

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2021

Name of Facility (as licensed) Lord Chamberlain Nursing & Rehabilitation Center	
Address (No. & Street, City, State, Zip Code) 7003 Main Street, Stratford, CT 06614	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2020	Report for Year Ending 9/30/2021

License Numbers:	CCNH 968C	RHNS	(Specify)	Medicare Provider 07-5339
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Medicaid Provider Numbers:	CCNH 9688	RHNS	ICF-IID
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For Department Use Only

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

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Lord Chamberlain Nursing & Rehabilitation Center	968C	9/30/2021	1	37

Administrator's/Owner's Certification

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

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

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

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

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

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Lord Chamberlain Nursing & Rehabilitation Center	Period Covered:	From 10/1/2020	To 9/30/2021	
Address of Facility 7003 Main Street, Stratford, CT 06614				
Report Prepared By Ryders Health Management	Phone Number 203-381-1327	Date 2/10/2022		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-381-1327		Report for Year Ended 9/30/2021	Page 2	of 37
Name of Facility (as shown on license) Lord Chamberlain Nursing & Rehabilitation Center		Address (No. & Street, City, State, Zip) 7003 Main Street, Stratford, CT 06614		
License Numbers:	CCNH 968C	RHNS	(Specify)	Medicare Provider No. 07-5339
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator James Bergers		Nursing Home Administrator's License No.:	578	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

General Information and Questionnaire Corporate Owners

Name of Facility Lord Chamberlain Nursing & Rehabilitation C	License No. 968C	Report for Year Ended 9/30/2021	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Lord Chamberlain, Inc.	7003 Man St., Stratford, CT 06614	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Robert Sbriglio, MD, MPH, NHA	7003 Man St., Stratford, CT 06614	Secretary	25	
Martin Sbriglio, RN, NHA	7003 Man St., Stratford, CT 06614	Treasurer	25	
The Dr. Robert Sbriglio 2009 Trust	7003 Man St., Stratford, CT 06614		25	
The Martin Sbriglio 2009 Trust	7003 Man St., Stratford, CT 06614		25	
Names of Stockholders Owning at Least 10% of Shares				
Robert Sbriglio, MD, MPH, NHA	7003 Man St., Stratford, CT 06614	Secretary	25	
Martin Sbriglio, RN, NHA	7003 Man St., Stratford, CT 06614	Treasurer	25	
The Dr. Robert Sbriglio 2009 Trust	7003 Man St., Stratford, CT 06614		25	
The Martin Sbriglio 2009 Trust	7003 Man St., Stratford, CT 06614		25	

**General Information and Questionnaire
Related Parties***

Name of Facility Lord Chamberlain Nursing & Rehabilitation Center	License No. 968C	Report for Year Ended 9/30/2021	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
See Attached		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Lord Chamberlain Nursing & Rehabilitation Center	License No. 968C	Report for Year Ended 9/30/2021	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility		License No.		Report for Year Ended			Page	of
Lord Chamberlain Nursing & Rehabilitation Center		968C		9/30/2021			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
LEAF	<input type="radio"/>	<input checked="" type="radio"/>	Copiers				1,422	
Wells Fargo	<input type="radio"/>	<input checked="" type="radio"/>	Copiers				20,059	
BBI	<input type="radio"/>	<input checked="" type="radio"/>	Copiers				9,836	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
							Total ***	31,316

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes No

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

General Information and Questionnaire
Accounting Basis

Name of Facility Lord Chamberlain Nursing & Reha	License No. 968C	Report for Year Ended 9/30/2021	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 Marcum 2 3 4	Address (No. & Street, City, State, Zip Code) 555 Long Wharf Drive, New Haven, CT 06511
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Services Provided by This Firm (*describe fully*)

1 Financial Statements & Tax Returns - Reconciliation of expense - switched accounting firms effective 10/1/2021	\$ (55,251)
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ (55,251)

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Page 15, Line 1d

Legal Services Information

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

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

Services Provided by This Firm (*describe fully*)

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

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Page 15, Line 1e

Schedule of Resident Statistics

Name of Facility Lord Chamberlain Nursing & Rehabilitation Center			License No. 968C		Report for Year Ended 9/30/2021				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	190	190			190	190						
B. On last day of THIS report period	190	190							190	190		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	160	160			160	160						
B. As of midnight of THIS report period	183	183							183	183		
3. Total Number of Days Care Provided During Period												
A. Medicare	4,117	4,117			2,930	2,930			1,187	1,187		
B. Medicaid (Conn.)	42,060	42,060			30,301	30,301			11,759	11,759		
C. Medicaid (other states)												
D. Private Pay	10,320	10,320			7,674	7,674			2,646	2,646		
E. State SSI for RCH												
F. Other (Specify) Managed Care	4,442	4,442			3,679	3,679			763	763		
G. Total Care Days During Period (3A thru F)	60,939	60,939			44,584	44,584			16,355	16,355		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	643	643			577	577			66	66		
B. Other Bed Reserve Days	358	358			174	174			184	184		
5. Total Resident Days (3G + 4A + 4B)	61,940	61,940			45,335	45,335			16,605	16,605		

Annual Report of Long-Term Care Facility

Schedule of Resident Statistics (Cont'd)

Name of Facility Lord Chamberlain Nursing & Rehabilitation C	License No. 968C	Report for Year Ended 9/30/2021	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No

If "YES", provide the following information:

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

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

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	15	140		28				
Per Diem Rate								
a. One bed rm.	Various	279.84		527.00				
b. Two bed rms.				464.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	3,948	3,948		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	14,528	14,528		
D. Total Physical Therapy Treatments	18,476	18,476		

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	343	343		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	930	930		
D. Total Speech Therapy Treatments	1,273	1,273		

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	2,518	2,518		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	13,955	13,955		
D. Total Occupational Therapy Treatments	16,473	16,473		

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CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility Lord Chamberlain Nursing & Rehabilitation Center	License No. 968C	Report for Year Ended 9/30/2021	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	121,957	2,174				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	130,697	2,080				
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	445,840	29,068				
5. Dietary Service						
a. Head Dietitian	79,775	4,027				
b. Food Service Supervisor	61,498	2,190				
c. Dietary Workers	775,466	63,483				
6. Housekeeping Service						
a. Head Housekeeper	83,322	4,316				
b. Other Housekeeping Workers	437,848	34,462				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	45,966	2,097				
b. Other Maintenance Workers	78,783	4,278				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	59,417	4,282				
9. Barber and Beautician Services						
10. Protective Services	12,886	1,298				
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	233,636	5,183				
b. RN						
1. Direct Care	1,630,303	41,424				
2. Administrative**						
c. LPN						
1. Direct Care	2,441,892	91,872				
2. Administrative**						
d. Aides and Attendants	3,065,779	162,147				
e. Physical Therapists	523,309	16,760				
f. Speech Therapists	94,625	1,708				
g. Occupational Therapists	206,909	5,587				
h. Recreation Workers	160,395	10,212				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	336,832	21,298				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	48,216	2,249				
<i>A-13. Total Salary Expenditures</i>	11,075,351	512,195				

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

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

*** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Respiratory Therapy	\$ 48,216	2,249				
Total	\$ 48,216	2,249	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Therapy Management Consultant	\$ 5,730					
Cardiology Consultant	\$ 24,000					
Wound Care	\$ 12,000					
Phillip Simkovitz	\$ 25,200					
Infection Control Consultant	\$ 2,465					
Admissions Consultant	\$ 6,439					
Total	\$ 75,834	-	\$ -	-	\$ -	-

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

Name of Facility				License No.	Report for Year Ended			Page	of	
Lord Chamberlain Nursing & Rehabilitation Center				968C	9/30/2021			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Martin Sbriglio								Ryders Health Management, 88 Ryders Lane, Stratford, CT 06614	3,721	145,922
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).										
Mrs. Margaret Sbriglio								Ryders Health Management, 88 Ryders Lane, Stratford, CT 06614	340	8,565

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Lord Chamberlain Nursing & Rehabilitation Center				968C	9/30/2021			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Jamers Bergers	121,957			Non Discriminatory	Administrative	2,174	A2			
Section IV - Assistant Administrators										
Dr. Robert Sbriglio, MD, MPH, NHA	130,697			Non Discriminatory	Administrative	2,080	A3			

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

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

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

Annual Report of Long-Term Care Facility

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Lord Chamberlain Nursing & Rehabilitation Center	968C	9/30/2021	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	8,877					
3. Pharmacist	3,444					
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	76,158					
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Medical Staff	1,900					
9. Speech Therapist						
a. Resident Care	1,800					
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	57,463					
2. Administrative***						
b. LPN						
1. Direct Care	233,093					
2. Administrative***						
c. Aides	486,256					
d. Other						
12. Other (Specify) See Attached Schedule	75,834					
B-13 Total Fees Paid in Lieu of Salaries	944,824					

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

** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

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

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

Name of Facility Lord Chamberlain Nursing & Rehabilitation Center		License No. 968C	Report for Year Ended 9/30/2021	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Dr. Scifo, Trumbull, CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
George Goldfarb, MD	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Das, Fairfield, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Douglas Duchen, Bridgeport, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. J.B. Bharucha, Trumbull, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Leonard Karkanista, Milford, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Charles Kochan, Stratford, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Anthony Arslan, Stratford, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Mogelof, Stratford, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Robert Prewitt, Stratford, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Carlos Schweitzer, Derby, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Phillip Simkovitz, Trumbull, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Wound Care Consultants	Wound Care Services	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Brijesh Chandwani, Fairfield, CT	Dental Services	<input type="radio"/>	<input checked="" type="radio"/>		
ValueRx	Pharmacy Consultant	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Ranno Goldrard & Assoc	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
JP American Staffing & Health Services	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Executive Care	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Dedicated Nursing Assoc	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Lord Chamberlain Nursing & Rehabilitation Cen	968C	9/30/2021		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 477,281	477,281			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$				
4. Social Security (F.I.C.A.)	\$ 939,468	939,468			
5. Health Insurance	\$ 995,640	995,640			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 28,896	28,896			
8. Uniform Allowance	\$ 28,780	28,780			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 47,888	47,888			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 734,095	734,095			
d. Accounting and Auditing	\$ (55,251)	(55,251)			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 79,220	79,220			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 24,304	24,304			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 20,191	20,191			
2. Cellular Phones	\$ 6,223	6,223			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 1,118,663	1,118,663			
Subtotal	\$ 4,445,398	4,445,398			

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
Lord Chamberlain Nursing & Rehabilitation Center	968C	9/30/2021		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	4,445,398	4,445,398			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 2,885	2,885			
2. Holiday Parties for Staff	\$ 13,591	13,591			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 3,619	3,619			
5. Education Expenses Related to Seminars and Conventions	\$ 37,282	37,282			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 3,881	3,881			
7. Other (<i>Specify</i>) See Attached Schedule	\$ 4,430	4,430			
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 43,496	43,496			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 57,332	57,332			
4. Fund-Raising***	\$				
5. Medical Records	\$ 27,360	27,360			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 6,630	6,630			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 13,969	13,969			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 198,708	198,708			
12. Administrative Management Services**	\$ 774,905	774,905			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 77,659	77,659			
C-14 Total Administrative & General Expenditures	\$ 5,711,145	5,711,145			

* Do not include Subscriptions, which should go in item 9.

** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Meals & Entertainment	\$ 4,430		
Total Other Travel and Entertainment	\$ 4,430	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Adv & Pub Rel Donations	\$ 57,332		
Total Other Advertising	\$ 57,332	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 11,672		
AMDA	\$ 351		
AAPACN	\$ 15		
AHCA	\$ 2,220		
Rotary	\$ (289)		
Total Dues	\$ 13,969	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Fees & License	\$ 3,576		
Bank Charges	\$ 17,470		
Bank Charges - Lease	\$ 19,233		
Property Tax Consultant	\$ 24,156		
Unemployment Tax Management	\$ 2,473		
A/R Consultant - Not Collections	\$ 4,706		
Revenue Consultant	\$ 6,000		
American Express Fee	\$ 44		
Total Other Administrative and General	\$ 77,659	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Lord Chamberlain Nursing & Rehabilitati	License No. 968C	Report for Year Ended 9/30/2021	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Ryders Health Management, 88 Ryders Lane, Stratford, CT 06614	774,905	Financial and Managerial Support Services	Page 16, Line m12

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Lord Chamberlain Nursing & Rehabilitation Center		968C	9/30/2021	18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 394,256	394,256			
2. Non-Food Supplies	\$ 94,390	94,390			
3. Other (<i>Specify</i>) _____	\$ _____				
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	\$ _____				
c. Other (<i>Specify</i>) _____ Dietary Equipment	\$ 1,029	1,029			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 489,676	489,676			
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
F. Resident Meals: Total no. of meals served per day:*					
G. Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify cost.
K. Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify cost.
N. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Lord Chamberlain Nursing & Rehabilitation Center		968C	9/30/2021		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	1,108	1,108		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$				
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$	195,777	195,777		
c. Other (<i>Specify</i>) Laundry Supplies		\$	3,164	3,164		
3D. Total Laundry Expenditures (3a + b + c)		\$	200,048	200,048		
3E. Laundry Questionnaire						
F. Is cost of employee laundry included in 3D?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Lord Chamberlain Nursing & Rehabilitation Ce		968C	9/30/2021		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
	a. In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	80,172	80,172		
	b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
	C. Other (<i>Specify</i>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	80,172	80,172		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from ValueRx	\$	326,165	326,165		
	b. Medicine Cabinet Drugs	\$	90,129	90,129		
	c. Medical and Therapeutic Supplies	\$				
	d. Ambulance/Limousine***	\$	9,548	9,548		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	47,375	47,375		
	f. X-rays and Related Radiological Procedures***	\$	12,674	12,674		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory***	\$	47,677	47,677		
	i. Recreation	\$	22,392	22,392		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (Specify)**** See Attached Schedule	\$	983,707	983,707		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	1,539,666	1,539,666		

* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

** Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

*** Facility should self-disallow the expense on Page 29 of the Cost Report.

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Medical Supplies	\$ 807,600		
Medical Supplements	\$ 44,561		
Medical Waste	\$ 2,784		
Medical Equipment	\$ 1,617		
Medical Equipment - Rental	\$ 92,855		
Physician Care - Patients	\$ 7,833		
PT Supplies	\$ 26,456		
Total Other Resident Care	\$ 983,707	\$ -	\$ -

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

Name of Facility Lord Chamberlain Nursing & Rehabilitation Center			License No. 968C		Report for Year Ended 9/30/2021				Page of 21 37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Unitex	121-123 Meadow Street, Hartford, CT 0611	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services	195,777			19	3b
All American Waste	PO Box 630, East Windsor, CT 06088	<input type="radio"/>	<input checked="" type="radio"/>		Garbage Removal	46,158			22	6a
ADP	1 ADP Plaza, Milford, CT 06460	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Service	101,840			16	m11
Point Click Care	Unit 4, Mississauga, ON L5n 8E9	<input type="radio"/>	<input checked="" type="radio"/>		Software Services	45,442			16	m11
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Lord Chamberlain Nursing & Rehabilitation C	968C	9/30/2021			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 202,104	202,104				
b. Heat	\$ 76,830	76,830				
c. Light & Power	\$ 105,996	105,996				
d. Water	\$ 51,096	51,096				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 31,316	31,316				
f. Other (<i>itemize</i>)	\$					
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 467,342	467,342				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 3,262	3,262				
b. Building & Building Improvements	\$ 183,995	183,995				
c. Non-Movable Equipment	\$ 33,023	33,023				
d. Movable Equipment	\$ 94,524	94,524				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 314,804	314,804				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 360,000	360,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 316,380	316,380				
c. Personal property taxes	\$ 32,291	32,291				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,023,475	1,023,475				

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

Depreciation Schedule

Name of Facility Lord Chamberlain Nursing & Rehabilitation Center			License No. 968C		Report for Year Ended 9/30/2021			Page 23	of 37				
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
A. Land Improvements													
1. Acquired prior to this report period			50,531		50,531	8,575	S/L	Various	3,262				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal										3,262			
B. Building and Building Improvements													
1. Acquired prior to this report period			5,692,411		4,692,411	3,639,899	S/L	Various	178,938				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			59,120		59,120		S/L	Various	5,057				
B-4. Subtotal										183,995			
C. Non-Movable Equipment													
1. Acquired prior to this report period			1,441,298		1,441,298	1,293,090	S/L	Various	26,296				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			83,731		83,731		S/L	Various	6,721				
C-4. Subtotal										33,017			
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. Various Vehicles			X			261,848		261,848	218,726	S/L	Various	13,244	
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						2,583,849		2,583,849	2,370,716	S/L	Various	73,296	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						69,215		69,215		S/L	Various	7,984	
D-3. Subtotal													94,524
E. Total Depreciation													314,799

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/1/2020	Maglocks	\$ 2,552	5	\$ 468
10/1/2020	Guardrail	\$ 13,017	5	\$ 2,386
1/20/2021	Ceiling Tiles & Brackets	\$ 1,759	5	\$ 235
3/10/2021	Railings	\$ 4,148	5	\$ 415
3/3/2021	Phone System	\$ 8,619	10	\$ 431
10/7/2020	Heating Line	\$ 2,738	5	\$ 548
4/1/2021	Doors	\$ 1,440	10	\$ 72
6/15/2021	Roof Air Conditioning Unit	\$ 9,250	10	\$ 270
7/26/2021	Kitchen Countertops	\$ 9,116	10	\$ 152
8/18/2021	Roof Upgrades	\$ 6,481	10	\$ 81
Total additions for Building Improvement		\$ 59,120		\$ 5,057 *
Deletions:				
Total deletions for Building Improvement		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/5/2020	Nurse Call System	\$ 36,685	10	\$ 3,669
11/3/2020	Boiler Upgrades	\$ 1,937	10	\$ 178
11/30/2020	Elevator Motor	\$ 3,712	5	\$ 619
12/2/2020	Nurse Call System	\$ 1,919	10	\$ 160
12/2/2020	Elevator Soft Starter	\$ 3,712	5	\$ 619
2/23/2021	Bearing Assemble	\$ 1,478	5	\$ 172
3/18/2021	Heat Exchanger	\$ 2,013	5	\$ 218
5/21/2021	AC Rooftop Unit	\$ 9,250	10	\$ 308
5/24/2021	Backflow Preventor	\$ 2,161	5	\$ 144
6/18/2021	Dishwasher	\$ 3,155	10	\$ 92
6/17/2021	Fire Sprinkler	\$ 3,426	10	\$ 100
6/11/2021	Condensor Fan Motor	\$ 1,545	5	\$ 90
5/28/2021	Walk in Refridgerator	\$ 2,574	10	\$ 86
6/2/2021	Blower Fan & Wheel Motor	\$ 1,051	5	\$ 70

6/10/2021	Fan Motor	\$ 2,055	5	\$ 120
9/13/2021	Evaporator Coil	\$ 4,875	5	\$ 41
7/28/2021	AC Transformer	\$ 2,183	10	\$ 37
Total additions for Non-Movable Equipment		\$ 83,731		\$ 6,721 *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

Attachment Pages 23 24

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Lord Chamberlain Nursing & Rehabilitation Center			968C		9/30/2021			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Lord Chamberlain Nursing & Rehabil	License No. 968C	Report for Year Ended 9/30/2021	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*			<input type="radio"/> Yes	<input checked="" type="radio"/> No	
			If "Yes," complete Part B. If "No," complete Part C.		
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description		Total			
1. Date Land Purchased		05/21/05			
2. Date Structure Completed		1968/1976/1994			
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity		190			
6. Square Footage		71,118			
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)		Variable	Variable		
b. Date Mortgage Obtained		02/01/15	11/20/11		
c. Interest Rate for the Cost Year		3.56%	3.64%		
d. Term of Mortgage (number of years)		7			
e. Amount of Principal Borrowed		2,400,000	2,000,000		
f. Principal balance outstanding as of 9/30/21		2,400,000	367,909		
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Lord Chamberlain Nursing & Rehabil		968C	9/30/2021			26	37
Item			Total	CCNH	RHNS	(Specify)	
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount			\$				
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$				

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Lord Chamberlain Nursing & Rehabil		968C		9/30/2021		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify) Interest Expense				\$	538,827	538,827	
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	538,827	538,827	
14. Insurance							
a. Insurance on Property (buildings only)				\$	30,206	30,206	
b. Insurance on Automobiles				\$	9,090	9,090	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	217,686	217,686	
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$	256,981	256,981	
15. Total All Expenditures (A-13 thru C-14)				\$	22,327,508	22,327,508	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Lord Chamberlain Nursing & Rehabilitation Center				968C	9/30/2021	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 206,909	206,909		
4.			Other - See attached Schedule	\$ 48,216	48,216		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 61,200	61,200		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 734,095	734,095		
10.			Accounting	\$			
10a.			Legal	\$ 68,506	68,506		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.	16	16	Automobile Expense (e.g. personal use)	\$ 3,881	3,881		
18.	16	m3	Unallowable Advertising *	\$ 57,332	57,332		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 4,430	4,430		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,184,569	1,184,569		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	A12o	Respiratory Therapy	\$ 48,216		
Total Other Salaries Adjustment			\$ 48,216	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B12	Cardiology Consultant	\$ 24,000		
13	B12	Wound Care	\$ 12,000		
13	B12	Pulmonology	\$ 25,200		
Total Other Fees Adjustments			\$ 61,200	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	17	Meals & Entertainment	\$ 4,430		
Total Other A&G Adjustments			\$ 4,430	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Lord Chamberlain Nursing & Rehabilitation Center				968C	9/30/2021	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,184,569	1,184,569		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 326,165	326,165		
28.	20	5d	Ambulance/Limousine	\$ 9,548	9,548		
29.	20	5f	X-rays, etc	\$ 12,674	12,674		
30.	20	5h	Laboratory	\$ 47,677	47,677		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 47,375	47,375		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 26,456	26,456		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,654,464	1,654,464		

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	51	PT Supplies	\$ 26,456		
Total Other Ancillary Costs			\$ 26,456	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Lord Chamberlain Nursing & Rehabilitati	968C	9/30/2021			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 19,503,849	19,503,849				
b. Medicaid Room and Board Contractual Allowance **	\$ (8,474,038)	(8,474,038)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,171,438	2,171,438				
b. Medicare Room and Board Contractual Allowance **	\$ 655,141	655,141				
4. a. Private-Pay Residents and Other	\$ 5,971,314	5,971,314				
b. Private-Pay Room and Board Contractual Allowance **	\$ (668,203)	(668,203)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 316,287	316,287				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (316,287)	(316,287)				
c. Prescription Drugs - Non-Medicare	\$ 67,124	67,124				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$ 32,100	32,100				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (32,100)	(32,100)				
c. Medical Supplies - Non-Medicare	\$ 78,901	78,901				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 497,551	497,551				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (497,551)	(497,551)				
c. Physical Therapy - Non-Medicare	\$ 318,683	318,683				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 58,431	58,431				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (58,431)	(58,431)				
c. Speech Therapy - Non-Medicare	\$ 58,446	58,446				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 247,194	247,194				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (247,194)	(247,194)				
c. Occupational Therapy - Non-Medicare	\$ 278,930	278,930				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ (0)	(0)				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 72,958	72,958				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 20,034,542	20,034,542				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 1,705	1,705				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 704,599	704,599				
V. Total Other Revenue (1 thru 8)	\$ 706,304	706,304				
VI. Total All Revenue (III +V)	\$ 20,740,846	20,740,846				

* 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)
	Oxygen	\$ 5,389		
	Respiratory Therapy	\$ 23,760		
	X-Ray	\$ 12,061		
	Lab	\$ 39,987		
	Contractuals	\$ (81,198)		
Total Other Resident Revenue - Medicare		\$ (0)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Optum Care Stipend	\$ 68,339		
	X-Ray - Managed Care	\$ 93		
	Lab - Private Pay	\$ 133		
	Lab - Managed Care	\$ 1,255		
	Oxygen - Private Pay	\$ 2,471		
	Oxygen - Managed Care	\$ 668		
Total Other Resident Revenue		\$ 72,958	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest Income		\$ 1,705		
Total Interest Income			\$ 1,705	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Handivan	\$ 44,586		
	Misc Income	\$ 1,696		
	Medicaid - CRF Grant	\$ 191,000		
	Medicare - PRF Grant	\$ 467,318		
Total Other Revenue		\$ 704,599	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Lord Chamberlain Nursing & Rehabilitation	968C	9/30/2021	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	441,931
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	5,984,428
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	11,000
5. Prepaid Expenses			\$	168,212
a. Exchange	37,248			
b. Prepaid Insurance	9,661			
c. Prepaid Expenses	121,303			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	(726,944)
Medicaid Advances	(131,003)			
Medicare Advances	(283,963)			
Loans & Exchanges	(318,600)			
See Schedule	6,622			
A-9. Total Current Assets (Lines A1 thru 8)			\$	5,878,626
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	50,531	\$	38,697
	Accum. Depreciation	11,834		Net
3. Buildings	*Historical Cost	5,753,213	\$	1,927,740
	Accum. Depreciation	3,825,473		Net
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost	1,566,026	\$	207,193
	Accum. Depreciation	1,358,833		Net
6. Movable Equipment	*Historical Cost	2,615,169	\$	196,120
	Accum. Depreciation	2,419,049		Net
7. Motor Vehicles	*Historical Cost	261,848	\$	29,879
	Accum. Depreciation	231,970		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	6,000
Work in Progress	6,000			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	2,405,629

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Lord Chamberlain Nursing & Rehabil	968C	9/30/2021	32	37
Account			Amount	
Total Brought Forward:			\$	8,284,255
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	444,997
Due from Bel-Air Manor		175		
Due from Cheshire House		72,191		
See Schedule		372,632		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	444,997
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	8,729,252

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Lord Chamberlain Nursing & Rehabilitation C		968C	9/30/2021	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,304,852
2. Notes Payable (<i>itemize</i>)				\$	2,404,700
LOC					2,400,000
Note Payable - Auto					4,700
See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	233,397
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	367,909
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	2,273,406
Construction Loan		24,920	Accrued User Fee	1,104,938	
Aflac - Individual		18,970	Accrued 401K Withholdi	10,277	
Patient Fund		76,835	Accrued PTO	460,924	
Accrued Expenses		379,228	See Schedule	197,313	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	6,584,263

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Lord Chamberlain Nursing & Rehabilitation	License No. 968C	Report for Year Ended 9/30/2021	Page 34	of 37
Account			Amount	
Total Brought Forward:			6,584,263	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 3,034,309
Due to LC Realty		2,882,512		
Due to Aaron Manor		151,797		
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 3,034,309
C. Total All Liabilities (Lines A-13 + B-5)				\$ 9,618,573

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

Name of Facility	License No.	Report for Year Ended	Page	of
Lord Chamberlain Nursing & Rehabilit	968C	9/30/2021	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	10,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	687,341
6. Gain or Loss for Period			\$	(1,586,661)
	10/1/2020	thru 9/30/2021		
7. Total Net Worth			\$	(889,320)
C. Total Reserves and Net Worth			\$	(889,320)
D. Total Liabilities, Reserves, and Net Worth			\$	8,729,252

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Lord Chamberlain Nursing & Rehabilitation	968C	9/30/2021	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2020			\$	697,341
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	20,740,846
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	22,327,508
D. Net Income or Deficit			\$	(1,586,662)
E. Balance			\$	(889,321)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	(889,321)

I. Preparer's/Reviewer's Certification

Name of Facility Lord Chamberlain Nursing &	License No. 968C	Report for Year Ended 9/30/2021	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Ryders Health Management				
Address Address			Phone Number	
88 Ryders Lane, Stratford, CT 06614			203-381-1327	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Elizabeth Maglio			203-381-1327	
Contact Email Address				
emaglio@rydershealth.com				