424,404.00)		0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 (2,312,500.00) (2,312,500.00) (5,537,160.00) (5,537,160.00) (1,319,253.00) (424,404.00)	(513,250.00) (2,312,500.00) (2,830,250.00) (5,981,045.00) 130,747.00 (1,450,000.00)
ubgroup : [B3] 00375 ubtotal [B3] Loans 00400 00500 50000 ubtotal [B4] Other otal [33-34] Liabilit Group : [35] ubgroup : [B1] 00005 30000 ubtotal [B1] Owne ubgroup : [B5]	Due To/From Shimshon Fisher from Owners or Related Parties Other Long-Term Liabilities Due to 3rd Party A Due to 3rd Party B Long-term Liabilities Long-Term Liabilities les Equity Owners' Capital Distributions Owner's Capital rs' Capital Cumulated Earnings Retained Earnings	0.00 0.00 (2,312,500.00) (2,537,160.00) (5,537,160.00) 894,849.00 (1,319,253.00)		0.00 0.00 0.00 0.00 0.00	0.00 (2,312,500.00) (2,312,500.00) (5,537,160.00) (5,537,160.00) 894,849.00 (1,319,253.00)	(513,250,00) (2,312,500,00) (2,830,250,00) (5,981,045,00) (1,310,747,00 (1,450,000,00) (1,319,253,00)

	Sum of Account Groups	2,828,088.00			
		9/30/2021			
Account	Description	UNADJ	JE Ref #		
Workpaper:	A.03 - TB Combined Detail LS				
Trial Balance:	A.01 - TB-CCNH				
Period Ending:	9/30/2021				
Engagement:	Medicaid - JACC Healthcare Center of Danielson				
Client:	JACC Mgmt - SNF Cost Reports				

Net (Income) Loss

0.00

FINAL	1st PP-FINAL	
9/30/2021	9/30/2020	
2,828,088.00	2,459,225.00	
0.00	0.00	
	9/30/2021 2,828,088.00	

Client: Engagement: Period Ending: Trial Balance: Workpaper:	JACC Mgmt - SNF Cost Reports Medicaid - JACC Healthcare Center of Danielson 9/30/2021 A.01 - TB-CCNH H.01 - Adjusting Journal Entries Report			
Account	Description	W/P Ref	Debit	Credit
Adjusting Journal Entries JE # 1 To reclass Speech Therapy supplies		N.01a		
570085	Speech Therapy Supplies		186.00	400.00
570080 Total	Speech Therapy Consultant		186.00	186.00 186.00
Adjusting Journa To reclass subscri R0001 500240		N.01a	13,553.00	13,553.00
Total Adjusting Journa	Il Entries JE # 3 or of rehab and rehab aides	1.01	13,553.00	13,553.00
600810 600830 600850 600800 600860	Salaries PT Salaries OT Salaries ST Salaries Director Rehab Salaries Rehab Aides		41,745.00 40,827.00 16,955.00	99,527.00
Total			99,527.00	99,527.00